SUPERVISOR’S RESPONSIBILITY

IN CASE OF WORK RELATED INJURY OR ILLNESS

Call TravCARE Nurseline
(855) 385-6037

Workers’ Compensation Administrator
Jose Lozano
(909) 607-9493
Jose.Lozano@claremont.edu

INJURED EMPLOYEE’S RESPONSIBILITY

Reports injury to supervisor.

SUPERVISOR’S RESPONSIBILITY

1. Call the TravCARE Nurse Line at (855) 385-6037.

2. Provides employee with Workers’ Compensation Packet.


4. If employee requests medical treatment, Supervisor is to complete employer's portion of the DWC-1 form upon receipt from the injured employee.

5. Supervisor gives employee a copy of the completed DWC-1 form and forwards the Supervisor's Report of Occupational Accident, Employee’s Report of Occupational Accident, DWC1 form, MPN Acknowledgement and Salary Continuation form to the HR/WC Administrator within 24 hours.

6. If an employee is involved in a traffic collision that has occurred during the course of their job duties, a report must be completed and forwarded to Risk Management.