



**COUNTY OF HUMBOLDT
HUMAN RESOURCES
RISK MANAGEMENT DIVISION
825 5th Street, Room 131
Eureka, CA 95501
(707) 268-3669 Fax (707) 268-2546**

To Whom It May Concern:

I, _____,

DO NOT WISH TO PURSUE A WORKERS' COMPENSATION CLAIM AT THIS TIME. I UNDERSTAND THAT I HAVE ONE YEAR FROM THE DATE OF INJURY TO PURSUE A CLAIM SHOULD I FEEL NECESSARY.

The date of the alleged injury/illness/incident is _____.

Please describe nature of injury/illness/incident:

Signed _____ Date _____

Original: Risk Management
Copy: Dept
Employee