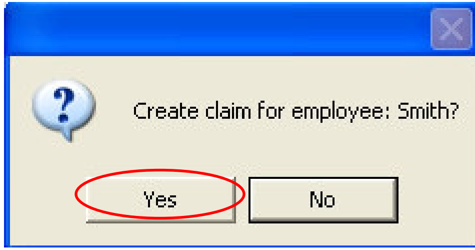
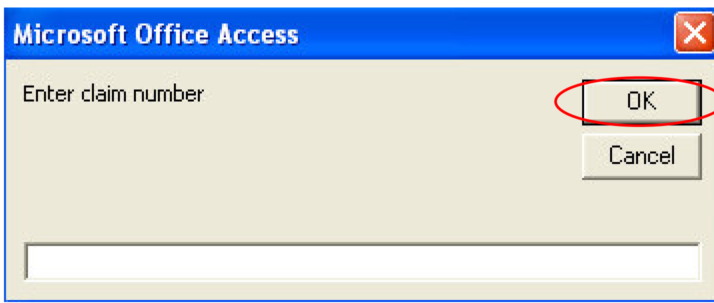
Worker Comp Module 10R1

To create a new Worker Compensation claim the user must first look up the Employee's record in the Associate section of Tempworks. Once the Employee is displayed in the Associate section, navigate to the Worker Compensation Claim tab (secondary switchboard) and click on the NSR (arrow star) button. The following window will appear displaying the last name of the Employee whose record is selected in the Associate section of Tempworks.



Verify that this is the last name of the Employee that the Worker Compensation claim should be created for. If it is not, return to the Associate tab and select the correct Employee for the claim. Once the correct last name is displayed click on the "Yes" button to display the following window.



Enter the claim number that should be associated with this Worker Compensation claim and then click on the "OK" button to create the new record.

Once the "OK" button has been clicked, the user will be navigated to the Worker Compensation Claim tab with the new record information displayed.

When a worker compensation claim is added to Tempworks for an employee the “Claim” button will appear on their associate record in the Address/Status sub tab as shown below.

Inactives: Name Lkp: SSN# Lkp: ID# Lkp:
Guernsey, Robert (772)566-4455 SSN:243-44-5124
Id:5124
E/N Imp
Visifile Address Pay Asg Msg Interview Report Search Switch
Status Other Payroll UserDefined
Refresh DH Detail Claim Print

Name/AIdent/Status
Act Date: 07/16/03 DeactDate: 07/16/03
ID: 5124
SSN: 243-44-5124 Change SSN
Last Name: Guernsey
First Name: Robert Middle:
Nickname:
Phone: (772)566-4455

Mailing Address
Street: 1234 Main Street
Street2:
City: Fort Pierce
State: FL Zip: 34982-
County:
Country:
School:

Hiring Information
Profession: All
Rating: 0
OrderType: TE
HireStatus : SubContractor
I9ExpDate: I9 on File:
OrientationDate: Anniv: 08/08/05
Branch: NursesNow
Staffing Spec: mthomson
InterviewBy:
EnteredBy: mthomson
Vendor::
WashedStatus familiar

Active:
Ref Chkd
Drug/AlcPolicy:
HarassPolicy:
Assigned:
Res on File:
Safety Cert:
W4DocReq:
JobTitle:

Background/Drug/Security/Briefing
Security Clearance: DrugTest:
Convictions:

Claims Tab

The Claims tab is where the user can view the most pertinent information about a Worker Compensation Claim. This tab contains Employee information, claim number, Customer information, Attorney information, etc.

Clicking on the "Documents" button will open the document management area where any type of electronic document can be uploaded.

Select the Gender from the drop down menu, enter the State Claim Num Date and Time of Injury, Return to Work (RTW) date, employment status, medical insurance information, and claim type.

Clicking on the "See Employee" button will navigate the user to the associate's record.

The Customer sub tab on the Claims tab is used for choosing the employee's assignment where they received the injury/illness being reported in the claim.

Use the Cust Lkp field to find the employee's assignment and the grey fields will automatically be pulled in from the assignment record.

Then fill in the actual address where the injury/illness occurred.

Customer | Attorney | Employer

Attorney:

Name: Michael Kreger
Phone (865) 939-4932
Fax: (865) 939-2300
Court Date: 4/12/2006

Additional Legal Information:

Various information

The Attorney sub tab on the Claims tab is used for entering the attorney information (if required) for this claim.

