



RISK MANAGEMENT – EH&S
WORKERS' COMPENSATION PROGRAM
PHONE: (858) 534-0136

ACKNOWLEDGMENT of RECEIPT
New Hire Pamphlet
FACTS ABOUT WORKERS' COMPENSATION

I, _____ hereby acknowledge that I have received the pamphlet entitled, "Facts About Workers' Compensation".

If I have any questions regarding this pamphlet or its contents, I have been instructed to contact the UCSD campus Workers' Compensation Office for explanation at (858) 534-0136.

Date of Hire: _____

Date received WC pamphlet: _____

Employee Signature: _____

SIGNED COPY MUST BE RETAINED IN THE EMPLOYEE'S DEPARTMENTAL PERSONNEL FILE.