

Benefit Services MSC 3HRS New Mexico State University P.O. Box 30001 Las Cruces, NM 88003-8001 Phone: (505) 646-1741 Fax: (505) 646-2806

New Mexico State University

Date: _____

I, ______, was involved in an accident and/or sustained an injury while at work on ______, and **I do not** require medical attention at this time. Should medical treatment be needed in the future I will go to the nearest medical provider under Workers' Compensation (NMSU **Employee Health Center** for Las Cruces employees), and contact the Human Resources Office immediately.

Signature of Employee

Please return to the Benefit Services, MSC 3HRS as soon as possible. Thank you.