

RIO HONDO COMMUNITY COLLEGE
Office of Human Resources

TO:

FROM: Charlene Nakama

DATE:

SUBJECT: Acknowledgement of Workers' Compensation Forms

I have received the following forms for my information and records.

By initialing each line and signing below, I have read these forms and understand my workers' compensation rights:

Please initial each line for each document received. Write in "N/A" if not applicable.

_____ DWC1 - Workers' Compensation Claim Form

_____ Injured Worker Incident Report

_____ Important Information About Medical Care if you have a Work-Related Injury/Illness

_____ Authorization to Treat (if applicable)

_____ Express Scripts (if applicable)

_____ Declination of Medical Treatment (if applicable)

Print Name

Signature

Date