

EMPLOYEE STATEMENT

Instructions: This form must be completed in its entirety and given to a supervisor.

| EMPLOYEE INFORMATION | |
|--|----------------------|
| Last Name, First Name, Middle Initial: | Employee ID#: |
| Job Title: | Assigned Department: |
| STATEMENT | |
| Provide a factual statement that includes all pertinent information: (Who, what, where, when) | |
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| DOCUMENT PREPARERS INFORMATION | |
| Name: | Signature: |
| | Date: |

Affixing your signature certifies this to be accurate and true to the best of your knowledge