****

**ACKNOWLEDGMENT OF RECEIPT OF**

**CITY OF WOODBURN POLICIES**

I understand that it is my responsibility to read, review and understand the current City of Woodburn Policies.

I understand that these Policies are not a contract and cannot create a contract.

I understand that I am obligated to perform my duties of employment in conformance with the provisions of these City Policies and any additional rules, regulations, policies or procedures imposed by the department in which I work, whether or not I choose to read the new Policies.

I understand that any portion of these Policies may be modified without prior notice to me.

I understand that should these Policies be modified that I will be provided with a copy of the modifications or be directed as to where such changes can be reviewed.

By signing below I acknowledge that I have been provided a copy or link to the policies and read the City of Woodburn Policies outlined below and that I have had any of my questions regarding these Policies answered to my satisfaction, that I understand them and agree to abide by the work rules therein.

***Policies (please initial each):***

\_\_\_\_\_ HR Rules (adopted March 2018) \_\_\_\_\_ Catastrophic Leave Policy & Procedure

\_\_\_\_\_ Non-Discrimination Policy & Procedure \_\_\_\_\_ Drug & Alcohol Policy & Procedure

\_\_\_\_\_ ADA Accessibility Policy & Procedure \_\_\_\_\_ FTA Drug & Alcohol Policy (Transit Only)

\_\_\_\_\_ Reasonable Accommodation Policy & Procedure \_\_\_\_\_ Protected Leave Use Policy & Procedure

\_\_\_\_\_ Information Technology Policy \_\_\_\_\_ Social Media Policy

\_\_\_\_\_ Security Camera Policy

DATED this \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

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(Employee Signature) (Employee printed name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Position Title of Employee)