



Friendswood Independent School District  
302 Laurel, Friendswood Texas 77546  
Phone: 281-482-1267 Fax: 281-996-2606

## Workers' Compensation Information

**The following information must be completed for all Work Comp injuries regardless of whether medical attention is needed:**

1. First Report of Injury – must be completed online immediately by campus/department designated personnel. To fill out a First Report of Injury go to [www.tasbrmf.org](http://www.tasbrmf.org)

**The following must be completed if seeking medical treatment:**

2. Employer's Authorization for Examination or Treatment – completed by designated personnel and given to employee **immediately** to take with them to the treating facility
3. Employee Acknowledgment of the Alliance Direct Contracting Program – Must be signed by employee and returned **immediately** to the benefits office
4. HELIOS – tmesys Prescription Card - Completed by campus/department designated personnel and given to employee **immediately** before employee leaves for treatment for initial prescription fill at no cost to the employee

**This form must be complete if injury results in an absence from duty:**

5. Election of Leave Benefits with Workers' Compensation – Must be completed, signed by the employee and sent **immediately** to the benefits office

**This report will be completed by a treating physician:**

6. Texas Workers' Compensation Work Status Report – Must be completed each time the employee is seen by a physician/clinic. Please see instructions below based on box selected by physician
  - a. Medical Treatment Only – before returning to work this must be completed by the attending physician releasing the employee to work
  - b. Medical Treatment and Absence from Duty – this form must be completed at each visit to the attending physician detailing any restrictions and when released to full duty
  - c. This form must be given to the benefits office **immediately via fax or email**

**It is the employee's responsibility to communicate with the benefits coordinator immediately following every doctor's visit.**

**For Employee Information (give these copies to the employee):**

7. Employee Notice of Alliance Requirements
8. Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System

**For any questions relating to Workers' Compensation please contact  
Tara Langston, Benefits Coordinator at 281-482-1267 or [tlangston@fisd12.net](mailto:tlangston@fisd12.net)**