

FRAUD ACKNOWLEDGEMENT

I, _____, an employee of _____, do hereby attest that I have had a workplace injury that occurred on company premises and while carrying out my employee duties on ____/____/ 2007 at _____ am / pm.

Further, I am aware that this injury **was not witnessed** by any other employees and cannot be verified by management.

By signing herein, I acknowledge and understand that the fraudulent reporting of a Workers' Compensation claim is a FELONY offense and is punishable by imprisonment under Florida State Law.

Employee Signature Printed Name Date

Manager's Signature Date