Creating an NAU Report of Injury for an Injured Employee

The Report of Injury documents campus injuries. When the injured person is an NAU employee who is injured while working on campus, this report is given to the state of Arizona Worker’s Compensation for processing. The form is now an electronic form within LOUIE.

Who can fill out the form?

The supervisor should submit an online ROI within 24 hours of the injury. If the supervisor is unavailable then another benefit eligible employee should submit the ROI for the supervisor.

Should the same form be filled out for benefit eligible and non-benefit eligible employees who are injured while working on campus or while working for NAU off campus?

YES

When should the form be filled out?

Please complete the form within 24 hours of being notified of the injury. It is important to complete this form as close to the injury/illness time as possible so that the State of Arizona can be contacted as appropriate.

How to get started....

- Log into Louie
- Select Department Self Service
- Select Report of Injury Home Page
- Select “Create a Report of Injury

The Report of Injury (ROI) Creator/Initiator will notice that ....

- some of the fields in the form are required while others are optional,
- some responses generate more required fields, and
- some fields will default to the biographical and Reports to Information of the employee.
- fields with an asterisk are required fields.

Since the electronic ROI will be used to create a Report of Injury for injured employees as well as others injured on campus, please identify this as a “Work Related Injury”.

Human Resources document, September 2015
Creating an NAU Report of Injury for an Injured Employee

Next, enter the Injury Date.
Note: The online form may not be used to report injuries that occurred more than 365 days from the system date. Should this be the case contact Human Resources at 928-523-2223.
Creating an NAU Report of Injury for an Injured Employee

*Identify the Injured Employee. Enter one of the following combinations to do this.*

- Emplid
- Last/First Name
- National ID (SSN)
- Last Name/Date of Birth

*Then click the SEARCH button.*
Creating an NAU Report of Injury for an Injured Employee

The person identified must have been an active employee at the date/time of the injury for it to be considered a work related injury. When this is the case, their information will be returned in a grid that will display the following:

- Individual’s employment status at the time of injury
- Individual’s student status at the time of injury
- All the active jobs for this person at the time of the injury.

NOTE: If the individual has/had more than one job at the time of the injury, choose the one relevant to the time/date of injury.

If the injured party has more than one active job, select with the mouse the job in the grid that is relevant to the employee’s date/time of injury.

Click NEXT
Creating an NAU Report of Injury for an Injured Employee

Please respond to the required fields which are not pre entered.

<table>
<thead>
<tr>
<th>Report an Injury Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 3 of 8: Biographical</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Related Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form Number</strong></td>
</tr>
<tr>
<td>eForm ID 287172</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Biographical</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Middle Name</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
</tbody>
</table>

| *Best Telephone | 928-333-3333 |
| *Email ID | Paul.Lamb@nau.edu |
| Gender | Male |

| *Has Dependents | No |
| *Married | Yes |

Spouse may be included as a dependent.
Creating an NAU Report of Injury for an Injured Employee

The information in job information section defaults and will include the employee’s supervisor data.

Fields with an asterisk are required fields.

Human Resources document, September 2015
Creating an NAU Report of Injury for an Injured Employee

Report an Injury Form

Step 4 of 8: Injury Time & Location

Work Related Injury

**Form Number**

| eForm ID | 267174 |

Instructions for Entering Time of Day in the Fields Below:
Enter time using this format. Ex: 3:00 pm or 3:00 am

**Time/Location Details**

<table>
<thead>
<tr>
<th>Incident Date</th>
<th>08/01/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Time</td>
<td>10:00 AM</td>
</tr>
<tr>
<td>*Date Reported</td>
<td>08/01/2015</td>
</tr>
<tr>
<td>*Time Reported</td>
<td>2:15 PM</td>
</tr>
<tr>
<td>*Reported By</td>
<td>Paul Lamb</td>
</tr>
</tbody>
</table>

Definition of the Date the incident Reported to NAU: means the date the injured party reported the injury to an NAU employee (not the date the form was filled out).

