



ACKNOWLEDGMENT OF RECEIPT OF CITY OF WOODBURN POLICIES

I understand that it is my responsibility to read, review and understand the current City of Woodburn Policies.

I understand that these Policies are not a contract and cannot create a contract.

I understand that I am obligated to perform my duties of employment in conformance with the provisions of these City Policies and any additional rules, regulations, policies or procedures imposed by the department in which I work, whether or not I choose to read the new Policies.

I understand that any portion of these Policies may be modified without prior notice to me.

I understand that should these Policies be modified that I will be provided with a copy of the modifications or be directed as to where such changes can be reviewed.

By signing below I acknowledge that I have been provided a copy or link to the policies and read the City of Woodburn Policies outlined below and that I have had any of my questions regarding these Policies answered to my satisfaction, that I understand them and agree to abide by the work rules therein.

Policies (please initial each):

- | | |
|--|---|
| <input type="checkbox"/> HR Rules | <input type="checkbox"/> Catastrophic Leave Policy & Procedure |
| <input type="checkbox"/> Non-Discrimination Policy & Procedure | <input type="checkbox"/> Drug & Alcohol Policy & Procedure |
| <input type="checkbox"/> ADA Accessibility Policy & Procedure | <input type="checkbox"/> FTA Drug & Alcohol Policy (Transit Only) |
| <input type="checkbox"/> Reasonable Accommodation Policy & Procedure | <input type="checkbox"/> Protected Leave Use Policy & Procedure |
| <input type="checkbox"/> Information Technology Policy | <input type="checkbox"/> Social Media Policy |
| <input type="checkbox"/> Security Camera Policy | <input type="checkbox"/> City Communications Policy |
| <input type="checkbox"/> Cybersecurity Policy | <input type="checkbox"/> Remote Work Policy |
| <input type="checkbox"/> Heat Illness Prevention Plan | <input type="checkbox"/> Records Management Policy & Procedures |
| <input type="checkbox"/> Title VI Program | <input type="checkbox"/> Wildfire Smoke Protection Plan |

DATED this _____ day of _____, 20____.

(Employee Signature)

(Employee printed name)

(Position Title of Employee)