

# REHABILITATION DIVISION

## Policy Acknowledgement Form:



In effect until: \_\_\_\_\_

My signature on this form verifies:

- I have read and been informed of the content, requirements, and expectations in **Section # - Name of Section**, of the Policies and Procedures Manual; and
- I know where to find the most current version of this policy and agree to adhere to the policy and guidelines contained therein; and understand my responsibility in the implementation of these policies; and
- I understand that if I have questions, at any time, I will consult with my immediate supervisor for clarification and guidance.

\_\_\_\_\_  
Staff Name (printed)

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Received by:

\_\_\_\_\_  
Supervisor Name (printed)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date