



# Department of Finance and Administration

## Workers' Compensation Procedures

### NO MEDICAL TREATMENT

If no medical treatment is needed, the supervisor should complete only the [Workers' Compensation Incident Report](#) and email it to the Department of Finance and Administration (DFA) Office of Human Resources (HR), [Bradford.bagget@dfa.arkansas.gov](mailto:Bradford.bagget@dfa.arkansas.gov). Do not call the Company Nurse if no medical treatment is needed.

### EMERGENCY ROOM MEDICAL TREATMENT

In the unfortunate event of ANY injury that happens while at work, the injured employee should notify his/her supervisor immediately. In the case of an emergency, the injured employee should seek medical treatment at the closest Emergency Room (ER) facility.

### NON-EMERGENCY ROOM MEDICAL TREATMENT

If the employee is injured and needs medical treatment, but does not require an ER visit, the injured employee should call the [Company Nurse Injury Hotline at 1-855-339-1893](#). If the injured employee cannot make the call, the supervisor should call. When calling Company Nurse, the injured employee or supervisor will need to provide the **Code "QR45"** from the Company Nurse poster.

- The phone call to the *Company Nurse Injury Hotline* will generate the workers' compensation claim forms.
- The Company Nurse will gather the appropriate information, make care recommendations, including administering self-care or going to a designated hospital or medical clinic then send the *Company Nurse Report* to the designated treatment facility prior to the injured employee's visit. Call DFA HR at 501-324-9065 to obtain a temporary prescription form in case medications are prescribed.
- The Company Nurse will email a *Report of Injury* to HR and the Public Employee Claims Division (PECD).
- The Company Nurse will email the Workers' Compensation forms listed below to DFA HR and the PECD within minutes of a phone call being made to the Company Nurse.

Company Nurse Report of Injury  
First Report of Injury or Illness Form  
Form N – Employee's Notice of Injury  
Form PECD 1 – Employee's Report of Accident  
Form PECD 2 – Employer's Report of Accident

- HR will forward the forms to the supervisor. The supervisor and injured employee must review the forms, complete any blank forms, make necessary changes, and sign the forms. The supervisor must email all the forms to DFA HR immediately.
  - The injured employee should sign the front and back of **Form N** and the front of **Form PECD 1**.
  - The supervisor should sign **Form PECD 2**.
- DFA HR will review and send the forms to PECD.
- PECD will notify the employee and DFA HR if their claim is designated as a workers comp related injury.



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### LEAVE TIME USE

If the injury requires the employee to be off for more than 10 days, the employee has the option of using their accrued leave time or using Leave Without Pay (LWOP) for the portion of time that would be covered by a PECD wage claim. Employees should communicate with DFA HR for leave type usage.

- PECD wage payments are 66 2/3% of the employee's average weekly wage. The combination of a workers' compensation wage claim and accrued leave pay shall not exceed the employee's normal pay period salary. If LWOP is chosen, be aware there is a delay in receiving the first check from PECD of 3-4 weeks.
- If the employee opts to use their accrued leave for the full pay cycle wage through DFA as well as receive the wage claim from PECD, then a buy-back will occur to reinstate the 66 2/3% of leave used that matches the PECD wage claim. The employee will be contacted by DFA HR for repayment of the portion of pay received that was covered by the wage claim and the reinstatement of leave. This deduction of monies from the employees' paycheck will occur until the amount of the PECD wage claim has been repaid to DFA. Leave will be reinstated once this Worker's Comp recovery is made.