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**We strive to provide solutions for your business needs  
and appreciate the opportunity of assisting your  
organization.**

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**ACKNOWLEDGEMENT AND UNDERSTANDING OF THE COMPANY  
HARASSMENT POLICY STATEMENT**

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I have received my copy of the Company Harassment Policy Statement. I know that I must read the policy so that I understand my rights and responsibilities as an employee of this company.

I also understand I may contact my supervisor, \_\_\_\_\_, \_\_\_\_\_ or \_\_\_\_\_ if I need additional information about this policy and/or the procedure for notifying management in the event an incident occurs.

\_\_\_\_\_  
*(Employee Signature)*

\_\_\_\_\_  
*(Date)*

This page is to be detached and submitted to the Personnel and Benefits Administrator upon receipt of this booklet and will become a part of employee's personnel file.

