



City of Mandeville

POLICY PROHIBITING SEXUAL HARASSMENT: ACKNOWLEDGMENT AND CERTIFICATION (NEW EMPLOYEES)

My signature heron acknowledges that:

1. I received a copy of the City of Mandeville's Policy Prohibiting Sexual Harassment
2. I have read this Policy
3. I understand the content of this Policy
4. I agree to abide by the terms and provisions of this Policy
5. I understand that compliance with this Policy is a condition of employment, and
6. I understand that disciplinary action, including the possibility of termination, will be imposed on those who violate the terms and provisions of this Policy.

Employee Signature

Date

Employee Name (please print)

HUMAN RESOURCES CERTIFICATION

My signature hereon acknowledges that:

1. I personally discussed in detail the City's Policy Prohibiting Sexual Harassment with the employee identified above
2. I answered this employee's questions regarding this Policy
3. I confirmed this employee's completion of the required annual training on sexual harassment, and
4. I informed the employee of the consequences of violating this Policy.

Human Resources Director Signature

Date

HR Director Name (please print)