

**EMPLOYEE ACKNOWLEDGEMENT FORM**

I acknowledge that I have received, read, and understand the policies and procedures outlined in the Town of Corte Madera COVID-19 Staff Safety Packet. I agree to conform to the rules and regulations of the Town of Corte Madera as described in the packet which is intended as a guide to COVID-19 safety policies and procedures. I understand that the Town has the right to change the handbook without notice. It is understood that future changes in policies and procedures will supersede or eliminate those found in this book, and that employees will be notified of such changes through normal communication channels.

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*Employee Signature* *Date*

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*Employee Name (Please Print)*