Workers’ Compensation Employee’s Responsibility

- While you are treating, it is your responsibility to provide the Workers’ Compensation Coordinator with a medical note after each appointment in order to monitor your progress and address any temporary restrictions. A good rule of thumb is to obtain a medical work status form prior to leaving your doctor’s appointment. **Notes must be received within 8 hours from the appointment date. If your physician agrees to fax your medical work status to your employer, it is your responsibility to ensure the work status is received by the Workers’ Compensation Coordinator.**

- If you are scheduled for surgery or a medical procedure that will require a day or more of time off due to your Workers’ Compensation injury/illness, a physician’s note will need to be provided to the Workers’ Compensation Coordinator prior to your scheduled surgery/medical procedure. An appointment will be scheduled with the Workers’ Compensation Coordinator, in Risk Management, to review your eligibility for benefits and compensation.

- When your doctor permits you to return to work:
  1. Give the Workers’ Compensation Coordinator and your supervisor as much notice as possible to help in scheduling transitional work.
  2. If you have work restrictions from your doctor, the Workers’ Compensation Coordinator needs a written doctor’s note outlining your restrictions **before you return to work.** Your doctor’s note will allow your department to determine whether they can find job tasks that fit your physical needs in order to develop a transitional work plan.
  3. Until you are returned to full duty without restrictions, work restrictions and follow-up appointment dates must be provided to the Workers’ Compensation Coordinator immediately after your appointment if possible, but no later than 8 hours after your appointment.
  4. **You are personally responsible for working within the limits of your physician’s work restrictions.** If you are unable to perform the tasks assigned, you must contact your supervisor/manager and the Workers’ Compensation Coordinator immediately.

For more information regarding your benefits or the return-to-work program, contact the Workers’ Compensation Coordinator at (510) 885-4227.

I understand and will comply with my responsibilities outlined above for the claim filed with the date of injury of ____________________.

_______________________________________       _____________________
Signature                                Date

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