

## SUPERVISOR'S RESPONSIBILITY

### IN CASE OF WORK RELATED INJURY OR ILLNESS

**Call TravCARE Nurseline  
(855) 385-6037**

Workers' Compensation Administrator

**Wendy Schiefelbein**

(909) 607-9493

[Wendy.Schiefelbein@claremont.edu](mailto:Wendy.Schiefelbein@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.
3. Supervisor completes the Supervisor's Report of Occupational Accident.
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 WC Administrator within 24 hours.
6. If employee requires medical treatment, supervisor contacts WC Administrator who will instantly submit authorization for treatment to the clinic.
7. 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.