

SAM—WORKERS' COMPENSATION

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS SCIF E3067 (STATE) FORM (Revised 12/13)

2581.3

State Fund must receive the employer's report within five calendar days of the employer's knowledge or notification that a work-related injury or illness has occurred. The form must be submitted in the following situations:

- A work-related injury or illness results in lost time beyond the date of injury or medical treatment beyond first aid;
 - An employee presents a doctor's note stating an injury or illness is or may be work related;
- or
- A completed *Claim Form* (DWC 1) is received from either the employee, their doctor, their attorney or State Fund

For instructions on how to complete and submit this report, please see the publication *Workers' Compensation Claim Kit, Instructions for Completing the Forms Required to Report a Work-Related Injury or Illness* on the California Department of Human Resources website: <http://www.calhr.ca.gov/Documents/claim-kit.pdf>