

EMPLOYEE ACKNOWLEDGEMENT OF EMPLOYMENT STATUS

I understand and accept this employment knowing that for purposes of determining my average weekly wage under the Louisiana Workers' Compensation Law [La. Rev. Stat. 23:1021(12)]:

- (a) the employment customarily provides for less than forty hours per work week and
- (b) the employment is classified as "part-time" which means employment for less than 40 hours per week.

This acknowledgement is intended to comply with the provisions of the workers' compensation law and is not intended to alter my entitlement to any other employee benefits provided that I meet the hourly workweek or length of employment requirements for those benefits.

Date:_____

Signature:_____

Print Name:_____

Company:_____