



## Policy Acknowledgment Form

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I hereby acknowledge that I have been provided a copy of the City of Portsmouth's Administrative Policy notated above. I have read, understand and agree to comply with the provisions contained herein. I further understand this acknowledgment form will be placed in my official personnel file as a record that I have been provided this important policy containing vital information.

In addition, I understand any violation of this policy may subject me to disciplinary action, up to and including termination of employment and when applicable, legal prosecution.

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Print Name

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Department

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Employee's Signature

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Date

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Print Name of Department Representative

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Job Title

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Dept. Representative's Signature

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Date

