

WC 101

**Departmental Actions
in
*WCMENU**

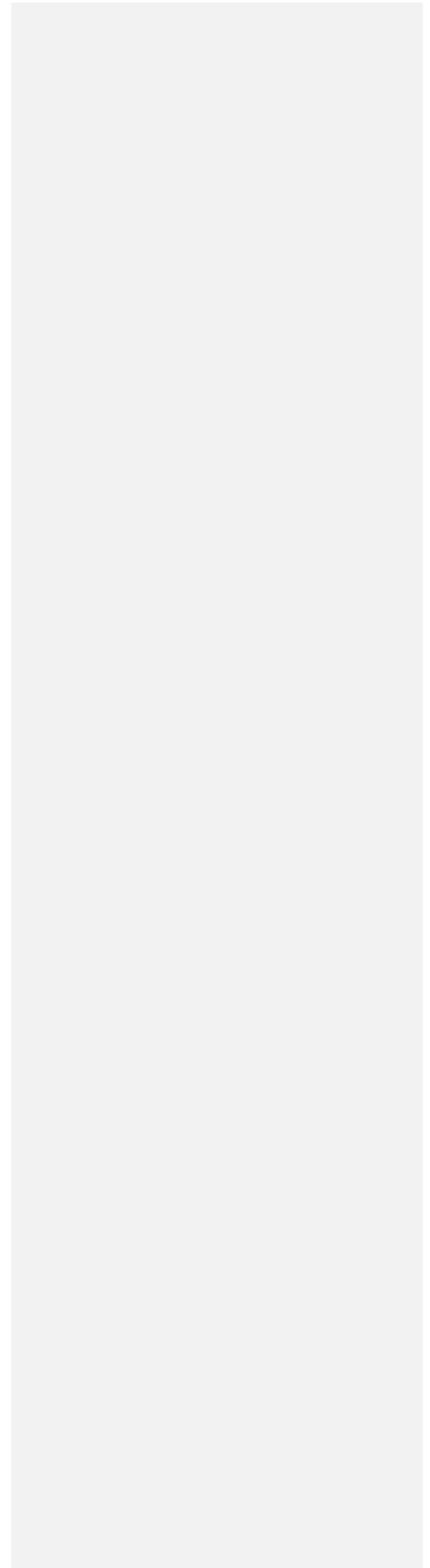


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1. Introduction

What is *WCMENU?

*WCMENU is an application used at all the UT System components to report work-related injuries sustained by employees. It contains the forms required by the Texas Workers' Compensation Commission (TWCC), mechanisms for paying medical bills and compensation, summaries of money spent, and user-submittable reports.

*WCMENU is the result of the efforts of many people. It is continually being updated and improved. The programmers working on it are very interested in your ideas of how we may improve *WCMENU. Please send us your suggestions.

What did I just say YES to?

When you first logged on to *WCMENU, you were greeted by this screen:

```

UT SYSTEM - WORKERS' COMPENSATION SYSTEM
ACKNOWLEDGEMENT OF WCI LAWS
=====
Before we allow you to use this application we want you to be aware of
all laws surrounding use of WCI information. Employees' work related
injuries and the cost paid to the employees who suffer from these injuries
is to remain confidential and cannot be used to the detriment of the
injured employees.

According to Section 402.083 of the Texas Labor Code, information in
or derived from a workers' compensation claim file regarding an employee
is CONFIDENTIAL.

A person commits an offense if the person knowingly, intentionally, or
recklessly discloses confidential workers' compensation information. This
offense is a Class A misdemeanor.

To acknowledge your awareness of the WCI laws enter "Y E S" here: _ _ _
Any other response will terminate this application.
=====

```

By typing YES you acknowledged your understanding of the above. Once a year you will be asked to re-confirm this understanding.

About this Manual

When this manual refers to PF-keys, we mean the keys that run across the top or side of most keyboards labeled as F1, F2, F3,... or PF1, PF2, PF3,... Your keyboard may have 0, 12, or 24 of these keys, but all mainframe sessions should have an equivalent key for all 24 possible PF-keys. Some 12-PFkey keyboards use shift-F1 for PF13, shift-F2 for PF14, etc. Most responsible mainframe emulation software will have the keyboard layout easily available from the menu or an icon. Also very important to know are your keyboard equivalents of CLEAR and RESET.

2. Finding Help in *WCMENU

We want *WCMENU to be easy to use. Decisions must always be made in how this is accomplished. We hope this class and the materials given to you today will help explain how *WCMENU is organized and how to use each part of it. When you are unsure what was intended, there are a number of places to turn:

Field and Screen level help

Help is available at two levels in *WCMENU. Individual fields have help available by putting a "?" in the first space of the field and pressing Enter. Each command in *WCMENU should have general help for that screen available by pressing PF6. If the same help shows up for both, the field does not have it's own help and is simply defaulting to the screen level help.

If either mode of help produces a "No help yet available" screen, then no one has asked for help to be written for that area. If you find yourself there and needing help, please contact us and state where you are in the system and what you want help with (see PF14 below).

PF14 - *TXMAIL Interface

An easy way to contact us from within *WCMENU is to press PF14. This will pop up a *TXMAIL interface with the logons of the programmer and analyst for the current screen you were on filled in. If you should wish to communicate with anyone else who uses *TXMAIL, replace the programmer logons with that person's logon.

When something does not appear to work correctly, include in the message the specifics of what happened (what command, claim, action, etc.).

HM - Help Module

The help module has several commands to help you find your way in *WCMENU. The HH1 command contains some general information about *WCMENU and any recent bulletins. The HH2 command contains a list of the commands available in *WCMENU and displays your authority in the command along the right-hand side, with "V" equal "View" and "U" equal "Update".

The HH3 command contains definitions of terms used in workers' compensation. If you disagree with the definition you find or did not find what you wanted, please let us know.

Component WCI Representative

If your question regards the law rather than the workings of *WCMENU, your component's Workers' Compensation Insurance (WCI) Representative is the best person to contact. Appendix 11 provides a current listing of component WCI Representatives.

3. Moving around in *WCMENU

*WCMENU has many different levels of authority and areas of activity. Understanding how these relate will help you find what you need.

Three levels of views

Because of the importance of confidentiality in this endeavor, care has been taken to restrict information to those who absolutely have to know. Your access in *WCMENU is determined by your security status. Your component WCI Representative (Appendix 11) is responsible for assigning and changing your security status and will be able to answer any questions you may have regarding it. To know what your security status is, look at the bottom right of the screen next to your logon. If your security status begins with a "D", you may only view claims from your own department. If your security status begins with a "C", you may only view claims from your own component. If your security status begins with an "S", you may only view claims that have been approved by the component and passed on to UT System.

Three letters in commands

The commands in *WCMENU are hierarchically organized. The first letter of a command refers to the general area (module) that the command is in. The second letter narrows the scope a bit more (submodule) and the third determines the exact command. For example, LSC would List System claims by Claim number, the LCN would List Component claims by Name.

"M" is used to refer to a menu. Commands that do not provide listings tend to be organized by the first letter in the command, with the other two letters being as descriptive as possible of the commands function.

For example, if you wanted a listing of open claims for a department but are unsure of the command, you might start at the Main Menu by typing "M" in the command and pressing Enter. You would see that "LM" is the menu for claim listing commands. Upon entering the LM, you would see that LDM is the submodule for Listings for a Department. At the LDM you would see that the command LDO lists open claims for a department. If you knew this from the beginning, you could just enter LDO from wherever you are in *WCMENU.

These are the modules:

M	MAIN MENU
A	ACCOUNT BALANCE/RECONCILIATION
C	CLAIM ACCESS
F	FIRST REPORT OF INJURY
H	HELP
J	JOB SUBMISSION
L	LIST CLAIMS
R	REPORT/DOWNLOAD
S	SUPPLEMENTAL CLAIM ACTIVITY
T	TRANSACTION
U	UTILITIES

For a listing of the submodules and commands please use the HH2 in *WCMENU or refer to Appendix 1 in this manual.

PF keys

Certain PF-keys have standard uses in *WCMENU. PF8 should terminate the program. PF7 should back up to the next highest menu. PF6 should offer screen level help. PF14 provides *TXMAIL. PF4 will take you to the CLA command. PF5 accesses expanded fields or pop up screens in some commands. Some expanded (more-able) fields can also be enlarged by blanking out the < sign next to them (if modifiable).

