Policy Receipt and Acknowledgement

(For Graduate Assistants)

I, (Plea	se Print Name), Employee. ID:
hereby certify by signing and returning this form that	I have received and read the below listed Salisbury
University policies:	

http://www.salisbury.edu/equity/library/

- VI1.60 USM Policy on Sexual Misconduct
 https://www.usmd.edu/regents/bylaws/SectionVI/VI160.pdf
- Salisbury University Policy and Procedures Prohibiting Sexual Misconduct and Other Gender-Based Discrimination

https://www.salisbury.edu/administration/institutional-equity/_files/document-library/Salisbury-University-Policy-and-Procedures-Prohibiting-Sexual-Misconduct-and-Other-Sex-and-Gender-Based-Discrimination.pdf

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Name (Please Print)	Signature
Department	Date
Please return this form to RD6MRMFM with the	other GA contract documents.