



CITY OF SPEARFISH  
625 N. 5<sup>TH</sup> STREET  
SPEARFISH, SD 57783

**Worker's Compensation (Employee/volunteer Injury) – Instructions and forms to be completed:**

- **South Dakota Employer's First Report of Injury** (Be specific on description of injury and recording body part/parts injured. Examples: right thumb, left elbow, left hand middle finger). Human resources can assist with filling in the employment type, status, hire date, hours and wage information.
- **SDML Worker's Compensation Fund Authorization for Release of Information**
- **Employee's Report of Injury Form, Supervisor's Accident Investigation Form & Incident Investigation Report**
- **Provider Information and Restriction Form** – Completed by the medical provider if medical attention is needed. This form will be returned to the employee's supervisor and/or human resources *prior* to returning to work. The insurance carrier's contact information is recorded on the form (be sure to inform the medical provider of work related injuries). This form will notify the City of the extent of injury and physical limitations placed on the employee. After each medical visit the employee will provide their supervisor and human resources an updated work restriction form.

All injuries (medical attention or no medical attention) need to be recorded on the **South Dakota Employer's First Report of Injury**. Other forms that need to be completed include the **SDML Worker's Compensation Fund Authorization and Release of Information, Employee's Report of Injury Form, Supervisor's Accident Investigation Form and Incident Investigation Report**. If an employee seeks medical attention, the doctor will need to complete the **Provider Information and Restriction Form**.

The Employee Report of Injury Form, Supervisor's Accident Investigation Form and Incident Investigation Report will be used to assist in the process of reviewing and preventing future injuries.

These forms are on the employee portal under the Human Resource/Forms & Plans

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