



**OFFICE OF THE GOVERNOR
POLICY AGAINST SEXUAL HARASSMENT &
DISCRIMINATION**

**SEXUAL HARASSMENT AND DISCRIMINATION
POLICY ACKNOWLEDGEMENT**

EMPLOYEE NAME: _____

EMPLOYEE ID#: _____

DEPT/DIV/AGENCY/ORG#: _____

I have read and understand the *Governor's Policy Against Sexual Harassment and Discrimination.*

EMPLOYEE SIGNATURE _____

DATE _____

SUPERVISOR SIGNATURE _____

DATE _____