



ACKNOWLEDGEMENT OF RECEIPT
of
Employee Claim Form

I, _____, acknowledge receipt of an Employee's Claim for
(employee name)
Workers' Compensation (Form DWC-1).

I received this information:

From: _____
(manager or supervisor)

Employer: OPTIONS Family of Services, Inc

On: _____
(date)

At: _____
(time)

Employer Signature

Employee Signature

Date

Date