



I, _____, acknowledge that I have received Community College of Philadelphia's Workers' Compensation benefits policy and I understand the following:

- All work related injuries must be reported to the Human Resources Department
- Community College of Philadelphia will pay through PMA (the College's workers' compensation insurance carrier) for reasonable hospital/medical treatment, medicines, medical services and supplies, and orthopedic appliances and prostheses, in accordance with the Pennsylvania Workers' Compensation Act regulations
- I have received a copy of the PMA designated network of physicians/medical facilities or I have been advised that I can access the list which is located on the College's Human Resources website under workers' compensation
- If I am out of work due to a work related injury, I must seek medical treatment with PMA's designated physicians and/or medical facilities for the first 90 days
- I must provide a note from the network physician/medical facility to substantiate any work related injury absence
- If the network physician deems I cannot work, I will be paid my full salary or rate of pay by the College for the first week (five days)
- Workers' Compensation benefits will be initiated and paid by PMA if I am out of work for two or more weeks due to a substantiated work related injury
- I understand that workers' compensation benefits are based on a formula and percentage of pay which is approximately 66% up to the state maximum cap limit
- If the workers' compensation doctor refers me for physical therapy (network therapists), I understand that I must schedule my appointments before or after work hours. Otherwise, I may work out a schedule with my supervisor to make up time off for physical therapy visits
- I understand that physical therapy appointments are not paid by the College and that I cannot use "Injured on Duty" to receive paid time for these appointments

Agreed and signed by:

Print Name

Signature

Date