

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

**Receipt and Acknowledgment of
DPSCS.050.0011—ADA of 1990, Title I – Disability Discrimination in
Employment Practices Prohibited**

My signature below acknowledges receipt of *DPSCS.050.0011—Americans with Disabilities Act (ADA) Title I - Disability Discrimination in Employment Practices Prohibited*. 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: _____