



I acknowledge that I received training regarding the prevention of sexual harassment on \_\_\_\_\_ (date). I agree to abide by the principles that were explained in this training. I understand that if I have any questions that were not addressed in training or if I encounter any problems, I can contact the Zone Facility Manager or a member of the Executive Team.

\_\_\_\_\_

Employee Name (Please Print)

\_\_\_\_\_

Employee Signature