Customer | Attorney | Employer

Employer Address:

Name: High Tech Staffing
Address: High Tech Staffing
123 Main St
Different Addr.:
Phone #: 1-651-452-0366

Employer Info:

BranchName Memphis SE
StateUnemAcct #:

Employer Type:

Nature of Bus: Temporary Help
Type of Employer: Private

Preparer:

Prepared By: mthomson
Preparer Title:

In the Employer sub tab in the Claims tab the gray fields will already be populated with the staffing company's information.

Choose the BranchName from the drop down menu. Then enter the StateUnemAcct#, Nature of Bus, Type of Employer, Prepared By, and Preparer Title fields.

Injury Tab

The Injury tab is for listing specific information about the injury such as date it occurred, specific body part injured, the hospital the Employee was taken to, etc.

Claim | **Injury** | Wage/Misc | Bills | MiscMsg | Search | Report | Switchboard

Knowledge Date: 2/17/2004
Date Last Worked: 2/16/2004
Date of Death:
Time Employee Began Work:
Employee Provided Claim Form:
Days Away From Work: 0
Days of Restricted Work: 0
Brief Description of How Injury Occured

Activity Description:
Cause:
Part of Body injured: Left Ear
Type of injury: Amputation
Physician Name:
Physician Address:
Physician Phone #:
Second Dr. Name:
Hospital Address:
Hospital Name:
Hospital Phone #:
Employee Status: Temporary
Injury County:
Others Fault: No
Diagnosis
Equip/Mat/Chem:

Other Workers Injured
Unable to Work
Injury Occur on Employer's Premises

- [ ] Occupational Skin Diseases or Disorders
- [ ] Dust Diseases of the Lungs
- [ ] Respiratory Conditions Due to Toxic Agents
- [ ] Poisoning (systemic effects of toxic materials)
- [ ] Disorders Due to Physical Agents
- [ ] Disorders Associated with Repeated Trauma
- [ ] All other Occupational Illnesses
- [x] None

Fill in all of the necessary information in order to completely document the circumstances behind the injury/illness and other important information such as: Part of Body Injured, Physician information, Employee Status, etc.

Wage/Miscellaneous Tab

The Wage/Misc tab is where wages, light duty dates, medical expenses and other miscellaneous information can be recorded.

Claim | Injury | **Wage/Misc** | Bills | MiscMsg | Search | Report | Switchboard

Wage Information

- [ ] FullPay
- [x] Hourly
- [ ] Salary
- [ ] Partner or Officer
- [ ] Salary Continued?
- [x] Assigned Light Duty

Light Duty Date: 5/7/2006
Assignment Start Date: 5/8/2006
Average Hours per Week: 25
How Paid: Hour
Average Days Per Week: 5
Hourly Wage: $8.00
Weekly Wage: $200.00
Other Payments: $15.00
Weekly Wage + Other Pay: $215.00
Employee Compensation:
How Compensated: Weekly
Actual Compensation:
Actual Medical:
Reserved Compensation:
Reserved Medical:

Misc Information

Safety Action Needed
Put down slip resistant mats at building entrance

Safety Action Taken
Put down slip resistant mats at building entrance

The Weekly Wage automatically totals the amount entered for Average Hours per Week and Hourly Wage Fields and the Weekly Wage + Other Pay automatically totals the Weekly Wage and Other Payments fields.

Enter the safety action information in the Misc Information fields.

Bills Tab

The Bills tab is where information about bills that have been submitted under the Worker Compensation claim can be tracked and recorded. The functionality in this tab is an addition to core Tempworks and is designed to be utilized with the Tempworks Accounts Payable module.

Miscellaneous Message Tab

This Miscellaneous Message tab is where users can log messages about the Worker Compensation claim.

*Note – Messages logged in this area are not visible in any area of Tempworks outside of the Worker Compensation tab.

Claim | Injury | Wage/Misc | Bills | **MiscMsg** | Search | Report | Switchboard

Refresh

Logged By alisha Logged Date 1/30/2006

Memo Text Trent Delvin was taken to the emergency room for damage to his foot after a cross beam was dropped on from the loader. He will not be able to return to work for 5 weeks.

Logged By Logged Date

Memo Text

Search Tab

The Search tab allows the user to find and display all of the Worker Compensation claims that apply to the search criteria selected.

