[To print (and preserve) these brochure instructions, click the Office button, point to Print, and then click Quick Print.]

[You can create a professional brochure using this template. Here's how:]

- 1. [Insert your words in place of these words, using or re arranging the preset paragraph styles.]
- 2. [Print pages 1 and 2 back to back onto sturdy, letter sized paper.]
- 3. [Fold the paper like a letter to create a two fold brochure (the panel with the title "Adventure Words" is the front).]

[To change the style of any paragraph, select the text by positioning your cursor anywhere in the paragraph. Then, select a style from the Paragraph group on the Home tab.]

[If you use a picture in your brochure, it is easy to change it. To change a picture, right cl c R

picture,3}TETQ EMC /P AMCI8 73 BDC q0.000011802 0 792 612 reWhBT/F2 9 Tf1 0 0 7112.184 112.55 Tm0 g0 ((an)4(d)5(-)13(th)7(e)3(n)5()] TETQ EMC /P AMCI8D 4BDC q0.000011802 0 792 612 reWhBT/F2 9 Tf1 0 0 7112.184 112.55 Tm0 g0 ((an)4(d)5(-)13(th)7(e)3(n)5())] TETQ EMC /P AMCI8D 4BDC q0.000011802 0 792 612 reWhBT/F2 9 Tf1 0 0 7112.184 112.55 Tm0 g0 ((an)4(d)5(-)13(th)7(e)3(n)5())]

When an accident or workplace illness occurs...

When a WSU employee has a workplace accident or has an occupational illness, follow these steps:



Notify your Supervisor or Department Manager ASAP

It is crucial that you notify your supervisor/department manager when the accident has occurred.

WSU and your supervisor have to report every injury within 30 days, even if no treatment is needed at the time. Treatment under the State of Kansas Workers Compensation program is managed by the State Self Insurance Fund (SSIF), who reviews and makes determination on compensability. Supervisors call SSIF at (785) 296 2364 to file the first report.

- 1) Seek treatment from the closest available health care provider regardless of network affiliation. On campus, 911 connects a caller to the WSU Police Department, who will send first aid or an EMT to assist you.
- 2) Report injury to your supervisor or department to file a claim with SSIF SSN, birthdate, and