

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

Receipt and Acknowledgement of
DPSCS.050.0024 – Sexual Harassment – Prohibited

My signature below acknowledges receipt of *DPSCS.050.0024 – Sexual Harassment – 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 sexual harassment or retaliation 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: _____