

IBEW LOCAL 46

WORK RECOVERY PROGRAM

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge I have received copies of the IBEW Local 46 Work Recovery Program (WRP) Requirements and Agreement. I understand that the rules and procedures outlined in these documents are conditions of qualifying for, requesting and receiving WRP funds.

NAME: _____

COMPANY: _____

TITLE: _____

E-MAIL: _____

SIGNATURE: _____

DATE: _____

NOTE: In order to remain eligible for **Work Recovery** grants under the IBEW Local 46 Work Recovery Program, this Acknowledgement of Receipt must be **signed, returned and on file in the Local 46 office.**

(Original with signature is required. Fax copy or photocopy of Original or signature will not be accepted.)