[Company Name]
[Company Address]
[City, State, Zip Code]
[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

RE: Workers' Compensation Information for Seasonal Employment

Dear [Employee Name],

Welcome to the [Season Year] team at [Company Name]. As a seasonal employee, we want to ensure you are informed about our workplace safety procedures and your coverage under Workers' Compensation insurance.

Coverage Overview:
Even though your employment is seasonal, you are covered by our Workers' Compensation insurance policy starting on your first day of work. This coverage provides medical benefits and partial wage replacement if you sustain a work-related injury or illness during your assignment.

Reporting Procedures:
If you are injured while performing your job duties, you must follow these steps:

- **Report Immediately:** Notify your direct supervisor or the Site Manager immediately, regardless of how minor the injury may seem.
- **Seek Medical Attention:** If you require medical care, we will provide you with a list of authorized medical providers. In case of a life-threatening emergency, call 911 or go to the nearest emergency room.
- **Complete Paperwork:** You will be required to complete an Incident Report form within [Number] hours of the occurrence.

End of Season Note:
Please be advised that Workers' Compensation benefits are specific to injuries occurring during your active employment. If you have an open claim when the season ends, your medical benefits related to that specific claim will continue as determined by state law and our insurance carrier, but your employment status will still conclude on the scheduled seasonal end date of [End Date].

Safety is our top priority. Please sign below to acknowledge that you have received this information regarding your rights and responsibilities.

Sincerely,

[Name of Manager/HR Representative]
[Title]

Employee Acknowledgment:

I acknowledge that I have received and understand the Workers' Compensation procedures for seasonal staff.

Signature: _____ Date: _____