

## Cambria Community Services District

### Acknowledgment of Receipt of the Illness & Injury Prevention Program

I understand it is my duty to become thoroughly familiar with and abide by the rules and regulations identified in the *Illness & Injury Prevention Program*.

I received the Cambria Community Services District's Illness & Injury Prevention Plan on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date), and I acknowledge I understand it.

Name:

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Print

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Signature

File: Employee Personnel File