

New Mexico State University
Employee Benefits
P.O. Box 30001, MSC 5273
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 Human Resources Office, Dept. 5273 as soon as possible.
Thank you.**