*The following sample letter is designed to place on district letterhead and help districts inform employees steps to take when a workplace injury occurs. If you need additional assistance, please contact SET SEG Loss Control at (800) 292.5421.*

Dear **EMPLOYEE**,

We are committed to providing a safe working environment for all employees. Accident and injury prevention are our main goal, but if you are injured while on the job, we want to make sure you receive the care needed to get well again.

We’ve partnered with **CLINIC NAME** to ensure quality medical treatment and a smooth process for workers’ compensation claims. Medical treatment outside of **CLINIC NAME** may NOT be eligible for compensation under the state’s workers’ compensation law.

All employees should be familiar with the steps necessary to seek treatment for injuries occurring at work. Our procedure is listed below.

**WHEN AN EMPLOYEE IS INJURED**

* Employee reports accident to immediate supervisor
* If it’s not an emergency, employee immediately completes an employee report form and sees an onsite nurse, if available
* Supervisor immediately emails/faxes the employee report form to **WC COORDINATOR** at **CONTACT INFO**. Within 24 hours, the supervisor should also submit a completed supervisor’s report
* **WC COORDINATOR** will provide the employee with a signed initial authorization to treat form. Employees MUST take this form to **CLINIC NAME** for initial treatment
* After the clinic visit, employees should provide a hard copy of the clinic’s activity status report to their supervisor
* **CLINIC NAME** will work with our workers’ compensation claim representative to ensure quality of care and approve future visits and prescribed treatments, including physical therapy, diagnostic tests and specialist referrals
* **WC COORDINATOR** will work with employee’s supervisor on restricted work options

If you have any questions or concerns about these procedures or how workplace injuries are managed, please contact **WORKERS’ COMPENSATION COORDINATOR** at **PHONE NUMBER/EMAIL.**

Once again, we are committed to the safety of all employees. If you have a safety concern or any ideas for safety improvements, please contact your immediate supervisor.