

Employee Acknowledgement

I, _____ Acknowledge that on ____/____/____
(Printed *name*) (Date of *accident/incident*)

I sustained a work-related, on the job injury. The facts I have presented on the First Report of Injury are true and accurate. I am seeking medical care as a result of that injury. I understand presenting a false or exaggerated statement/injury in order to obtain Worker’s Compensation benefits, or trying to *unjustly* benefit from the worker’s compensation system in any way is illegal as deemed by South Carolina Law (Attorney General’s Office of Insurance Fraud Division, State Accident Fund, etc.) and can be punishable by law.

I understand such actions if verified, are also subject to review under the District’s Employee Code of Excellence Policy and may be subjected to further action(s) to include, but not limited to, immediate termination. By signing this agreement I attest that my answers are correct and complete.

Signature

Date