

Employee Return to Work Program Responsibilities

- 1.) Report all injuries immediately to your supervisor. This includes minor injuries that may only require first aid. Failure to report all injuries or illnesses may result in a delay or denial of workers' compensation benefits.
- 2.) Any injury requiring emergency treatment should be treated at the nearest emergency treatment facility immediately following the injury. CALL 911 when emergency assistance is needed.
- 3.) For medical treatment other than an emergency, you may seek treatment from a company pre-selected physician listed on form C-42 titled "Agreement Between Employer/Employee Choice of Physician". **Do NOT go to your personal physician!**
- 4.) Should the treating physician restrict you from regular duty because of an on-the-job injury or illness, you must immediately provide your supervisor or the Workers' Compensation Administrator with the paperwork outlining your restrictions. Whenever possible, we will attempt to accommodate your restrictions by providing appropriate modified or alternate work for you while you are unable to perform your normal duties.
- 5.) It is the employee's responsibility to work within the physical restrictions as outlined by the physician. The employee should perform only those duties that are assigned to them.
- 6.) Any difficulty in performing alternate/modified work duties is to be immediately reported to the company's Workers' Compensation Administrator. Workers' Compensation Administrator will then discuss the concerns with the Brentwood Service claims adjuster for resolution.
- 7.) The injured employee will be expected to keep regular medical appointments with their treating physician to help monitor the progress of their recovery.
- 8.) Your safe return to work is our first priority. In order for this system to work most efficiently, we must have your cooperation. Please see your supervisor or the company's Workers' Compensation Administrator should you have any questions.

I have read the above information and agree to comply with the stated company policy.

Employee Name

Employee Signature

Date