



VERIFICATION OF RECEIPT OF INFORMATION

My signature below indicates that I have received a copy of each of the following pieces of information:

- _____ 1. San Joaquin County Work Rules
- _____ 2. San Joaquin County Sexual Harassment In
the Workplace
- _____ 3. Appropriate Use of County Resources
- _____ 4. Facts About Workers' Compensation

Employee Signature

Date

Print Name

Employee ID#