



**JOHNSON SERVICE GROUP**  
People. Reach. Hire.®

## COVID-19 Prevention Program (CPP) Employee Acknowledgment Form

I have received instruction regarding the content and availability of the written COVID-19 Prevention Program (CPP) that outlines Company policies and employee responsibilities concerning the Coronavirus (COVID-19). I understand the company's Coronavirus (COVID-19) policy. I agree to abide by this policy when performing my work tasks.

I will report any unsafe conditions I observe to my supervisor or manager, and I will contact my Johnson Service Group representative to report any unsafe conditions I observe. I understand that my Johnson Service Group representative can keep my report anonymous.

I understand that if I am not feeling well, or am experiencing symptoms of COVID-19, I am not to report to the worksite, and will immediately report my absence to a supervisor or manager and the Johnson Service Group Safety Team at (888) 659-8388 or [Safety@JSGINC.com](mailto:Safety@JSGINC.com).

I understand that failure to fulfill these responsibilities may result in corrective action, up to and including termination.

By my signature below, I agree to the terms of this Acknowledgment and also agree to follow the policies and procedures contained in the CPP.

\_\_\_\_\_  
Employee's name (please print):

\_\_\_\_\_  
Employee's signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Training provider:

\_\_\_\_\_  
Location: