



## ACKNOWLEDGEMENT OF RECEIPT

I acknowledge receipt from the Folsom Cordova Unified School District of the notification of "INITIAL WRITTEN EMPLOYEE NOTIFICATION RE: MEDICAL PROVIDER NETWORK" on \_\_\_\_\_  
Date

\_\_\_\_\_  
Employee/Substitute/Volunteer (Please print)

\_\_\_\_\_  
Employer/Designee

\_\_\_\_\_  
Employee/Substitute/Volunteer

August 2008