4. Reporting the Injury

Required Forms

According to state law, an Employer's First Report of Injury form (form TWCC-1, *WCMENU command FAD) must be filed with the TWCC within eight days of the date when the employer has actual knowledge of an injury that results in an employee's absence from work for more than one day or the notification by an employee of a diagnosed occupational disease. An occupational disease is a disease arising out of and in the course of employment that causes damage or harm to the physical structure of the body, including repetitive trauma injury (hereafter, the term "injury" will be used in this manual to mean either an injury or an occupational disease).

To accomplish timely filing with the TWCC, information about the injury must be entered in *WCMENU and approved by the department and component within 24 hours of receiving knowledge of the injury. A monetary penalty may be assessed against the employer (component) for failing to file the TWCC-1 within the statutorily prescribed time limit. A \$10,000 fine may be assessed for repeated violations.

If an injury has resulted in more than one day's absence from work, the Supplemental Report of Injury form (TWCC-6, command SR6) must be completed immediately whenever the employee returns to work, has a change in earnings, is terminated or resigns before returning to work, or has additional days of disability after returning to work. "Disability" means the period during which the employee is unable to work or is only able to work at reduced wages as a result of a work-related injury. The Supplemental Report of Injury should not be created after an employee reaches maximum medical improvement for his/her compensable injury according to their doctor or statutory limits.

If an employee is disabled for eight days or more due to a work-related injury, an Employer's Wage Statement form (TWCC 3, command SWG) must be completed immediately. Delays in submitting the Wage Statement may result in the overpayment or underpayment of income benefits.

With each period of disability, a Request for Paid Leave form (WCI 23, command S23) should be completed, regardless of whether or not leave is taken.

Employer's First Report of Injury -- TWCC-1 (FAD)

In *WCMENU, the Employer's First Report of Injury form is entered using the FAD command.

Type FAD in the command field and the employee's social security number in the SSN field, then press ENTER. If the employee has prior reports, you will be presented with a list of them. Confirm that the injury you are about to enter is not on this list before adding a new one. Pressing ENTER will allow you to enter a new report. Marking an existing one and pressing Enter will allow you to view or update the selected report.

If you wish to view a report that has already been assigned a seven character claim number, type FAD in the command field and the claim number in the Claim field, then press Enter. Claim number overrides social security number when the claim number is present. If you have one employee's SSN and another employee's claim number, you will get the second employee's FAD.

When a First Report has already been started but not yet component/system approved, you may also use FLD to List Department First Reports in Create Status.

FAD Type

If you have chosen to create a new FAD, you should now be at the FAD type screen.

```
>> Please choose an FAD TYPE from the list <<
      FAD TYPE CODES
R - Lost time injury: bodily injury that results in more than one day
  of work lost after the date of injury (Reportable to TWCC).

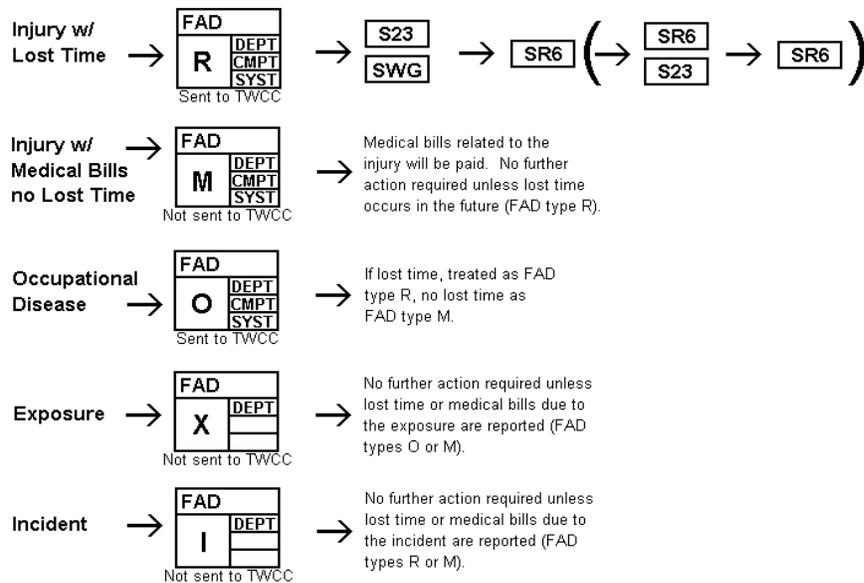
M - Medical injury: bodily injury, including all minor injuries,
  without lost time. Claimant may or may not require medical care.
  Excludes occupational disease.

O - Occupational disease: disease arising out of and in the course of
  employment that causes damage or harm to the physical structure
  of the body including repetitive trauma injury.

X - Exposure: occurrence which exposes an employee to an occupational
  disease but does not result in contraction of the disease.

I - Incident: specific event with no injury or harm to the body,
  not including exposure. Nature of injury will be 'Incident only',
  Body part injured will be 'None'.
```

Enter the type most appropriate to the circumstances of the injury. The diagram below shows how the type will determine how the report is treated. Because the law treats each type differently, the required information in the FAD will be audited differently. "R", "M", and "O" have more mandatory information than "X" and "I". You may enter information that is not mandatory to provide the most complete documentation. We recommend that you enter as much as possible while the information is still fresh. Non-mandatory fields will be audited if not left empty.



FAD Page 1

FAD TYPE: _ 3.SSN: _____

1.Name (Last, First M, Suff.): _____

2.Sex: _ 4.Phone: _____ 5.Age: _____ DOB: ____ __ __ (YYYY MM DD)

6.Speak English: Y If No, What Language: _____

7.Race: _ 8.Ethnicity: _

9.Mailing Street: _____ _ Mark to skip audit
 Street: _____
 County: _____
 City: _____ St: __ Zip: _____

10.Marital Status: _ 11.Nbr Dependent Children: _

12.Name of Spouse: _____

13.Doctor's Name: _____ (Last, First M)

14. Street: _____ _ Mark to skip audit
 Street: _____
 City: _____ St: TX Zip: _____

15.Injury/Incident Date: ____ __ __ (YYYY MM DD) 16.Time: __ __ (24 hr. clock)

The first page of the FAD contains some general information about the employee. As you enter the information, do not worry about capitalization -- everything will be capitalized on our database. When making parenthetical comments, use brackets "[]" rather than parentheses "(")" or curly braces "{ }".

1.Name Last, First Middle,Suffix: _____

Enter the employee's name with Last-Name ", " First-Name Middle-Initial ", " Suffix

Examples: Fripp, Robert F Von Moltke, Rudolf W
 Bruford, William J, Jr. Lee, Sara L

2.Sex: _

The only current options are Male or Female.

2.SSN: _____

SSN defaults to the SSN in the command line when you entered the FAD command. You may change the SSN on a claim until it has been approved at your security level.

4.Phone: _____

The employee's home phone number. It is possible to bypass this field's audits by entering "9999999999", but use that option only in situations where obtaining the number will cause a late filing.

5.AGE: _____ DOB: ____ __ __ (YMD)

The date of birth of the employee in YYYYMMDD format. Example: March 30, 1946 would be entered 1946 03 30.

6. **Speak English:** **If No what language:** _____

The employee has minimal English skills, Yes or No. If No, fill in the language they speak.

7. **Race:** 8. **Ethnicity:**

The employee's derivation. Asians will be Asian and Other. Blacks will be Black and Other. Whites will be White with an ethnicity of Hispanic, Native American(American Indian), or Other.

9. **Mailing Street:** _____ **Mark to skip audit**
Street: _____
County: _____
City: _____ **St:** **Zip:** _____

The employee's mailing address. The second street line should only be used when the street address is not logically one line. If the employee changes addresses after the First Report is filed, immediately contact your component WCI Representative.

Please note that TWCC requires that address be audited using FINALIST, a software product from Pitney Bowes which checks whether an address is a deliverable address recognized by the US Postal Service. If the address you are entering does not pass address audits, and timeliness of filing is an issue, you may mark the Mark to skip audit field to temporarily bypass the audit. The person who reviews the claim at the next security level will be stopped by the audit, and will call you to find out the correct address.

10. **Marital Status:**

Married or Single.

11. **Nbr Dependent Children:** _____

The number of children who are dependents of the employee.

12. **Name of Spouse:** _____

The name of the employee's spouse, if married. Enter as Last-Name ", " First-Name Middle-Initial ", " Suffix

13. **Doctor's Name:** _____

14. **Street:** _____
Street: _____
City: _____ **St:** **Zip:** _____

The name and address of the doctor the employee saw for treatment related to the injury. This information is critically important. You should make every attempt to obtain this information. If only the facility name is known (e.g., Medical Center Emergency), enter it, but continue to investigate who the actual doctor was and communicate that information to your component WCI Representative. The Doctor's name should be entered Last-Name ", " First-Name Middle-Initial ", " Suffix

Please note that TWCC requires that address be audited using FINALIST, a software product from Pitney Bowes which checks whether an address is a deliverable address recognized by the US Postal Service. If the address you are entering does not pass address audits, and timeliness of filing is an issue, you may mark the Mark to skip audit field to temporarily bypass the audit. The person who reviews the claim at the next security level will be stopped by the audit, and will call you to find out the correct address.

