

QF225	EMPLOYEE DECLARATION: Not Claiming Work Cover
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Employee Name:	
Date of Birth:	Date of Injury:
Injury Type/Diagnosis:	

EMPLOYEE DECLARATION

I, _____(name), employed by Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service, do not wish to submit a Return to Work Claim in relation to the above stated injury/illness. I do however, reserve the right to submit a Return to Work Claim at a later date as per my legislative entitlements.

Employee Name:
Position:
Date:
Signature:

EMPLOYER ACKNOWLEDGEMENT

I, _____ (Return to Work Coordinator), representing Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service, hereby acknowledge _____ (employee name) does not wish to submit a Return to Work Claim at this present time however, I acknowledge that the employee reserves the right to submit a claim as per the legislation. A copy of the incident report will be retained on file in the event a Claim is lodged in the future.

Name:
Position:
Date:
Signature: