



**DRUG-FREE WORKPLACE AND DRUG-FREE COLLEGE POLICY
ACKNOWLEDGEMENT OF RECEIPT**

I hereby acknowledge that I have received a copy of the NOTICE TO
EMPLOYEES ABOUT SINCLAIR COMMUNITY COLLEGE DRUG-FREE
WORKPLACE AND DRUG-FREE COLLEGE POLICY.

EMPLOYEE NAME (please print):

SIGNATURE:

DATE:

PLEASE PRINT THIS DOCUMENT, SIGN and RETURN TO THE HUMAN
RESOURCES OFFICE, ROOM 7340 ON THE DAYTON CAMPUS.

++This document will be stored in your personnel file.++



AUDITOR OF STATE FRAUD REPORTING SYSTEM INFORMATION
ACKNOWLEDGEMENT OF RECEIPT

Pursuant to Ohio Revised Code Section 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging that Sinclair Community College has provided you information about the fraud-reporting system as described by Ohio Revised Code Section 117.103(A), and that you read and understand the information provided.

I have read the information provided by Sinclair Community College regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that by signing below I acknowledge receipt of this information.

EMPLOYEE NAME (please print):

SIGNATURE:

DATE:

PLEASE PRINT THIS DOCUMENT, SIGN and RETURN TO THE HUMAN
RESOURCES OFFICE, ROOM 7340 ON THE DAYTON CAMPUS.

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EMPLOYEE HARASSMENT POLICY & PROCEDURES
ACKNOWLEDGEMENT OF RECEIPT

I hereby acknowledge that I have read and understand the EMPLOYEE HARASSMENT POLICY & PROCEDURES.

EMPLOYEE NAME (please print):

SIGNATURE:

DATE:

PLEASE PRINT THIS DOCUMENT, SIGN and RETURN TO THE HUMAN RESOURCES OFFICE, ROOM 7340 ON THE DAYTON CAMPUS.

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