

# **“ACT OF GOD” STATEMENT FORM**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TOUR/REPORTING TIME:** \_\_\_\_\_

**DATE/TIME OF OCCURRENCE:** \_\_\_\_\_

I, \_\_\_\_\_ do hereby render this statement on the above issue.

**Was a reasonable attempt made to report to work?** \_\_\_\_\_

**How was the attempt made?**

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**Any other pertinent information:**

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**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_