

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.

______ HR Rules (adopted March 2018) ______ Catastrophic Leave Policy & Procedure ______ Drug & Alcohol Policy & Procedure _____ Drug & Alcohol 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

Policies (please initial each):

DATED this	day of	, 20	
(Employee Signature)		(Employee printed name)	-

(Position Title of Employee)