

(Print on Employer letterhead)

ACKNOWLEDGEMENT OF RECEIPT FOR
EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

- I hereby acknowledge that I have received an Employee's Claim for Workers' Compensation Benefits form.
- I have been advised of the approved locations where I may obtain medical treatment for my injury.
- I understand that it is my responsibility to notify my Supervisor of my work status following each medical examination with my Primary Treating Physician.

TODAY'S DATE: _____

DATE OF INJURY: _____

PRINT EMPLOYEES NAME: _____

EMPLOYEE'S SIGNATURE: _____