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Asa Hutchinson
 Governor

Matt Snead
 Director

SEXUAL HARASSMENT POLICY ANNUAL ACKNOWLEDGEMENT STATEMENT

My supervisor/manager and I have reviewed and discussed the ADVAP 2-9 Sexual Harassment Policy. I understand that my signature on this document indicates that I have read and fully understand the prohibited activities and my professional ethical conduct responsibilities as an employee of ADVA as described in ADVAP 2-Sexual Harassment Policy

 Print Name

 Employee Signature

 Date

 Supervisor/Manager Signature

 Date

Note to Supervisor/Manager: The review and discussion of ADVAP 2-9 Sexual Harassment Policy is an annual requirement. This signed document shall be submitted to ADVA – Human Resources.