The City of New York

Financial Information Services Agency   **Office of Payroll Administration**

Neil Matthew, Executive Director
Andrea Glick, First Deputy Executive Director

TO: Agency Training Contacts

FROM: FISA-OPA Training

DATE: May 30, 2024

SUBJECT: Workers' Compensation System (WCS) Training

NYCAPS agencies: Please login to NYCAPS HRB to waitlist your employees to attend WCS training.

Non-NYCAPS agencies: Please complete and send us the accompanying WCS Training Request form via Remedy ticket. If a class is full, your employees will be placed on the waitlist. **See UB 012-15 for Remedy ticket instructions.**

Class Name	Class Date	Class Time	NYCAPS Course Code	Course Session Nbr.
Workers' Compensation System (WCS) Overview	Tuesday 9/10/2024	9:00 am -5:00 pm	8A1	H240

Attendees **must** attend the entire class from start to finish to receive a Certificate of Completion.

Attendees **must** have access to CityShare (https://CityShare.nycnet) and be able to access Microsoft Teams.

The above date/time is subject to change without notice.

Thank you for your cooperation**.**

Workers' Compensation System (WCS) Course

The Workers' Compensation System (WCS) is a sub-system of the Payroll Management System (PMS). It is a computerized method of processing an agency's Workers' Compensation claims. With WCS, your agency and the New York City Law Department have online access to claims as they move through the Workers' Compensation process.

Course 8A1: WCS Overview

Instructor-led training to introduce new users to WCS.

Objectives:

- Overview of WCS.
- How to logon and exit WCS and access the Claim Processing Menu.
- Enter information from the Workers' Comp claim forms into WCS.
- Process a WCS claim occurrence.
- WCS claim occurrence correction.
- How to administer grants.
- Importance of coordinating WCS transactions with the agency PMS Payroll, Personnel and Timekeeping areas to ensure prompt and accurate payments.

Prerequisite:

1. Participants should be new or current users of the Workers' Compensation System who are responsible for entering claims but have never attended formal WCS training.
2. Participants must be approved by their agency to attend WCS Training as part of their job responsibilities.

Length: 1 day

CEUs: None.

Assessment Methods: Instructor's observation, question and answer discussions, oral quiz, business case analysis and application.

Attendees **must** attend the entire class from start to finish to receive a Certificate of Completion.

Attendees **must** have access to CityShare (https://CityShare.nycnet) and be able to access Microsoft Teams.

The above date/time is subject to change without notice.

REQUEST FOR WCS TRAINING (non-NYCAPS Agencies)

FROM: Agency Training Contact (Name): _____

PYRL NO.: _____ **AGENCY NAME:** _____

PHONE NO.: _____ **E-MAIL ADDRESS:** _____

PARTICIPANT'S NAME AND EMPL NUM (*Please* **Print** *or* **Type**)	COURSE(S) REQUESTED: Course No./Name: 8A1 - Workers' Compensation System (WCS) Overview				
	COURSE NO. /NAME	TRAINING DATE	1. Does the employee currently work on WCS? Yes / No	2. If Yes to #1, how long has the employees worked on WCS? # of Years / # of Months	3. In what capacity does the employee use WCS?
1. Name: Empl Num:					
2. Name: Empl Num:					
3. Name: Empl Num:					
4. Name: Empl Num:					

Submitted by: _____ **Tel. No.** _____

Approved by: _____ **Tel. No.** _____

Non-NYCAPS agencies: Please submit your training request/form via a Remedy ticket.

Thanks and we look forward to seeing your employees at WCS Training.