

City of Twinsburg



Est. 1817

SEASONAL EMPLOYEE POLICY ACKNOWLEDGEMENT

Signing this form acknowledges that the employee has received a copy of the City of Twinsburg's Drug Free Workplace Policy, Workplace Harassment Policy, and Ohio Ethics Law and has had the opportunity to discuss these policies and have questions answered, and understands all of the provisions of these policies.

Although these reflect the City's current policies, it may be necessary to make changes from time to time to best serve the needs of the City. However, any changed deemed necessary will be made in writing, and the modified policy will be shared with every employee.

By my signature below, I acknowledge that I have received copies of the City of Twinsburg's Drug Free Workplace Policy, Workplace Harassment Policy, and Ohio Ethics Law. I understand that it is my obligation to read, understand and comply with the procedures and provisions contained within these policies and that if I have any questions, I should contact the Director of Human Resources.

Print Employee Name: _____

Employee Signature: _____ Date ____/____/____

Witness Signature: _____ Date ____/____/____