

Directions for Using the Supplemental Report of Injury Form

Departments must use the supplemental form to account for periods of an employee's lost time and/or employment status. Circumstances requiring the use of this form include

- time lost as a result of a reported injury;
- a return to work after an injury/illness;
- a change in wages;
- the employee's resignation; and/or
- the employee's termination.

Instructions for each item in the supplemental form are provided below:

1. Texas A&M University
2. (979) 845-4141
3. 750 Agronomy Road, Suite 1201; College Station, TX 77843-1255
4. Self-insured
5. Yes
6. Yes; date April 2009
7. Yes
8. Yes; date April 2009
9. Yes
10. a. Check if the employee returned with or without restrictions
- b. Check if the employee is earning more or less after the date of injury/illness, including reduced compensation that has been a result of working a shorter schedule as per physician's recommendations.
- c. Check if the employee originally lost time as a result of the injury/illness, returned to work, then missed additional time.
- d. Check if the employee resigned or if terminated from the University.
11. claimant's (employee's) name
12. claimant's social security number
13. claimant's date of birth
14. employee's address
15. Provide the date of the first day missed as a result of the injury/illness, excluding time lost on the first day of injury and one additional missed shift.
16. Provide the date of lost time if the employee has returned to work, then missed a subsequent shift as a result of the injury/illness (should correspond with box 10c).
17. Self-explanatory; please note that "8 days" means calendar days.
18. Provide the most recent date of return to work and check appropriate box.
19. a-b. self-explanatory
20. Provide the number of hours the employee worked in the pay period *prior to the pay period in which the injury occurred*. **Example 1:** Provide the bi-weekly employee's hours worked in pay period 21 if the employee was injured in pay period 22. **Example 2:** Provide the salaried employee's hours worked in July if the employee was injured in August.
21. Provide the wages earned based on the hours worked in box #20.
Indicated *hours* are: check appropriate box
Indicated *wages* are: check appropriate box
22. Check the appropriate box, sign, and date.

NEED HELP?

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