

**ABUSE & NEGLECT REPORTING
SIGNATURE SHEET**

By signing below, I acknowledge that I have received a Pocket Card and the information provided on Abuse and Neglect Reporting, and I agree to abide by all requirements. I acknowledge that failure to abide by these requirements could result in disciplinary action up to and including termination. If I have questions about Abuse and Neglect Reporting, I will contact my supervisor for further explanation.

Employee's Name (Printed)	Social Security Number	Employee's Signature	Date