

**WORK EXPERIENCE**  
**EMPLOYER/SUPERVISOR HANDBOOK**

**SACRAMENTO WORKS**

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY  
925 Del Paso Blvd., Suite 100  
Sacramento, CA 95815  
(916) 263-3800



SacramentoWorks  
Program Provider Contact Information

Organization

Contact Name

Phone

Email Address



**TABLE OF CONTENTS**

I. Introduction ..... 5

11. The Supervisor ..... 5

    A. Role of the Supervisor ..... 5

    B. Job Site Orientation ..... 5

    C. Responsibilities of the Supervisor ..... 6

111. The Case Manager ..... 6

IV. The Monitor..... 6

V. Information, Directions and Procedures .....7-13

    A. General Information..... 7

    B. What to Do in Case of Accidents ..... 7

        Incident Report (form) ..... 8

    C. Breaks and Lunches ..... 9

    D. Evaluations .....9

    E. Activity Limitations..... 9

    F. Displaced Worker restriction..... 10

    G. Sexual Harassment.....11-12

    H. Complaint Resolution Procedures.....13

VII. Payroll Instructions.....13

VI11. Termination of Participants.....13

IX. Materials You Should Have at the Training Site .....14

**TABLE OF CONTENTS**  
(continued)

X.	Appendix.....	15
	A. Worksite Agreement	
	B. Form 1-9	
	C. Time Sheet	
	D. Incident Reporting Form	

## **I. INTRODUCTION - SACRAMENTO WORKS WORK EXPERIENCE (WEX) PROGRAM**

The Sacramento Works Work Experience (WEX) Program is funded under Title I of the Federal Workforce Investment Act (WIA). Worksites are in the public, private, and non-profit sector. As a rule, the SETA funded program(s) provides the sites and work projects as well as supervision of the participants' work performance.

### **General Information and Terminology used in this Handbook:**

- **Sacramento Employment and Training Agency (SETA)**-administrator of the WIOA funds, and the One Stop Operator for Sacramento County known as Sacramento Works Job Centers (AJCC's).
- **Program Provider** - community organizations funded to coordinate the WEX program.
- **Case Manager** -also known as counselor, employment specialist, and coach- provides placement assistance and counseling to participants enrolled in program.
- **Employer /Supervisor** - provides the employment opportunity for participant and the worksite supervision.

## **II. THE SUPERVISOR**

### **A. Role of the Supervisor**

The success of the Work Experience Employment Program depends largely upon the site supervisor. The quality of participant work experience may very well affect and/or determine the success they have in future employment.

### **B. Job Site Orientation**

1. Welcome the participant to the worksite; show him/her around; encourage the participant to ask questions.
2. Stress what you expect of the participant in terms of reporting to work promptly and doing the job well.
3. Discuss the rules with participants. Explain the need for safe working habits, discuss safety rules and run youth through safety procedures including evacuation procedures.
4. Post rules and regulations where they can be easily noted.
5. Explain to participant their right to file a grievance. Your participant's assigned program provider should have reviewed all program information, including SETA's grievance procedure with the participant.

### **C. Responsibilities of the Supervisor**

1. Supervise program participants.
2. Coordinate your efforts with program provider staff including case managers, instructors, and crew leaders.
3. Know what to do in case of an accident.
4. Complete timesheets and evaluations accurately.
5. Provide the type of training which enables participants to increase their knowledge and enhance their skill level. Ensure that participant's activities are consistent with the worksite agreement.
6. Comply with the rules and regulations and procedures as communicated to you via program provider staff.

### **III. CASE MANAGER**

A case manager will be assigned to your participant and will provide you with the following services:

1. Orientation to the work experience program.
2. Explanation of required paperwork/forms.
3. Answer questions related to the program.
4. Assistance in reviewing participant timesheets and evaluations.

### **IV. THE MONITOR**

You may receive a worksite visit from a SETA monitor or state representative. Monitors are different from case managers in that their major concern is with the overall program operation in contrast to the case manager's concern which is centered around your participant's individual progress. They will be asking you questions pertaining to the training you are providing and the services you are receiving from the WEX program. Monitors will attempt to be brief to avoid disrupting worksite routine. Each worksite should cooperate fully with the monitoring efforts and provide whatever program information is requested in a timely manner.

