**Supervisor Checklist for Workers’ Compensation**

Provide employee with a copy of the [***Information and Privacy Statement***](https://mn.gov/admin/assets/info_privacy_statementt_rev_09_tcm36-207294.pdf) form and ask them to review and sign the statement. Submit signed form to WC Coordinator.

Provide employee with a copy of the [***Employee Statement***](https://mn.gov/admin/assets/employee_statement_regarding_iii_tcm36-206428.pdf) form and ask them to complete and sign the statement. Submit completed and signed form to WC Coordinator.

If employee misses work due to injury/illness, provide employee with a copy of the [***Leave Supplement Form***](https://mn.gov/admin/assets/leave_supplement_form__09_tcm36-207434.pdf) and ask them to complete and sign it. Submit completed and signed form to WC Coordinator.

Supervisor completes the [***Incident/Injury/Illness Data Form (First Report of Injury)***](https://mnscu-my.sharepoint.com/personal/mn6994ra_minnstate_edu/Documents/Shared%20Folder/Work%20Comp/first_report_of_injury_now_idf_tcm36-242440%20%281%29.doc) with employee and submits to WC Coordinator as soon as possible.

**If medical attention is needed**, please direct employee to designated clinic.

|  |  |  |
| --- | --- | --- |
| Hibbing Campus | Fairview Mesaba Clinic3605 Mayfair Avenue, Hibbing | 218-262-3441 |
| Itasca Campus | Grand Itasca Hospital & Clinic1601 Golf Course Road, Grand Rapids | 218-326-3401 |
| Mesabi Campus | Essentia Health Clinic1101 9th Street N, Virginia | 218-741-0150 |
| Rainy River Campus | Rainy Lake Medical Center2501 Keenan Drive, I’Falls | 218-283-9431 |
| Vermilion Campus | Essentia Health Clinic300 West Conan Street, Ely | 218-365-7900 |



If the employee seeks medical attention, please send the [***CorVel Certified Managed Care ID Card***](https://mn.gov/admin/assets/CorVelManagedCareID_update_tcm36-206233.pdf) with them. This will bill medical treatment to Worker’s Comp.

Obtain a copy of the [***Report of Work Ability***](http://www.dli.mn.gov/sites/default/files/pdf/rw01.pdf) if employee sought medical treatment and submit to WC Coordinator. (Continue to obtain a copy of the Report of Work Ability for each medical visit.)



Inform WC Coordinator of any time the employee missed due to work related injury/illness.



If employee has work restrictions, inform and discuss restrictions/accommodations with your WC Coordinator.



If employee doesn’t seek medical attention initially, but does so at a later time, notify your WC Coordinator immediately.



Review and ensure timesheets are coded accurately indicating any loss time due to potential work-related injury or illness. Contact Kerri Dahl at 218-550-2502 with time sheet questions.

* Please fill out forms completely and include any witnesses name and phone number.
* Please submit all forms at the same time and ASAP after the incident occurs.
* The Agency Claim Form (Investigation Form) will be completed by the District Safety Officer as needed.

**Your WC Coordinator is: Kerri Dahl at** **kerri.dahl@minnesotanorth.edu** **or 218-550-2505**

All forms can be found at the Minnesota North College Website under Human Resources/Employee Resources: <https://minnesotanorth.edu/about/human-resources/employee/>