

*The University of Georgia*  
**Workers' Compensation Guidelines**

**Supervisors' Guide to the Workers' Compensation Process**

*Revised June 2009*

This guide will assist you as you help an injured employee through the initial steps of the Workers' Compensation process.

**FIRST**

**As soon as you learn an employee has been injured on the job:**

- If the employee needs emergency medical care, send the employee to the nearest hospital emergency room. An ambulance for emergency transport is a covered expense under the Workers' Compensation program.
- The **supervisor** should call 1-877-656-7475 to report the injury (if emergency care is needed, arrange for that care FIRST). Page 1 of the [First Report of Injury package of forms](#) can be used as a guide to answer the questions you will be asked during this call.
- After the **supervisor** has reported the injury to the number above, the employee may call 1-800-900-1582 to arrange for doctor's appointments, prescriptions, surgery, and all other needed medical care.
- Contact Jan Hudson in the Libraries' Human Resources Department to inform her of the incident (2-2716 or [jd237@uga.edu](mailto:jd237@uga.edu)).

For questions about payment of bills, reimbursements, lost wage benefits, or other financial matters related to workers' compensation, the employee or any physician, hospital, pharmacy, or other medical provider should contact the workers' compensation insurance carrier at:

Department of Administrative Services/Risk Management Services  
P.O. Box 38198  
Atlanta GA 30334  
(Phone 404-656-6245 or 404-656-9484)

**NEXT**

**After the injury has been reported by the supervisor to the number above (whether the employee needs medical care or not), by the end of the second business day after the injury:**

The **supervisor** should download and fill out the [First Report of Injury package of forms](#) (four pages) and use as follows: *(If the employee is not available to complete and sign the Payment Election form and the Medical and Psychological Authorization form at the time of the injury, these forms should be signed and forwarded as soon as the employee is available to complete and sign them.)*

Submit all forms to:

Jan Hudson  
Libraries' Human Resources Department  
Main Library, Room 226

- Page 1: (First Report of Injury) Is not mailed; instead, used as a guide to answer the questions you will be asked when calling to report the injury. If you complete this form for your own use, you may keep it in your departmental files.

- Page 2: Completed form should be maintained in your departmental files. Be prepared to produce this form if requested by UGA Human Resources.
- Pages 3 & 4: Completed forms should be mailed **together** to the address below.

The Libraries' Human Resources Department will mail the *Workers' Compensation Payment Election* form and the *Authorization and Consent to Release Information* form to:

Department of Administrative Services/Risk Management Services  
P.O. Box 38198  
Atlanta GA 30334

**IF NECESSARY**

If the injury causes the employee to miss a second day of work, supervisor should contact Jan Hudson in the Libraries' Human Resources Department to inform her of the incident (2-2716 or [jd237@uga.edu](mailto:jd237@uga.edu)).

- Before the end of the second missed day of work, the Libraries' Human Resource Department will complete the [Workers' Compensation Wage statement](#) and send it to:

Department of Administrative Services/Risk Management Services  
P.O. Box 38198  
Atlanta GA 30334

- By the end of the third missed day, The Libraries' Human Resource Department will either hand deliver to the employee or mail to the employee by certified mail an [FMLA Notification letter \(Workers' Compensation version\)](#).

If you need other assistance, please contact the UGA Workers' Compensation program at 706-542-2222.

---