SORM
STATE OFFICE of RISK MANAGEMENT

EMPLOYEE'S REPORT OF INJURY

Dear Employee:

We have received a report that you were injured in the course of your employment. To process your claim efficiently, please fill in all lines completely and print legibly. **Attach additional sheets if necessary.**

Name: _____ (Last First MI Maiden)
Address: _____
City: _____ State: _____ Zip: _____
Primary Phone Number: _____
Secondary Phone Number: _____
Email address: _____

Social Security: _____ Gender: ☐ M ☐ F
Date of Injury: _____ Time: _____ ☐ AM ☐ PM
Employer: _____
Job Title: _____
Work Schedule: _____ _____

1) What was the exact location of the accident (street address if possible):

2) What was happening at the time? (What was going on around you, what were you doing, what were other people doing)

3) Briefly describe what exactly caused the injury:

4) What areas of your body were injured?

5) When and to whom did you report your injury? Date _____ Time _____ ☐ AM ☐ PM
Name: _____ Title _____ Phone Number: _____

6) List all known witnesses. (Continue on back if necessary) Name _____ Phone: _____
Name _____ Phone: _____ Name: _____ Phone: _____

7) Please identify your Primary Care Physician or family doctor: Name: _____ Phone: _____

8) Please list the names and phone numbers of all doctors or treatment providers you have seen for your injury:
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

9) Has a doctor taken you off work? ☐ Yes ☐ No If so, when was the first day you missed work ? _____

10) If the doctor took you off work, have you returned to work? ☐ Yes ☐ No If not, when do you think you will return to work? _____

11) Date of Last Appointment: _____ 11) Date of Next Appointment: _____

12) Have you had previous workers compensation injuries? ☐ Yes ☐ No If Yes, please enter dates of injuries and the body parts injured.

By affixing my signature, I attest that all information on this form is accurate and true.

Signature: _____ Date: _____

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AUTHORIZATION FOR RELEASE OF INFORMATION

Patient:_____

TO WHOM IT MAY CONCERN:

You are hereby expressly authorized to release and furnish to the State Office of Risk Management (SORM), and/or any associate, assistant, representative, agent, or employee thereof, any and all desired information (including, but not limited to, office records, medical reports, memos, hospital records, laboratory reports, including results of any and all tests including alcohol and/or drug tests, X-rays, X- ray reports, including copies thereof) pertaining to the physical and/or mental condition which is the basis of my workers' compensation claim. This includes not only all current and/or future information but also all past medical information which is related to the injury or injuries which form the basis of my claim.

(Print name)_____

Photostatic copies of this signed authorization will be considered as valid as the original.

This is not a release of claims for damages.

SIGNED:_____ DATED:_____

PLEASE SIGN THE ABOVE MEDICAL AUTHORIZATION AND RETURN IT, SO WE MAY SECURE RELEASE OF YOUR MEDICAL RECORDS.

THANK YOU.

STATE OFFICE *of* RISK MANAGEMENT

Instructions
Employee's Election Regarding
Utilization of Sick and Annual Leave

Injured employees may elect to use accrued sick leave and all, part, or none of their accrued annual leave for time missed from work due to the work related injury. Accrued sick leave and accrued annual leave are the amounts of paid leave available at the time of injury in addition to leave earned after the injury. The following details the effects of the different choices available to you.

If You Choose Election 1

- You must use all accrued sick leave but may elect to use all, some, or none of your accrued annual leave.
- All sick leave must be exhausted before annual leave may be used.
- If you select 1A and return to work but later have additional days of disability, you must use any accrued sick and annual leave before receiving workers' compensation income benefits.
- If you select 1B, you must use any sick leave balance and any authorized annual leave before you will be eligible to receive workers' compensation income benefits.
- If you select 1C, you must use any/all accrued sick leave before receiving workers' compensation income benefits.
- Workers' compensation income benefits do not begin until the eighth day of disability. Employees who are disabled for at least 14 days will receive retroactive benefits for any portion of the seven-day waiting period not paid by leave.
- You will continue to receive your full pay as long as you have accrued time to use and have authorized your agency to use it for your injury. If your elected leave is exhausted, you may receive income benefits to replace a portion of your lost wages. This may be 70% or 75% of your average weekly wage depending on your wages at the time of your injury.
- It is recommended that you consult with your Human Resources Department to discuss the impact of your selection on your leave balances and insurance benefits should you be off work for an extended period of time.

