

NOTICE OF INJURY
TO SELF INSURED EMPLOYER

Date: _____

Employer Name: _____

Address: _____

Re: Claimant _____ SS# _____ Date of Injury _____

Dear Sir:

This is to notify you that the undersigned employee _____

sustained a work related injury/disease while employed at your company on date _____

This injury/disease occurred at (address): _____

And the part(s) of body injured is/are: _____

This notice is given pursuant to CRS 8-43-102. Please send me a written acknowledgement of receipt of this notice showing the date, place and name of the person who received this notice.

Very truly yours,

Employee Name

Address

City State Zip

SEND CERTIFIED MAIL RETURN RECEIPT REQUESTED

opeiu#30
afl-cio