

**TEMPORARY ALTERNATIVE DUTY PROGRAM  
ACKNOWLEDGEMENT FORM**

**GBGD-R**

STATEMENT OF ACKNOWLEDGEMENT

I hereby acknowledge that I have received a copy of Policy GBGD - Workers' Compensation Temporary Alternative Work Program - and that my responsibilities were explained to me.

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Employee's Signature

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Date

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Building Principal's Signature

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Date

Law Reference:

Appendix Reference:

Date Adopted: January 10, 2011

Last Review/Revision Date: January 12, 2017