

Associated Students SDSU Children’s Center
Code of Safe Practices Acknowledgement
Receipt of New Hire Notice—Injuries Caused by Work

I, _____, have read and fully understand my responsibility to strongly adhere to all safety practices outlined in the “Code of Safe Practices”. I understand that at any time I violate any of these safe practices, disciplinary action may follow. I have received a copy and have fully discussed this outline with my immediate Supervisor.

Employee Signature

Date

Supervisor Signature/Printed Name

Date

I have also received the “New Hire Notice—Injuries Caused by Work” that describes Workers’ compensation benefits and forms for pre-designation of personal physician, chiropractor or personal acupuncturist.

Employee Initials