## NOTICE TO EMPLOYEES CONCERNING ‡ \kMko #\U h-VoAu@ V @ u- \ a

insurance coverage fr	om Texas State
njury or occupational diseas	se. This coverage
echnology. Any injuries or o	occupational
M. An employee or a perso	on acting on the
pational disease not later th	nan the 30 <sup>th</sup> day
e knew or should have kno	wn of an
Division '‡ '#	. )
otice. Your employer is red	quired to provide
whenever the employer be	comes, or ceases
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	•
istance by contacting your	local Division field
ee Counsel (OIEC) also provi	des free
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· ·\@#	
-393-6432).	
e telephone number for rep	oorting unsafe
and safety laws. Employers	s are prohibited
y employee because he or s	she in good faith
	echnology. Any injuries or on the An employee or a personational disease not later the knew or should have known injuries or on the knew or should have known is received. Your employer is received and safety laws. Employers and safety laws. Employers