

**DHMH  
POLICY ON SEXUAL HARASSMENT**

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Section 1

I hereby acknowledgement receipt of a copy of DHMH Policy on Sexual Harassment

Name: (print) \_\_\_\_\_ Signature: \_\_\_\_\_

Classification: \_\_\_\_\_ Division: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

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Section 2

**SUBSTANCE ABUSE POLICY**

I hereby acknowledge receipt of a copy of the Executive Order 01.01.01991.16 and the Policy Overview Sheet.

Name: (print) \_\_\_\_\_ Signature: \_\_\_\_\_

Classification: \_\_\_\_\_ Division: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE: PLEASE COMPLETE BOTH SECTIONS OF THIS FORM AND RETURN THIS FORM TO PERSONNEL SERVICES TO BE INCLUDED IN YOUR PERSONNEL FILE.**