

Department of Public Safety and Correctional Services

RECEIPT AND ACKNOWLEDGEMENT OF DEPARTMENT DIRECTIVE DPSCS.200.0007

My signature below acknowledges receipt of Department Directive DPSCS.200.0007 - Americans with Disabilities Act (ADA) Title II Non-discrimination and Accommodations for Persons with Disabilities. I understand that I am responsible for reviewing and following the lawful requirements of the Directive.

Further, I understand that an investigation of allegations of discrimination resulting in a finding of probable cause against me may result in disciplinary action, up to and including, termination.

Date Directive Received by Employee: _____

Employee's Printed Name: _____

Employee's Signature: _____

Date Signed: _____

Supervisor's Printed Name: _____

Supervisor's Signature: _____

Date Signed: _____