
Please print your name legibly.

Department/Division

Acknowledgment of Receipt of the City's ADA Policy

My signature below acknowledges and certifies that I have received and read the City's ADA Policy. I understand and agree that the City requires me to abide by the policy. I also understand that I may contact the Department of Employee Relations at 286-6210 if I have any questions about this policy.

Acknowledgment of Receipt of the City's Anti-Harassment Policy

My signature below acknowledges and certifies that I have received and read the City's Anti-harassment Policy. I understand and agree that the City requires me to abide by the policy. I also understand that I may contact the Department of Employee Relations at 286-6210 if I have any questions about this policy.

Acknowledgment of Receipt of the City's Workplace Violence Prevention Policy

My signature below acknowledges and certifies that I have received and read the City's Workplace Violence Prevention Policy. I understand and agree that the City requires me to abide by the policy. I also understand that I may contact the Department of Employee Relations at 286-6210 if I have any questions about this policy.

Signed:

Employee Signature

Date