**No Injury Declaration at Termination**

Instructions: Ask all departing employees to sign this form as of the date of termination. While you can't force them to do so **you can make a condition of receiving any severance. (Review all collective bargaining agreements prior to implementing this form).**

I understood that any and all injuries were to be reported immediately to my supervisor or work comp coordinator. I understood that as soon as reasonably possible I was required to complete an Injury Report form. If I was injured on the job prior to my date of termination I have already notified my supervisor or work comp coordinator, and filled out the appropriate papers. By signing this statement I am confirming that as of the date of termination I have not sustained an unreported injury while in the employ of the company.

I declare the above to be true and correct pursuant to the penalty of perjury of the laws of the State of .

Employee Signature Date / /

Employee Name (please print)