# Workers' Compensation Forms Information

Need Help? Call Risk Management at (650) 723-7400

## SU-17

- This form must be processed **within 24 hours** and faxed as directed on form.
- It is completed for any on campus injury or illness involving a Stanford University employee or working student.
- This form is available at: http://www.stanford.edu/dept/Risk-Management/docs/workcompben.shtml
- **If the condition is related to stress or mental health, complete only if HR feels it would not aggravate the situation.**
- Fax a copy to (650) 723-9456 and submit the original to Risk Management (mail code 6207).

## SU-17B

- This form must be processed **within 24 hours** and faxed as directed on form.
- It is completed for any on campus injury or illness involving a visitor, contractor, student, or other third-party.
- This form is available at: http://www.stanford.edu/dept/Risk-Management/docs/workcompben.shtml
- Fax a copy to (650) 723-9456 and submit the original to Risk Management (mail code 6207).

## State Form DWC-1

- See DWC-1 page 1 for instructions.
- This form must be provided to an injured Stanford University worker **within 24 hours**.
- If the employee is not available to receive the form **within 24 hours** of the Supervisor's notification you must mail the form with the Supervisor's section completed to the employee's home.
- A copy of the provided form must be faxed to Risk Management at (650) 723-9456.
- The DWC form informs them of their right to file a Workers' Compensation claim. They may file a Workers' by completing and signing the form.
- This form is available at: http://www.stanford.edu/dept/Risk-Management/docs/workcompben.shtml and also available from Risk Management (Phone (650) 723-7400).
- If the injured worker also completes and signs the DWC-1 form, submit one copy via fax to Risk Management (650) 723-9456 and mail the original to Risk Management (mail code 6207).

## State CAL OSHA 5020

- This form is completed by the department for injured Stanford University workers when one or more workdays are lost or when treatment is provided in a medical facility.
- The State does not allow the injured worker to complete this form. This must be completed by a supervisor, HR, or administrator and never the injured worker.
- This form is available at http://www.stanford.edu/dept/Risk-Management/docs/workcompben.shtml
- This form must be typed and may be done in MSWord by downloading the "PC Word Version" from the above website.
- Submit one copy via fax to Risk Management (650) 723-9456 and mail original to Risk Management (mail code 6207).

## Employee Personal Physician Pre-designation Form

- This form may be completed and submitted by an employee or working student before an injury or illness occurs.
- The employee or working student's personal physician must have treated them and maintained his or her medical history and records before their work injury.
- If an employee or working student does so, they may see him or her for treatment.
- This predesignated personal physician has the overall responsibility for treating the employee or working student's injury or illness.
- If the employee or working student wishes to change doctors in the first 30 days, Stanford's claims administrator must select a new physician within five days of their request.
    - (If they gave Stanford the name of their personal chiropractor or acupuncturist in writing before they were injured, they may switch to the chiropractor or acupuncturist upon request.)
- **If they are filing a claim for work-related mental stress or psychiatric disability, please have them contact their personal physician for a referral even if they have not completed an Employee Personal Physician Pre-designation Form.**

# Checklist to Avoid Most Frequent Errors

Follow "General Instructions for Completing Forms" and then check for the following:

### SU-17

- Download a fresh form each time
- Mark appropriate boxes in upper right-hand corner under "Employee Group."
    - "Work Schedule" – indicate whether Bargaining Unit (Yes or No)
- Employee Section Part 1 – enter full department name (no abbreviations)
- Employee section Part 2 – Indicate "Medical Evaluation" information
- Second page – print worker's name at top of page
- Supervisor Section Part 3 – if Sharps Injury, provide the "If yes" information
- Fax within 24 hours as directed on form

### State Form DWC-1

- Download a fresh form each time.
- Line 1 – department (supervisor or department administrator) fills in only the name of the injured worker (not today's date)
- Line 9 – have the injured worker provide full phone number including area code
- Lines 12, 13 – fill in dates before giving to the injured worker
- Line 14 – fill in date after the injured worker has signed and returned form
- Line 17 – signed by supervisor or department administrator before giving to worker
- Line 18, 19 – enter title, full phone number including area code, and mail code

### CAL OSHA 5020

- Download a fresh form each time
- The injured worker is not permitted by the State to complete this form. It must be completed by the department (supervisor, HR, or administrator).
- All phone numbers - enter full phone number, including area code
- Box 14C – enter full name of department (no abbreviations)
- Box 21 – if worker is unable to return to work after the day of the injury/illness, mark the "yes" box. If worker is able to return to work, mark the "no" box
- Box 28 – enter date the DWC-1 was given or mailed to the injured worker