

Employee Acknowledgement - Title IX Policy

I acknowledge that I have received a copy of Saint Elizabeth University Sexual Misconduct and Discrimination Policy. I accept my personal responsibility for familiarizing myself with the information in this Policy and will seek verification or clarification of its terms or guidance from the Office of Human Resources or my immediate supervisor when necessary.

I accept to read and adhere to this and all University policies contained in the Employee Handbook.

Signing below signifies that the Employee agrees to the terms and conditions of the Policy as stated above.

Print Name _____

Signature _____ Date ____/____/____