

CERTIFICATE OF RECEIPT

Your signature below indicates you have reviewed, and understand the following DHRM Policies:

Policy 1.05, Alcohol and Other Drugs Policy

Policy 1.60, Standards of Conduct

Policy 1.80, Workplace Violence

Policy 2.30, Workplace Harassment

Your signature is intended only to acknowledge that you have been advised, and have read the above mentioned policies; it does not imply agreement or disagreement with the policies. If you refuse to sign this certificate of receipt, your supervisor will be asked to initial this form indicating that a copy has been given to you.

Employee's Name (please print)

Signature

Date