

ASO PROGRAM WORKSITE ACKNOWLEDGEMENT FORM

WORKSITE INFORMATION	
Worksite Name:	
Worksite Address:	
Worksite Telephone Number:	
Worksite Supervisor:	
To report absence or tardiness call:	

I, _____, agree and affirm the following information has been reviewed
(Participant Name)
 and provided to me:

Please initial below

Supervisor	Participant	
		ASO Program Overview
		ASO Program Guidelines and Protocols
		Job Duties and Expectations
		Training Schedule
		Work Schedule
		Break Schedule
		Pay Rate
		Injury Prevention and Safety Procedures
		Worker’s Compensation Benefits
		Procedure for employee complaints regarding safety and health
		Americans with Disabilities Act (ADA) Information
		Emergency and Evacuation Plan Information

Participant Printed Name: _____

Participant Signature: _____

Date: _____

Worksite use only:
 I agree and affirm the information listed above has been reviewed with _____.
(Participant Name)

Worksite Supervisor Printed Name: _____

Worksite Supervisor Signature: _____

Date: _____