

ON THE JOB INJURY Supervisor Action Guideline

The following guideline is to be used by supervisors in determining the necessary steps to take when an employee is injured on the job.

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| B. Handling of Injury | G. Paid / Unpaid Leave Exhausted |
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A. First Report of Injury

When an employee reports they have injured themselves at work or witness a co-worker injure themselves at work:

1. **Employee** or **Supervisor** assesses the situation as soon as is possible to determine if injury requires medical treatment.
2. If medical treatment is necessary, please proceed to the nearest emergency room.
3. Contact Environmental Health, Safety & Risk Management (EHSRM) at 956-665-3690.
4. **Employee** completes *First Report of Injury*.
5. **Supervisor** completes *Supervisor Section* of the *First Report of Injury* and submits to **Claims Analyst**, EHSRM.
6. The employee identifies on the form if the injury is an **Incident Only** or if **Medical Treatment** is required.
7. **Supervisor, Employee, and Claims Analyst** meet to discuss injury within two (2) days of the employee being injured, if necessary.
8. **Claims Analyst** submits Workers' Compensation claim to insurance carrier for determination.
9. The Carrier will make the determination on whether the injury is a Workers Compensation Insurance compensable injury.

B. Handling of Injury

1. If injury is **NOT** a Worker's Compensation Injury, the **Supervisor, Employee, and Benefits Manager** 956-665-7465 meet to discuss the available options for absence.
 - i. If modified duty is not an option, **Supervisor** and **Employee** discuss and agree on anticipated date for his/her return to regular duties and work schedule, within two (2) days of notification.
 - ii. If modified duty is an option, **Refer to Section (C) Return to Work.**
2. If injury **IS** a Workers' Compensation Injury, the **Claims Analyst** meets with the **Supervisor** and the **Employee** to discuss the next steps.
 - i. **Employee** is informed he/she is required to provide all related medical documentation on a bi-weekly basis to the **Claims Analyst**.
 - ii. If **Employee** elects NOT to use their leave, **Employee** will be placed on TIBS (Temporary Income Benefits). Vice President approval may be required for more than five (5) days.
 - iii. Once it is determined the **Employee** is able to return to work with/without restrictions, the **Supervisor** will be notified.

Refer to Section (C) Return to Work.

C. Return to Work

1. If **Employee IS** able to return to work with **NO restrictions**, **Supervisor** and **Employee** discuss their return to regular duties and work schedule.
2. If **Employee IS** able to return to work **WITH restrictions**:
 - i. **Claims Analyst** and **Supervisor** meet to determine if duties may be modified, as per Handbook of Operating Procedures:

ADM 04-104 Return to Work after Work-Related Injury or Illness
www.utrgv.edu/hop/policies/ADM-04-104.pdf

 - a. If the duties may be modified, the **Supervisor** identifies the duties to be performed temporarily, his title of the position that will be held by the employee during this period and provides this information to the **Claims Analyst**.
 - b. If the duties cannot be modified, the **Employee** must begin the Leave process. He/She will be instructed to contact Benefits Manager.
 - c. If injury is a compensable injury, temporary income benefits may be applicable, he/she will be referred to the **Benefits Manager**.
 - ii. The **Supervisor**, in conjunction with the **Claims Analyst** prepares a “bona fide” letter of offer to be provided to the **Employee**. The letter will state the position title, supervisor name, assigned position’s location, start date and end date for modified work.

D. Absence from Work

1. The **Claims Analyst** will meet with the **Supervisor** to discuss the length of time the **Employee** will need to be absent from work.
 - i. The **Supervisor**, **Employee** and **Benefits Manager** meet to discuss the available options in accordance with the UTRGV Handbook of Operating Procedures:

ADM 04-602 Annual Leave
www.utrgv.edu/hop/policies/ADM-04-602.pdf

ADM 04-603 Sick Leave
www.utrgv.edu/hop/policies/ADM-04-603.pdf

7.6.5 AUTHORIZED PAID LEAVE

ADM 04-608 Family and Medical Leave (FMLA)
www.utrgv.edu/hop/policies/ADM-04-608.pdf

ADM 04-604 Sick Leave Pool
www.utrgv.edu/hop/policies/ADM-04-604.pdf

ADM 04-601 Leave of Absence Without Pay
www.utrgv.edu/hop/policies/ADM-04-601.pdf

A request for Staff Leave of Absence without Pay is available at the discretion of the employee’s **Dean, Director, or Administrative equivalent** AND only after the employee has exhausted all forms of paid leave.

The **Employee** will inform the **Supervisor** of his/her decision as to the type(s) of leave that will be taken to cover the time period identified.

- ii. The **Supervisor** and **Benefits Manager** prepare a timeline as to the end dates for the types of leave(s) selected by the **Employee**. A copy will be provided to the **Employee, Benefits Manager, Employee Relations Manager, and Claims Analyst**.
- iii. The **Supervisor** will meet with **Employee** in regards to the following:
 - a. **Employee** needs to maintain all doctor appointments; and periodically (weekly, bi-weekly) provide **Supervisor** and **Claims Analyst** with updates.
 - b. If **Employee** does not provide periodic updates, as requested, **Supervisor** must:
Contact **Employee** via regular mail, email, or home phone, as to their status.

