

# SEWANEE

THE UNIVERSITY OF THE SOUTH

Enclosure checklist:

- \_\_\_\_\_ Letter with Workers' Compensation carrier details  
and a list of participating pharmacies
- \_\_\_\_\_ Workers' Compensation statement from the Staff  
Handbook
- \_\_\_\_\_ Mileage reimbursement form
- \_\_\_\_\_ Physician panel
- \_\_\_\_\_ Employee Choice of Physician Form
- \_\_\_\_\_ Injury Report

I received and have read the above listed information.

Please sign and return to Teresa Smith in the Office of Human Resources.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_