



ACKNOWLEDGEMENT OF AGENCY POLICIES AND PROCEDURES

State Form 54116 (11-09)
INDIANA STATE PERSONNEL DEPARTMENT

Name of Agency:

Policy	Initials

Policy	Initials

By my initials above and signature below, I acknowledge and agree that I am responsible for reading and complying with the above policies and procedures. I further acknowledge that my failure to adhere to these policies and procedures may result in disciplinary action, up to and including dismissal from employment.

Printed Name of Employee:

Date: *(month, day, year)*

Signature of Employee:

Date: *(month, day, year)*

cc: Employee File