

# DECLARATION OF NO INJURIES AS OF DATE OF TERMINATION

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I understood that any and all injuries were to be reported immediately to my supervisor or work comp coordinator. I understood that as soon as reasonably possible I was required to complete an Injury Report form. If I was injured on the job prior to my date of termination I have already notified my supervisor or work comp coordinator, and filled out the appropriate papers. By signing this statement I am confirming that as of the date of termination I have not sustained an unreported injury while in the employ of the company.

I declare the above to be true and correct pursuant to the penalty of perjury of the laws of the State of \_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date        /        /

\_\_\_\_\_  
Employee Name (please print)