



State Center Community College District  
1525 E. Weldon Avenue  
Fresno, CA 93704

## Memorandum

**TO:** All Newly Hired Employees

**DATE:** 07/01/2014

**FROM:** Frances Garza, Benefits Coordinator

**RE:** Time of Hire Pamphlet and Predesignation of Personal Physician forms

Attached please find the Time of Hire Pamphlet which discusses Workers' Compensation and includes a Predesignation of Personal Physician form.

Please review the information and acknowledge receipt of the attached information by completing the acknowledgement form below. **Separate the acknowledgement form from the memo and return only the completed acknowledgement form to District Human Resources.**

If you have any questions or concerns regarding the materials, please feel free to contact Frances Garza, Benefits Coordinator, at (559) 244-5933.

Thank you.

## STATE CENTER COMMUNITY COLLEGE DISTRICT

### Acknowledgement Form

I, \_\_\_\_\_, acknowledge receipt of the SCCCD Time of Hire Pamphlet and the predesignation of personal physician form.

Signed,

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee/Student ID #