

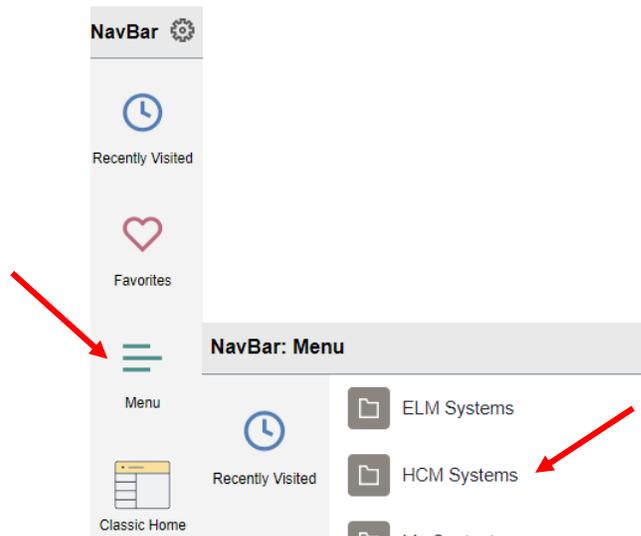
State paid Maryland Judiciary employees who sustain a work-related injury or illness in the performance of their duties, or on Judiciary premises during their scheduled work time, are covered by the Maryland Workers' Compensation Act.

See the instructions below for reporting an accident – This must be submitted by a Supervisor or above.

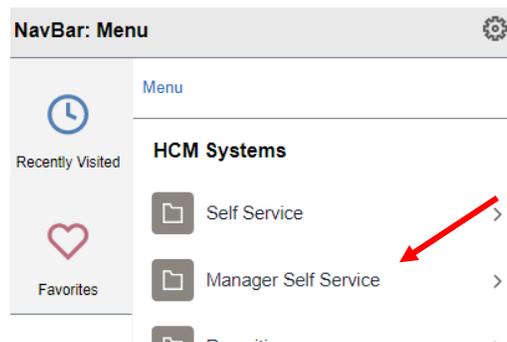
1. Log into CONNECT and select the **Nav Bar** in the top right corner.



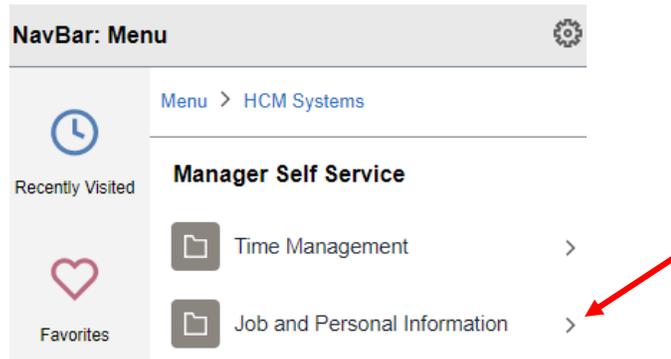
2. Click on **Menu** and then **HCM Systems**.



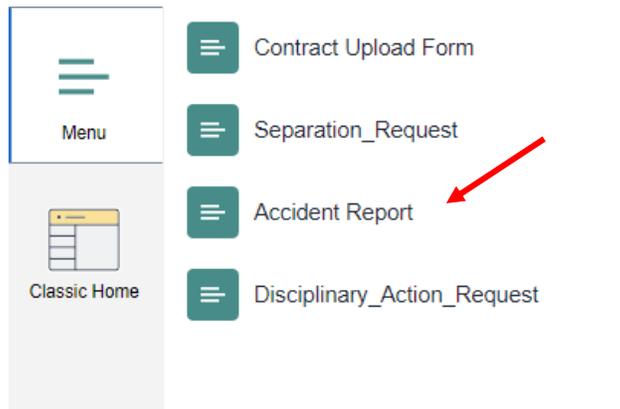
3. Click **Manage Self Service**.



