

## **NOTICE TO EMPLOYEES CONCERNING WORKERS COMPENSATION ACT**

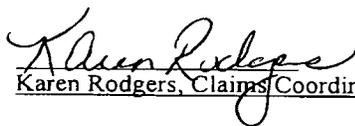
In compliance with the Workers Compensation Act of 1991, the City of Carrollton, as your employer is required to advise you of the following:

1. **Notification of Workers Compensation Insurance Coverage:** The City of Carrollton is self-insured and provides protection for you under the Texas Workers Compensation Act. You can get more information about workers compensation rights from any office of the Division of Workers Compensation, or by calling 800.252.7031.
2. The **OMBUDSMAN** program is a free service of the Division of Workers Compensation, the state agency which monitors workers compensation claims. The **OMBUDSMAN** is a person who helps individuals understand how the system works. If you have questions or need additional information on the Division of Workers Compensation **OMBUDSMAN** Program, Please contact the **OMBUDSMAN** at the DWC field office nearest you or call this toll-free number: 1.800.252.7031.
3. **Safety:** Please discuss any workplace safety violations of concerns you may have with your supervisor, or you may contact our Risk Management office in confidence at 972.466.4844.

**Notice to Employee:** The Texas Department of Insurance's Division of Workers Compensation has established a 24-hour toll free telephone number for reporting unsafe conditions in the work place that may violate occupational health and safety laws. **The City of Carrollton is prohibited by law from suspending, terminating, or discriminating, against any employee who in good faith reports an alleged occupational health or safety violation. To make a report, contact the division of Workers Compensation, Safety Violations Hotlines at 1.800.452.9595.**

4. The City of Carrollton has adopted a policy to eliminate substance abuse and its effects in the work place. A written copy of the directive has been distributed to all employees. If you would like more information concerning our Substance Abuse Directive or need a copy of this directive, please contact the Workforce Services Office at 972.466.3090.

Sincerely,

  
Karen Rodgers, Claims Coordinator

October 1, 2010

I have read and understand the information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department / Division

\_\_\_\_\_  
Name of Employee