

Patrick Cates
Director

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Deputy Director

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## **ACKNOWLEDGEMENT FORM**

I acknowledge I have received and reviewed the following Policies and Procedures:	Department of Administration
□ Policy 2.1.1 FMLA	
☐ Policy 2.2.1 Leave & Overtime	
□ Policy 2.3.1 Work Schedule	
☐ Employee's Guide to Prohibitions and Penalties	
☐ Policy 2.5.1 Catastrophic Leave and Procedures	
☐ Policy 2.6.1 Travel and Per Diem	
Name (print)	Division
Signature	Date
Supervisor Signature	Date

Please return to Agency HR Services

cc: Employee File