
SAFETY PROGRAM ACKNOWLEDGMENT FORM

Date: _____

I acknowledge that I have been presented with a copy of the LaSalle County Policy and Procedures Manual. My signature below signifies that I Have read and understand the content and agree to abide by the policy and procedures.

As the Department Head, Elected Official, or Employee, I understand that I responsible for implementing and enforcing the County safety program within my department.

This form will be kept in my employee personnel file, and updated when the policy manual is revised.

Department: _____

Printed Name: _____

Employee Signature: _____