

**TEMPORARY ALTERNATIVE DUTY PROGRAM
ACKNOWLEDGEMENT FORM**

GBGD-R

STATEMENT OF ACKNOWLEDGEMENT

I hereby acknowledge that I have received a copy of Policy GBGD - Workers' Compensation Temporary Alternative Work Program - and that my responsibilities were explained to me.

Employee's Signature

Date

Building Principal's Signature

Date

Law Reference:

Appendix Reference:

Date Adopted: April 11, 2011

Last Review/Revision Date: January 11, 2017