

## EMPLOYEE ELECTION CONCERNING WORKERS' COMPENSATION IN TEXAS

I have received the "NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS" dated \_\_\_\_\_.

I wish to make the following election with the understanding by choosing to retain my common law rights I cannot obtain workers' compensation income or medical benefits if I am injured. I am personally responsible for the costs of medical treatment if I am injured on the job. I will not receive any payments to replace lost wages if I am unable to work.

I make this election freely. I have not been pressured or coerced to make this election. I have received no other promises or commitments from Austin Community College in exchange for this voluntary election.

I hereby reserve my common law rights under the laws of the State of Texas and decline any benefits under the Workers' Compensation insurance policy in force for Austin Community College.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
H R Representative

\_\_\_\_\_  
Date