Claim | Injury | Wage/Misc | Bills | MiscMsg | **Search** | Report | Switchboard

Filter
- All claims
- Body Part Injured
- Branch
- Customer Name
- First Aid Only
- New Claims Last x Days
- Open Claims
- SSN
- Worker Comp Code

WcID	Name	Branch	Claim#	Aident	InjDate	30 Day	90 Day	C	M	Lt	Ct
91	Aaskon, Masters	Memphis SE	91	5474	11/13/2004	12/13/2004	2/11/2005	☐	☐	☐	☐
96	Abbotina, Susie	Memphis SE	12324	5020				☐	☐	☐	☐
81	Abbotina, Susie	Memphis SE	999999999	5020				☐	☐	☐	☐
95	Abbotina, Susie	Memphis SE	68665433	5020	4/27/2005	5/27/2005	7/26/2005	☐	☑	☑	☐
99	Aswer, Wonda	Memphis SE	a111	5038				☐	☐	☐	☐
97	Barnes, Stephen	Memphis SE	8876	5050				☐	☐	☐	☐
101	Borstsle, Patty	Memphis SE	58949002	5640				☐	☐	☐	☐
73	Delvin, Trent	Memphis SE	44654654654	5082	2/16/2004	3/17/2004	5/16/2004	☐	☐	☑	☐
100	Franklin, Susie	Memphis SE	234685325	5112	6/26/2005	7/26/2005	9/24/2005	☐	☐	☑	☑
98	Hanks, Tom	Memphis SE	5676543	5574				☐	☐	☐	☐
89	Hawkins, Katie	Memphis SE	456476	5129	8/12/2004	9/11/2004	11/10/2004	☐	☐	☐	☐
2	Held, Marcus	Memphis SE	03-020303	5132	1/29/2003	2/28/2003	4/29/2003	☐	☐	☐	☐
29	Masters, Joseph	Memphis SE	54657645	5207		1/17/2004	3/17/2004	☐	☐	☐	☐
94	Sanders, Jonathan	Memphis SE	455352555	5279				☐	☐	☐	☐
27	zzMel, Mel	Memphis SE	45154	5209	7/28/2003	8/27/2003	10/26/2003	☐	☐	☐	☐
71	zzMel, Mel	Memphis SE	542154	5209	2/16/2004	3/17/2004	5/16/2004	☐	☐	☐	☐
32	zzMel, Mel	Memphis SE	5551	5209	6/11/2003	7/16/2003	9/14/2003	☐	☐	☐	☐

Record: 1

The information in the view can be sorted in ascending or descending order by clicking on the column header.

Click on any of the "Filter" buttons to narrow down the claims displayed. Claims can also be located by using the look up fields at the top of the page.

G | AIdent Look-up: | Claim Look-up: | Name Look-up:

Claim | Injury | Wage/Misc | Bills | MiscMsg | Search | Report | Switchboard

Enter the employee's AIdent (unique Tempworks created ID) the Claim number or the employee's name in the appropriate look up fields to locate worker comp records. Once the results are displayed in the Search tab, double click on the record to open it.

Report Tab

The Report tab allows the user to run reports on information that has been entered into the Worker Compensation database.

Claim | Injury | Wage/Misc | Bills | MiscMsg | Search | **Report** | Switchboard

Summary and Report Generation

Claim Information By Customer	First Injury Report	Job Offer
	OSHA Yearly Stats	Safety Report

"Claim Information By Customer" print preview:

09-Oct-06

Injury Summary by Customer

Customer Name	Last Name	First Name	Injury Date	Claim Number	Department	SSN
AHC	**Abbotina**	Susie	04/27/05	68665433	Primary	999551111
Abbotina						1
AHC						1
American Choppers	**Hanks**	Tom		5676543	Primary	472920388
		Tom		5676543	Primary	472920388
		Tom		5676543	Primary	472920388
		Tom		5676543	Primary	472920388
Hanks						4
American Choppers						4
Crom Equipment	**Guernsey**	Robert		06-33344	Primary	243445124
		Robert		06-33344	Primary	243445124
		Robert		06-33344	Primary	243445124
Guernsey						3
Crom Equipment						3
Custom Paint Pros	**zzMeltest**	Mel	02/16/04	65321444	Primary	5210
zzMeltest						1
Custom Paint Pros						1
Ferris Held Farms	**Held**	Marcus	01/29/03	03-020303	Primary	51010341
Held						1
Ferris Held Farms						1
Greenburg	**Masters**	Joseph		54657645	Primary	512146564
		Joseph		54657645	Primary	512146564

"First Injury Report" print preview:

State Of California
EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Please complete in triplicate (type, if possible). Mail original and one copy to:

CAL COMP
P.O. BOX 13617
SACRAMENTO, CA 95853
Telephone: (916) 371-2229 Fax: (916) 371-5494

OSHA Case No.
☐ **Fatality**

Any person who makes a causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

NOTICE: California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident or requires medical treatment beyond first aid. If an employee subsequently dies as a result of previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury/illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

