

Policy Verification Statement

Employee's Name: _____

By signing below, you are acknowledging that you have read the provided UMW policy information on:

- ☐ [Alcohol and Other Drugs Policy](#)
- ☐ [Network and Computer Use Policy](#)
- ☐ [Use of Electronic and Social Media Policy](#)
- ☐ [Restrictions on State Employee Access to Information Infrastructure](#)
- ☐ [UMW Respectful Workplace](#)
- ☐ [Workplace Harassment](#)
- ☐ [State Equal Employment Opportunity Policy](#)
- ☐ [Sexual Misconduct and Consensual Relations](#)
- ☐ [State Classified Employees Standards of Conduct](#)
- ☐ [Child Abuse and Neglect Reporting](#)

Employee's Signature

Date

This form should be returned to UMW's Office of Human Resources.