

Worker's Compensation for Student Employees:

Please do not hesitate to call us directly at 5171 or 5172 for assistance

On the occasion that a student work-related injury/illness occurs, they will be treated using the same approach as any other HSU employee. Please make sure that the proper care is administered to the injured worker before you do anything else! For appropriate forms and guidelines, refer to the following link and click on our NEW QUICK GUIDE :

<http://www.humboldt.edu/~hsuhr/employee/compensation/>

An injured student employee must complete the DWC1 - Employee Claim Form and their supervisor must complete a Supervisor's Report of Injury for a Worker's Compensation Claim (STD 620). In addition, please include the following information for the student and send to Human Resources:

1. *Student's Date of Hire in Dept.:* ____ / ____ / ____ **(month/day/year)**
2. *Pay Rate:* \$ ____ . ____ / **hour**
3. *Average Hours Worked Per Week:* ____ **hours/week**
4. *Time Student Began Work on the Day of Injury:* ____ : ____ **A.M. / P.M.**

