



**NEW MEXICO JUDICIAL BRANCH  
ACKNOWLEDGEMENT FORM**

**WORKERS' COMPENSATION POLICY**

**Policy No.2016.NMJB.200**

I, \_\_\_\_\_, an employee of the New Mexico Judicial Branch  
(print name)

(NMJB) Administrative Office of the Courts hereby certifies that I have received and read the NMJB AOC Workers' Compensation Policy approved June 27, 2016. I understand it is my responsibility to abide by the Policy.

I accept responsibility for contacting the AOC Human Resources Division, at (505) 470-7205, with any questions or concerns regarding the Workers' Compensation Policy or any policy or NMJB Rule.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Court / Division

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

\_\_\_\_\_  
Date

Original: Employee Personnel File

Copy: Employee