



CITY OF LITTLE ROCK
Human Resources – Benefits & Risk
Little Rock City Hall
500 W. Markham St., 130W
Little Rock, AR 72202

W: 501.371.4590
F: 501.371.4496

Employer's Notice to Employee

I, _____ acknowledge and confirm that my employer, City of Little Rock, provided me with a copy of the two-page Form N and the Employer's Notice to Employee regarding a work-related incident/Workers' Compensation Claim.

I understand that any questions I have regarding information contain in the Form N or about my claim, should be directed to Safety Loss Control Specialist, V. Rachel Aaron at (501)371-4756 or riskmanagement@littlerock.gov.

Signature: _____

Date: _____