
WAUKEGAN PARK DISTRICT

Requirements to Use a Face Covering at Work

Acknowledgement

I acknowledge that I have received a copy of the Waukegan Park District's Requirements to Wear a Face Covering at Work.

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

Date: _____

Print Name: _____