

1 Great Falls School District

2

3 **PERSONNEL**

5228F

4

5

ACKNOWLEDGEMENT OF RECEIPT

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7 I, _____, an employee serving as a commercially licensed driver for
8 the Great Falls School District complete this form to document that I have received District
9 Policies 5228 and 5228P and been given the opportunity to ask questions about the policies to
10 fully understand how the policies govern my employment with the District.

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Employee Signature

Date

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Supervisor Receipt Signature

Date

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20 Policy History

21 Adopted on: August 23, 2021