15. Injury/Incident date: ____ _ 16. Time: ____

The date and time of injury. The date should be entered in YYYYMMDD format. The time should be entered as a 24 hour clock. Examples:

December 12, 1998 at 1:45 PM date: 1998 12 12 time: 13 45
January 2, 2001 at 11:30 AM date: 2001 01 02 time: 11 30

FAD Page 2

17. Date lost time began First: ____ _ On TWCC1:
18. Nature of Injury: ____
19. Body part injured or exposed: ____ <
20. How/why Injury Occurred: _____ <
 Brief Description of Injury: _____
21. Doing Regular Job: 22. Worksite: ____
23. Injury Address On Employer's Premises?
 Name: _____
 Street: _____
 City: _____ State: ____ Zip: _____
 County: _____ Safety Data Pop-up: <
24. Cause of Injury/Incident: ____
25. Witness: < Safety Data < 27. Employee Died? N (Y/N) Date: ____ _
26. Returned to Work First: ____ _ (YYYY MM DD) On TWCC1:
26. Returned to work: ____ _ 27. Employee died? N (Y/N) Date: ____ _
28. Supervisor: _____ 29. Date Reported: ____ _

The second page of the FAD describes the injury.

17. Date lost time began First: ____ _ On TWCC1:

If the employee was out for more than one whole working day, the date of the first day missed after the date of injury in YYYYMMDD format.

The "On TWCC1" date is automatically filled, so you won't ever be able to type in that field.

18. Nature of Injury: ____

What kind of injury did the employee suffer? Enter the two digit code from the Nature of Injury table. With each code requested on the FAD, the table of values is available by putting a "?" in the first space of the field and pressing Enter (field level help). The values at the time this manual was last revised are in Appendix 2.

19. **Body part injured or exposed:** <

What part of the body was the injury to? Enter the two digit code from Body Part table, The values at the time this manual was last revised are in Appendix 3.

When the injury results in damage to more than one major part, enter 00. This will pop-up a list of body parts. Mark up to eight. The result will be a list of codes like 01+21+43+ which can be interpreted by looking up each value.

20. **How/Why Injury Occurred:** <
Brief Description of Injury:

In How/Why Occurred, describe how the injury occurred. If you need more room, press PF5 while on the field or space through the "<" sign at the end of the field. This should pop-up some extra lines for the field.

In the Brief Description field, summarize the injury concisely.

Example:

How/Why Injury Occurred:

Employee was carrying a large pot of boiling ham hocks and slipped on a butter pat that had been dropped on the floor. She tried to reach behind her to stop her fall and sprained her right wrist but avoided being burned.

Brief Description of Injury: Sprained right wrist while falling

21. **Doing Regular Job:**

Did the injury occur while the employee was doing his/her regular job? Yes or No.

22. **Worksite:**

What kind of area did the injury occur in? Enter the two digit code from the Type of Facility table. The values at the time this manual was last revised are in Appendix 4.

23. **Injury Address** **On Employer's Premises?**
Name:
Street:
City: **State:** **Zip:**
County:

On Employer's Premises should be answered with Yes if the injury occurred at the place of employment and No otherwise. Please fill in the actual address of the location where injury occurred., including the name of the organization or business at that location.

Please note that TWCC requires that address be audited using FINALIST, a software product from Pitney Bowes which checks whether an address is a deliverable address recognized by the US Postal Service. If the address you are entering does not pass address audits, and timeliness of filing is an issue, you may mark the _ Mark to skip audit field to temporarily bypass the audit. The person who reviews the claim at the next security level will be stopped by the audit, and will call you to find out the correct address.

Safety Data Pop-up: <

The safety data is completely optional, but may be useful in reducing the likelihood of injuries in the future. It can be accessed by spacing through the "<" or PF5 from the field.

24.Cause of Injury/Incident: __

What was the agent of injury? Enter the two digit code from the Accident Agency table. The values at the time this manual was last revised are in Appendix 5.

25.Witness Pop-up: <

If you have the name of a witness, PF5 on the field or space through the "<" symbol after the field to pop-up a screen where you can enter witness information. Soon, there will also be room to enter the gist of the witness' statement.

26.Returned to work: ____ _ _

If there was more than one day of absence from work and the employee has already returned to work, enter the return date in YYYYMMDD format. The 'On TWCC1:' field will be automatically filled with the data entered in field 26, until the claim is System approved.

27.Employee died? N (Y/N) Date: ____ _ _

Yes or No. If Yes, enter the date of death in YYYYMMDD format.

28.Supervisor: _____

The employee's supervisor's name. Please enter in the same format as the employee's name, Last-Name ", " First-Name Middle-Initial ", " Suffix

29.Date Reported: ____ _ _

The date the employer was notified of the injury in YYYYMMDD format. If the injury is an occupational disease, this date should be the date the employer was informed the employee has been diagnosed with an occupational disease.

FAD Page 3

30.Date of Hire(YMD): ____ __ __ 31.Hired or Recruited in Texas: _ (Y/N)

Length of Service:

32. In Current Position Since(YM): ____ __

33. In Occupation Since(YM): ____ __

34.Job Class Code (optional): ____

35.Occupation of Injured Worker: __

36.Pay Rate: _____ per Hr/Wk/Mo: _ (will be converted to \$/wk)

37.Full Work Week is: __ Hours

38.Employee's last paycheck:

Amount:\$ _____ Number of hours/days: ____ 'H'ours or 'D'ays? _

Was employee paid in full for date of injury/incident? (Y/N) _

If other advantages furnished give market value: \$ _____ Da/Wk/Mo: _

The third page of the FAD contains information about the employee's employment.

30.Date of Hire(YMD): ____ __ __

The date the employee was hired by your component in YYYYMMDD format.

31.Hired or Recruited in Texas: _ (Y/N)

Yes or No.

Length of Service:

32. In Current Position Since(YM): ____ __

33. In Occupation Since(YM): ____ __

The date in current position is the date the employee received his/her current job title in YYYYMM format.

The date in occupation is the date the employee started in his/her current occupation in YYYYMM format. Include employment with other employers. This date is especially important when someone with experience elsewhere has recently been hired by us.

These two fields default to the date of hire if left empty, please correct them if that is incorrect.

34.Job Class Code (optional): ____

This field is audited to see if the user input is found on the UT Austin job code list.

35.Occupation of Injured Worker: __

Enter the two digit code from the Job Class table that is closest to the employee's job title. The values at the time this manual was last revised are in Appendix 6.

36. Pay Rate: _____ per Hr/Wk/Mo: _ (will be converted to \$/wk)

The employee's gross salary or wages at the time of injury. Enter the amount without a dollar sign. The period can be hourly, weekly, or monthly, but will be converted to weekly before being stored in our database.

37. Full Work Week is: __ Hours

The usual number of hours in a full work week .

38. Employee's last paycheck:

Amount: \$ _____ Number of hours/days: __ 'H'ours or 'D'ays? _

The gross amount of the last paycheck and the period it covered. Example: a paycheck for all of January for \$1200.00 gross would be entered as:

Amount: \$ __1200.00 Number of hours/days: _31 'H'ours or 'D'ays? D

Was employee paid in full for date of injury/incident? (Y/N) _

Yes or No. This is important for determining when compensation should begin in situations where the employee has missed more than one day of work.

If other advantages furnished give market value: \$ _____ Da/Wk/Mo:

The value of fringe benefits the employee may be receiving per Day, Week, or Month. This would include laundry or travel allowances, bonuses, etc., but does not include any amounts reflected in the employee's gross pay above.

FAD Page 4

Length of employment: 4	1 TO 3 YEARS
Part Injured: 35	WRIST
Nature of Accident/Injury: 24	SPRAIN
Agency of Accident: 24	WALKING SURFACE
Type of Facility: 08	FOOD SERVICE OR DINING
Job Classification: 12	FOOD SERVICE WORKER

Department where employed: __

Type of Exposure: __

Accident Type: __

Severity of Accid/Illness: _

PF2 OR "Y" TO APPROVE _

APPROVALS: Creator/Dept.

Component

CREATOR: PSPFC

System

The fourth page of the FAD has some additional summary information and the approvals.

