

EMPLOYEE DOCUMENTATION WORKSHEET

Employee Name: _____

Company Name: _____

It is company policy to provide adequate notification on all employment issues. Please utilize the checklist below for each employee.

Please check each item:

- _____ Workers' compensation explained to employee.
- _____ Posted Panel of Physicians and Bill of Rights explained to employee.
- _____ Employee knows location of Posted Panel of Physicians and Bill of Rights.
- _____ Employee is aware that post accident drug testing will be conducted.
- _____ Employee is aware that a positive drug test could result in the denial of workers' compensation benefits and/or could result in termination.
- _____ Employee understands how the selection of doctors will be handled after an accident.
- _____ Employee acknowledges false or misleading responses on his/her application for employment may result in a denial of workers' compensation benefits.
- _____ Employee understands and acknowledges the information contained in the safety equipment checklist.

EMPLOYEE SIGNATURE

DATE

COMPANY OFFICIAL

DATE