

Acknowledgement

By signing below, I acknowledge that I have received a copy of the City of Du Quoin's Policy Prohibiting Sexual Harassment and understand that it is my responsibility to read and become familiar with its contents. I further understand that it is my responsibility to ask questions of my supervisor and/or other responsible official if I do not understand any of the information contained in the Policy and that I am required to abide by and observe all of the information, rules, policies and procedures explained therein.

I acknowledge that nothing in the Policy constitutes a contract or promise of employment.

I agree to abide by and observe all of the information, rules, policies, and procedures set forth in the Policy and understand that the City of Du Quoin's rules, policies and procedures may be changed from time to time, with or without notice, and that this Policy supersedes and replaces any and all prior manuals or policies.

I further certify that I have carefully read and reviewed the content of the Policy and completed Sexual Harassment Prevention Training pursuant to the Illinois Human Rights Act, 775 ILCS 5/2-109.

Training Participant Information:

Printed Name - First, Middle Initial, Last

Municipality/Work Location

Training Date

Signature

Date Signed

This form will be kept by the City of Du Quoin as an internal record of training compliance to be made available for the Illinois Department of Human Rights upon request.

