

# IBEW LOCAL 46

## WORK RECOVERY PROGRAM

### ACKNOWLEDGEMENT OF RECEIPT

I acknowledge I have received copies of the IBEW Local 46 Work Recovery Program funded and unfunded (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.**

**PLEASE FAX OR EMAIL ONLY**

**EMAIL TO: [WRP@IBEW46.COM](mailto:WRP@IBEW46.COM)**

**FAX TO: 253-872-7059**