



Hugh McDonald  
SECRETARY OF COMMERCE

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COMMISSIONER,  
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DEPARTMENT

## Employee's Acknowledgement of Form AR-N For Workers' Compensation Benefits

Employee Name: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Employer: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that I have received a copy of the front  
(employee's name)

and back of the Form AR-N Employee's Notice of Injury related to a work-related accident that  
happened on \_\_\_\_\_.  
(date of injury)

\_\_\_\_\_  
Employee Printed Name

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

\_\_\_\_\_  
Date

**DIRECT ALL CORRESPONDENCE TO ATTENTION PECD**

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