



POLICY ACKNOWLEDGEMENT AND RECEIPT

Please complete, sign, and give a copy to your supervisor by ___/___/_____. Thank you.

As a condition of employment, Champaign County requires that all employees acknowledge receipt of certain polices, that the policies have been read and understood, and that compliance is required.
Please ensure you have received and understand the policies adopted by your elected official.

I, _____, acknowledge receipt of the following policies, attest that I have read and understood the following policies, and attest that I will abide by the terms and conditions of the following policies of Champaign County:

Personnel: ___ Personnel Policy (March 2015)
 ___ Other: _____

Drug & Alcohol: ___ Cannabis, Drug and Alcohol Use/Abuse Policy (November 2019)
 ___ Other: _____

Technology: ___ Technology Policy (November 2019)
 ___ Other: _____

Misconduct: ___ Policy Against Discrimination, Harassment, and Sexual Misconduct (November 2019)
 ___ Other: _____

Additional policies required by my department:
 ___ Other: _____
 ___ Other: _____
 ___ Other: _____
 ___ Other: _____

Complete, sign, date, and submit to Supervisor / Manager / Department Head to be added to your personnel file by ___/___/_____. **Keep a copy of this signed form for your own records.**

Employee Acknowledgement:

Employee name (printed)

Employee Signature

Date: _____

Department Head / Supervisor Signature

Date: _____