

## Policy Verification Statement

Employee's Name: \_\_\_\_\_

By signing below, you are acknowledging that you have read the provided UMW policy information on:

- [Alcohol and Other Drugs Policy](#)
- [Network and Computer Use Policy](#)
- [Use of Electronic and Social Media Policy](#)
- [Restrictions on State Employee Access to Information Infrastructure](#)
- [UMW Respectful Workplace](#)
- [Workplace Harassment](#)
- [State Equal Employment Opportunity Policy \(see policy 2.05\)](#)
- [Sexual and Gender-Based Harassment and Other Forms of Interpersonal Violence](#)
- [Child Abuse and Neglect Reporting](#)
- [State Classified Employees Standards of Conduct](#)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

This form should be returned to UMW's Office of Human Resources.