



WQTKETU' CQOREPUAVIQP
EMPLOYEE NOTIFICATION

I understand that the University is required to pay for all my reasonable and necessary medical services required as a result of a work-related injury. If I am involved in a work-related injury, I am to inform my department head or supervisor without delay. I understand that I am required to treat with a health care provider identified as a panel during the mandatory 90 day period.

I understand that I may seek treatment from a health care provider of my own choice after I have treated with a panel physician for the mandatory 90 day period. If I choose to do this, I understand that I must inform the Human Resources offices within 5 days of my first visit. If I do not inform the Human Resources office of my election to seek treatment from a health care provider of my choice within the 5 days following the first visit after the mandatory 90 day period of treatment by the panel physician, I understand the University is not responsible for