

WORKERS' COMPENSATION

NOTICE

REGARDING WORKERS' COMPENSATION INSURANCE

ALL WORKERS EMPLOYED BY THE UNDERSIGNED ARE HEREBY NOTIFIED THAT THE EMPLOYER HAS COMPLIED WITH THE LAW AS TO SECURING THE PAYMENT OF COMPENSATION TO EMPLOYEES AND THEIR DEPENDENTS, IN ACCORDANCE WITH THE PROVISIONS OF THE WORKERS' COMPENSATION LAW.

Date

Employer

By: employer's authorized agent

Regular Paydays for Employees of

(Company Name)

Shall be as follows:

Weekly Bi-Weekly Monthly Other _____

By: _____ Title: _____

