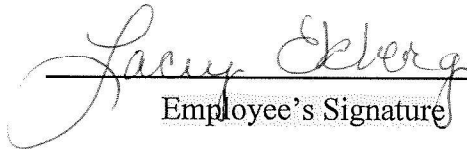


ALACHUA COUNTY EMPLOYEE POLICY MANUAL FORM

I hereby acknowledge understanding that the Alachua County BoCC Employee Policy Manual adopted on June 16, 2003 is available on the local Intranet.

I further understand that it is my responsibility to read and be familiar with all the policies outlined in this document.


Employee's Signature

04/16/18
Date

Lacey A. Ekberg
Name

ALACHUA COUNTY ACCIDENT REPORTING FORM

I understand that any accident I incur on the job, either personal or involving a vehicle, shall be reported immediately to my supervisor at which time the appropriate accident report will be filled out and signed by me.

I understand that failure to report an accident could result in disciplinary action being taken against me.

I further understand that before I seek personal medical assistance, I must notify my supervisor, unless I am involved in an emergency situation.


Employee's Signature

04-16-18
Date

Lacey A. Ekberg
Name