



Employee Receipt for Safety and Health Policy

This is to acknowledge that I have been given a copy of the Marshall University and Marshall Community & Technical College Safety and Health Policy, dated July 1, 2005, and I hereby acknowledge that I will attempt to comply with its provisions.

I understand that a safe, accident-free working experience begins with me, and I agree to exercise responsibility for my own safety by complying with the provisions of the Safety and Health Policy.

Name (Print) _____

Signature _____

Job Title _____

Department _____

Date Signed _____

Please return completed and signed receipt to the Director of Safety and Health located in the Sorrell Maintenance Building.