

ATTENDANCE AND LEAVE POLICY ACKNOWLEDGMENT

My signature hereon acknowledges that:

- A) I have received a copy of PPM #42, Attendance and Leave Policy;
- B) I have read the policy;
- C) I understand the content of the policy;
- D) I agree to comply with the terms and conditions of the policy; and
- E) Should I sustain a workers' compensation injury during the course of my employment which requires me to be absent from work, OLG/DCRT serves as my authorized representative to endorse workers' compensation checks on my behalf, in order to facilitate and expedite the leave buy-back process.

Employee Signature

Date

Printed Name

Agency Name