Department where employed: __

Enter the two digit code from the Department table that most closely matches the employee's department. The values at the time this manual was last revised are in Appendix 7.

Type of Exposure: __

If FAD type is "X", enter the two digit code from the Exposure table. With all other FAD types, it will default to 99 for no exposure. The values at the time this manual was last revised are in Appendix 8.

Accident Type: __

What type of accident was this? Enter the two digit code from the Accident Type table. The values at the time this manual was last revised are in Appendix 9.

Severity of Accid/Illness: _

Enter the one digit code from the Severity table. The values at the time this manual was last revised are in Appendix 10. The possible FAD types for each severity code are shown below.

M,X,I	0	NO MEDICAL TREATMENT
M	1	MINOR, ON-SITE TREATMENT BY EMPLOYER
M,O	2	MINOR CLINICAL/HOSP. REMEDY & DIAGNOSTIC TESTING
M,O	3	EMERGENCY EVALUATION, DIAGNOSTICS & MED PROCEDURES
R,O,M	4	HOSPITALIZATION GREATER THAN 24 HOURS
R,O	5	FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED
R,O	6	DEATH

Approval and Notification

PF2 OR "Y" TO APPROVE _

APPROVALS: Creator/Dept.

Component

CREATOR: PSPFC

System

When the fourth page has been completed, the FAD is ready for approval. An unapproved FAD goes nowhere. Approval is done by pressing PF2 or marking the approval box. The approvals will fill-in up to your level of security -- a department level security will fill-in the creator/dept approval only; a component level approver will fill-in component approval and, if it is empty, the creator/dept approval; a system level security will fill-in system approval and any empty approvals below that. At the moment of component approval, a pop-up appears:

```
>> Please mark one choice <<
PLEASE MARK ONE WITH AN "X" AND PRESS <<ENTER>>
_ The employee has missed one day or less of work.
_ The employee has acquired an occupational disease.
  (Actual diagnosis of the disease has been given.)
_ The employee missed more than one day of work.
_ Component representative was instructed to
  approve claim by UT System.
```

If the first box is marked, the FAD is not component approved. It will no longer appear on the FCA (First Reports awaiting Component Approval) and will not become visible to system level securities. If at some point an unapproved FAD needs to be approved, simply find it using the FAD command and the claim number or SSN, go to the fourth page of the FAD and press PF2, this time choosing one of the other options.

The other three options listed above will fill-in component approval and pass the claim on to system. With each approval where severity is 4,5, or 6, a *TXMAIL message is sent to the next level of approver.

Request for Paid Leave -- WCI-23 (S23)

Action: _ Claim: 9301791 Form Date: 00000102 000000 Sequence:

Total Leave Available: _____ hours (= 15 days 3 hours)

Option: _

1. Employee will use all paid leave and remain on payroll for dates below
2. Employee will use some paid leave and remain on payroll for dates below
3. Employee does not wish to remain on payroll

if option 1 or 2, employee will remain on payroll for the following dates:

Date from: _____ to: _____ (days taken)

Signatures	Date Signed
Employee : _____	_____
Department: _____	_____
System : _____	_____

A Copy of this form was mailed to _ Claimant _ Claimant's Representative

The WCI-23 Request for Paid Leave should be filled out each time the employee is out for more than one full day or takes additional days of leave.

We encourage you to keep a signed copy of the WCI-23 form since it is used by the employee to acknowledge his/her choice of using leave after an injury. It is important to discuss the form with the employee, and have the employee and department representative sign it.

Once the paper form has been completed, type S23 in the command field and the employee's claim number in the claim field, then press Enter. If this is the first S23, you will be ready to start. If one already exists, you will be presented with a listing of existing S23's. To add a new form, just press Enter.

Action: _

Before the form is added the only possible action is Add. After the form has been added, it may be Changed, Printed, or Deleted based on filing status and your authorization.

Total Leave Available: _____ hours (= days hours)

Option: _

1. Employee will use all paid leave and remain on payroll for dates below
2. Employee will use some paid leave and remain on payroll for dates below
3. Employee does not wish to remain on payroll

The Total Leave Available is the total of vacation leave, sick leave and comp time the employee can take at the time the form is completed. The first two options indicate whether the employee wishes to take accrued leave (to continue receiving 100% of usual wages) and how much (all or some). The third option indicates the employee does not wish to take any accrued leave.

Date from: _____ **to:** _____ (_____ **days taken**)

If the employee chose 1 or 2, please indicate what dates the leave taken will cover. The "from" date should ideally be the first full day the employee was out in the current period of disability (usually the first day after the date of injury or the first day of a subsequent period of disability).

The "to" date is based on the number of hours taken divided by the number of hours worked per week to determine weeks taken (5 workdays). The remainder is divided by the usual workday to determine additional days. Any hours less than a usual workday count as a full day for determining the "to" date.

Examples:

For a 40 hours per week worker, 120 hours of accrued leave would equal 3 weeks or 15 workdays. Using a calendar you would count 15 workdays forward, beginning with and including the "from" date, skipping paid holidays. The last day is the "to" date.

$$120 \div 40 = 3 \text{ weeks} = 15 \text{ workdays}$$

For a worker with four 8-hour shifts a week, 120 hours would be 3 weeks 24 hours or 18 workdays.

$$120 \div 32 = 3 \text{ weeks 24 hours} = 18 \text{ workdays}$$

	Signatures	Date Signed
Employee :	_____	_____
Department :	_____	_____
Component :	_____	_____

The names of the people who signed the form and dates signed. The appropriate signers are the employee, the department representative, and the component personnel officer.

Employer's Wage Statement -- TWCC-3 (SWG)

From	To	Days	Hours	Gross Pay	Action: _	Form Date: 00000102 000000
1 19930211	19930217	5	40	_____		Claim: 9301791 TWCC: 93108649AU
2 19930218	19930224	5	40	_____		
3 19930225	19930303	5	40	_____		
4 19930304	19930310	5	40	_____		Fringe Benefits >: _
5 19930311	19930317	5	40	_____		Emp Status (mark all that apply)
6 19930318	19930324	5	40	_____		_ Full _ Part Time _ Seasonl
7 19930325	19930331	5	40	_____		_ Student _ Apprentice _ Trainee
8 19930401	19930407	5	40	_____		If info for similar employee:
9 19930408	19930414	5	40	_____		Similar Emp SSN: _____
10 19930415	19930421	5	40	_____		Date of Hire: _____
11 19930422	19930428	5	40	_____		
12 19930429	19930505	5	40	_____		Total Gross Pay:
13 19930506	19930512	5	40	_____		Ave Weekly Wage:

The TWCC-3 Employer's Wage Statement should be filled out if an employee is disabled for eight days or more due to a work-related injury. It contains the employee's earnings history for the thirteen weeks prior to the injury. This information is used to determine the employee's average weekly wage, a factor in the benefits the employee will receive.

To enter wage information, type SWG in the Command field and the employee's claim number in the Claim field, then press Enter. If this is the first SWG, you will be ready to start. If one already exists, you will be presented with a listing of existing SWG's. It is not expected that more than one SWG will ever be entered because the wages at time of injury are used to determine the value of all related lost wages.

Action: _

Before the form is added the only possible action is Add. After the form has been added, it may be Changed, Printed, or Deleted based on filing status and your authorization.

Wages and Salary

On the main screen there is a list of the thirteen weeks preceding the date of injury. Enter the number of days and hours the employee actually worked and the gross amount the employee earned in wages or salary for each week listed. Gross earnings should include any paid leave (vacation leave, sick leave, holiday pay).

Fringe Benefits

Fringe Benefits >: Y

To reach the fringe benefits pop-up, push PF5. If there are values already in the pop-up, the Fringe Benefits field on the map shows a "Y".

	Did Emp. Receive?	Amount (0000000.00)	Frequency (w=week,m=mon)	Continue? (y,n)
Gratuities	N	0.00	-	-
Board/Meals	N	0.00	-	-
Rent/Housing/Lodging	N	0.00	-	-
Laundry	N	0.00	-	-
Clothing/Uniform	N	0.00	-	-
Health Insurance	N	0.00	-	-
Fuel	N	0.00	-	-
Vehicle Allowance	N	0.00	-	-
Commissions	N	0.00	-	-
Bonuses	N	0.00	-	-
Other	N	0.00	-	-

Enter a "Y" in the first column for each type of fringe benefit the employee received during the thirteen week period preceding the employee's injury date. For each one with a "Y", enter the amount received and whether it is per Week or Month. The last column is used to indicate if this benefit will continue to be paid while the employee is disabled.

Premium sharing should be included in Health Insurance. Vacation and Sick Leave should be included in gross wages/salary, and cannot be entered on this pop-up.