E. Obtaining Medical Release

1. If **Employee** is released to full duty, the **Employee** provides all medical documentation to the **Claims Analyst** for review.
 - i. The **Employee** provides medical release to the **Claims Analyst** and **Supervisor**. **Supervisor** informs **Employee** of their responsibilities to return to work on next scheduled shift.
 - ii. **Supervisor** will immediately submit personnel action forms to Human Resources, if applicable.
2. If **Employee** is unable to return to work, the **Employee** provides all medical documentation to the **Claims Analyst** for review and appropriate handling.

F. Request for Accommodation

1. If **Employee** and/or doctor statement states a need for accommodation due to injuries, **Supervisor** provides **Employee** a printout of following UTRGV Handbook of Operating Procedures section:

ADM 03-200 Accommodations for Individuals with Disabilities
www.utrgv.edu/hop/policies/ADM-03-200.pdf

 - i. **Employee** submits written request with proper documentation to **ADA Coordinator** for review.
 - ii. **ADA Coordinator** reviews submitted information, meets with **Supervisor** and **Employee**, and makes a determination of accommodation.
 - a. If no accommodation can be made, employee is terminated.
 - b. If accommodation can be made, employee returns to work.
A letter of determination will be issued with results, with copy provided to **Supervisor**.

G. Paid / Unpaid Leave Exhausted

1. **Supervisor, Department Head, (if necessary), Employee Relations Advisor** discuss and determine next steps regarding employment. **Benefits Manager** and **Claims Analyst** will be notified of employee status.
2. If determination is made to discipline/dismiss employee, **Employee Relations Advisor** provides letter template to **Department Head** as per UTRGV Handbook of Operating Procedures, section:

ADM 04-303: Discipline and Dismissal of Classified Employees
www.utrgv.edu/hop/policies/ADM-04-303.pdf
3. **Department Head** drafts letter and forwards to **Employee Relations Advisor** for review. Once draft is finalized, **Department Head** issues letter to **Employee**. A copy of the letter is provided to **Employee Relations Advisor**.
4. **Employee** responds to **Department Head's** letter.
5. **Supervisor** meets with **Employee Relations Advisor** to determine next step based upon **Employee's** response.
6. **Employee Relations Advisor** provides final letter in disciplinary process template to **Department Head**.
7. If **Department Head** dismisses **Employee**, **Department Head** submits necessary personnel action forms to **Human Resources**.

H. Non-work Related Injuries

1. The **Supervisor, Employee, and Benefits Manager** (956) 665-7465 discuss all leave options available, in accordance with the UTRGV Handbook of Operating Procedures.

ADM 04-602 Annual Leave
www.utrgv.edu/hop/policies/ADM-04-602.pdf

ADM 04-603 Sick Leave
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7.6.5 AUTHORIZED PAID LEAVE

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ADM 04-604 Sick Leave Pool
www.utrgv.edu/hop/policies/ADM-04-604.pdf

ADM 04-601 Leave of Absence Without Pay
www.utrgv.edu/hop/policies/ADM-04-601.pdf

A request for Staff Leave of Absence without Pay is available at the discretion of the employee's **Dean, Director, or Administrative Equivalent** AND only after the employee has exhausted all forms of paid leave.

- i. The **Employee** will inform the **Supervisor** of his/her decision as to the type(s) of leave that will be taken to cover the time period identified.
- ii. The **Supervisor** and **Benefits Manager** will prepare a timeline as to the end dates for the types of leave(s) selected by the **Employee**. The Supervisor will provide a copy of the written timeline to the **Employee, Benefits Manager, and Employee Relations Advisor**.

- iii. The **Supervisor** will discuss with **Employee** the following:
 - a. **Employee** needs to maintain all doctor appointments;
 - b. **Employee** needs to provide all required documentation to the **Benefits Manager**, as it becomes available;
 - c. **Employee** needs to periodically (weekly, bi-weekly, or monthly) provide **Supervisor** with updates;
 - d. If **Employee** is not maintaining periodic communication as requested, the Supervisor will contact Employee as to status
 - 2. If determination is made to discipline/dismiss Employee, **Employee Relations Advisor** provides letter template to Department Head as per UTRGV Handbook of Operating Procedures, section:
 - ADM 04-303: Discipline and Dismissal of Classified Employees
www.utrgv.edu/hop/policies/ADM-04-303.pdf
 - 3. **Department Head** drafts letter and forwards to Employee Relations Advisor for review. Once draft is finalized, **Department Head** issues letter to **Employee**. A copy of the letter is provided to Employee Relations Advisor.
 - 4. **Employee** responds to **Department Head's** letter.
 - 5. **Supervisor** meets with **Employee Relations Advisor** to determine next step based upon Employee's response.
 - 6. **Employee Relations Advisor** provides final letter in disciplinary process template to Department Head.
- If **Employee** uses all forms of paid and unpaid leave, refer to sections *Request for Accommodation* and *Paid/Unpaid Leave Exhaust* as applicable to situation.

I. Contact Information	
Claims Analyst, Celia Saenz – Environmental Health Safety & Risk Management	956-665-3690
Benefits Manager – Human Resources	956-665-7465
Employee Relations Manager – Human Resources	956-665-3020
ADA Coordinator – Disability Services	956-665-3148