



Majestic Mountain Bookkeeping

Payroll & Bookkeeping Services
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**Workers' Compensation Claims Reporting Procedure
Workers' Compensation Return to work Policy
Acknowledgement**

I have read and fully understand these procedures, and know my responsibilities. I understand that failure to comply with my responsibilities as stated, may result in disciplinary action up to and including termination from my job and/or loss of my right to reemployment or reinstatement following injury. I have received a copy of this information.

Print Employee Name

Employee Signature

Date