

Acknowledgement

I acknowledge that I have received a copy of the Waukegan Park District's COVID-19 Training for Employees Phase 3.

I agree to read this document thoroughly and agree that if there is any provision I do not understand, I will seek clarification from Human Resources.

I understand that the failure of an employee to comply may result in discipline up to and including discharge.

The <u>checking of the boxes above</u> and <u>typing in your name and date below</u> will be accepted as a signed acknowledgement which you can forward to <u>sarad@waukeganparks.org</u>

Date: _____

Print Name: _____