



EAST SAN GABRIEL VALLEY REGIONAL OCCUPATIONAL PROGRAM AND TECHNICAL CENTER

1501 West Del Norte Street, West Covina, CA 91790 •(626) 962-5080 •Fax (626) 472-5125

Employee Acknowledgement of Receipt

This receipt acknowledges that I have received the Workers' Compensation materials, including:

1. Company Nurse Workplace Injury Hotline
2. Employee Notification Medical Provider Network
3. Arissa/Harbor MPN Pamphlet
4. Notice to Employees – Injuries Caused by Work (DWC 7)
5. Pre-designation of Personal Physician Form
6. Time Of Hire Pamphlet

Print Employee Name

Employee Signature

Date