

Dear Employee:

We have been notified that you may have suffered an on the job injury or illness, and we would like to provide you with some information to help you through the initial Workers' Compensation process.

As the case with any injury or illness that may have occurred on the job and during working hours, it's prudent that you notify you Supervisor **immediately**, as he/she is responsible for providing you with the appropriate information to begin the process and the forms necessary to file a claim, *if you so choose to*. You may choose **not** to seek medical treatment at this time, however, we kindly ask that you select a panel physician on the 'Authorization for Medical Treatment' form at the time of completion. Your Supervisor will complete the 'First Report of Injury' form and submit both forms to the Workers' Compensation Team in the Department of Human Resources via email or by uploading them to our Workers' Compensation portal.

In addition to this letter, your Supervisor is responsible for providing you with City of Newport News Workers' Compensation *Question & Answers Brochure* and the *Temporary Prescription ID Card*. All Workers' Compensation forms and documents are also available electronically on the [Workers' Compensation webpage](#).

Our number one priority is ensuring that you receive the appropriate treatment and benefits necessary to expedite a speedy recovery. If you should have any questions, please do not hesitate to contact us.

~Your Workers' Compensation Team