



**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 Human Resources Workplace Conduct Team ([WorkplaceConduct@ci.stpaul.mn.us](mailto:WorkplaceConduct@ci.stpaul.mn.us)).

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: \_\_\_\_\_

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*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.