Print Form

ACKNOWLEDGEMENT OF RECEIPT

EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS AND FACTS FOR INJURED WORKERS

I _____ hereby acknowledge that on

_____ I received the following:
(date)

- ✓ A form entitled, "Employee's Claim for Workers' Compensation Benefits"
- ✓ A pamphlet entitled, "Facts for Injured Workers"

_____ _____
Employee signature Date