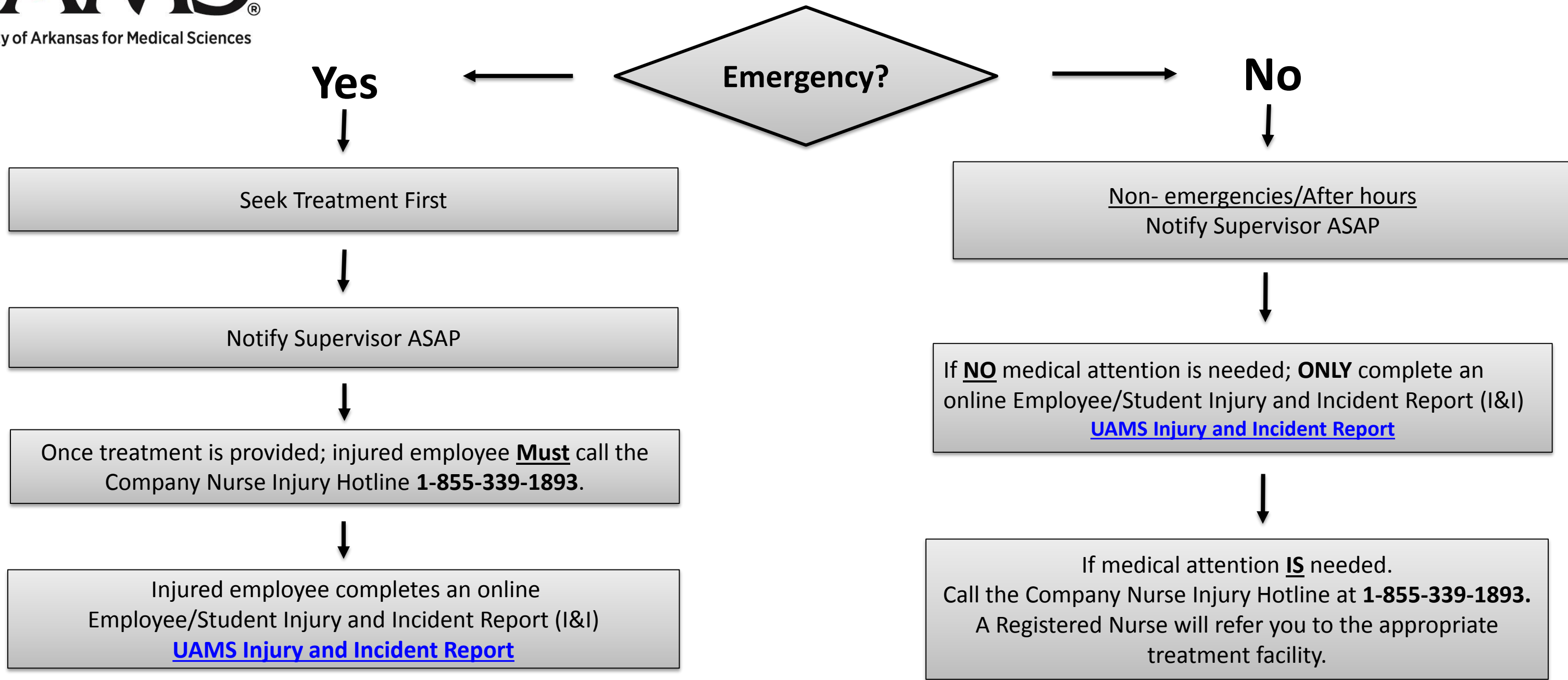


Employee Workplace Injuries Work Flow Chart



Any questions contact Connie Thorbs
501-686-7083

Workers' Comp Claim forms will be sent to the employee's supervisor.
Signatures are **REQUIRED** from the employee and supervisor.
Return the signed claim forms to the Office of Human Resources at:
Workerscomp@uams.edu

The designated treatment facility will provide a Helios Temporary Prescription form when prescriptions are needed.

