



State of Wyoming

Workers' Safety And Compensation

*"The mission of the Department of
Employment is to provide information
and quality services that promote
economic security, employment, and a
safe work environment for our
customers"*

Presented by:

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Wyoming Adds 9,500 Jobs Since December 2006

David Bullard, Senior Economist
WYOMING LABOR FORCE TRENDS, Vol. 45 No. 2

Over the year Wyoming added 9,500 jobs (3.4%). As in previous months, the largest job gains were found in the construction sector (2,700 jobs, or 11.6%).

Strong growth also occurred in wholesale trade (900 jobs, or 10.7%), transportation, warehousing, & utilities (800 jobs, or 5.7%), professional & business services (1,100 jobs, or 6.5%), and other services (800 jobs, or 7.4%). More modest growth was seen in manufacturing (300 jobs, or 2.9%), financial activities (100 jobs, or 0.9%), and government (900 jobs, or 1.3%).

Employment fell slightly in natural resources & mining (-500 jobs, or -1.8%) and information (-200 jobs, or -4.7%).

36% decrease in reported injuries over past two years.

	Injury Reports 2005	Injury Reports 2006	Injury Reports 2007
January	1,324	1,351	949
February	1,123	1,220	824
March	1,335	1,397	766
April	1,251	1,138	791
May	1,259	1,388	770
June	1,528	1,507	863
July	1,539	1,523	1,048
August	1,618	1,530	1,221
September	1,356	1,389	704
October	1,394	1,385	971
November	1,310	1,208	752
December	1,251	1,201	830
Total	16,288	16,237	10,489

Reporting Workplace Injuries

What to do First

Provide for medical treatment if necessary.

Conduct an investigation immediately and take the necessary corrective action to prevent the injury from happening again.

Medical Treatment

Provide First-Aid as necessary.

Assist your employee in obtaining prompt medical care.

In an emergency – employee should seek immediate medical care at the nearest emergency room and notify employer as soon as possible.

Otherwise, the employee should inform you of the injury before seeking medical care.

Medical Treatment

Establish procedures to immediately (or at least as soon as notified) get the injured worker to a health care provider of your choosing.

If possible, go with employee to medical providers office.

Let the health care provider know that it is a potential Workers' Compensation case.

Drug Screen

Establish policy to have the initial visit include a drug screen.

Keep it clean.

Drug testing saves lives.

40% of all fatalities on the job are attributable to substance abuse.

Impaired workers are 3-4 times more likely to get in an accident, and 5 times more likely to file a Workers' Comp claim.

Medical claims filed by an impaired worker are 300-400% more costly.

Conduct drug tests and get discounts on your Workers' Comp premiums.

It's good for your customers, good for your employees, AND good for your business.



For more information on the drug testing discount program, call 307-777-5476. <http://doe.state.wy.us>

Definition of Intoxicated/ Under the Influence

Wyoming Statute provides Workers' Compensation the ability to deny benefits when an injury is shown to be the result of intoxication from drugs or alcohol.

Premium Base Rate Discount

In 2006, the Wyoming Legislature provided for a premium base rate discount in an amount not to exceed five percent (5%) of the base rate for the employment classification, if the employer complies with a drug and alcohol testing program approved by the Division.

Premium Base Rate Discount

Substance abuse testing, which shall include all of the following:

- Pre-employment

- Random (to the extent permitted by law)

- Reasonable suspicion

- Post-accident testing.

Random testing shall be conducted, at a minimum, on 20% of the average staff on an annualized basis.

Injured Worker Reporting

{WY Statute 27-14-502}

An injured worker must report the injury to the employer within 72 hours of the injury, and must file an injury report to Worker's Safety and Compensation within 10 days.

Injuries that are reported after more than 72 hours, or injury reports that are received more than 10 days after the injury need to have a written explanation stating why the injury report was late.

