



## Workers' Compensation Helpful Information for Managers and Supervisors:



### Filing a Workers' Compensation Claim Procedure

- Supervisor to provide employee with form e3301 below, have employee complete and return to supervisor.
  - [Employee's Claim for Workers' Compensation Benefits \(English/Spanish\) \[e3301\]](#)
- Supervisor/Management to complete the below.
  - [Employer's First Report of Occupational Injury or Illness Form \[e3067S\]](#)
  - Copy of Employee's Job Duty Statement
- Supervisor will need to ensure all forms (e3301, e3067S and a copy of Employee's Job Duty Statement) are completed and signed, then send all documents to the designated analyst based on the alpha of the employee's last name.

Employee Last Name	Analyst
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A-L	<a href="#">Pamela Grant</a>
P-Z	<a href="#">Jennie Lee</a>

- Your designated analyst will send over the paperwork to State Fund. The Worker's Compensation adjuster from State Fund (SCIF) will contact employee within 24-48 hours of the claim being filed.

### Employee Wellness Services

Fax: (916) 651-7655

Email us at: [EWS@wildlife.ca.gov](mailto:EWS@wildlife.ca.gov)

EWS Manager: [Laura Hammitt](#)

Assistant Branch Chief: [Haya Johnson](#) (Acting)

### Filing a Minor Incident Procedure

If you would like to report an incident and your employee does not wish to seek medical treatment.\*

- Please complete the following forms.
  - [Report of Minor Incident \(DFW 300\)](#)
  - [Acknowledgement of Receipt of a Workers' Compensation Claim Form](#)
- Next, to file the incident, send the *DFW 300 form* to [Bryan Landis](#), Chief Health & Safety Officer: 916-928-7692. Then, send *Acknowledgement of Receipt WC form* to the EWS analyst based on the alpha of the employee's last name.

\*Please note, these are for injuries that do not require medical treatment, such as a small scratch or bite. If medical treatment is needed in the near future, it is best to proceed with filing a WC Claim.

### Medical Treatment Information

**MPN Website:** [www.statefundca.com](http://www.statefundca.com), click on "State Agencies" then on "Provider Finder by State Compensation Insurance Fund

**MPN Effective Date:** 07/27/20

**MPN Identification Number:** 3136

**MPN Access Assistant:** (888) 782-8338; Fax Number: (800) 371-5905

**MPN Contact Person:** (877) 636-0606

**Claims Administrator:** State Compensation Insurance Fund; (888) 782-8338

**Workers' Compensation Insurance Carrier:** State Compensation Insurance Fund

**DWC's Information & Assistance Office:** [www.dir.ca.gov/dwc/ianda.html](http://www.dir.ca.gov/dwc/ianda.html)