

# **WORKERS' COMPENSATION SUPPLEMENT**

*(TO BE FILED WITH EMPLOYEE'S CLAIM FORM)*

PAID AT 11 or 12 MONTHS:

NAME:

DATE OF BIRTH:

PHONE NUMBER:

EMPLOYEE ID #: \_\_\_\_\_

JOB TITLE:

SITE/DEPT. WHERE INJURY OCCURRED:

SITE/DEPT YOU WORK:

NORMAL WORK HOURS:

TIME YOU BEGAN WORKING:

a.m./p.m. TIME OF INJURY:

a.m./p.m.

DATE OF INJURY:

DATE YOU REPORTED INJURY TO SUPERVISOR:

SUPERVISOR NAME AND CONTACT #: \_\_\_\_\_

WHAT WERE YOU DOING WHEN INJURED *(Be specific. Identify tools, equipment, etc. you were using.)*

HOW DID THE ACCIDENT OR EXPOSURE OCCUR?

*(Be specific. Identify tools, equipment, etc. you were using.)*

DESCRIBE INJURY *(i.e. cut, strain, fracture, rash, et .)* \_\_\_\_\_

PART OF BODY AFFECTED *(i.e. left wrist, right eye, etc.)* \_\_\_\_\_

OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE \_\_\_\_\_

ARE YOU GOING TO THE DOCTOR? \_\_\_\_\_

IF SO, DATE \_\_\_\_\_

IF SO, NAME AND ADDRESS OF PRE-DESIGNATED PHYSICIAN: \_\_\_\_\_

## **MEDICAL TREATMENT:**

Stockton Unified School District employees who file a Workers' Compensation claim must be treated at:

### **KAISER OCCUPATIONAL INJURY CLINIC**

7373 W. Lane, 1<sup>st</sup> Floor

Stockton, CA 95210

(209) 476-3694

Hours: M-F, 8:00 a.m. - 6:00 p.m.

### **DAMERON OCCUPATIONAL INJURY CLINIC**

2021 West March Lane, 3rd Floor

Stockton, CA 95207

(209) 461-3196

Hours: M-F, 7:00 a.m. - 6:00 p.m.

### **TRINITY URGENT CARE & OCCUPATIONAL CLINIC**

10200 Trinity Parkway Ste. 202

Stockton, CA 95209

(209) 955-1229

Hours: M-F, 9:00 a.m. - 5:00 p.m.

If you have pre-designated a personal physician in writing and your designation is on file at Risk Management prior to this injury, you may be treated by the physician specified. This pre-designated physician is not to be confused with your primary care physician named under your personal medical insurance.

I understand that under the provision of Section 550 of the California Penal Code which provides that it is a felony to knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss, including payment of a loss under a contract of insurance and also it is a felony to knowingly assist, abet or conspire with any person who knowingly presents any false or fraudulent claim for the payment of a loss, including payment of a loss under a contract of insurance.

List witnesses, if any:

**Employees Signature:**

**Date:**

Employer copy / *Copia del Empleador*

Employee copy / *Copia del Empleado*