



**ISABELLA COUNTY
EMPLOYEE ACKNOWLEDGEMENT FORM**

**COVID-19 Preparedness and Response Plan
Revision No. 8
Effective, October 23, 2020**

I, _____, have read, understand, and have access to the Isabella County COVID-19 Preparedness and Response Plan. I agree to follow the COVID-19 control strategies in the Plan, and if there is at any time something that I do not understand in regards to the Plan, I agree to ask the County Administrator Controller. I understand that personal protective equipment is being provided to me by the County and I have been trained on the proper use of personal protective equipment by my Department Head or Elected Official. I further understand that this signed statement will be a permanent record in my personnel file.

Signature

Date

Name (print)