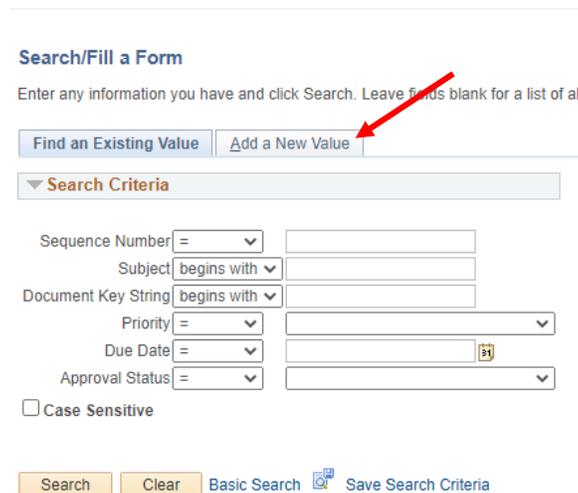
4. Click on **Job and Personal Information**.



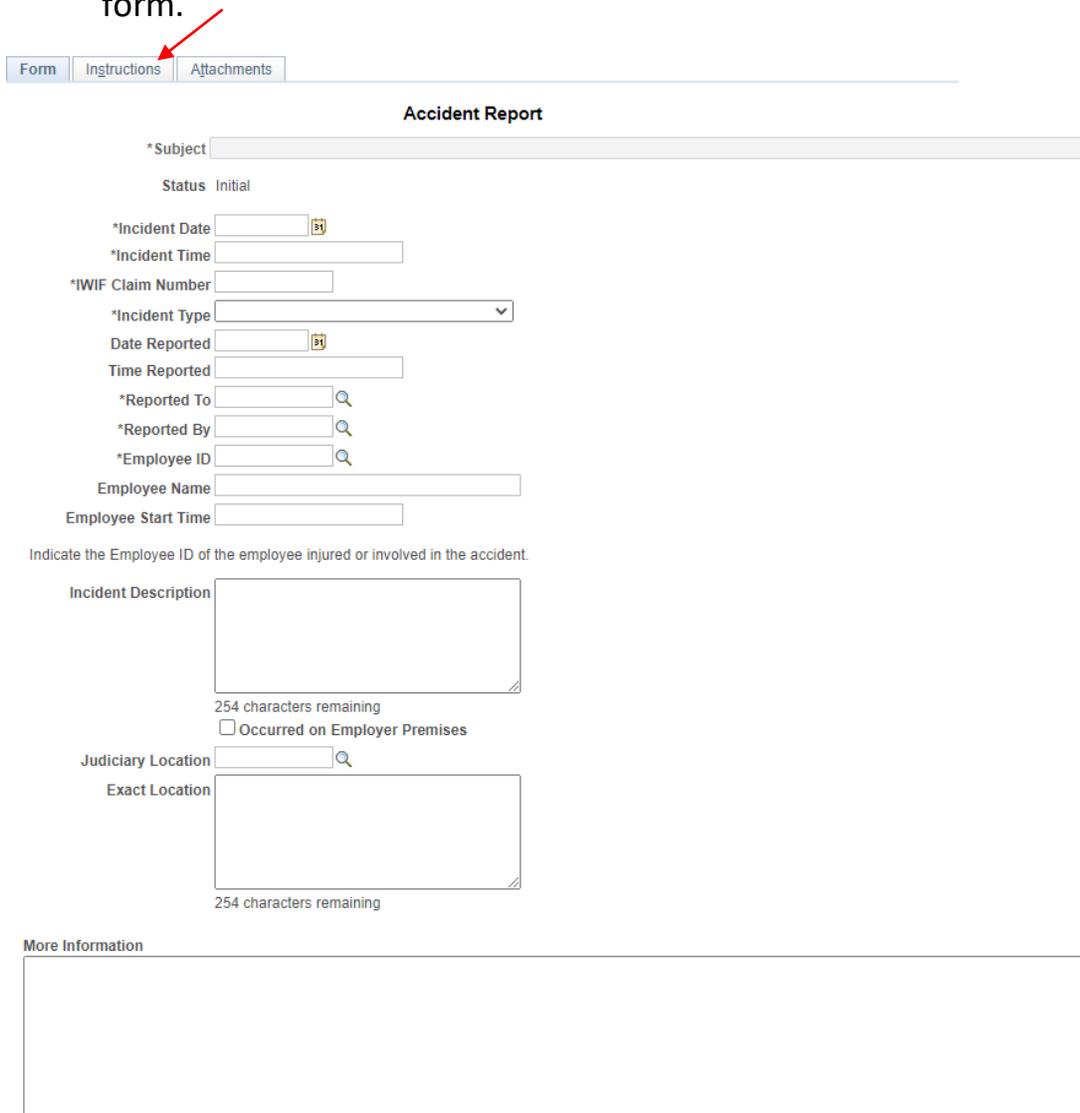
5. Select **Accident Report**.



