



ACKNOWLEDGEMENT OF RECEIPT

I hereby acknowledge that I have been informed of access to a copy of the Lee County Employee Safety and Health Handbook. This A hard copy will be given to me upon request. Lee County Employee Safety and Health Handbook is an addendum to Lee County Personnel Policy.

I understand that it is my responsibility to become familiar with and abide by these instructions, insofar as they apply to the duties which I shall perform for Lee County Government. (A copy of this certification will be filed with the employee's personnel records.)

Employee Name (Print) _____

Employee Signature _____

Department _____

Date _____