



RISK MANAGEMENT – EH&S
WORKERS' COMPENSATION PROGRAM
PHONE: (619) 534-0136

ACKNOWLEDGMENT of RECEIPT New Hire Pamphlet

I, _____ hereby acknowledge that I have received the pamphlet entitled, "Workers' Compensation – Time of Hire Pamphlet".

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 PERSONNEL FILE