Injured Worker Reporting

{WY Statute 27-14-502}

Injury reports need to be filled out completely and signed by both the injured worker and the employer representative.

Employer representatives may assist the injured worker as necessary.

The Division often requires the initial medical report be received before a determination can be made.

If Your company has an internal investigation form include it with the Injury Report.

If you are not sure what to do, call your case analyst assigned to your account or the customer service representative.

Obtain a Good History

Develop a Timeline:

What were the circumstances leading up to the Incident?

Look to see who was in the immediate area within that timeline.

Ask questions requiring a narrative answer, not a yes or no.

Physical Evidence

Check accident scene as soon as accident occurs.

- Look for scuffs in floor
- Broken equipment
- Wet or smooth surfaces

Look for things out of place

- Equipment not in correct location or position
- Substances on surfaces
- Look for things out of place

Check security cameras if in use in area.

Wyoming Statute 27-14-102(a)(vii)

"Employee" means any person engaged in any extrahazardous employment under any appointment, contract of hire or apprenticeship, express or implied, oral or written, and includes legally employed minors, aliens authorized to work by the United States department of justice, office of citizenship and immigration services, and aliens whom the employer reasonably believes, at the date of hire and the date of injury based upon documentation in the employer's possession, to be authorized to work by the United States department of justice, office of citizenship and immigration services.

I-9 Information

Proper completion of I-9, along with copies of the presented documents establishes the reasonable belief that an alien is authorized to work in the U.S.

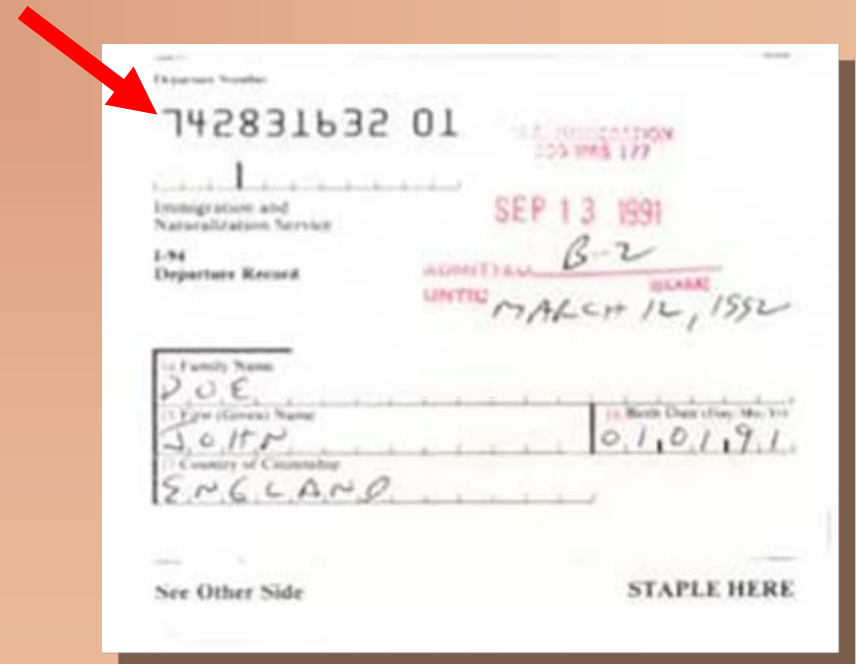
The Handbook for Employers (instruction for completing form I-9) is available online at:

