



**DEPARTMENT OF JUVENILE JUSTICE
VIOLENCE IN THE WORKPLACE POLICY AND PROCEDURE
ACKNOWLEDGEMENT OF RECEIPT**

This is to acknowledge that I understand it is my responsibility to read and adhere to the FDJJ policy on Violence in the Workplace. If I need assistance on how to access DJJ policies and procedures or have any questions, I am to contact my supervisor.

I also understand that this signed acknowledgement of receipt will become a permanent part of my official personnel file.

Signature*

Print Name

Date

* Acknowledging receipt of this document in the department's electronic acceptance system substitutes as your signature. Provision within the Florida's Electronic Signature Act of 1996 and the Uniform Electronic Transaction Act, both provide that digital signatures or attestations may be substituted for the signature, unless otherwise provided by law (see section 668.004, F.S. and subsection 668.50(7), F.S.).

Please print for your records.