Finding the Nearest Building

1. Click on the Magnifier Look Up
2. Change 'Description' filter to 'contains'
3. Write in a portion of the building name of which you're sure Ex: Franke
4. Click LOOK UP button
5. Click on the correct returned result

<table>
<thead>
<tr>
<th>Nearest Building</th>
<th>Building Name</th>
<th>Area Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>090</td>
<td>University Services</td>
<td>Building Entrance</td>
</tr>
<tr>
<td>003</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Was employee on overtime when injured? (Y/N) No

Human Resources document, September 2015
Creating an NAU Report of Injury for an Injured Employee

Additional Information collected in the case the employee was a faculty member or other employee type injured while teaching using the “Select Class If Applicable” button. Searches may be by:

- Class Subject/Catalog Number (Ex: BIO 300)
- Faculty First/Last Name
- Faculty Last Name/Class Subject

NOTE that schedule of class results will be term offerings corresponding to the date if the injury/illness being reported.

Select Class If Applicable
If this incident occurred while attending an NAU sponsored camp, workshop, seminar, event, or other, please include the name of the program/event. Ex: Curry Summer Music Camp or Employee Development Day

Class Search
Search For Class Associated With Incident

Enter one or more of the following: 1) faculty first and last names, or 2) faculty last name and class subject or 3) class subject and catalog number.

Class Subject: SPA
Catalog Number: 201
Faculty First Name: 
Faculty Last Name: 

Search  Cancel

Select the appropriate combination of Subject/Catalog Nbr/Faculty below.

Human Resources document, September 2015
When there are multiple sections of the same course taught by the same faculty, differentiate which is the correct class by looking at meeting pattern days and times.

If the above information is correct, Click NEXT.

*Human Resources document, September 2015*
Creating an NAU Report of Injury for an Injured Employee

Choose the description closest describing what happened in each of the four categories.

There can be more than one answer for each. If more than one answer is entered the creator/initiator will be asked to choose one as primary.

Human Resources document, September 2015
Creating an NAU Report of Injury for an Injured Employee

If there were witnesses to the employee’s injury, please include their information below. It is important to include all witnesses even if they are not NAU employees.

Continuing through Step 6 of 8 is Outcome and Treatment

Depending on the treatment required selected (None, First Aid, Medical, Hospitalization), you will have more or less questions to answer. Occupational Safety and Health Administration (OSHA) has identified treatments that are classified as first aid. Please click on the link below to make a determination.
Creating an NAU Report of Injury for an Injured Employee

More Step 6 of 8 is “Were others also injured?”

If there were others injured through the same accident as this employee, please include their information below. It is important to include all individuals injured even if they are not NAU employees.

The final Report of Injury page

Include any comments that may be helpful to the Benefits Approver or to clarify any of the reporting.

Comments are not a required field.

Click the Submit button.
Creating an NAU Report of Injury for an Injured Employee

Click ‘YES’ below if you are ready to submit the form to the Benefits Approver.

The Form Creator may access “View This Form” to see routing and status.
When the submitted form information is incomplete...........

If this form was initiated and submitted right after an injury/illness occurred for an employee, it is understandable that not all data could be fully collected. For example, if it was known when the form was created that someone went to the hospital, but we don’t yet know the full treatment description or treating doctor, it is important for the initiator to know that the Benefits Approver will be able to add this information when it is known.

_Human Resources document, September 2015_
What happens after the form is submitted?

Notification emails are sent to the Injured Employee and Regulatory Compliance to view and to the Benefit Department Approver to approve the form. Please find below a sample of the letter sent to the injured employee.

**SAMPLE LETTER SENT to INJURED EMPLOYEE**

Dear Injured Employee,

On 08/28/2015, a report of injury was filed that you were injured or became ill while working at NAU. Thank you for reporting this incident. If you have not called the Employee Injury Call Center at 800-685-2877 to speak with a nurse about your care, please do so now.