**FRINGE BENEFIT NOTE:

By October, 1996, TWCC will require that employers report fringe benefit amounts week-by-week for the thirteen week period. There may be some changes to the screens used to enter this information to comply with this change.

Emp Status (mark all that apply)
 Full Part Time Seasonal
 Student Apprentice Trainee

Mark all the choices that apply to the employee.

Info is for similar worker: N Y/N
 Similar Emp SSN: _____
 Date of Hire: _____

You must indicate if the information on the wage statement is for the injured worker ('N') or a similar employee ('Y'). If the injured employee was hired within the last thirteen weeks, a similar employee may have to be designated as the model for this employee's Wage Statement. If you think you have such a situation, contact your component WCI Representative.

Total Gross Pay:

The total of the thirteen weeks of wages, calculated for you.

Calculation and Importance of the Average Weekly Wage

Ave Weekly Wage:

The average weekly wage based on the wage statement will be re-calculated each time you Add or Change the record. It is determined using the following formula:

(Total gross pay ÷ 13) + (Fringe benefits per week that have an "N" in "Continue?")

Average weekly wage is one of the factors in determining the amount an employee is eligible to be compensated for a work-related injury.

Supplemental Report of Injury -- TWCC-6 (SR6)

The Supplemental Report of Injury (TWCC-6) is used to report changes in the employee's work status. It should only be completed if the injury has resulted in more than one day's absence from work and the employee has not yet reached "maximum medical improvement" as determined by his/her doctor or statutory limits. It must be completed under any of the following conditions:

1. Within 3 days after the injured employee returns to work.
2. Within 3 days when the employee, after having returned to work, has an additional day or days of disability because of the injury.
3. Within 10 days after the end of each pay period in which the employee has an increase or decrease of earnings during the time the employee is entitled to temporary income benefits.
4. Within 10 days after the employee resigns, is terminated, or dies.

Comment [SW1]: Or for the initial disability period, but only if that information was not communicated to TWCC on the First Report of Injury.

To create or edit SR6s, type "SR6" in the Command field and the employee's claim number in the Claim field, then press Enter. If an SR6 already exists for this Claim, you will be presented with a listing of existing SR6's, such as below.

```
There is at least one R6 form for this claim.
Mark the one you want and press Enter to edit one, or press ENTER
without marking any to add a new SR6 with the current date and time.
```

```
Claim: 9302178
   Date   Time   Seq   Reason for filing
- 19960102 142520 00033 Employee Returned to Work
- 19960830 094441 00003 Additional Day(s) of Disability
```

To see one of the existing SR6s, mark that choice and press Enter. Otherwise press Enter without marking any to add a new SR6.

If this is the first SR6 for this Claim, or if there were SR6s but you pressed Enter without marking any, then you will see a screen such as the one below.

```
Action: _                               Form Date Time: 00000102 000000 Seq:

Based on the rule requirements (PF6), enter an 'X' in the appropriate blank
which shows the reason for filing this Supplemental Report of Injury:

_ Employee returned to work
_ Additional day(s) of disability are needed OR
  Though no initial days of disability were taken, leave has become necessary
_ Change in weekly earnings after injury
_ Employee resigned / terminated / died
```

Mark the choice that describes your reason for entering the SR6. Once you make a choice, only the screen corresponding to your choice will be displayed.

Action: _

Before the form is added the only possible action is Add. After the form has been added, it may be Changed, Printed, or Deleted based on filing status and your authorization.

Remarks: _____ <

Remarks will not print on the form, but may be entered to clarify the reason for the form. If additional room is needed, press PF5 from the field or space through the "<" sign at the end of the remarks field. If there are more lines of remarks than can be displayed on screen, then instead of a "<" sign there will be an asterisk ("*") symbol.

Return to Work

1. If initial filing of TWCC-6, give first day of disability due to injury.
If second or subsequent filing of TWCC-6, give first day of disability due to injury for this period only, YYYYMMDD: _____
2. Date of Return to Work, YYYYMMDD: _____
Choose one of the following, F/L/R: _
(F- Full Duty, Full Pay L- Limited Duty, Full Pay R- Reduced Pay)
3. Earnings at time of this report: \$ _____ per _ (Hour/Week/Month/Year)
If hourly, hours per week: ____ Wage is Same/Increase/Decrease: _

Choose Return to Work to report the employee returning to work after having been out more than one full day.

1. If initial filing of TWCC-6, give first day of disability due to injury.
If second or subsequent filing of TWCC-6, give first day of disability due to injury for this period only, YYYYMMDD: _____

Enter the first date of disability for the current period in YYYYMMDD format. If disability begins with the injury, the disability date will be the day after the injury date. If disability begins later or after the employee has returned to work after a previous period of disability due to this injury, it will be the first day of the current period of disability.

If the last disability date is already known, and the claimant has not returned to work since then, then this disability date field will be pre-filled into field #1. For example, when you first see the Return to Work SR6 screen, instead of a blank _____ field, it might say 19960301. Essentially, *WCMENU is guessing that you are adding a return to work date after the last known disability date (and not for some other disability period). **Be absolutely sure to change this date if it is inaccurate.**

2. Date of Return to Work, YYYYMMDD: _____
Choose one of the following, F/L/R: _
(F- Full Duty, Full Pay L- Limited Duty, Full Pay R- Reduced Pay)

This is the date the employee returned to work, ending the current period of disability (in YYYYMMDD format). Enter whether the employee returned at Full duty and full pay, Limited duty and full pay, or Reduced pay relative to the employee's pre-injury pay.

3. Earnings at time of this report:\$ _____ per _ (Hour/Week/Month/Year)
 If hourly, hours per week: ____ Wage is Same/Increase/Decrease: _

What the employee will be paid per Hour, Week, Month, or Yearly. This will be converted to weekly before being stored to the database. If hourly, current hours per week is necessary to make the conversion. Hours per week is also useful if you have reported limited duty.

Report whether the wage is the Same, an Increase, or a Decrease, relative to what the employee was earning *at the time of the original injury/incident*. You can try leaving

If there are previous SR6s for this Claimant, *WCMENU may pre-fill the wage period and hours per week fields (the second and third fields of item #3), based on the earlier SR6s. Be sure to change these if they are inaccurate.

Additional Days of Disability

1. If initial filing of TWCC-6, give first day of disability due to injury.
 If second or subsequent filing of TWCC-6, give first day of disability due to injury for this period only, YYYYMMDD: _____
2. Earnings at time of this report:\$ _____ per _ (Hour/Week/Month/Year)
 If hourly, hours per week: ____ Wage is Same/Increase/Decrease: _

Choose Additional Days of Disability to report the employee losing more than a full day's work after a period of working.

1. If initial filing of TWCC-6, give first day of disability due to injury.
 If second or subsequent filing of TWCC-6, give first day of disability due to injury for this period only, YYYYMMDD: _____

Enter the date disability began in this period of disability in YYYYMMDD format. If the first disability date was reported on the First Report of Injury, then do not add an SR6 to report it.

As with Return to Work SR6s, *WCMENU may pre-fill the wage period and hours per week fields (second and third fields of item #2). As before, use Same, Increase, or Decrease to report whether the employee's wage is relative to what s/he was earning *at the time of the original injury/incident*.

Change in Weekly Earnings

1. If initial filing of TWCC-6, give first day of disability due to injury.
If second or subsequent filing of TWCC-6, give first day of disability due to injury for this period only, YYYYMMDD: _____
2. Date that change in pay rate goes into effect, YYYYMMDD: _____
3. Earnings at time of this report: \$ _____ per _ (Hour/Week/Month/Year)
Wage is Same/Increase/Decrease: _ (S/I/D)
4. Number of hours working weekly at the time of this report: _____

Choose Change in Weekly Earnings to report changes in what the employee is being paid. For example, if the Return to Work SR6 reported the employee returned part-time *at reduced wages* and now the employee is back full-time, a Change in Weekly Earnings SR6 would need to be completed.

If there are multiple disability periods (i.e. claimant goes off work due to injury, returns, and goes off work again), and the change in earning took place while the claimant was off work, then field #1 should contain the beginning date of that disability period. On the other hand, if the change in pay rate took place while the claimant was back at work, then field #1 should contain the preceding disability date (i.e. the disability date most recent to the change in wages). Report all dates in YYYYMMDD format.

The other fields should be filled in as described previously.

As with Return to Work SR6s, if the last disability date is already known, and the claimant has not returned to work since then, then this disability date will be pre-filled into field #1. Also, *WCMENU may pre-fill the wage period and hours per week fields (second field of item #3 and field #4), if there is a previous SR6.

