

HEALTH & SAFETY POLICY

EMPLOYEE AFFIDAVIT

RETURN THIS PAGE, SIGNED, TO YOUR SUPERVISOR

I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY  
WITH THE REQUIREMENTS OF THIS POLICY. I  
UNDERSTAND THAT FAILURE TO ABIDE BY THESE RULES  
STATED IS SUFFICIENT CAUSE FOR DISCIPLINARY  
ACTION AND/OR DISMISSAL.

EMPLOYEE PRINT NAME \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE OF SIGNATURE \_\_\_\_\_

EMPLOYEE LEASING, INC  
HEALTH AND SAFETY POLICY

