

SOLANO'S INC.

ACKNOWLEDGEMENT FOR RECEIPT OF CLAIM FORM

This is to acknowledge that I reported a work related injury and have been given an Employee's Claim For Workers' Compensation Benefits (DWC-1) to complete and return to my employer.

Sign Name

Date Form Was Provided

Print Name

Today's Date (if different)

I have given an Employee's Claim for Workers' Compensation Benefits form (DWC-1) to the above employee.

Employer's Representative Signature

Date Form Provided

**Please return one signed copy of this acknowledgement to your manager or the
Business Office.**