

WORKERS' COMPENSATION

The Workers' Compensation Law of the State of Tennessee provides, among other important things, that if you are injured while performing work for your employer, and if said injury results from an accident that arises out of or occurs while in the course of your employment, you will be entitled to certain benefits. One of the benefits you will be entitled to is the payment of medical expenses for treatment made necessary by your injury provided expenses are necessary, reasonable and related to the accident and injuries suffered.

Before any medical expenses will be recovered for your treatment you must inform your supervisor at (Agency Name) _____ within 24 hours of your accident, and your need for medical attention. Benefits are only provided at approved facilities.

It is important for you to understand this notice regarding accidents on the job. If you have any questions, discuss them with your supervisor or (Agency Name) _____. You will be requested to sign this notice. A duplicate copy will be kept on file at (Agency Name) _____. Once signed it is an acknowledgement of receipt and understanding of the contents of this notice.

I have read and understand the above policy. _____
Participant's Initials

ADA Policy

The Tennessee Department of Labor and Workforce Development SCSEP Project requires consistency with the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990 (ADA).

I understand that this program:

1. Will not discriminate against me on the basis of disability.
2. Encourages the participation of eligible persons with disabilities whose disabilities do not preclude (with reasonable accommodations) satisfactory performance of the essential functions of the training positions.

Participant's Signature

Date

Title V Program Staff

Date

If you believe that this policy has been violated in any way, please refer to this program's grievance procedure.