



## NORTH CAROLINA JUDICIAL BRANCH WAIVER OF WORKERS' COMPENSATION BENEFITS

This form is to be completed in full by the employee involved. All questions must be answered, and detail questions should be thoroughly answered. Once complete, forward to NCAOC Safety & COOP team via email at [Judicial.SafetyCOOP@nccourts.org](mailto:Judicial.SafetyCOOP@nccourts.org) or fax at 919-890-1905 or 1906

Date: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Personal Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: ☐ M ☐ F

Date of Birth: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Specific Body Part(s) Involved/Affected: \_\_\_\_\_

Describe in Full Detail How Incident Occurred: \_\_\_\_\_

Date Supervisor Notified: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

**I am notifying the North Carolina Judicial Branch of a workplace place incident that resulted in bodily injury. I have chosen to waive all rights to any possible workers' compensation benefits from the workplace incident I have detailed above.**

Employee Signature: \_\_\_\_\_

Hiring Authority Name: \_\_\_\_\_ Hiring Authority Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_