



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