



Human Resource Services

Workers' Compensation Reporting: Acknowledgement of Receipt and Agreement to Comply

My signature below acknowledges that I have received and read the information in the Appendix of this packet on workers' compensation reporting requirements and procedures when injured on the job and that I agree to comply with these reporting requirements and procedures.

If you have any questions about workers' compensation, please call the Compensation and Benefits Department at 643-9421.

Name (Please Print)

Signature

Date

