

City of Saint Paul, MN

Workplace Conduct Policy
Acknowledgment Form

I have received a copy of the City of Saint Paul Workplace Conduct Policy and have reviewed same. I understand that if I have any questions or concerns about the application of this policy or about the policy itself, I may contact my supervisor, my Department/Office Director or the Director of Human Resources (266-6515).

I understand that alleged violations of this policy will be investigated and, if proven, could lead to disciplinary measures for the person who violates the policy.

Employee's Name (Please print): _____

Employee's Signature: _____

Department/Division/Office and/or Section: _____

Date Signed: _____

This signed acknowledgment form will be kept on file by each department and office director, or their designee.

If you need assistance filling out this form, please contact Human Resources.