



CITY OF HIALEAH

WORKERS' COMPENSATION BENEFITS 70-66

Department/Division

Date

I, _____ hereby request Workers' Compensation Benefits 70-66 from the City of Hialeah for the following date of injury _____.

Description of Injury: _____

Employee Signature

Date

Department/ Division Head Signature

Approved _____ Disapproved _____
Date: _____

Risk Manager Signature

Approved _____ Disapproved _____
Date: _____

Human Resources Director Signature

Approved _____ Disapproved _____
Date: _____

From: _____

To: _____

TOTAL HOURS: _____