

SECOND INJURY BOARD AFFIDAVIT OF KNOWLEDGE

STATE OF LOUISIANA

PARISH OF _____

Now comes, [employer representative name], affiant, who is over the age of 21 and competent to make this affidavit. After first being duly sworn, affiant deposes and avers that on the date set forth below, that the following assertions pursuant to La. R.S. 23:1378(A)(2)(d) are true on the basis of his/her direct personal knowledge, observation and experience, as follows.

- i. I have hire and fire authority over [injured employee].
- ii. This hire/fire authority complies with definition in La. R.S. 23:1371.1 because:
 - a) In my position as [job title] I play an integral part in fulfilling the business of the employer by [explain job duties];
 - b) I have the responsibility to have closely controlled [injured employee] regarding his/her physical conduct and time by [explain how closely controlled injured employee's conduct and time];
 - c) I have significant input into the hiring, retention, and firing decisions regarding [injured employee] by [explain authority].
- iii. I gained knowledge of [injured employee's] pre-existing medical condition of [actual permanent partial disability] on [date] through [observation, verbal conversations, paperwork, etc.].
- iv. [Injured employee's] pre-existing medical condition of [actual permanent partial disability] was considered a hindrance and obstacle to his/her employment because the following permanent accommodations and modifications had to be made to the injured employee's employment duties [explain what permanent accommodations and modifications were made].
- v. I further attest and certify that any false statements used in this affidavit may result in penalties pursuant to La. R.S. 23:1208.

I attest that these facts are true and accurate to the best of my knowledge.

Dated by affiant this the ____ day of _____, 201__.

 [Signature of Affiant]
 Address: _____
 Phone Number: _____

[Signature of Witness #1]

[Signature of Witness #2]

Sworn to and subscribed before me, this the ____ day of _____, 201__.

 [Signature of Notary]
 NOTARY PUBLIC _____
 NOTARY/BAR NUMBER _____