

WORKERS COMPENSATION EMPLOYEE ACKNOWLEDGEMENT

GSN Staffing provides all employees who experience an on-the-job injury or illness with Workers Compensation Insurance coverage. This insurance applies to all GSN employees, whether your status is full or part-time, on-call or temporary. Workers Compensation coverage provides an employee who is injured at work with payment of related medical expenses and partial salary continuation (as mandated by state law).

GSN has a Preferred Medical Provider Network to furnish medical treatment for work-related injuries or illnesses.

GSN has a mandatory Return-to-Work Program in place for those employees released by their Medical Provider to light or restricted duty work. All aspects of the transitional Return-To-Work Program are coordinated by GSN's Director of Workers Compensation. Temporary work assignments will be tailored to the physical capabilities and therapy needs of each injured employee until they are medically stable and able to return to their original jobs. An injured employee will be asked to perform only those job functions that their medical provider has determined as safe during the recovery process.

Follow the Steps listed below if you experience a work-related injury or illness:

FOR EMERGENCIES:

Step 1 – Seek treatment at the nearest emergency room or call 911 to receive emergency services. You may receive initial treatment at the closest emergency facility. Any follow-up treatment **must** be in an **approved Medical Provider Facility** (Your local GSN Office will provide you with the proper forms and nearest locations for treatment).

Next Follow Steps 1 through 6 below

For Non-Emergencies:

Step 1 – Employees must report any work-related injuries or illnesses to their GSN Supervisor within 24 hours of the incident. If you work for GSN at a client facility, be sure your immediate supervisor at the client location is notified of your illness or injury. Provide a copy of injury report to your GSN Supervisor.

Step 2 – If your injury requires non-emergency treatment, your GSN Supervisor will provide you with Preferred Medical Provider locations and a *Return to Work Program Letter*. **Your Medical Provider is to complete this form on your initial visit and each visit thereafter. You are responsible for returning the completed form to your GSN Supervisor immediately following each visit.**

Step 3 - Following your medical exam, if you are released to light duty or restricted work, you will be placed in the *Return-to-Work Program* managed by the Director of Workers Compensation. Temporary work assignments will be assigned to you (within your medical limitations) until you are able to return to your regular job.

Step 4 – Keep your GSN Supervisor informed of your progress during recovery on a regular basis.

Step 5 - Follow your Medical Provider's orders with respect to work restrictions, limitations, and/or therapies.

Step 6 - When released by your Medical Provider to return to your normal work schedule, notify your GSN Supervisor and return the Return to Work Program Letter to your GSN Supervisor immediately.

GSN strives to reduce safety hazards and eliminate on-the-job injuries by maintaining a safe workplace and encouraging safe workplace practices.

- You are to wear safety equipment, if the assignment requires it. If injury occurs and you were not wearing issued safety equipment, your benefits under Workers Compensation may be denied.
- Use of drugs or alcohol is a major cause of workplace accidents and injuries. Positive drug/alcohol tests will result in termination and denial of any benefits.
- Horseplay is strongly discouraged in the workplace. Workers Compensation benefits may be denied for injuries that occur as a result of horseplay.

If you notice an unsafe work area or unsafe practice, report your observations to your GSN Supervisor immediately.

By signing this document you agree that:

- You have read and understand GSN Staffing's Workers Compensation Policy and Return-To-Work Program and agree to follow its procedures.
- You will adhere to any established GSN and/or assigned facility safety procedures.

Employee Signature

Date

Employee Name (please print)

Office Location/Job Title (please print)