



**All Agency Training
06/02/2020 and 06/04/2020**

Acknowledgment of Training and Return to Work Action Plan

I acknowledge that I have received and reviewed the following training and Return to Work Action Plan and updates for:

Policy Name:

- PPE
- Return to work procedure
- Division specific procedures

I understand that it is my responsibility to read and comply with this policy. I further understand that I should consult with my supervisor regarding any questions raised by this policy.

Employee Name: (printed): _____

Employee Signature: _____

Date: _____

This form will be placed in your personnel file.