Anti-Harassment Policy Acknowledgement

I have been given a copy of the State Accounting Office Anti-Harassment Policy.

By signing below, I indicate I have reviewed the content, requirements, and expectations with regard to policy. Additionally, I agree to abide by these policy guidelines as a condition of my employment with the State Accounting Office.

I understand that if I have questions, at any time, regarding this policy, I will consult with my immediate supervisor or Human Resources for clarification.

Print Name Signature Date