www.osha.gov/pls/epub/wageindex.download?p_file=F6844/I9_Handbook.pdf

U.S. Department of Justice Immigration and Naturalization Service		OMB No. 1115-0136 Employment Eligibility Verification		
Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.				
Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins				
Print Name: Last		First	Middle Initial	
Maiden Name				
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)	
City		State	Zip Code	
		Social Security #		
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): ☐ A citizen or national of the United States ☐ A Lawful Permanent Resident (Alien # A _____) ☐ An alien authorized to work until ____/____/____ (Alien # or Admission # _____)		
Employee's Signature		Date (month/day/year)		
Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.				
Preparer's/Translator's Signature		Print Name		
Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)		
Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s).				
List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).				
Signature of Employer or Authorized Representative		Print Name		Title
Business or Organization Name		Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
Section 3. Updating and Reverification. To be completed and signed by employer				
A. New Name (if applicable)		B. Date of rehire (month/day/year) (if applicable)		
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.				
Document Title: _____		Document #: _____		Expiration Date (if any): ____/____/____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.				
Signature of Employer or Authorized Representative		Date (month/day/year)		
Form I-9 (Rev. 11-21-91) N				

Verification of Residency

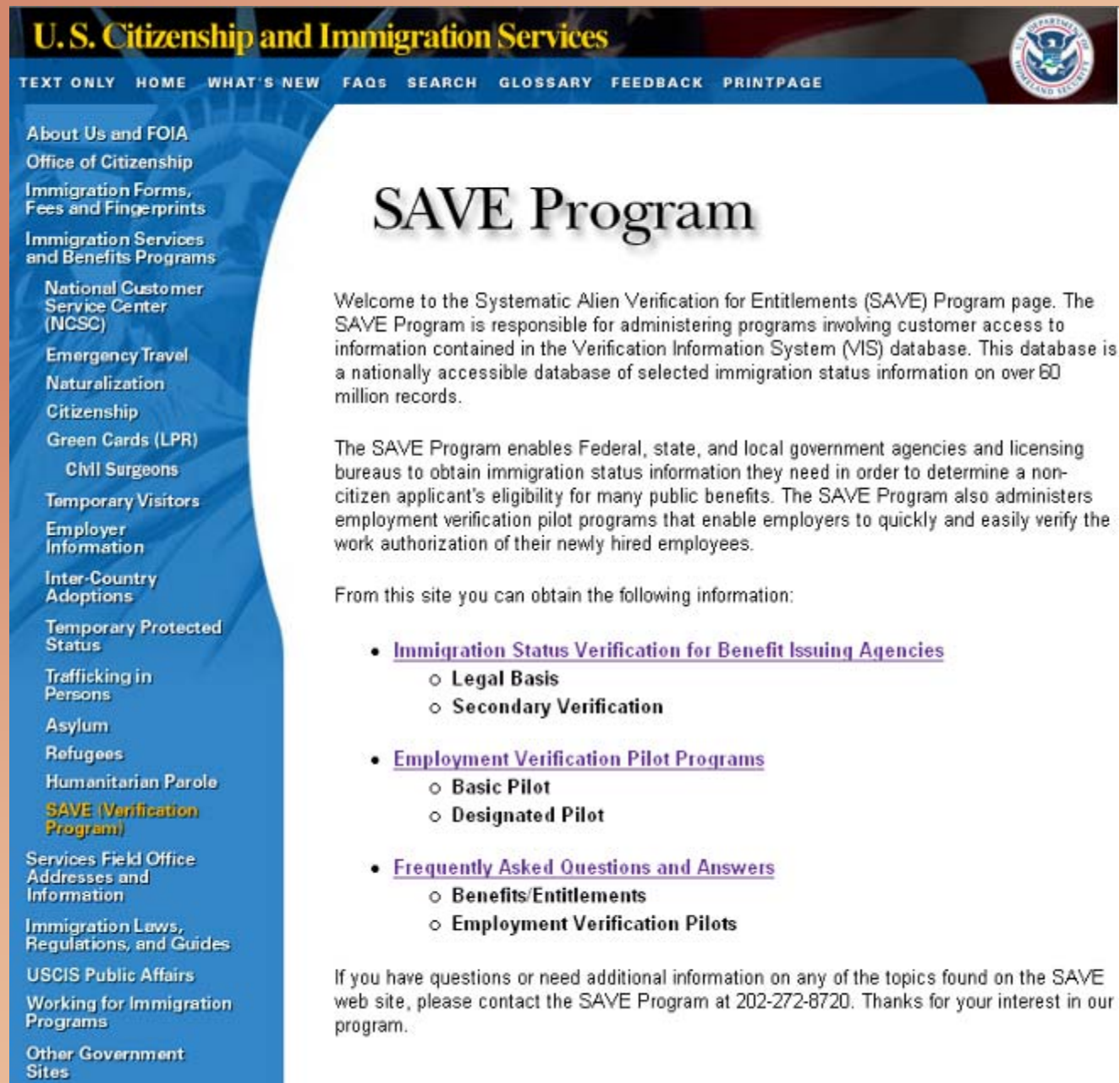
Either the 9 digit INS number from the Resident Alien Card or the 11 digit number from the I-94 are required to verify residency status.