Termination/Resignation/Death

1. If initial filing of TWCC-6, give first day of disability due to injury.
If second or subsequent filing of TWCC-6, give first day of disability due to injury for this period only, YYYYMMDD: _____
2. Earnings at time of this report: \$ _____ per _ (Hour/Week/Month/Year)
If hourly, hours per week: _____ Wage is Same/Increase/Decrease: _
3. Choose one of the following, R/T/D: _ (Resignation/Termination/Death)
4. Date of Resignation/Termination/Death, YYYYMMDD: _____
5. Reason: _____
6. Was Employee on limited duty at time of termination : _ (Yes/No)

Unlike the Return to Work SR6s, the last known disability date will be pre-filled into field #1 *whether or not the claimant has returned to work since then*. If, however, the employee has become disabled again (after the last return to work date), then you must be sure to overwrite the "pre-fill" date with the most recent disability date.

Choose Termination/Resignation/Death to report the end of the employee's employment due to death, termination, or resignation while the employee is receiving benefits.

3. Choose one of the following, R/T/D: _ (Resignation/Termination/Death)

Enter Resignation, Termination, or Death.

4. Date of Resignation/Termination/Death, YYYYMMDD: _____

The date of the above in YYYYMMDD format.

5. Reason: _____

The reason, if known, for the above.

6. Was Employee on limited duty at time of termination : _ (Yes/No)

Yes or No the employee was on limited duty relative to pre-injury duty.

Occasionally you may receive a reminder to create an SR6. This is rare, and so you should not rely on these reminders to prompt you to create SR6s. The reminder message appears as follows. If you disagree that such an SR6 is necessary, or if you believe that the reminder's dates are not quite correct, then it would be very helpful if you would inform your UT-System Adjuster.

Subject: Need SR6 for claim 9790001 09/03/96 08:54:49 Page: 1
 To: PSRMW c: PSELR
 From: PSMW, UT System OHR/WCI

According to our information, SMITH, JANE (Claim# 9790001) became disabled on 19960802, and returned to work on 19960830.

However, UT System has no SR6 in *WCMENU to verify the above date(s).

If the above information is correct, please add an SR6 in *WCMENU to confirm it. On the other hand, if our information is incorrect, please reply by *TXMAIL to PSMW (or by Internet e-mail to PSMW@utxdp.dp.utexas.edu).

Thank you.

** This message automatically generated by *WCMENU **

Listing Supplemental Forms for Department (SLD)

You can list the Supplemental Forms for your Department with the SLD command. The forms are listed by creation date, beginning with forms created on the date in the DATE: field. If there are too many forms shown, you can exclude the medical forms by deleting the "X" in the "Include Med:" field. When looking for specific SR6s, you should try switching to VIEW: 8.

```

WCMPSL00          SLD - LIST SUPPLEMENT RECORDS BY DEPT          3:56 PM
COMMAND: SLD CLAIM: _____ SSN: _____ FISCAL-YEAR: 1995 96 VIEW: 1 OF 8
NAME(L, F M): _____ STAMP: _____
DATE: 19940604 TIME: _____ MONTH: JUL SEQUENCE: 00001 VEN-ID: _____
ACCOUNT: _____ VOUCHER: _____ DOC-ID: _____ TWCC NBR: _____
===== Include Med: X Include Comp: X ===== Excluded:
Act Type Claim      Date   Time   Seq   From   To      Amount   Creator
_  R6 96@0001 19960515 100947 00001
                                     DPSFW

```

Listing Supplemental Forms for a Single Claim (SL1)

Similar to the SLD command, there is a Supplement listing command—"SL1"—that shows only the supplement forms for a single claim.

The above advice (for SLD) is especially important here: switch to VIEW: 8. If too many supplement forms are shown, change the begin date to "19940604", and delete the "X" in the "Include Med:" field, as shown below.

```

WCMPSL08          LIST SUPPLEMENT RECORDS - ONE CLAIM          5:24 PM
COMMAND: SL1 CLAIM: 9600727 SSN: 123456789 FISCAL-YEAR: 1995 96 PAGE: 8 OF 8
NAME(L, F M): DAGGOLAFX, COLLW_____ STAMP: _____
DATE: 19940604 TIME: _____ MONTH: AUG SEQUENCE: 00002 VEN-ID: _____
ACCOUNT: _____ VOUCHER: _____ DOC-ID: _____ TWCC NBR: _____
===== Include Med: _ === Include Comp: X =====
Type Claim      Supplemnt Type   R6 Dis   R6 RTW   RTD   R6 RTD/W
_  R6 9600727   Disability       01/02/96
_  R6 9600727   Return to Work  01/02/96  03/01/96
_  R6 9600727   Resig/Term/Die  01/02/96          T   07/01/96
_  R6 9600727   Return to Work  08/01/96  09/01/96

```

This command is especially helpful when you attempt to add an SR6, but it conflicts with an already existing SR6. In this case you will get an error message that says something like:

```
>> Unable to add; conflicts with preceding RTW SR6. Try SL1, page 8. <<
```

(You may also want to use the "CLA" command and mark the field to the right of "Est Lost Days". Unlike the SL1 view 8, the "Est Lost Days" popup screen also shows any disability and return to work dates from the CLA's "Work" and "Injury" popup screens, plus all the dates are sorted.)

Appendix 1 - Commands in *WCMENU (HH2 always provides the most accurate list).

M MAIN MENU

AM ACCOUNT BALANCE/RECONCILIATION MODULE
 ACA ACCOUNT COMPONENT ACTIVITY FOR ONE MONTH
 ALA ACCOUNT LISTING OF ACCOUNTS
 ARB ACCOUNT RECONCILED BALANCES FOR MONTH
 ARE ACCOUNT RECONCILED EXPENDITURES FOR MONTH
 ASB ACCOUNT SYSTEM BALANCES FOR MONTH
 ASE ACCOUNT SYSTEM EXPENDITURES FOR MONTH
 AYB ACCOUNT YEAR BALANCES FOR COMPONENT
 AYE ACCOUNT YEAR EXPENDITURES FOR COMPONENT

CM CLAIM ACCESS MODULE
 CLA CLAIM ACCESS
 CLC CLAIM COMMENTS
 CLH CLAIM HISTORY
 CLU CLAIM UPDATES
 CTS TRANSACTION SUMMARY INFO FOR A CLAIM

FM FIRST REPORT OF INJURY MENU
 FAD FIRST REPORT OF INJURY
 FCA COMPONENT APPROVAL
 FLC LIST CLAIMS IN CREATE STATUS (COMPONENT)
 FLD LIST CLAIMS IN CREATE STATUS (DEPARTMENT)
 FSA SYSTEM APPROVAL

HM HELP MODULE
 HDT DATE CALCULATION
 HH1 OVERVIEW OF *WCMENU SYSTEM
 HH2 MENU / MODULE LISTING
 HH3 GLOSSARY / DEFINITIONS
 HRT RATE CALCULATION

JM JOB SUBMISSION MODULE
 JDR JOB FOR DOCUMENT REEL TAPE SUBMISSION
 JSQ SUBMIT SPECIAL VOUCHER FOR ONE SEQUENCE

LM LIST CLAIMS MODULE
 L1 LIST CLAIMS FOR ONE SSN

LCM LIST CLAIMS FOR COMPONENTS
 LCC LIST COMPONENT CLAIMS IN CLAIM ORDER
 LCN LIST COMPONENT CLAIMS IN NAME ORDER
 LCO LIST COMPONENT OPEN CLAIMS
 LCS LIST COMPONENT CLAIMS IN SSN ORDER

LDM LIST CLAIMS FOR DEPARTMENTS
 LDC LIST DEPARTMENT CLAIMS IN CLAIM ORDER
 LDN LIST DEPARTMENT CLAIMS IN NAME ORDER
 LDO LIST DEPARTMENT OPEN CLAIMS
 LDS LIST DEPARTMENT CLAIMS IN SSN ORDER

LIM CREATE INDEMNITY PAYMENTS
 LIC CREATE INDEMNITY PAYMENTS - ONE CLAIM
 LID CREATE INDEMNITY PAYMENTS - BULK
 LIS CREATE INDEMNITY PAYMENTS BY TYPE

LSM LIST CLAIMS FOR SYSTEM
 LSC LIST CLAIMS IN CLAIM ORDER
 LSN LIST CLAIMS IN NAME ORDER
 LSO LIST OPEN CLAIMS
 LSP LIST CLAIMS READY TO PRINT
 LSR LIST CLAIMS RECEIVING COMPENSATION
 LSS LIST CLAIMS IN SSN ORDER
 LS1 LIST CLAIMS FOR ONE SSN

