

# Workers' Compensation Injury Checklist

## Step 1: Confirm the Injury Date

- ☐ Injury occurred **on or after 12/8/25** → Use **AmTrust** forms
- ☐ Injury occurred **on or before 12/7/25** → Use **Accident Fund** forms

## Step 2: Complete Required Forms

- ☐ First Report of Injury (FROI) – sent to Edustaff
- ☐ Authorization for Treatment – goes with injured employee to med facility
- ☐ Follow Workers' Compensation Procedure

## Step 3: Complete the FROI (Both Pages Required)

- ☐ **Page 1** fully completed
- ☐ **Page 2** fully completed
- ☐ District information completed
- ☐ District signature completed (bottom of page two)

## Step 4: Treatment Determination

- ☐ Employee is **NOT** seeking treatment
- ☐ Employee **IS** seeking treatment
  - ☐ Treatment location/provider documented on page two

 **Do not submit the FROI until treatment status is confirmed and the form is signed**

## Step 5: Treatment Guidance

- ☐ Employee understands treatment is **not required**
- ☐ If treatment is sought, employee is directed to the **district's designated provider**, if applicable by state

## Step 6: Submit the FROI

- ☐ Both pages combined into **one single PDF**
- ☐ Submitted via **email** (preferred) [humanresources@edustaff.org](mailto:humanresources@edustaff.org)
- ☐ Faxed (acceptable if needed) 877-974-6339

## Need Help?

Questions, feedback, or support reviewing this process with your team contact Julie Powers, Edustaff Benefits Manager at [jpowers@edustaff.org](mailto:jpowers@edustaff.org) or 877-974-6338 ext. 1140.