

EMERY COUNTY
Risk Management Affidavit

I, _____, do hereby affirm that I have received a written or electronic copy of the Risk Management Policy and Procedures for Workers Compensation, Vehicle – Transportation, and Occupational Health and Safety this _____ day of _____, 20_____.

I understand that it is my responsibility to read and understand the policies contained herein, and that if there are items contained herein that are not understood, it is my responsibility to locate appropriate individuals who will be able to explain obscurities in a manner consistent with the approved policies of Emery County.

Signed

Witness of Receipt