

Return to Work Guidelines Signature Page

RECEIPT FOR RETURN TO WORK GUIDELINES

I acknowledge that I have received a copy of the Waident Return to Work Guidelines and understand that I am obliged to read and familiarize myself with its content, as well as abide by its terms.

I understand and agree:

- That these guidelines are established for my safety and wellbeing while in the office and it is my responsibility to adhere to them.
- That I will notify Management immediately of any issues that may arise in response to these guidelines.
- That if there are any changes to be made to these guidelines, I will be notified immediately of the changes as they occur.

Guidelines Dated: June 10, 2020

X _____



Signature Certificate

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