



# ACLINE HR

Employee Leasing the Way it Should Be...**SIMPLE SAFE SECURE**

## NO ACTIVITY AFFIDAVIT

I \_\_\_\_\_ of \_\_\_\_\_  
(Owner Name) (Client Company Name)

By signing below, affirm that: I will have no business activity because of: \_\_\_\_\_

During the period \_\_\_\_\_ I understand that none of my employees will be covered under Worker's Compensation Insurance and that I will inform Acline HR of when I resume work.

|            |  |       |
|------------|--|-------|
| Signature: |  | Date: |
|------------|--|-------|

**Please return this form to: ACLINE HR, 25074 Olympia Avenue, Suite 110, Punta Gorda, FL 33950**



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## NO ACTIVITY AFFIDAVIT

I swear that there have been no workplace injuries between the dates of: \_\_\_\_\_ to: \_\_\_\_\_.

I understand that during the above dates I was not running payroll with Acline HR and none of my employees were covered by Worker's Compensation Insurance through Acline HR.

|            |  |       |
|------------|--|-------|
| Signature: |  | Date: |
|------------|--|-------|

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### ACLINE HR

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