



GENERAL ADMINISTRATION

601.1F – DISTRICT'S PERSONNEL POLICIES AND
ACKNOWLEDGEMENT FORM

DISTRICT'S PERSONNEL POLICIES AND ACKNOWLEDGEMENT FORM

EMPLOYEE NAME: _____

I acknowledge that I have received, read and understand the District's Personnel Policies and Acknowledgement policy and/or that they have been explained to me. I understand that procedures established in these policies will be superseded and have no effect when covered by a similar or conflicting provision in a Collective Bargaining Agreement and/or Administrative Order, and I am responsible for referring to my Collective Bargaining Agreement and/or Administrative Order, if applicable. I also understand that agreeing to comply with these measures form part of my conditions of employment.

Employee Signature: _____

Date: ____/____/____

Supervisor's Name: _____

Supervisor's Signature: _____

Date: ____/____/____

The original signed form must be sent to the District's Executive Office Manager or designee to be placed in the individual employee's District Personnel File.

The employee must receive a copy.