## **VI. INFORMATION, DIRECTIONS AND PROCEDURES**

### **A. General Information**

- + You and your participants should remember that the program provider staff is always available to help if problems arise. Make certain your case manager's name and phone number are recorded on the cover of this handbook.
- + If a participant is consistently tardy or absent two times, report it to your case manager before a pattern develops.
- + Poor job performance may be related to off-the-job personal problems. If you feel that a participant needs help, he/she should be encouraged to contact the program provider case manager or you may contact the case manager yourself.
- + Be alert and sense trouble before it starts. Seemingly small problems, if unchecked, often become big ones.

### **B. What to Do in Case of Accidents**

- + Render first aid, AND
- + Report all accidents to the program provider immediately -- no matter how minor they may appear to be. All accidents must be reported on the same day they occur and an incident report form (next page) promptly submitted to the program provider. An injury does not necessarily have to be sustained to qualify for reporting. Any situation where a participant's well being is at risk constitutes an incident. The participant may be visibly upset about the incident. You would want to report this to your case manager since all staff is concerned about participants' overall well being. The case manager can then determine whether the incident requires follow-up. Use your discretion but remember that an injury does not have to occur to be considered an incident.
- + Program providers have workers' compensation to cover on-the-job accidents. This coverage is through the Community College Foundation whom is responsible for the payroll and workers compensation coverage. The procedure and forms for any work-related injury is attached in the Appendix.

**SACRAMENTO EMPLOYMENT AND TRAINING AGENCY**

Sacramento Works Employment Program

**INCIDENT REPORT**

Participant Name: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Program Operator: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Program Worksite: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Case manager: \_\_\_\_\_

Worksite Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

If an incident occurs involving a participant, complete this form and explain in detail the nature of the incident and action to be taken. Forward report to the Program provider within 24 hours of the incident. In turn, Program provider must submit a copy of the report to SETA within 48 hours of the incident.

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### **C. Breaks and Lunches**

Participants working a minimum of five hours are to take at least a 30-minute lunch break which is not to be paid for and is not to be counted in their work hours. The meal break should occur near the middle of the participants' work day. Participants are also allowed two 10-minute rest breaks (which are paid for and included in their work hours), one break in the morning and one break in the afternoon.

### **D. Evaluations**

1. As the supervisor you will be asked to evaluate the skills and growth of the participants working with you. As you assign work to your participants, think about which of the skills you want to develop. When you explain the assignment or when you evaluate the job, share with the participant how the skills may be relevant and related to other jobs. Help the participant recognize what they have learned or how they have improved.
2. **Participant Progress Report**

Evaluations of participants can be a valuable tool for the program providers. The information received provides effective "feedback" for a more objective view in determining the performance rating of the participant. Results from evaluations should help case managers to identify any barriers that may be obstructing the progress of the participant on the job as well as to appropriately encourage and compliment the participant when he/she is doing well on the job.

- o The results of the evaluation should be discussed between you and your participant(s).

### **F. Activity Limitations**

To ensure the integrity of the Sacramento Works WIOA program, specific regulations pertaining to the prevention of fraud and program abuse, conflict of interest, kickbacks, and nepotism have been instituted. These regulations, as well as those pertaining to maintenance of effort, political activities, sectarian activities and other restricted activities must be adhered to in order to protect both the participants and the program. The following is a brief description of important aspects of the fraud and abuse regulations. It is the responsibility of the worksite supervisor to ensure that illegal activities do not occur at the worksite.

In general, fraud includes any deceitful practices and intentional misconduct, whereas abuse encompasses improper conduct that may or may not be fraudulent in nature. The Workforce Innovation and Opportunity Act (WIOA) prohibits organizational or personal conflict of interest among individuals responsible for the awarding of funds under the Act. Kickbacks, the reception or solicitation of gratuities, favors or anything of monetary value from actual or potential subrecipients or contractors, are prohibited under the Act.