Employers can
verify the work
authorization
of newly hired
employees
directly from
USCIS.

Go to

<http://www.uscis.gov/graphics/services/save.htm> for
more information.



U.S. Citizenship and Immigration Services

TEXT ONLY HOME WHAT'S NEW FAQs SEARCH GLOSSARY FEEDBACK PRINTPAGE

About Us and FOIA
Office of Citizenship
Immigration Forms,
Fees and Fingerprints
Immigration Services
and Benefits Programs

National Customer
Service Center
(NCSC)
Emergency Travel
Naturalization
Citizenship
Green Cards (LPR)
Civil Surgeons
Temporary Visitors
Employer
Information
Inter-Country
Adoptions
Temporary Protected
Status
Trafficking in
Persons
Asylum
Refugees
Humanitarian Parole
**SAVE (Verification
Program)**
Services Field Office
Addresses and
Information
Immigration Laws,
Regulations, and Guides
USCIS Public Affairs
Working for Immigration
Programs
Other Government
Sites

SAVE Program

Welcome to the Systematic Alien Verification for Entitlements (SAVE) Program page. The SAVE Program is responsible for administering programs involving customer access to information contained in the Verification Information System (VIS) database. This database is a nationally accessible database of selected immigration status information on over 60 million records.

The SAVE Program enables Federal, state, and local government agencies and licensing bureaus to obtain immigration status information they need in order to determine a non-citizen applicant's eligibility for many public benefits. The SAVE Program also administers employment verification pilot programs that enable employers to quickly and easily verify the work authorization of their newly hired employees.

From this site you can obtain the following information:

- [Immigration Status Verification for Benefit Issuing Agencies](#)
 - Legal Basis
 - Secondary Verification
- [Employment Verification Pilot Programs](#)
 - Basic Pilot
 - Designated Pilot
- [Frequently Asked Questions and Answers](#)
 - Benefits/Entitlements
 - Employment Verification Pilots

If you have questions or need additional information on any of the topics found on the SAVE web site, please contact the SAVE Program at 202-272-8720. Thanks for your interest in our program.

Provide Information to Your Employee

Explain workers' compensation procedures to the injured employee.

Stay in contact with the injured worker.

At least weekly

Helps the injured employee maintain a positive outlook.

Expedites the recovery process.

Workers' Compensation

and the Hearing Process

Wyoming Statute

27-14-606

Each determination or award is an administrative determination of the rights of the employer, the employee and the disposition of money within the worker's compensation account as to all matters involved. No determination shall be final without notice and opportunity for hearing as required by this act.

Wyoming Statute 27-14-601(k)(iv))

Any interested party may request a hearing before a hearing examiner on the final determination of the division by filing a written request for hearing with the division within fifteen (15) days after the date the notice of the final determination was mailed by the division.

Wyoming Statute 27-14-601(k)(vi))

The Division may, whenever benefits have been denied to a worker, make a redetermination within one (1) year after the date of an original determination.

