



## 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. Time of Hire Notice - Workers Compensation

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee ID#