Favoritism or discrimination based on political affiliation is illegal. No political activities may be engaged in at any time by participants. Funds under WIOA cannot be used for publicity, lobbying or the solicitation of funds for any political activity or to further the election or defeat of any candidate for office or on behalf of or in opposition to proposed or pending Federal, State or local legislation or administrative action. No religious or anti-religious activities may be supported by WIOA funds.

**As required by applicable federal statutes and regulations:**

1. No currently employed worker shall be displaced by any participant (including partial displacement such as a reduction in the hours of non-overtime work, wages, or employment benefits).
2. The activity shall not impair:
  - (A) existing contracts for services; or
  - (B) existing collective bargaining agreements, unless the employer and the labor organization concur in writing with respect to any elements of the proposed activities which affect such agreement, or either such party fails to respond to written notification requesting its concurrence within 30 days of receipt thereof.
3. No participant shall be employed or job opening filled -
  - (A) when any other individual is on layoff from the same or any substantially equivalent job, or
  - (B) when the employer has terminated the employment of any regular employee or otherwise reduced its workforce with the intention of filling the vacancy so created by hiring a participant whose wages are subsidized under the work experience training activity or
  - (C) when the employer caused an involuntary reduction to less than full-time hours of any employee in the same or a substantially equivalent job

4. No jobs shall be created in a promotional line that will infringe in any way upon the promotional opportunities of currently employed individuals.

## **G. What is Sexual Harassment?**

Sexual harassment means bothering someone in a sexual way. Sexual harassment is behavior that is not only unwelcome but is, in most cases, repeated. Sexual harassment is defined from the victim's point of view, not the harasser's. The goal of sexual harassment is not sexual pleasure, but gaining power over another. Sexual harassment is against the law.

### **Federal Law - Illegal sexual harassment falls into four categories:**

1. **Quid Pro Quo**  
A person suggests something will be given in return for sexual favors.
2. **Hostile Environment**  
Repeated unwelcome sexual conduct (jokes, posters, statements, behavior) has the effect of "poisoning" the employee's work environment.
3. **Sexual Favoritism**  
A supervisor rewards only those employees who submit to sexual demands.
4. **Harassment by Non-Employees**  
There is harassment by people outside the company, over whose actions the employer has control or could have control.

### **California law defines sexual harassment as the following:**

1. **Visual Harassment**  
Derogatory posters, cartoon, or drawings; unwanted love letters or notes.
2. **Verbal Harassment**  
Derogatory comments or slurs, suggestive or insulting sounds, comments about anatomy or clothes.
3. **Physical Harassment**  
Assault, impeding or blocking movement, or any physical interference with normal work or movement, when directed at an individual.
4. **Sexual Favors**  
Unwanted sexual advances which make an employment benefit contingent upon an exchange of sexual favors.

## SEXUAL HARASSMENT BEHAVIOR PATTERNS

\*(Examples based on California Law)

VISUAL HARASSMENT	VERBAL HARASSMENT	PHYSICAL HARASSMENT	SEXUAL FAVORS
<p><b>WRITTEN</b>            Unwanted              love poems              love letters              cards            Obscene poems</p> <p><b>VISUAL</b>            Staring              Leering              Obscene gestures              Sexually Suggestive              Cartoons              Posters/Drawings              Magazines              Flyers              Displaying sexually            suggestive objects or            pictures</p>	<p>Unwanted            requests for dates</p> <p>Questions about            personal life</p> <p>Indecent            comments</p> <p>Dirty/sexual            jokes</p> <p>Sexually explicit            or degrading            words</p> <p>Namecalling</p> <p>Suggestive or            insulting sounds</p> <p>Graphic, verbal            comments about            another's dress or            body</p> <p>Whistling</p>	<p><b>TOUCHING</b>            Patting</p> <p>Grabbing</p> <p>Pinching</p> <p>Caressing</p> <p>Kissing</p> <p>Brushing            Against            Another's            Body</p> <p><b>VIOLATING SPACE</b>            Blocking</p> <p>Following</p> <p>Cornering</p> <p><b>FORCE</b>            Rape</p> <p>Physical Assault</p>	<p><b>POWER</b>            Relationships</p> <p>Using position to            Request dates,            sex, etc.</p> <p><b>THREATS</b>            Quid Pro Quo            (something is            given in return for            something else)</p> <p>Demands</p> <p>Loss of job</p> <p>Selection Process</p> <p>Demotion            Promotion            Raise, etc.</p>

\*The examples listed above are not meant to be a complete list of behaviors.

