

Company name

**EMPLOYEE ACKNOWLEDGEMENT OF
DRIVER'S HANDBOOK**

Employee name

Department

I acknowledge receipt of the Company's Hallcross Medical Services Driver's Handbook, which I have read. I understand what is required of me and the person with whom I should raise any concerns or questions. I also understand and accept that compliance with this handbook is part of my contract of employment. I will keep myself aware of its contents and any updates of which I am made aware.

I understand that this signed acknowledgement will be kept in my personnel file.

Employee's signature: _____

Date: _____