



# Unified Government Human Resources Guide

Effective 04-01-05

## CONSENT AND ACKNOWLEDGEMENT OF RECEIPT

I, \_\_\_\_\_, have read and have been given a copy of the Unified Government's Workers' Compensation and Injury Leave Policy and the Driver Safety and Accident Reporting Policy from the Human Resources Guide.

\_\_\_\_\_  
Employee Name (Please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Department/Division

\_\_\_\_\_  
Date