## **H. Complaint Resolution Procedures**

In the event that a disagreement should arise between the site supervisor and the program provider, you should first attempt to resolve the issue with your program provider staff contact. If you are dissatisfied with the outcome of your attempt at resolution with the program provider staff contact, you should then proceed to discuss the matter with his/her supervisor. Most disagreements or complaints can be resolved by discussion at their level.

## **VII. PAYROLL**

SETA Program Providers are responsible for the collection of timesheets and distribution of their paychecks. Program Providers will coordinate a time with the individual employers to retrieve the signed timesheets. The timesheet is attached in the Appendix.

### **Absences, Holidays, and Time Restrictions**

Participants are paid only for the time worked; they are not paid for time missed due to absences or holidays. The participant does not work more than 40 hours per week (the maximum time allowed in any one-week period) or more than 80 hours (the maximum time allowed in any two-week period). Please note: Most program providers only allow 30 hour maximum work weeks.

## **VIII. TERMINATION OF PARTICIPANTS**

Only your program provider has the authority to terminate a participant from the program if circumstances warrant dismissal.

Participants may also be transferred by the case manager from one worksite to another without being terminated from the program.

If you feel that a participant under your supervision needs to be transferred from your job site, please discuss that option with the assigned program provider case manager. Part of a case manager's responsibility involves providing the kind of assistance to employers/participants to prevent misunderstandings and keep friction at a minimum.

## **IX. MATERIALS YOU SHOULD HAVE AT THE TRAINING SITE**

Supervisors must have the following materials available at the training site since case managers as well as SETA and Federal or State monitors may ask to examine these items during site visits:

1. Participant Attendance Record (sign-in and -out sheet/timesheet)
2. Supervisor Handbook
3. Worksite Agreement/Placement Agreement
4. 1-9 (Employment Eligibility Verification Form)
5. Time Sheets and Progress Report
6. Incident Report

We hope that your involvement with the Sacramento Works WEX Program proves to be a positive experience. Thank you for your participation.

## **Appendix Listing**

Worksite Agreement

Form 1-9

Time Sheet / Participant Evaluation

Incident Reporting Form

**SACRAMENTO EMPLOYMENT AND TRAINING AGENCY (SETA)/SACRAMENTO WORKS, INC.**

**WORKSITE AGREEMENT**

**I. WORKSITE INFORMATION:**

EMPLOYER'S NAME:

ADDRESS (include City, State, Zip):

PHONE NO:

NAME OF SUPERVISOR:

WORKSITE STATUS:  PUBLIC AGENCY  PRIVATE NON-PROFIT  PRIVATE FOR-PROFIT

NAME OF PARTICIPANT TO BE PLACED AT THIS SITE:

FUNDING SOURCE:

**II. TRAINING INFORMATION:**

JOB TITLE:

JOB DESCRIPTION OR ELEMENTS OF TRAINING (SEE ATTACHED JOB SPECIFIC (OCCUPATIONAL) SKILLS ASSESSMENT AND EVALUATION):

MINIMUM SKILLS REQUIRED:

TESTING, IF ANY, TO IDENTIFY PROGRESS IN AREA OF SKILL DEVELOPMENT:

SKILLS TO BE ACQUIRED AT THE END OF TRAINING:

**III. ADDITIONAL INFORMATION:**

DO OTHER SETA-FUNDED PROGRAMS HAVE PARTICIPANTS AT THIS SITE?  YES  NO

LIST:

