

**DIVISION OF ADMINISTRATION
POLICY PROHIBITING DISCRIMINATION AND HARASSMENT**

ACKNOWLEDGEMENT AND CERTIFICATION

My signature hereon acknowledges that:

- 1) I received a copy of DOA's Policy Prohibiting Discrimination and Harassment;
- 2) I read this Policy;
- 3) I understand the content of this Policy;
- 4) I agree to abide by the terms and provisions of this Policy;
- 5) I understand that compliance with this Policy is a condition of employment; and
- 6) I understand that disciplinary action, including the possibility of dismissal, will be imposed on those who violate the terms and provisions of this Policy.

EMPLOYEE SIGNATURE

DATE

EMPLOYEE NAME (PRINT)

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MANAGEMENT CERTIFICATION

My signature hereon acknowledges that:

- 1) I personally discussed in detail DOA's Policy Prohibiting Discrimination and Harassment with the employee identified above;
- 2) I answered this employee's questions regarding this Policy;
- 3) I informed the employee of the consequences of violating this Policy.

MANAGER SIGNATURE

DATE

MANAGER NAME (PRINT)