Please click on the link below which will take you to the form. Please review the report and if you wish to provide your own statement of the occurrence please email hr.workerscomp@nau.edu with your statement and it will be added to your file.


If you have any questions about this report please contact Human Resources at 928-523-2223 or hr.workerscomp@nau.edu

Important Information:

A Physician's Report of Injury (pink 102 form) should be completed and signed at the health provider's office. If this form is not filled out, the Industrial Commission and insurance carrier will not be officially notified and claim activity can be delayed.

Any doctors notes you have related to your injury/illness and work status should be remitted to Human Resources.

Provide the billing information below to any medical provider or pharmacy:

CorVel Corporation
PO Box 6966
Portland, OR 97228

Billing Phone: 602-288-2020
Creating an NAU Report of Injury for an Injured Employee

Who sees the form after it is submitted and approved?

- The Report of Injury Initiator/Creator will be able to VIEW any forms they create along with the status, who has approved the form, edits made by the approver, and any comments made by the approver.

- The Injured Employee will be able to VIEW forms reporting their injury/illness with the form status, who has approved the form, edits made by the approver, and any comments made by the approver.

- Assigned Regulatory Compliance employees will be able to VIEW any forms they create along with the status, who has approved the form, edits made by the approver, and any comments made by the approver.

- The Benefits Approver is able to Evaluate/Approve the Report of Injury and update fields if necessary prior to finalizing. Once this is done the data is stored in PeopleSoft/Louie. After the form is approved the Benefits Approver will always have access to VIEW for the form.

Where is the form VIEWED?

In Self Service > Report of Injury SS Home Page

OR Department Self Service > Report of Injury Home Page
Creating an NAU Report of Injury for an Injured Employee

Search for the eform using these combinations:

- first/last name,
- emplid,
- user id,
- eform ID,
- filter by form statuses of Pending, Authorized, Executed

NOTE: Users will only be able to view forms they have created or forms that have been created for them via Self Service and Department Self Service.

Searching for forms ‘I’ have created that have been Executed or approved by the Benefits Approver.

View a ROI eForm

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

Search Criteria

| eForm ID:             | begins with
| Workflow Form Status: | = Executed
| User ID:              | begins with
| Empl ID:              | begins with
| First Name:           | begins with
| Last Name:            | begins with

Human Resources document, September 2015
Creating an NAU Report of Injury for an Injured Employee

See the Process Visualizer and Transaction Log below

FormList Fields

- **eForm ID:** 287193
- **Workflow Form Status:** Executed
- **Workflow Form Type:** UROI

- **Original Operator:** rys5 Schenck, Renee Young
- **Original Date/Time:** 08/28/2015 4:32:50PM

- **Last Operator:** Imo35 Steinhoff, Lindsey Marie
- **Last By Alternate Operator:**
- **Last Date/Time:** 08/28/2015 5:08:08PM

Who can work this form?

Process Visualizer

- Schenck Renee Young (rys5)
- UROI HR Approver (35 minutes)
- Integration Broker
- System

Transaction Log

<table>
<thead>
<tr>
<th>Current Date/Time</th>
<th>Role Name</th>
<th>User ID</th>
<th>User Description</th>
<th>Form Action</th>
<th>Workflow Form Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/28/2015 4:32:50PM</td>
<td>NAU_LS HR UROI Initiator</td>
<td>rys5</td>
<td>Schenck, Renee Young</td>
<td>Submit</td>
<td>Pending</td>
</tr>
<tr>
<td>08/28/2015 5:06:09PM</td>
<td>NAU_HS UROI HR Approver</td>
<td>Imo35</td>
<td>Steinhoff, Lindsey Marie</td>
<td>Authorize</td>
<td>Authorized</td>
</tr>
<tr>
<td>08/28/2015 5:08:22PM</td>
<td>SYSTEM</td>
<td>Imo35</td>
<td>Steinhoff, Lindsey Marie</td>
<td>Execute</td>
<td>Executed</td>
</tr>
</tbody>
</table>

Human Resources document, September 2015