WAS THIS PARTICIPANT PREVIOUSLY IN ANY SETA-FUNDED PROGRAM(S)?  YES

NO IF YES, NAME OF PROGRAM(S) UTILIZED:

IS THIS SITE ACCESSIBLE TO PUBLIC TRANSPORTATION?  YES  NO

DOES THE SITE HAVE ACCOMODATIONS FOR THE DISABLED?  YES

NO



**WORKSITE AGREEMENT**

Trainee's Name:  Trainee's Phone (Home & Emergency):

Worksite Address:

Supervisor's Name:  Supervisor's Phone:

Alternate Supervisor's Name:  Alternate Supervisor's Phone:

Work Days/ Hours:

**I. WORKSITE SUPERVISOR AGREES TO:**

- a. Familiarize him/herself with information provided by sponsoring program including payroll procedures and policies on timesheet completion and timesheet pick-up.
- b. Explain job description and responsibilities to trainee.
- c. Explain worksite rules, regulations and functions to trainee.
- d. Provide adequate supervision at all times. Ensure that the alternate supervisor is available when regular supervisor is absent.
- e. Afford the trainee the opportunity to upgrade his/her skills training when possible.
- f. Monitor the work habits and progress of trainee.
- g. Assess trainee's progress on a regular basis utilizing the same standards used to assess regular employees and meet periodically with trainee and program staff to discuss results.
- h. Talk to trainee and program staff prior to taking any form of disciplinary action.
- i. Provide safe working conditions and review job safety with trainee. Report any injury or accident to trainee occurring on the job to program staff immediately.
- j. Assure sufficient work to occupy trainee during work hours.
- k. Assure sufficient equipment/ materials to carry out work assignments.
- l. Assure adequate accountability for time and attendance.
- m. For any refugee-funded program, training provided, to the maximum extent feasible, will be in a manner that is culturally and linguistically compatible with refugee's language and cultural background.

**II. TRAINEE AGREES TO:**

- a. Familiarize him/herself with all program information provided.
- b. Abide by all rules and regulations of the worksite; understanding that failure to do so may result in termination from the program.
- c. Notify the worksite supervisor and program staff of any pending change in schedule, tardiness, or absence.
- d. Understand that insubordination and/ or excessive tardiness or absence may result in termination from the program.
- e. Report any injury occurring on the job immediately to his/her supervisor and assist in completing workers' compensation claim.
- f. Return or repay usable books, supplies, and emergency loans to the program upon termination. Trainee's last paycheck may be held until such items are returned or repaid.
- g. Receive paycheck only for actual hours worked or spent on pre-approved program activities.

**III. SPONSORING PROGRAM AGREES TO:**

- a. Assure that all immediate worksite supervisors and trainees receive program orientations as appropriate to worksite activities.
- b. Assign program staff to trainee and worksite supervisor to act as liaison with the program.
- c. Explain program requirements to trainee and worksite supervisor including civil rights, grievance and complaint procedures, and training guidelines.
- d. Explore vocational and educational opportunities with trainee.
- e. Monitor trainee's progress and discuss evaluation results with worksite supervisor and trainee.
- f. Explain termination process according to program regulations. The program will notify the trainee and the supervisor, in advance, of any pending termination.
- g. Keep worksite supervisor informed on a timely basis of any change in trainee's schedule or status.
- h. Explain payroll procedures to trainee and supervisor and arrange for collection of timesheets.
- i. Assure that applicable child labor laws are observed at the worksite.
- j. Visit the trainee at his/her worksite on a bi-weekly basis, at a minimum.







