



**EMPLOYEE ACKNOWLEDGEMENT, AWARENESS AND
ACCOUNTABILITY STATEMENT FOR DPH POLICIES AND
PROCEDURES MANUAL**

Name (Please Print)	
_____	_____
Date of Assignment	Date of Orientation (if applicable)

Supervisor	

Division	

Section/Unit	

As an employee (temporary or regular) working for the Department of Public Health you are responsible for reviewing the DPH Policies and Procedures which can be found on the Northeast Health District's website at <http://publichealthathens.com/wp/>. In order to ensure that you are aware of the DPH Policies and Procedures, you are required to sign at the bottom of this statement within 30 days of receipt. By your signature below, you are acknowledging that you are aware of and are accountable for compliance with the DPH Policies and Procedures.

By my signature below, I acknowledge that I am aware of and are accountable for compliance with the DPH Policies and Procedures referenced above.

Employee's Signature: _____ **Date:** _____

As a supervisor or manager, it is my responsibility to ensure that all employees under your supervision are aware of the above referenced policies.

I acknowledge that it is my responsibility to ensure that all employees comply with the policy and to advise the OHR and/or appropriate temp agency regarding violations.

Supervisor's Name (please print): _____

Supervisor's Signature: _____ **Date:** _____