1. Employee injured in the course of job duties.
2. Employee IMMEDIATELY reports incident to supervisor.
3. Supervisor completes a Medical Treatment Authorization **AND** a Prescription Authorization form for employee to take to medical care facility.
   1. DO NOT GO TO AN UNAPPROVED PROVIDER!
      * Call facility to make sure they are STILL an approved provider PRIOR to sending an employee for services.
      * Provider look up and additional information available at provider website: <http://talispoint.com/login/> Username: strata Password: SONC99
   2. Non-Life-Threatening injury - Go to local Medical Urgent Care Facility.
      * Head, neck, and back injuries - require IMMEDIATE medical attention.
   3. Life Threatening Injury - contact EMS or go to Emergency Room.
   4. Employee should advise medical facility this is a Worker's Compensation Case.
      * Employees should not provide medical facility with any other insurance information.
4. Employee Completes and Signs ***(WITHING 24 HOURS OF INJURY)***:
   1. Employee Release of Information
   2. Employee Incident Report
   3. Employee Use of Leave Options
      * Seasonal Employees elect Option 2
5. Employer - Supervisor Completes and Signs ***(WITHING 24 HOURS OF INJURY)***:
   1. Injury Data Collection Form
   2. Supervisor Incident Investigation SONC
   3. Worker’s Comp Refusal of Treatment – if employee does not seek treatment
   4. Ensures Witness Statement forms are completed and signed if necessary.
6. Supervisor sends completed Workers Comp Package to HR Rep ***(WITHING 24 HOURS OF INJURY)***
   1. Package Includes:
      * Completed Injury Data Collection Form
      * Completed Worker’s Comp Refusal of Treatment *(if necessary)*
      * Completed Supervisor Incident Investigation SONC
      * Completed Witness Statement Form
      * Completed Employee Release of Information
      * Completed Employee Incident Report
      * Completed Employee Use of Leave Options
   2. Upload completed package to Workers Comp Database
   3. Workers Comp Database instructions:
      * **Scan** and save each completed form separately in PDF format.
      * **Login** to DPR Workers Comp/Accident database.
      * Click “WC Forms” for blank copies of current forms or see Workers Comp notebook.
      * Click “**WC Submit Request**” to begin the WC process.
      * On the top left, you will notice in blue it displays the step number you are completing and in red it “Click for Instructions”, that provide a dropdown of instructions for completing the step. There are dropdown instructions within each step as you navigate through the WC process.
      * Within each step you will need to select **“Click to Validate Responses**” to retrieve and **upload** your completed PDF document for the respective step and to advance to the next step.
      * Once you have navigated through the required steps, you will be routed to the “**Claim Review**” section to review the information submitted. You will be able to view each WC form uploaded to make sure it is correct, if incorrect you can delete it and upload the corrected form.
      * Click the “**Submit**” button to save any comments you entered in the “Park Comments” box. Important: If you do not click the “Submit” button, your comments will not be saved.
      * Click “**DPR-HR-Staff & Safety Officer**”, to generate an email notification that a claim has been entered and ready for processing.
      * Click “**Review Submissions**” to check the status information for your claim. Once the claim number is assigned it will be entered in the “HR Comments” box. If there is any additional information needed, it will be entered in the “HR Comments” box.