

## **DAILY COVID-19 PROCEDURE OUTLINE AND ADDENDUM FOR DRIVERS ACKNOWLEDGMENT AND RECEIPT**

I hereby acknowledge receipt of the Daily COVID–19 procedure outline and addendum for drivers by **MYCASINOSHUTTLE**. I understand and agree that it is my responsibility to read and comply with the policies in the outline and addendum.

**I certify that I have read and will comply with the policies in the Daily COVID-19 procedures and addendum.**

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Employee's Name in Print

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Signature of Employee

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Date Signed by Employee

**TO BE PLACED IN EMPLOYEE'S PERSONNEL FILE**