



STANDARD ADMINISTRATIVE PROCEDURE

24.01.01.M0.01 Workers' Compensation Insurance

Approved December 3, 1998

Revised January 12, 2009

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Standard Administrative Procedure Statement

This SAP provides the process for proper administration of the Worker's Compensation Insurance Program at Texas A&M University.

Procedures and Responsibilities

1. EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS FORM

- 1.1 The [Employer's First Report of Injury or Illness form](#) is required by Texas A&M University in all cases when employees who are on the payroll suffer an injury or acquire a work-related illness in the course and scope of their employment.
- 1.2 The Employer's First Report of Injury or Illness form must be submitted online through the [Origami Portal](#), within 24 hours of any report to an employing department or unit for an injury or illness sustained by an employee in conjunction with the employee's work assignment.
- 1.3 The Texas A&M System Office of Risk Management (ORM) must report any injury which results in the employee's absence from work for more than one day and any work-related illness to the Texas Workers' Compensation Commission (TWCC).
- 1.4 If the Employer's First Report of Injury or Illness form for an injury resulting in more than one day of lost time or for a work-related illness is not submitted through the Origami Portal, and filed with ORM within seven days of the employer's receiving notice of injury or illness, fines may be levied against the Texas A&M department by the TWCC.

1.5 In the event of critical injury or death, immediate telephone notification should be given to the ORM, followed by a completed copy of the Employer's First Report of Injury or Illness form.

2. REQUEST FOR PAID LEAVE FORM

2.1 The [Request for Paid Leave form](#) allows employees who have been injured on the job or acquired a work-related illness to elect to remain on the payroll and use some or all of their accrued leave in lieu of receiving weekly Workers' Compensation Insurance (WCI) payments. The employer is prohibited from requiring the use of paid leave to cover time lost. Therefore, the Request for Paid Leave form is used to verify whether the employee has chosen to use paid leave or to receive weekly WCI benefits.

2.2 The Request for Paid Leave form should be completed and forwarded to ORM and the Employee Relations department as soon as an injured employee begins to lose work time due to a work-related injury or illness.

3. SUPPLEMENTAL REPORT OF INJURY

3.1 An employing department must file a [Supplemental Report of Injury form](#) with the ORM within 24 hours after the occurrence of any one of the following events:

3.1.1 The employee returns to work and then starts to lose time again because of the same injury or illness.

3.1.2 When the employee has an increase or decrease of earnings during the time the employee is entitled to temporary income benefits.

3.1.3 The employee returns to work after having lost time from work for a work-related injury or illness.

3.1.4 The employee who had a work-related injury or illness resigns or is terminated.

3.2 A Supplemental Report of Injury form should be submitted as often as necessary to report subsequent time losses or returns to work. It is important that the Supplemental Report of Injury form be filed any time an employee returns to work following an absence due to work-related illness or injury.

4. EMPLOYER'S WAGE STATEMENT

4.1 A completed [Employer's Wage Statement form](#) is required whenever the employing department knows or should know that an employee has missed or will miss more than seven (7) cumulative days for a work-related injury or illness. The employing department is required to file the Employer's Wage Statement form with ORM and provide a copy to the employee.

5. FMLA REQUIREMENT

- 5.1 If the work related injury or illness qualifies as a serious health condition for the employee in accordance with System Regulation 31.03.05, *Family and Medical Leave*, the employer will notify the employee of their eligibility for FMLA leave. If the employee is eligible for FMLA leave, the employing department shall designate either the paid or unpaid leave taken for the work related injury or illness as FMLA leave. The FMLA leave will run concurrently with the leave taken under the Workers' Compensation Insurance Program.
- 5.2 The employing department is required to notify the Employee Relations Department for TAMU employees and the appropriate Human Resources Office for TAMHSC and TAMUG, when the employee's FMLA terminates.

Related Statutes, Policies, and Regulations

[System Policy 24.01: Risk Management](#)

[System Regulation 24.01.01: Supplemental Risk Management Standards](#)

[System Regulation 31.03.05: Family and Medical Leave](#)

Contact Office

For information or clarification contact Employee Relations at (979) 862-4027 or by email at Employee-Relations@tamu.edu. For TAMUG contact TAMUG HR at (409) 740-4532 or hr@tamug.edu. For information or assistance with this SAP for TAMHSC contact HR at (979) 845-1565 or hschr@tamu.edu.

OFFICE OF RESPONSIBILITY: [Employee Relations](#)