RM REPORT/DOWNLOAD MODULE
 RCA ACTUARIAL REPORT
 RCC SUBMIT REPORT ON CLAIMS CLOSED ONE COMPONENT
 RCD MULTIPLE CLAIM QUARTERLY REPORT
 RCS REPORT ON SUMMARY CODES
 RSD SUBMIT REPORT ON COMPONENT DENIALS
 RTA REPORT OF EXPENSED TRANSACTIONS IN 1 YEAR
 RTR SUBMIT THE MCGOWAN REPORT
 RTR SUBMIT THE OPEN CLAIM REPORT
 RTV SUBMIT THE MITCHELL REPORT

SM SUPPLEMENTAL CLAIM ACTIVITY
SAT ISSUE TWCC 152 - ATTORNEY PAYMENT
SA1 ISSUE TWCC 21 - A1
SA2 ISSUE TWCC 21 - A2
SA3 ISSUE TWCC 21 - A3
SND ISSUE TWCC 21 ND - NOTICE OF DISPUTE
SRT RETURNED BILLS TRACKING - SRT
SR6 SUPPLEMENTAL REPORT OF INJURY
SWG RECORD EMPLOYER'S WAGE STATEMENT
S23 REQUEST FOR PAID LEAVE
S66 VIEW T WCC 66 - PHARMACY BILL
S67 VIEW TWCC 67 - (HCFA 1500)
S68 VIEW TWCC 68 - (UB 82)
SLC LIST SUPPLEMENT RECORDS - COMPONENT
SLD LIST SUPPLEMENT RECORDS - DEPARTMENT
SLS LIST SUPPLEMENT RECORDS - SYSTEM
SL1 LIST SUPPLEMENT RECORDS - ONE CLAIM
SSS LIST SUPPLEMENT RECORDS BY STAMP

TM TRANSACTIONS MENU
TPT POST TRANSACTIONS
TSQ FIND TRANSACTION BY WT-SEQUENCE
TSZ UNUPDATED "S" STAMP ZAPPER
VID QUERY / CREATE VENDOR ID'S

TCM TRANSACTIONS FOR COMPONENTS
TCC COMPONENT TRANSACTIONS BY CLAIM
TCD COMPONENT TRANSACTIONS BY DATE
TCI COMPONENT TRANSACTIONS BY VENDOR ID
TCN COMPONENT TRANSACTIONS BY PAYEE NAME
TCV COMPONENT TRANSACTIONS BY VOUCHER

TSM TRANSACTIONS FOR SYSTEM
TSC TRANSACTIONS BY CLAIM
TSD TRANSACTIONS BY DATE
TSI TRANSACTIONS BY VENDOR ID
TSN TRANSACTIONS BY PAYEE NAME
TSO TRANSACTIONS BY DOCUMENT ID
TSS TRANSACTIONS BY STAMP LOGON ID
TST TRANSACTIONS BY STATUS
TSV TRANSACTIONS BY VOUCHER
TSX TRANSACTIONS BY VENDOR-ID, CLAIM, STAMP

T1M TRANSACTIONS FOR ONE CLAIMANT
T1D CLAIM TRANSACTIONS BY DATE, SEQUENCE
T1E MEDICAL PROVIDER PAYMENTS
T1I INDEMNITY/COMPENSATION PAYMENTS
T1N CLAIM TRANSACTIONS BY PAYEE NAME

UM UTILITIES/USERS MODULES
UAL USER HISTORY LOG
UAU USER AUTHORIZE USER
UCS UPDATE COMMAND SECURITY
UHL USER HISTORY LOG
UTA ADD/UPDATE/VIEW TABLE RECORDS
UTD CREATE/UPDATE/VIEW TABLE DESCRIPTION
UTL LIST TABLE RECORDS
UTS LIST TABLES

Appendix 2 - Nature of Injury Codes (field level help in the FAD will always provide the most accurate listing).

Key	Description
01	AMPUTATION
02	ANGINA
03	BURN - HEAT
04	BURN - CHEMICAL
05	CONCUSSION
06	CONTUSION
07	CRUSHING
08	DISLOCATION
09	ELECTRIC SHOCK
10	ENUCLEATION
11	FOREIGN BODY
12	FRACTURE
13	FREEZING
14	TRAUMATIC HEARING LOSS
15	HEAT PROSTRATION
16	HERNIA
17	INFECTION
18	INFLAMMATION
19	LACERATION
20	SCRATCH/ABRASION
21	MYOCARDIAL INFARCTION (HEART ATTACK)
22	PUNCTURE
23	SEVERANCE
24	SPRAIN
25	STRAIN
26	ASPHYXIATION
27	VASCULAR LOSS
28	VISION LOSS
39	ALL OTHER SPECIFIC INJURY
40	ASBESTOSIS
41	BLACK LUNG
42	BYSSINOSIS
43	SILICOSIS
44	DUST DISEASE NOT OTHERWISE CLASSIFIED
45	RESPIRATORY DISORDER
46	POISONING - CHEMICAL
47	POISONING - METAL
48	DERMATITIS
49	MENTAL DISORDER
50	RADIATION
69	ALL OTHER OCCUPATIONAL INJURY
70	LOSS OF HEARING
71	HEPATITIS A
72	HEPATITIS B
73	HEPATITIS C
74	TUBERCULOSIS
75	HIV/AIDS
76	CANCER
77	CONTAGIOUS DISEASE
78	VDT-RELATED
79	MENTAL STRESS
80	CARPAL TUNNEL
89	ALL OTHER CUMULATIVE INJURY
98	EXPOSURE ONLY
99	INCIDENT ONLY

Appendix 3 - Part of Body Codes (field level help in the FAD will always provide the most accurate listing).

Key	Description
00	MULTIPLE BODY PARTS
01	MULTIPLE HEAD INJURY
02	SKULL
03	BRAIN
04	EAR(S)
05	EYE(S)
06	NOSE
07	TEETH
08	MOUTH
09	OTHER SOFT FACIAL TISSUE
10	FACIAL BONES
20	MULTIPLE NECK INJURY
21	VERTEBRAE
22	DISC (NECK)
23	SPINAL CORD (NECK)
24	LARYNX
25	SOFT NECK TISSUE
26	TRACHEA
30	MULTIPLE UPPER EXTREMITIES
31	UPPER ARM
32	SHOULDER
33	ELBOW
34	LOWER ARM
35	WRIST
36	HAND
37	FINGER
38	THUMB
40	MULTIPLE TRUNK
41	ABDOMEN
42	UPPER BACK
43	LOWER BACK
44	DISC (TRUNK)
45	CHEST
46	SACRUM AND COCCYX
47	PELVIS
48	SPINAL CORD (TRUNK)
49	INTERNAL ORGANS
50	HEART
60	MULTIPLE LOWER EXTREMITIES
61	HIP
62	THIGH
63	KNEE
64	LOWER LEG
65	ANKLE
66	FOOT
67	TOES
70	CIRCULATORY SYSTEM
71	DIGESTIVE SYSTEM
72	EXCRETORY SYSTEM
74	NERVOUS SYSTEM
75	RESPIRATORY SYSTEM
99	NONE (INCIDENT/EXPOSURE)

Appendix 4 - Type of Facility (Worksite) Codes (field level help in the FAD will always provide the most accurate listing).

Key	Description
00	ANIMAL LAB
01	OFFICE
02	AUDITORIUM, STAGE, THEATER
03	BUILDING EXTERIOR
04	CLASSROOM/LECTURE HALL
05	CONSTRUCTION AREA
06	SIDEWALK
07	GROUNDS OR FIELDS
08	FOOD SERVICE OR DINING
09	GYM. ATHLETIC AREA
10	RESIDENT HOUSING, DORMS
11	CORRIDOR, HALLWAY
12	LABORATORY
13	SERVICE OR MAINTENANCE
14	SHOP
15	CLINIC
16	HOSPITAL ROOM
17	STEPS, STAIRS, RAMP, DOORS
18	ELEVATOR, ESCALATOR
19	LIBRARY
20	STREETS, PARKING AREAS
21	UTILITIES AREA
22	OTHER
23	GARAGE ROOM
24	RESTROOMS, SHOWERS

Appendix 5 - Accident Agency Codes (field level help in the FAD will always provide the most accurate listing).

