

ACKNOWLEDGMENT of RECEIPT

Workers' Compensation AND Pharmacy Benefit Network Pamphlets

I, _____ hereby acknowledge that I have received Workers' Compensation – Time of Hire Pamphlet and the Pharmacy Benefit Network (PBN) Pamphlet.

If I have any questions regarding these pamphlets or their contents, I have been instructed to contact the UCSD campus Workers' Compensation Office for explanation at (858) 534-2454.

Date of Hire: _____

Date received WC pamphlet and PBN pamphlets: _____

Employee Signature: _____

SIGNED COPY MUST BE RETAINED IN THE EMPLOYEE'S PERSONNEL FILE