

**VERIFICATION OF RECEIPT OF INFORMATION
BY CENTER EMPLOYEE
(5101:2-12-25,OAC)**

I have received and reviewed the following:

1. The Center's Policies and Procedures (5101:2-12-30,OAC)
2. The Center's Medical and Dental Emergency Plan
(5101:2-12-34,OAC)

Employee Name (print): _____ Hire Date: _____

Employee Signature: _____ Date: _____