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.