



Georgia Department of Behavioral Health and Developmental Disabilities

ACKNOWLEDGEMENT OF HUMAN RESOURCE POLICES

My signature below acknowledges that I, _____
[printed name]
have been advised of the location and availability of the DBHDD Employee Handbook, and Human Resource Policy Manual. I understand that it is my responsibility to be aware of the content of DBHDD Human Resource policies, including, but not limited to, the Standards of Conduct and Ethics in Government, Smoking, Unlawful Discrimination, Sexual Harassment, Use of State Property, and the Drug Free Workplace policies.

I further acknowledge that I am aware of the availability of supervisory and Human Resources support in accessing or answering questions related to these policies. I understand the HR policies and handbook can be accessed at: <http://dbhdd.georgia.gov/policies>

Signature: _____

Date: _____

Work Unit: _____