



WASHOE COUNTY SCHOOL DISTRICT
Human Resources Division

**HARASSMENT POLICY AND ADMINISTRATIVE REGULATION
ACKNOWLEDGMENT OF RECEIPT**

YOUR NAME (Please print): _____
LAST NAME FIRST NAME

On _____, I attended the Harassment/Sexual Harassment Awareness Prevention Orientation and I acknowledge receipt of the Washoe County School District's Harassment, Sexual Harassment Policy and Regulations. I also acknowledge that I am responsible for complying with the policy and regulations.

Employee Signature: _____

Administrative Signature: _____

Employee Work Location: _____
School /Department

Job Title: _____

Employee ID Number or, if unknown, Social Security No. (for identification purposes):
E000 _____ OR SSN _____
Classified _____ Certified _____ Administrator _____
(Support Staff) (Teachers, Substitute Teachers) (Student Teachers)

CONCERNS

If you have a concern you would like to bring to the attention of the District, please complete this section or call Human Resources at 348-0321.

Complete ONLY if you would you like an administrator in Human Resources to contact you regarding any questions or concerns you may have.

Home Phone No. _____

Work Phone No. _____

Additional Questions:

