

CENTER:	
BUREAU:	
BUREAU DIRECTOR:	
IMMEDIATE SUPERVISOR:	
POLICY TITLE:	

ACKNOWLEDGEMENT STATEMENT: *I have received and read the above-mentioned policy, and agree to adhere to the provisions provided. I understand that if I have questions regarding any element of the policy, I am able to consult my immediate supervisor.*

Please sign below acknowledging that you have received and read the above-mentioned policy.

Employee Signature

Date

***NOTE:** *Please keep a signed copy of this acknowledgement form for all employees.*