

WORKER'S COMPENSATION FILING CHECKLIST

This checklist is intended to outline the responsibilities of the Employee/Supervisor in regards to filing the proper forms to TTUSORM within the appropriate time frames.

Form Title	When to File	How to File	Completed
Employer's First Report of Injury or Illness (DWC-1S)	Verbally report the incident to TTUSORM immediately. Submit form not later than one working day after receiving knowledge of the incident.	Mail, fax, or email to TTUSORM	<input type="checkbox"/>
Employee's Report of Injury (SORM-29)	Not later than three working days after the incident	Mail, fax, or email to TTUSORM	<input type="checkbox"/>
Witness Statement (SORM-29) – one for each witness	Not later than three working days after the incident	Mail, fax, or email to TTUSORM	<input type="checkbox"/>
Authorization for Release of Information (SORM-16)	Not later than three working days after the incident	Mail, fax, or email to TTUSORM	<input type="checkbox"/>
Employee's Election Regarding Utilization of Sick and Annual Leave (SORM-80)	Not later than three working days after the incident	Mail, fax, or email to TTUSORM	<input type="checkbox"/>
Supplemental Report of Injury (DWC-6)	Must be received by TTUSORM not later than one working day after employee: a) Is unable to work; b) Returns to work; c) The end of each pay period in which the employee has a change in earnings; or d) Dies, resigns, or is terminated	Mail, fax, or email to TTUSORM	<input type="checkbox"/>
Supervisor's Investigation of Employee's Accident (TWCC 1/02)	Not later than three working days after the incident	Mail, fax, or email to TTUSORM	<input type="checkbox"/>
Worker's Compensation Network Acknowledgement	Not later than three working days after the incident	Mail, fax, or email to TTUSORM	<input type="checkbox"/>