



NEW MEXICO
**LAW OFFICES OF THE
PUBLIC DEFENDER**

Chief Public Defender
Bennett J. Baur

Loss and Prevention Control Policy Acknowledgment and Understanding

Employee name (Printed): _____

Job Title (Printed): _____

The LOPD Loss Prevention and Control Plan is located on the LOPD Home Page, click on Loss Control Program: _____ (initial here)

Workers Compensation Claims forms are located on the LOPD Home Page in the Loss Control Program: _____ (initial here)

- The LOPD is committed to providing a safe work environment.
- All accidents and injuries must be reported to the supervisor.
- Supervisors are required to complete the Notice of Accident Form regardless of whether or not I choose to seek medical attention.
- Medical expenses will be reimbursed and are never paid in advance.
- I am required to allow Risk Management access to my medical records by signing the Authorization to Release Medical Information.
- I must read and complete the Benefit Explanation form which describes the Workers Compensations benefits to which I am entitled.
- I must read and complete the Claim Explanation form which explains the processing of the claim. It is the LOPD's policy that the employee is allowed to utilize their own doctor for the first 60 days of treatment.
- The HR Representative will complete the Employer's First Report and submit the claim packet to Risk Management.
- If my medical professional requires modified duty or restrictions on my work performance or attendance, I must provide my supervisor with a completed Doctor Visit/Modified Work
- I certify that I have had the opportunity to review the following material:
 - General Office Safety _____ (initial here)
 - Ergonomics _____ (initial here)
 - Slips, Trips and Falls _____ (initial here)

Employee Signature

Date

Supervisor or Office Manager

Date