

Supervisor Checklist for Workers' Compensation

- ☐ Provide employee with a copy of the [Information and Privacy Statement](#) 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](#) 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](#) and ask them to complete and sign it. Submit completed and signed form to WC Coordinator.
- ☐ Supervisor completes the [Incident/Injury/Illness Data Form \(First Report of Injury\)](#) with employee and submits to WC Coordinator as soon as possible.

If medical attention is needed, please direct employees to the designated clinic.

Hibbing Campus	Fairview Mesaba Clinic 3605 Mayfair Avenue, Hibbing	218-262-3441
Itasca Campus	Grand Itasca Hospital & Clinic 1601 Golf Course Road, Grand Rapids	218-326-3401
Mesabi Campus	Essentia Health Clinic 1101 9 th Street N, Virginia	218-741-0150
Rainy River Campus	Rainy Lake Medical Center 2501 Keenan Drive, I'Falls	218-283-9431
Vermilion Campus	Essentia Health Clinic 300 West Conan Street, Ely	218-365-7900

- ☐ If the employee seeks medical attention, please send the [CorVel Certified Managed Care ID Card](#) with them. This will bill medical treatment to Worker's Comp.
- ☐ Obtain a copy of the [Report of Work Ability](#) 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 Gwyn Storm at 218-550-2505 with timesheet 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 Gwyn Storm at Gwyneth.storm@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/>