North Dakota Workforce Safety & Insurance

ADULT LEARNING CENTER ATTENDANCE LOG

CLAIMS DIVISION
SFN 50328 (07/2025)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

Record date, time in, and time out each time you attend the Adult Learning Center (ALC). Provide your initials and have the instructor initialize to verify your attendance. Return the completed form every 2 weeks to Workforce Safety & Insurance (WSI). If the form is not submitted, without good cause, your disability benefits may be discontinued.

SECTION 1 – *Claim information*

Claim number	Injured employee's (First name)	(Last name)

SECTION 2 – *Attendance log*

Date	Time in	Time out	Attendee initials	ALC instructor initials

SECTION 3 – *Fraud warning/signature*

Fraud warning

Any person claiming benefits or compensation from WSI who files a false claim, or makes a false statement, or fails to notify WSI as to the receipt of income or an increase in income from employment, in connection with any claim or application for workers' compensation benefits will forfeit any future benefits and may be guilty of a felony which is punishable by imprisonment, substantial fines, or both. These criminal penalties are applicable to all persons dealing with WSI, including injured employees, employers, medical providers, and attorneys.

Signature

By signing this form, I acknowledge that I have read and understand the fraud warning. I understand that falsifying this claim or making a false statement regarding this claim may be a felony, punishable by substantial fines and imprisonment. I authorize and agree that statements in this form are true and accurate.

Injured employee's signature	**Date**

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