EMPLOYER

Field	Value
1. FIRM NAME	
DIVISION	
1A. POLICY NUMBER	54654
2. MAILING ADDRESS (Number and Street, City, Zip)	
2A. PHONE NUMBER	
3. LOCATION, IF DIFFERENT FROM MAILING ADDRESS (Number and Street, City, ZIP)	
3A. LOCATION CODE	
4. NATURE OF BUSINESS,	
5. STATE UNEMPLOYMENT INSURANCE ACCT. NO.	
6. TYPE OF EMPLOYER	

DO NOT USE THIS COLUMN: Case No. / Ownership / Industry / Occupation / Sex / Age / Daily Hours / Days per Week

EMPLOYEE

Field	Value
7. EMPLOYEE NAME	Trent Delvin
8. SOCIAL SECURITY NUMBER	- -5082
9. DATE OF BIRTH (mm/dd/yy)	1113
10. HOME ADDRESS (Number and Street, City, Zip)	123 Main St Eagan MN 55121
10A. PHONE NUMBER	(555) 555-5555
11. SEX	M
12. OCCUPATION (Regular job title-No initials, abbreviations or numbers)	Data Coding Clerk
13. DATE OF HIRE (mm/dd/yy)	
14. EMPLOYEE USUALLY WORK	5 Days / Week 20 Hours / Week
14A. EMPLOYMENT STATUS (See instructions in 14A continued below)	Temporary
14B. Under what class code of your policy were wages assigned?	8810

"OSHA Yearly Stats" print preview:

Log and Summary of Occupational Injuries and Illnesses

Company Name:
Establishment Name:
Establishment Address:
For Injuries Reported From Thru
Date Printed: 10/09/06

Column 1: Injury Related Date of Death
Column 2: Indicates Injury Caused Days Away or restriced Activity Work Days
Column 3: Indicates Days Away From Work From Injury
Column 4: Number of Days Away From Work From Injury
Column 5: Number of Restricted Work Days From Injury
Column 6: Indicates No Lost Work Days From injury

Column 7: Type of Illness
a) Occupational Skin Diseases or Disorders
b) Dust Diseases of the Lungs
c) Respiratory Conditions Due To Toxic Agents
d) Poisoning (systemic effects of toxic materials)
e) Disorders Do to Physical Agents
f) Disorders Associated with Repeated Trauma
g) All other Occupational Illnesses

Column 8: Illness Related Date of Death
Column 9: Indicates Illness Caused Days Away or Restricted Activity Work Days
Column 10: Indicates Days Away From Work From Illness
Column 11: Number of Days Away From Work From Illness
Column 12: Number of Restricted Work Days From Illness
Column 13: Indicates No Lost Work Days From Illness

Claim Number	Injury Date	Employee's Name	Occupation	Dept.	Injury/Illness Description	1	2	3	4	5	6	7a	7b	7c	7d	7e	7f	7g	8	9	10	11	12	13
		.			.		☐	☐			☐	☐	☐	☐	☐	☐	☐	☐		☐	☐			☐

Column:	2	3	4	5	6	7a	7b	7c	7d	7e	7f	7g	9	10	11	12	13
Totals:	Erro	Erro	#Error	#Error	Erro	Erro	Erro	Erro	Erro	Erro	Erro	Erro					

Certification of Annual Summary Totals By: ____________ Title: ____________ Date: ____________

"Job Offer" print preview:

Job Offer

Date: 10/09/06

Name of Employee: Trent Delvin
Address: 123 Main St
City, State, Zip: Eagan MN 55121

Claim Number: 44654654654
Injury Date: 02/16/04

Dear: Trent

Your attending physician, ________________________, has released you for modified work. We have located a temporary position for you which your physician feels you will be able to perform successfully. The availability of the position will be periodically re-evaluated.

The job is: ___________________________________* See attached restrictions your physician as given you.

You will be receiving $__________per hour (hour/week/month). Cal Comp will prorate you workers Compensation benefits if this salary is less than your regular wage. (Subject to statutory limits)

We ask that your report for work on:

"Safety Report" print preview:

HIT

Safety Committee Accident Analysis Report

(List All Injuries)

Date: Monday, October 09, 2006
Office Location: ______________
Office Claim Location Code: ______________
Period: ______________ To: ______________

Date of Accident	Name of injured	Injury Nature and Part of Body Injured	Days Lost	Description of Accident (use more than one line if needed.)	Customer Name Where Injury Occurred

Corrective Action Taken: