



**STATE OF NEVADA
EXECUTIVE BRANCH
SEXUAL HARASSMENT & DISCRIMINATION
POLICY**

**SEXUAL HARASSMENT AND DISCRIMINATION
POLICY ACKNOWLEDGEMENT**

EMPLOYEE NAME: _____

EMPLOYEE ID #: _____

DEPT/DIV/AGENCY/ORG #: _____

I have read and understand the *Sexual Harassment and Discrimination Policy* dated 4/18/18.

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____