|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |       | Date: |       |
|  |
| SECTION 1 – Policy and Procedure Receipt Acknowledgement |
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| I acknowledge receipt of the Department of Forestry’s Policy and Procedures:* 8-1 Human Resources General Policies
* 8-9 Code of Ethics
* 8-11 Workplace Safety – Accident Reporting, Investigation and Prevention
* 5-2 Motor Vehicle Operation

I understand that it is my responsibility to read and abide by these policy and procedures even if I do not agree with them. If I have any questions about the policy and procedures, I understand that I need to ask my supervisor or the director of human resources for clarification.If I refuse to sign this certificate of receipt, my supervisor will be asked to initial this form indicating that a copy has been given to me and this statement has been read to me. |
| SECTION 2 – Motor Vehicle Operation Acknowledgement |
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| I understand that I must have a valid driver’s license to operate any state vehicle.I understand that I am required to immediately inform my supervisor and the director of human resources if my driver’s license is revoked, suspended or expires without being renewed. |
|  |
|  | Driver’s License Number: |       | License Expiration Date: |       |
|  | (If your driver’s license number is your social security number, please write SSN.) |
| SECTION 3 – Employee Signature |
|       |  |  |  |       |
| Employee Name (Print) |  | Employee Signature |  | Date |