6. Select the tab **Add a New Value** under Search/ Fill a Form.



7. The Accident Report form will open. There are three tabs at the top of the form. Select the **Instructions** tab if you need assistance completing the form.



The screenshot shows the 'Accident Report' form with three tabs: 'Form', 'Instructions', and 'Attachments'. The 'Instructions' tab is selected, indicated by a red arrow. The form contains the following fields:

- \* Subject: [Text input field]
- Status: Initial
- \* Incident Date: [Date picker]
- \* Incident Time: [Time input field]
- \* IWIF Claim Number: [Text input field]
- \* Incident Type: [Dropdown menu]
- Date Reported: [Date picker]
- Time Reported: [Time input field]
- \* Reported To: [Text input field with search icon]
- \* Reported By: [Text input field with search icon]
- \* Employee ID: [Text input field with search icon]
- Employee Name: [Text input field]
- Employee Start Time: [Text input field]

Indicate the Employee ID of the employee injured or involved in the accident.

Incident Description: [Text area with 254 characters remaining]

Occurred on Employer Premises

Judiciary Location: [Text input field with search icon]

Exact Location: [Text area with 254 characters remaining]

More Information: [Large empty text area]

8. Click the form tab and follow the instructions.

- Subject:** The system will default this information using the employee's name and work location once the employee id is selected. The subject line will help to track the transaction.
- Incident Date:** Date the injury or illness occurred.
- Incident Time:** Time the injury or illness occurred.
- IWIF Claim Number:** This is the claim number provided when the claim was reported to IWIF.
- Incident Type:** Select an Incident Type from the available options:
  - Illness
  - Injury
  - Death
  - Other
- Date Reported:** This is the date the employee notified management that a work-place injury or illness had occurred.
- Time Reported:** This is the time when the employee notified management that a work-place injury or illness had occurred. *This field is not required.*

8. **Reported To:** The name of the supervisor or member of management the employee first reported the incident to.
9. **Reported By:** Person reporting the work-place injury or illness. This will usually be the injured or ill employee.
10. **Employee ID:** The injured or ill employee's id.
11. **Employee Name:** The system will default the name of the employee once the Employee ID is selected.
12. **Employee Start Time:** The time the injured/ill employee began work the day of the incident. If the incident occurred prior to the start of the workday put the time the employee was scheduled to begin work on the day of the incident.
13. **Incident description:** Include a brief description of how the incident occurred. Include what the employee was doing when the incident occurred (ex. Filing, sitting at their desk, walking down the hallway). Describe how the accident happened. Describe the injuries and body parts effected. Describe anything that contributed to the incident (ex. Wet floor, object falling on employee).
14. **Occurred on Employee Premises:** Check this box if the incident occurred on Judiciary Property or property where Judiciary business is regularly carried out.
15. **Judiciary Location:** This is a drop down which has the codes for the various locations throughout the Judiciary.
16. **Exact Location:** Provide specifics about where exactly in that location the incident occurred. (Ex. Outside courtroom 200, in the breakroom, on the steps at front of courthouse.).
17. **More information:** Any additional information that seems relevant.

[Click on the Attachments Tab.](#)

18. **Attachments:** You must attach the entire IWIF report to this request by uploading the document in the Attachments tab. There are also Templates attached that you could download and provide to the injured employee to complete.

**If you have additional questions, please contact Employee Relations at 410-260-1732, or email [er@mdcourts.gov](mailto:er@mdcourts.gov)**