

# BULLETIN BOARD ACKNOWLEDGEMENT SIGNATURE SHEET

**FOR USE ON MOBILE OPERATIONS ONLY**

Physical Street Address of Bulletin Board:		
City:	State:	Zip Code:

PROJECT SR	SECTION	ECMS #

PRINTED NAME	SIGNATURE	DATE

By signing above the Employee(s) hereby acknowledge that they have access to and have read all required bulletin board material referenced in Publication 2. POM B/1/12/1-5