



EMPLOYEE ACKNOWLEDGEMENT OF ADMINISTRATIVE DIRECTIVES

By signing this form, I am acknowledging that I am responsible for reading, understanding, and following the City’s Administrative Directives. I am also responsible for reading, understanding, and following all other Administrative Directives not included on this list. I understand that violation of any Administrative Directive may result in disciplinary action up to and including termination per Positive Performance Management.

Please initial by each item listed and complete the information below, including your signature:

_____ Process and Procedures

_____ Employment

_____ Harassment and Discrimination

_____ Code of Ethics

_____ Workplace Violence Prevention

_____ Drug Free Workplace

_____ Use of City Vehicles

_____ Use of Technology Resources

_____ Positive Performance Management

_____ HIPAA

_____ Injury/ Workers’ Compensation

Name (Please Print)

Employee Number

Employee Signature

Date