

**EMPLOYER NOTICE OF COMPLIANCE TO EMPLOYEES  
REGARDING COMPLIANCE WITH THE LOUISIANA WORKERS' COMPENSATION LAW**

1. You should report to your employer any occupational disease or personal injury that is work-related, even if you deem it to be minor.
2. In case of an occupational disease, all claims are barred unless the employee files a claim with his or her employer within one year of the date that:
  - a. the disease manifests itself;
  - b. the employee is disabled as a result of the disease; or
  - c. the employee knows or has reasonable grounds to believe that the disease is occupationally related.
3. In case of death arising from an occupational disease, all claims are barred unless the dependent(s) files a claim with the deceased employee's employer within one year of:
  - a. the date of death; or
  - b. the date the claimant has reasonable grounds to believe that the death resulted from an occupational disease.
4. In case of injury or death caused by a work-related accident, an injured employee or any person claiming to be entitled to compensation either as a claimant or as a representative of a person claiming to be entitled to compensation, must give notice to the employer within 30 days of the injury. If notice is not given within 30 days, no payments will be made for such injury or death. In addition, any fraudulent action by the employer, employee, or any other person for the purpose of obtaining or defeating any benefit or payment of workers' compensation shall subject such person to criminal as well as civil penalties.
5. The above mentioned notice should be filed with the employer at the address shown below.
6. In the event you are injured, you are entitled to select a physician of your choice for treatment. The employer may choose another physician and arrange an examination which you would be required to attend.
7. In order to preserve your right to benefits under the Louisiana Workers' Compensation Law, you must file a formal claim with the Office of Workers' Compensation Administration within one year after the accident if payments have not been made or within one year after the last payment of weekly benefits.
8. This notice shall be given by delivering it or sending it by certified mail or return receipt requested to:

Employer's Name	LSU Agricultural Center
Employer's Representative	Sandra Schober or Kathy Loyd
Employer's Address	P. O. Box 25203, Baton Rouge, LA 70894-5203
9. A notice so given shall not be held invalid because of any inaccuracy in stating the time, place, nature, or cause of the injury, or otherwise, unless it is shown that the employer was in fact misled to his/her detriment thereby. Failure to give notice may not harm the employee if the employer knew of the accident or if the employer was not prejudiced by the delay or failure to give notice.
10. If you desire any information regarding your rights and entitlement to benefits as prescribed by law, you may call or write to the Office of Workers' Compensation Administration, Post Office Box 94040, Baton Rouge, Louisiana 70804-9040 or telephone (225) 342-7555.

**NAME AND ADDRESS OF INSURANCE COMPANY:** Office of Risk Management  
P. O. Box 25203  
Baton Rouge, LA 70804-9095

**THIS NOTICE SHOULD BE POSTED IN A CONVENIENT AND CONSPICUOUS PLACE IN THE EMPLOYER'S PLACE(S) OF BUSINESS.**