

## Acknowledgment of Receipt

The below documents have been electronically distributed to me and I have previously acknowledged receipt by clicking the "Acknowledgement" check box for each item.

Form\Policy	Date\Time
<p>Confidentiality Agreement Drug Free Workplace Acceptable Use of Technology Resources Workplace Harassment Prevention Political Activity Conflict of Interest Additional Policies as listed below:</p>	

By signing below, I confirm the following:

- I understand that I am responsible for reading and understanding all of the above documents and will be held accountable for all information contained therein.
- I agree to adhere to all provisions contained in the above documents.
- I agree to seek immediate clarification of any information unclear to me.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_