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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name: | | |  | | | | | Date: | | | |  |
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| SECTION 1 – Policy and Procedure Receipt Acknowledgement | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 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 | | |