If You Choose Election 2

- You choose to not use any sick or annual lave for your compensable injury. Your agency may immediately place you in a leave without pay status.
- You may not receive any workers' compensation income benefits for the first seven (7) calendar days you are unable to work. If eligible, your income replacement benefits will begin on the 8th day of disability and employees who are unable to work for 14 days will receive retroactive benefits for the first seven days. You will be paid at a rate of 70 or 75% of your weekly wage depending on your wages at the time of your injury.

Notice: With few exceptions, an individual is entitled, upon request, to be informed about the information a state governmental body collects about the individual. Under Sections 552.021 and 552.023 of the Government Code the individual is entitled to receive and review the information and under Section 559.004 of the Government Code the individual is entitled to have the state governmental body correct any information about the individual that is incorrect.

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EMPLOYEE'S ELECTION REGARDING UTILIZATION OF SICK AND ANNUAL LEAVE

Employee's Name _____ Date of Injury _____

Employee's SSN _____ Agency _____

You are not required to use your leave. Texas Labor Code §501.044 allows an injured state employee to *elect* to use accrued sick and annual leave before receiving income benefits. Sick leave must be exhausted before annual leave may be used. Other categories of leave (compensatory leave, holiday leave, administrative leave, etc) may not be used prior to sick and annual leave.

Select only ONE election from the first two elections by initialing your choice. Monthly TIB election does not affect your other election.

ELECTION 1 *(must choose A, B, or C)* ***Sick leave must be exhausted before annual leave may be used***

When I lose time from work due to this injury or illness, I elect to use all of my accrued sick leave **AND**:

☐ **A.** All of my accrued annual leave.

☐ **B.** A portion of my accrued annual leave (*enter number of hours:* _____).

☐ **C.** None of my accrued annual leave.

Available Hours: Sick _____ Annual _____

ELECTION 2

☐ When I lose time from work due to this injury or illness, I elect to **not** use any accrued sick leave or annual leave. I understand I am not entitled to workers' compensation income benefits until after the seven (7) calendar day waiting period.

MONTHLY TIB ELECTION

☐ I elect to change my Temporary Income Benefits frequency from weekly to monthly.

I understand that I may not change my election after my eighth (8th) day of disability and signing this form. I have read the reverse side of this form,

_____ _____

Employee's Signature Date Coordinator's Signature Date

Workers' Compensation Fraud Statement

Workers' Compensation benefits are provided for employees who sustain a legitimate on-the-job injury or illness while performing duties within the course and scope of employment. Medical benefits may be paid when treatment by a health care provider is reasonable and necessary. Indemnity benefits may be paid when an employee is not able to work due to the compensable injury or illness.

Fraud occurs when a person knowingly or intentionally conceals, misrepresents, or makes a false statement to obtain workers' compensation benefits. (See Texas Labor Code below)

An employee who files a fraudulent claim could be responsible for reimbursing all benefits paid on the employee's behalf. In addition, the employee may be subject to disciplinary action up to and including termination. Fraudulent acts are also punishable in accordance with Texas state laws.

An employee who has filed a workers' compensation claim, and is receiving indemnity benefits, is responsible for reporting any employment or income earned to the workers' compensation carrier. Failure to do so may be considered fraud.

Texas Labor Code § 418.001. PENALTY FOR FRAUDULENTLY OBTAINING OR DENYING BENEFITS

(a) A person commits an offense if the person, with the intent to obtain or deny payment of benefits, including medical benefits, under this subtitle or Subtitle C, for himself or another, knowingly or intentionally:
    (1) makes a false or misleading statement;
    (2) misrepresents or conceals a material fact; or
    (3) fabricates, alters, conceals, or destroys a document other than a governmental record.

(b) An offense under Subsection (a) is:
    (1) a Class A misdemeanor if the value of the benefits is less than $1,500; and
    (2) a state jail felony if the value of the benefits is $1,500 or more.

By signing below, I certify that I have read and understand the above information.

_____
Printed Name

_____ _____
Signature Date