



provider provisions for the employee's medical care:

- a) Non-network coverage – At the time of this writing, all campuses are considered In-Network. Refer to the next paragraph.
- b) In-network coverage – All locations fall within a network area; however, this coverage is subject to change. Please access the link below to verify coverage on the area service map.  
[Health Care Network – The State Office of Risk Management](#)  
You must complete the Workers Compensation Network Acknowledgement form ([Attachment H](#)).

- (iii) For hospitalizations or deaths of any employee, call the TTUS Office of Risk Management and verbally report the injury or incident as soon as possible. In all cases, access the Office of Risk Management' Tc



Texas Tech University System, Texas Tech University, and Texas Tech University Health Sciences Center.

Specific information about WCI benefits and eligibility may be found on the Texas Department of Insurance, Division of Workers' Compensation website at: <https://www.tdi.texas.gov/wc/>.

4. **Leave Without Pay.**

- a. Refer to [HSC OP 70.01](#) for specific information on the proper reporting and administration of Leave Without Pay.
- b. Leave Without Pay shall be reported on the Leave With/Out Pay form (LWOP) through normal administrative channels and shall be dated from the first workday through the last workday the employee is absent without pay and should indicate the number of work hours missed. It is important to report all leaves without pay, even for hourly employees. Failure to submit a timely LWOP may result in large additional workers' compensation insurance expenses to the institution for terminated employees or employees on Leave Without Pay.

5. **Right to Change Policy.**

TTUHSC reserves the right to interpret, change, modify, amend, or rescind this policy in whole or in part at any time without the consent of employees.

[Attachment B: Employee's report of injury \(state.tx.us\)](#)

[Attachment C: Authorization for Release of Information \(state.tx.us\)](#)

[Attachment D: Witness Statement](#)

[Attachment E: Employee's Election Regarding Utilization of Sick and Annual Leave \(state.tx.us\)](#)

[Attachment G: Supplemental Report of Injury](#)

[Attachment H: Network Acknowledgement Form](#)