

Acknowledgement of Receipt Form

I, _____ acknowledge receipt of the Workers' Compensation Claim Form & Notice of Potential Eligibility from Extreme Reach Talent.

I certify that I have read and understand the form(s) that have been provided to me.

Employee signature: _____

Phone Number: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

Thank you for your cooperation in this serious matter. Workers' Compensation fraud is a felony offense. If you have any suspicions regarding the legitimacy of a claim, please notify the Extreme Reach Risk Management department immediately.

Any questions? Get in touch with Aldo Cammarota, Dir. of Risk Management at aldo.cammarota@extimereach.com or (w) 818.568.1801 (m) 818.217.5941