



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

STAFF SEXUAL MISCONDUCT AND HARASSMENT ACKNOWLEDGEMENT

EMPLOYEE NAME (PLEASE PRINT)	
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LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	WORKSITE
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I acknowledge on this date, I have received a copy of "Staff Sexual Misconduct and Harassment: A Guide for Staff, Contractors and Volunteers". I have been briefed on its contents and understand I can be disciplined for the conduct described therein.

EMPLOYEE SIGNATURE	DATE
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WITNESS NAME (PLEASE PRINT)	DATE
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WITNESS SIGNATURE
