**Injured Worker Package Acknowledgement - Sample**

I, , acknowledge receiving the Injured Worker Package which contains the following documents to assist with my safe and timely return to work:

* Incident Report
* Letter to the healthcare provider with a Functional Abilities Form (FAF) which is to be completed and returned to my employer within (enter required time frame). I understand my employer will pay for the completion of this form.
* Information on how to report an injury to the WCB
* Worker Responsibilities Checklist
* Understanding the Role of the Workers Compensation Board
* Benefits of a Return to Work Program

Signature of Employee Date

Signature of Supervisor/Manager Date