



EMPLOYEE ACKNOWLEDGEMENT AND RECEIPT OF
COUNTY POLICY OF EQUITY

I, _____, _____
Employee Name Payroll Title

acknowledge that I am expected to read, understand and adhere to the
County Policy of Equity and have received a copy.

DATE: _____

DEPT: _____

EMPLOYEE SIGNATURE: _____

EMPLOYEE NUMBER: _____

Distribution:

- 1.) **Original to Official Personnel File**
- 2.) **Record in Countywide Learning Management System (LMS)**