

PCMI

WORK-RELATED INJURY PROCEDURE ACKNOWLEDGEMENT FORM

My signature below indicates that I understand if I sustain an injury during my contracted work hours, I must immediately contact PCMI for further instructions.

Signature

Date

Print Name

Position

Title: Work-Related Injury Procedure PCMI
System: Administration
Process: Work-Related Injuries

PCMI Employees

In the case of an injury, contact:

Christina Para PCMI
416 Robertson
Marine city, MI 48039
Phone: 877-855-7264, ext. 3100