



HUMAN RESOURCES

Georgia Building Authority / State Properties Commission / Georgia State Financing & Investment Commission

Acknowledgement Of Workers' Compensation Treatment

My signature below indicates that I have been advised that as an employee of the State of Georgia that I am covered by the Georgia Workers' Compensation Law. I have been informed that I am to immediately report all on-the-job injuries ***regardless of the extent of the injuries*** to my supervisor, HR Benefits Coordinator or other authorized official. I realize that a delay in notification can result in denial of payment for any medical services rendered.

I understand that if I am injured while on the job and emergency treatment ***IS*** necessary, I will receive emergency treatment as soon as possible. All follow up care, however, must be provided by a Workers' Compensation physician listed on the **OFFICIAL NOTICE** which is posted in my work area.

I further understand that if emergency treatment is ***NOT*** necessary, I must receive treatment from a Workers' Compensation physician listed on the **OFFICIAL NOTICE**. If I obtain non-emergency medical treatment from a physician not on the **OFFICIAL NOTICE**, I will be responsible for any medical expenses.

I have been advised that if I am dissatisfied with the physician selected, I may make one change without permission to a second physician on the **OFFICIAL NOTICE**. Any further changes of physicians will require the permission of the Office of Human Resources or the State Board of Workers' Compensation.

If I have questions regarding the above, I should discuss them with my supervisor or other authorized official.

Print Name

Signature of Employee

Date

Signature of HR Representative

Date

For additional information, please review the Worker's Compensation Employee Handbook