

APPROPRIATE ADMINISTRATOR OR HIS/HER DESIGNEE COMPLETES	
<input type="checkbox"/>	As soon as the injury/illness is reported, the Appropriate Administrator or his/her designee must accompany the employee to the SJSU Student Wellness Center for immediate medical care. If the injury occurs during the night shift, refer the employee to O'Connor Hospital Emergency Room for immediate care. An employee may also be treated by his/her personal physician if prior to the injury they submitted a Predesignation of Personal Physician form to UP-Workers' Compensation.
<input type="checkbox"/>	Complete the Employer's Report of Occupational Injury or Illness within 24 hours of knowledge of the injury/illness and fax it to the UP-Workers' Compensation at 924-1701, followed by the original via campus mail to UP-Workers' Compensation, Building UPD, 0046.
<input type="checkbox"/>	Provide the injured employee with the Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility within 24 hours of knowledge of the injury. In Employee Section complete Line 1 and in Employer Section complete all lines except line 13 (complete upon receiving completed/signed form from employee). Note: For further information please see instructions for completing the claim form.
<input type="checkbox"/>	If the employee returns the Worker's Compensation Claim Form (DWC 1), fill in line 13, give one copy to the employee and fax the form to UP-Workers' Compensation at 924-1701, followed by the original via campus mail to UP-Workers' Compensation, Building UPD, 0046. Note: For further information please see instructions for completing the claim form.