



## ACKNOWLEDGMENT

### Receipt of

### **Anti-Harassment Policy, Smoking Policy, IIPP Program, Emergency Action Plan, Timekeeping, Drug and Alcohol Policy, Wildfire Smoke Protection & Work Violence Prevention Policy**

I hereby acknowledge that I have received a copy of the following Policy, Plan & Program documents below. *Please check the boxes verifying you have received the document:*

- ☐ Anti-Harassment Policy
- ☐ Smoking Policy Appendix D
- ☐ IIPP Program
- ☐ Emergency Action Plan
- ☐ Timekeeping Policy
- ☐ Drug and Alcohol Policy
- ☐ Wildfire Smoke Protection Program
- ☐ Work Violence Prevention Policy

I have been instructed to review these documents that are provided on the City of Ceres Employee Resource Center.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name (Printed)

\_\_\_\_\_  
Position

Please sign and return this form to Human Resources. It will be placed in your personnel file.  
Rev 01.15.2025