

**KEYSTONE LEARNING SERVICES**  
**500 E. Sunflower Blvd.**  
**Ozawkie, KS 66070**

Workers' Compensation Procedures Agreement

I have read the Workers' Compensation policy and understand the procedure to follow in the event of a work-related accident.

\_\_\_\_\_  
Employee Name (print)

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date