

Injured Worker's Rights and Responsibilities

- Report all incidents and injuries to your manager/supervisor immediately and no later than 24 hours from the event, if possible. **Do this even if no one is injured.**
- Assist your manager/supervisor in completing an accident/incident report and an analysis of the events.

If you seek or are going to obtain medical treatment (i.e. ER visit, urgent care or doctor's office) for work-related injury or illness, please complete the following:

- Complete and sign the worker section of the Workers Compensation Claim, [form 801](#), and give this to your manager/supervisor.
- If you are unable to complete the 801 form, please provide your manager/supervisor with the following information, as soon as possible:
 - a. Time and date of injury;
 - b. Brief description of your injury;
 - c. Your return-to-work status;
 - d. The name, address and phone number of your treating physician.
- Present a "[release to return-to-work](#)" form to your medical provider for completion during each visit. Provide the completed document or other release from the medical provider to your manager/supervisor the next business day, or sooner, following your medical evaluation.
 - Work with your manager/supervisor if any modified/transitional work assignment is necessary;
 - Do not work beyond the physical restrictions provided by your medical provider;
 - You will receive regular wages and benefits for modified/transitional work. The assignment will last until any of the following occur:
 - 30-day review, or sooner, indicates you are not improving;
 - 120 days have elapsed from the start of your modified/transitional work;
 - Your medical provider indicates you have permanent restrictions that will prevent you from returning to your regular job;
 - Modified/transitional work is no longer available;
 - Your medical provider released you for regular work;
 - Your claim for workers' compensation benefits is denied.

If you are not released for regular or modified/transitional work:

- Maintain regular contact with your supervisor as agreed to, but at least weekly.
- Provide a completed "release to return-to-work" form to your manager/supervisor following each medical evaluation.
- Present any information regarding your return-to-work status from your medical provider to your manager/supervisor.

- At all times, provide a current address or phone number for how you may be contacted.

For information regarding your claim, contact SAIF Corporation at 503-373-8000 or 800-285-8525. Have your SAIF Corporation claim number available. If you have a question regarding your employment, contact you manager/supervisor or your agency's Human Resource office.

I have read the information provided. I understand my responsibilities. I will call all appropriate parties to obtain more information or clarify any questions that I have.

Employee Signature

Date

Manager/Supervisor Signature

Date