The Hearing Process

It is the policy of Workers' Compensation that requests for hearing will be referred to the hearing body within five working days, but in no case later than 30 calendar days from the date of the request

The Hearing Process

The Workers' Compensation Hearing process consists of:

- Office of Administrative Hearings (OAH)
- Medical Commission
- Small Claims
- Internal Hearing Unit

Office of Administrative Hearings

The Office of Administrative Hearings serves as a professional, independent and impartial hearing authority in administrative contested cases.

Office of Administrative Hearings

The Office of Administrative Hearings is a separate operating agency created by Wyoming Stat. Ann. 9-2-2201, and is statutorily charged with providing impartial hearing services to state agencies.

Office of Administrative Hearings

The Office of Administrative Hearings has jurisdiction over issues of compensability and questions of Law.

Medical Commission

The Medical Commission is created to consist of eleven (11) health care providers appointed by the governor. The Division shall refer medically contested cases to the commission for hearing by a medical hearing panel.

Medical Commission

The Medical Commission has jurisdiction over issues of

- a claimant's percentage of physical impairment;
- whether a claimant is permanently totally disabled;
- whether a claimant who has been receiving TTD benefits remains eligible for those benefits; or,
- any other issue, the resolution of which is primarily dependent upon the evaluation of conflicting evidence as to medical diagnosis, medical prognosis, or the reasonableness and appropriateness of medical care.

Small Claims

The purpose of a small claims hearing is to provide expedited review by a hearing examiner

Small Claims

A request for hearing shall be conducted as a small claims hearing if

- the amount at issue is less than two thousand dollars (\$2,000.00);
- is not an issue of the compensability of the injury pursuant to W.S. 27-14-601(a); and
- the Division requests the hearing be held as a small claims hearing.

Small Claims

In a small claims hearing, the Division will not pay a claimant's attorney, nor will the Office of the Attorney General represent the Division.

Internal Hearing Unit

If any party objects to the Final Determination outside the time frame outlined in the letter, the case will be referred to the Internal Hearing Unit.

The purpose of the Internal Hearing Unit (IHU) is to provide a forum for timely filing issues pursuant to W.S. 27-14-601(k).

Internal Hearing Unit

The final decision is made by the Director of the Department of Employment, based on the recommendation of the IHU Hearing Officer.

In a IHU hearing, the Division will not pay a claimant's attorney.

Obtaining an Attorney

In a contested case hearing, the claimant may obtain an attorney of their own choosing or the hearing office may assist in obtaining an attorney. The Division will pay the appointed attorney fees and court costs as directed by the hearing officer. (W.S.27-14-602)

Representation

The Division is represented by deputy to the Attorney General.

Employers are encouraged to have their own attorney participate in the hearing process.

TTD Benefits

If the employer objects to a division determination that an injury is compensable and the employee's health care provider has certified the employee as temporarily totally disabled, an injured worker may request an interim benefit while his case is under appeal.

The benefit shall be paid for up to three (3) months until a final compensability decision by a hearing examiner is issued or until the expiration of the period of certified temporary disability, whichever occurs first.

The experience rating of the employer against whom a claim is made shall not be charged if the injury is determined after hearing not to be compensable.

Only one (1) interim benefit under this subsection may be awarded per injury. (27-14-404(k))

Court Costs

All court costs shall be paid from the worker's compensation account if the judgment is in favor of the employer or the division.

If judgment is against the employer and the employer contested the claim without being joined in the contest by the division, the court costs shall be paid by the employer.

When the employer or division prevails, the court costs shall not affect the employer's experience rating.

If judgment is against a health care provider, the court costs shall be paid by the health care provider.

(W.S.27-14-602)

Appeals

Appeals may be taken from the decision rendered in any small claims hearing or contested case hearing by any affected party to the district court as provided by the Wyoming Administrative Procedure Act.

(W.S.27-14-602)

Appeals

If an appeal to the district court is prosecuted on behalf of the employee, docket fees in the district court shall be paid for directly out of the worker's compensation account.

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