SACRAMENTOWORKS

# (Name of Agency) Timesheet

(Must Be Completed in Ink and NO white out)

Pay Period: \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Participant Name: \_\_\_\_\_  
Last Name First Name MI

Social Security No: \_\_\_\_\_

Worksite: \_\_\_\_\_

Provider: \_\_\_\_\_

WEEK					WEEK						
Date	From	LUNCH		To	Total Hours (minus lunch)	Date	From	LUNCH		To	Total Hours (minus lunch)
		Out	In					Out	In		

Hour Key: 15 minutes = .25, 30 minutes = .50, 45 minutes = .75, 1 hour = 1

TOTAL HOURS FOR PAY PERIOD

I hereby certify that this timesheet correctly reflects all time worked for the pay period indicated and that it has not been forged or altered. I understand that falsification of this document will result in my immediate termination from the program and will also result in actions to recover payments made to me for time I did not work.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

## PARTICIPANT EVALUATION (Check appropriate column for each item)

	Excellent	Above Standard	Satisfactory	Needs Improvement
Progress on Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude/Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

I hereby certify that the training has been provided in accordance with the provisions in the Sacramento Works for Youth Worksite Agreement.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Date



## REPORT OF INJURY INSTRUCTIONS

Fax completed Report of Injury form to  
(916) 922-2309

It is crucial that any injury sustained on the job by an employee be reported to The Foundation's Human Resources department. Please take the following steps immediately upon notification of a work-related injury:

- If the injury is life threatening, call 9-1-1.
- If the injury is not life threatening, the supervisor should immediately contact the Human Resources department, which will provide the supervisor with the name and address of the nearest authorized care facility.
- The supervisor will direct the employee to the designated facility for treatment. For employees working outside the Sacramento area, your supervisor may call the Human Resources department at any time for the name and address of the facility nearest you.
- The supervisor will complete a Report of Injury form and fax it to the Human Resources department. The Foundation must have the completed form within 24 hours of the injury.
- The Foundation will send the employee an Employee Claim Form (DWC Form 1).
- The employee must return the DWC Form to the Human Resources department for processing.

A Report of Injury form must be completed and forwarded to Human Resources even if the employee sustains a minor injury that requires first aid but does not need formal medical attention.

### Worker's Compensation Representative:

Christhannah Oloyede

*Human Resource Specialist*

Phone: 916.418.5154

E-mail: coloyede@communitycollege.org

Worker's Compensation

Carrier

Liberty Mutual

Policy # WC2-Z91 -458581 -012

Phone # 800-424-0054

The Community College Foundation

**REPORT OF INJURY**

**RETURN IMMEDIATELY**

**FAX # (916) 922-2309**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Employee Job Title: \_\_\_\_\_ Pay \_\_\_\_\_ Rate: \_\_\_\_\_

Department Where Employee Works: \_\_\_\_\_ Av. Hours Worked Per Week: \_\_\_\_\_

Date Employer First Notified of Injury: \_\_\_\_\_ Time Employee Scheduled to Begin Work: \_\_\_\_\_

Time Employee Scheduled to End Work: \_\_\_\_\_ Time Employee Actually Ended Work: \_\_\_\_\_

Date Injury Occurred: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ AMPM

Did Accident Occur on Employer's Premises? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

What Was the Employee Doing When Injured? (Be specific, identify tools, equipment or material the employee was using)

Object/Substance That Directly Injured the Employee? (e.g. the machine employee struck against; the vapor or poison inhaled or swallowed; the chemical that irritated the skin. In cases of strains, the thing that was lifted, pulled, etc.)

Describe the Injury or Illness: (e.g. Cut, Strain, Fracture, etc.) \_\_\_\_\_

Part of Body Affected? (e.g. Back, Left Wrist, Right Eye, etc.) \_\_\_\_\_

Name and Address of Treating Facility and Physician: \_\_\_\_\_

Describe the Treatment Rendered: \_\_\_\_\_

Did Employee Lose One Full Day's Work After the Injury? No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, Date Last Worked: \_\_\_\_\_

Has Employee Returned to Work? Yes \_\_\_\_\_ If Yes, Date Returned to Work: \_\_\_\_\_

No \_\_\_\_\_ If No, When Do You Anticipate Employee's Return? \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor/Title

\_\_\_\_\_  
Signature of Injured Employee

Date This Claim Form Was Submitted to Supervisor or Director: \_\_\_\_\_

Date This Completed Claim Form Was Submitted to HR: \_\_\_\_\_

PLEASE ATTACH NAME(S) AND PHONE # OF WITNESS(ES)