ACKNOWLEDGMENT FORM FOR PROFESSIONAL EMPLOYEES

I hereby acknowledge by my initials that I have received the following documents:

_____ 1. Alcohol & Drug-Free Workplace Policy

_____ 2. CSN ADA Policy Statement

_____ 3. Workplace Safety: Your Rights and Responsibilities

_____ 4. Disclosure of Improper Governmental Action "Whistle Blower Law"

_____ 5. Use of College Equipment and Property

_____ 6. Ethical Standards

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Employee Name (Please Print)

_____
Employee Signature Date