

**ACKNOWLEDGEMENT OF RECEIPT  
POLICY 5228F**

I, \_\_\_\_\_, an employee serving as a commercially licensed driver for \_\_\_\_\_ School District complete this form to document that I have received School District Policies 5228 and 5228P and been given the opportunity to ask questions about the policies to fully understand how the policies govern my employment with the School District.

Employee Signature:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Receipt:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_