



**SAINT PAUL
MINNESOTA**

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 participated in the Workplace Conduct Policy ELearning module on _____.

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 ID: _____

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.