

employer solutions staffing group^{LLC}
Leveraging Resources in a Changing Market

INJURY MANAGEMENT PROGRAM

Injured Worker's Responsibilities

As your employer, we are concerned about your full recovery. Reasonable and necessary medical care will be paid for any compensable work injury. Medically authorized time away from work will be reimbursed in accordance with the **State of Minnesota workers' compensation laws**. Wherever possible light duty restrictions imposed as a result of your injury will be accommodated.

RESPONSIBILITIES OF THE INJURED WORKER:

Minnesota Rule Sec. 5221.0430, Subp. 1 requires that you choose one primary health care provider. Subpart 2 places limitations on your right to change primary health care providers. Discuss with your employer any change in health care provider.

Attend all scheduled appointments. While on physical limitations, visits should be a minimum of once every two weeks. Failure to have current medical support for disability may result in termination of benefits. Schedule your next appointment immediately after your doctor visit, before you leave the clinic if possible.

Obtain a Report of Workability from your physician at every appointment, a minimum of once every two weeks. M.R. 5221.0420 requires that your physician cooperate with return to work planning and that you be released to return to work at the earliest appropriate time.

Immediately following your appointment, provide a copy of the report to the designated employer representative. You should deliver this in person so that changes in work restrictions may be addressed and any questions answered.

Follow all physical restrictions at home and at work.

Report to work and perform physically suitable tasks as assigned. These may or may not be in your regular department. The work may or may not be on your usual shift.

Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

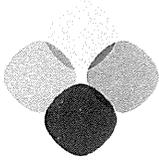
Notify your employer immediately of any new injuries or conditions that impact your physical condition.

If it is necessary to miss scheduled work due to a work injury, you must be seen by your primary health care provider the same day in order to receive compensation for the time away from work. The physician must complete a Report of Workability.

I have read my responsibilities and agree to abide by these guidelines.

Signed: *Camille Laroe*
Camille Laroe (Mar 20, 2018)

Printed Name: Camille Laroe



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STATEMENT OF CONFIDENTIALITY

This agreement made this 20th day of March, 2018, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Margaret C LaRoe hereafter referred to as "employee".

WITNESSETH:

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages which may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.

Camille Laroe
Camille Laroe (Mar 20, 2018)

Employee Signature

Employer Solutions Staffing Group LLC, Representative

CO Lighting Forms

Adobe Sign Document History

03/20/2018



Created:	03/20/2018
By:	Jamie Ready (jamie@corpimgmtgroup.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAE_wfBUAEKC2NbpuSnVlr4yZzQGrZ0O3Z

"CO Lighting Forms" History

-  Document created by Jamie Ready (jamie@corpimgmtgroup.com)
03/20/2018 - 12:47:21 PM MDT- IP address: 96.93.208.65
-  Document emailed to Camille Laroe (camille_laroe@yahoo.com) for signature
03/20/2018 - 12:47:23 PM MDT
-  Document viewed by Camille Laroe (camille_laroe@yahoo.com)
03/20/2018 - 2:04:23 PM MDT- IP address: 107.77.218.137
-  Document e-signed by Camille Laroe (camille_laroe@yahoo.com)
Signature Date: 03/20/2018 - 3:34:36 PM MDT - Time Source: server- IP address: 99.10.238.89
-  Signed document emailed to Camille Laroe (camille_laroe@yahoo.com) and Jamie Ready (jamie@corpimgmtgroup.com)
03/20/2018 - 3:34:36 PM MDT