

**DIVISION OF ADMINISTRATION
POLICY PROHIBITING SEXUAL HARASSMENT**

ACKNOWLEDGEMENT AND CERTIFICATION

My signature hereon acknowledges that:

- 1) I received a copy of DOA's Policy Prohibiting Sexual Harassment;
- 2) I read this Policy;
- 3) I understand the content of this Policy;
- 4) I agree to abide by the terms and provisions of this Policy;
- 5) I understand that compliance with this Policy is a condition of employment;
- 6) I understand that corrective action, including the possibility of dismissal, will be imposed for violating the terms and provisions of this Policy; and
- 7) I understand that I may be personally liable and responsible for reimbursing the State of Louisiana for all or a portion of any judgment or settlement if a determination is made that I have engaged in sexually inappropriate workplace behavior.

EMPLOYEE SIGNATURE

DATE

EMPLOYEE NAME (PRINT)

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MANAGEMENT CERTIFICATION

My signature hereon acknowledges that:

- 1) I personally discussed in detail DOA's Policy Prohibiting Sexual Harassment with the employee identified above;
- 2) I answered this employee's questions regarding this Policy;
- 3) I confirmed this employee's completion of the online training on sexual harassment provided through CPTP; and
- 4) I informed the employee of the consequences of violating this Policy.

MANAGER SIGNATURE

DATE

MANAGER NAME (PRINT)