

WORKERS' COMPENSATION POLICY & INFORMATION LETTER

The purpose of this policy is to provide you with information about on the job accidents and workers' compensation insurance coverage which is provided to you, should you have a work-related injury.

We believe that on the job accidents are preventable, and expect each person regardless of his/her position within the organization to cooperate with the College's safety program in every aspect.

1. Everyone has the responsibility for his/her own safety, as well as the safety of his/her fellow co-workers. It is only by your becoming familiar with your job and doing what is necessary to ensure safety that our College can achieve the safe working conditions deserved by all employees.
2. If you should become injured while on the job, you must report your injury to your immediate supervisor and the Office of Human Resources immediately, and with your input, an accident investigation report for all work related injuries will be completed.
3. Spelman College is required by State law to post a list of at least six doctors (see attached list); this list is called a Panel of Physicians. If you need or desire to seek medical care, choose from any of these listed physicians from the Panel of Physician list. In an emergency, you may get temporary medical care from any doctor (or emergency room) until the emergency is over, then you must get treatment from a doctor on the posted panel.
4. You may make one change to another doctor on the panel list without permission of the employer; however, additional changes in medical care require the permission from the individual /insurer, or the State Board of Workers' Compensation.
5. In the event that you cannot return to your normal duty, please inform your supervisor and the Office of Human Resources immediately. All work related accidents must be reported to the Insurance Company within 24 hours, especially when an individual cannot go back to normal duty.
6. Every individual who is out of work due to a work-related injury will be encouraged and given the opportunity to return to work as soon as medical clearance is received.

Two (2) attachments accompany this policy/memo: 1) A Panel of Physicians list for our College; and, 2) The State Board of Workers' Compensation Bill of Rights for the Injured Worker. Please read and review each of these documents, then sign below, acknowledging that you understand your rights and responsibilities as explained in this policy, and in the Bill of Rights, and that you will comply with all policies and procedures in this document.

I, _____ acknowledge that I have read the policies and procedures as explained in this policy/memo, that I have reviewed the Panel of Physicians list (attached), and that I have also read the State Bill of Rights (also attached). I agree to comply with all rules and regulations outlined above. Also, I agree to conform to revisions made to the Panel of Physicians.

Signature: _____ **Date:** _____