Key	Description
00	UNCLASSIFIED
01	AIR PRESSURE
02	ANIMAL OR INSECT BITE
03	BUILDING PART
04	CHEMICALS - SOLID, LIQUID OR GAS
05	DRUGS OR MEDICINE
06	ELECTRICAL APPARATUS
07	FLAME, FIRE, SMOKE
08	FURNITURE OR FIXTURES
09	GLASS ITEM
10	HAND TOOL OR MED. INSTRUMENT NOT POWERED
11	HAND TOOL POWERED
12	HEATING EQUIPMENT OR AGENT
13	HOISTING EQUIPMENT
14	INFECTIOUS OR PARASITIC AGENT
15	LADDER
16	MACHINE
17	MATERIAL HANDLING
18	PATIENTS OR PEOPLE
19	RADIATING EQUIPMENT OR SUBSTANCES
20	VEHICLES
21	WORKING SURFACE
22	STAIR STEPS/INCLINES
23	PLANTS, TREES, VEGETATION
24	WALKING SURFACE
25	WATER, STEAM, ICE
26	NEEDLE OR SYRINGE

Appendix 6 - Job Class Codes (field level help in the FAD will always provide the most accurate listing).

Key	Description
00	AIDE, ATTENDANT, HELPER
01	CRPNTR, PLMBR, PANTR, ELEC.
02	CLERK, SECRETARY, RECEPTIONIST
03	COMPUTER OPERATOR
06	CUSTODIAN,HOUSEKEEPER,JANITOR
07	DOCTOR - MEDICAL
08	DENTIST
10	ENGINEER
11	EQUIPMENT/VEHICLE OPERATOR
12	FOOD SERVICE WORKER
14	GROUNDSKEEPER
16	LABORATORY ASSISTANT
17	LABORER - UTILITY WORKER
19	MACHINIST
20	LIBRARY WORKER
21	NURSE
22	NURSES AIDE - HOSPITAL WORKER
24	PATROLMEN
25	PHARMACIST
26	PRINTER, PUBLICATION WORKER
27	RESEARCH WORKER
28	STAGE, DRAMA, THEATER WORKER
29	STORES, WAREHOUSE WORKER
30	STUDENT WORKER
31	SUPERVISOR, MANAGER, DIRECTOR
32	T.A./PROFESSOR/INSTRUCTOR
33	TECHNICIAN
34	TECH. STAFF ASST.
35	UNCLASSIFIED

Appendix 7 - Department Codes (field level help in the FAD will always provide the most accurate listing).

Key	Description
00	DEPT NUMBER NOT KNOWN
01	ADMINISTRATION
02	COLLEGES AND SCHOOLS
03	PHYSICAL PLANT, B & G
04	HOUSING & FOOD SERVICES
05	STUDENT AFFAIRS
06	RESEARCH
07	MEDICAL
08	DENTAL
09	PHARMACY
10	NURSING
11	OTHER
12	SECURITY
13	PHYSICAL PLANT, UTILITIES
23	PHYS PLANT, CONST & MAINT
33	PHYSICAL PLANT/GENERAL
55	HOUSING & FOOD - JESTER
57	HOUSING & FOOD - JESTER
58	HOUSING & FOOD - JESTER

Appendix 8 - Type of Exposure Codes (field level help in the FAD will always provide the most accurate listing).

Key	Description
10	OCCUPATIONAL INJURY
21	OCCUPATIONAL SKIN DISEASE/DISORDER
22	DUST DISEASE OF LUNGS(PNEUMOCONIOSIS)
23	RESPIRATORY CONDITIONS DUE TO TOXIC AGENTS
24	POISONING/SYSTEMIC EFFECTS OF TOXIC MATERIAL
25	DISORDERS DUE TO PHYSICAL AGENTS
26	DISORDERS DUE TO REPEATED TRAUMA
29	ALL OTHER OCCUPATIONAL INJURIES
43	NON REPORTABLE RESPIRATORY CONDITIONS FROM TOXINS
44	POISONING/SYSTEMIC EFFECTS OF TOXIC MATERIAL
45	NON REPORTABLE DISORDERS DUE TO PHYSICAL AGENTS
46	NON REPORTABLE DISORDERS DUE TO REPEATED TRAUMA
48	EXPOSURE OR NON DIAGNOSIS OF OCCUPATIONAL DISEASE
49	NON REPORTABLE OCCUPATIONAL INJURIES
99	NO EXPOSURE

Appendix 9 - Type of Accident Codes (field level help in the FAD provides the most accurate listing).

Key	Description
01	BURN - ACID, CHEMICALS
02	BURN - CONTACT WITH HOT OBJECT
03	BURN - TEMPERATURE EXTREMES
04	BURN - FIRE OR FLAME
05	BURN - STEAM OR HOT FLUID
06	BURN - DUST, GASES, FUMES, OR VAPORS
07	BURN - WELDING OPERATIONS
08	BURN - RADIATION
09	BURN - MISCELLANEOUS
10	CAUGHT IN/BETWEEN - MACHINE/MACHINERY
11	CAUGHT IN/BETWEEN - OBJECT HANDLED
12	CAUGHT IN/BETWEEN - FURNITURE/FIXTURE
19	CAUGHT IN/BETWEEN - MISCELLANEOUS
20	CUT/PUNCTURE/SCRAPE - GLASS
21	CUT/PUNCTURE/SCRAPE - HAND TOOL
22	CUT/PUNCTURE/SCRAPE - POWERED HAND TOOL
23	CUT/PUNCTURE/SCRAPE - NEEDLE
24	CUT/PUNCTURE/SCRAPE - SCALPEL
29	CUT/PUNCTURE/SCRAPE - MISCELLANEOUS
30	FALL/SLIP - FROM DIFFERENT LEVEL
31	FALL/SLIP - FROM LADDER/SCAFFOLDING
32	FALL/SLIP - FROM LIQUID OR GREASE
33	FALL/SLIP - ON SAME LEVEL
34	FALL/SLIP - SLIPPED, DID NOT FALL
35	FALL/SLIP - ON STAIRS/STEPS/INCLINE
39	FALL/SLIP - MISCELLANEOUS
40	MOTOR VEHICLE - COLLISION WITH ANOTHER VEHICLE
41	MOTOR VEHICLE - COLLISION WITH FIXED OBJECT
42	MOTOR VEHICLE - PLANE CRASH
43	MOTOR VEHICLE - VEHICLE UPSET
49	MOTOR VEHICLE - MISCELLANEOUS
50	STRAIN - JUMPING
51	STRAIN - HOLDING/CARRYING
52	STRAIN - LIFTING
53	STRAIN - PULLING/PUSHING
54	STRAIN - REACHING
59	STRAIN - MISCELLANEOUS
60	STRIKING AGAINST - MOVING MACHINE PARTS
61	STRIKING AGAINST - OBJECT LIFTED OR HANDLED
62	STRIKING AGAINST - SAND/SCRAPE/CLEANING OPERATION
63	STRIKING AGAINST - STATIONARY OBJECT
64	STEPPING ON SHARP OBJECT
69	STRIKING AGAINST/STEPPING ON - MISCELLANEOUS
70	STRUCK/INJURED BY - FALLING/FLYING OBJECT
71	STRUCK/INJURED BY - HAND TOOL/MACHINE
72	STRUCK/INJURED BY - MOTOR VEHICLE
73	STRUCK/INJURED BY - MOVING MACHINE PART
74	STRUCK/INJURED BY - OBJECT LIFTED OR HANDLED
75	STRUCK/INJURED BY - OBJECT HANDLED BY OTHERS
76	STRUCK/INJURED BY - AIR PRESSURE
77	STRUCK/INJURED BY - PATIENT
79	STRUCK/INJURED BY - MISCELLANEOUS
80	CONTACT WITH ELECTRIC CURRENT
81	ANIMAL/INSECT
82	EXPLOSION/FLARE
83	FOREIGN BODY IN EYE
84	ROBBERY/CRIMINAL ASSAULT
85	MISCELLANEOUS CUMULATIVE CAUSES
86	INGESTION OF DRUG/MEDICINE
87	INGESTION OF POISON
88	CONTACT WITH PLANT/TREES/VEGETATION
89	CONTACT WITH INFECTION/PARASITE
90	NOISE
98	MISCELLANEOUS CUMULATIVE
99	OTHER

Appendix 10 - Severity Codes (field level help in the FAD will always provide the most accurate listing).

Key	Description
0	NO MEDICAL TREATMENT
1	MINOR, ON-SITE TREATMENT BY EMPLOYER
2	MINOR CLINICAL/HOSP. REMEDY & DIAGNOSTIC TESTING
3	EMERGENCY EVALUATION, DIAGNOSTICS & MED PROCEDURES
4	HOSPITALIZATION GREATER THAN 24 HOURS
5	FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED
6	DEATH