

RECEIPT OF SEXUAL HARASSMENT POLICY

I, _____, have been provided a copy of the University of Central Arkansas' Sexual Harassment Policy. I have read and understand the contents of the policy and agree to abide by its terms during my term of employment.

Signature

Date

Please return completed form to:

**Melissa K. Rust
Office of the President
Torreyson Library 332
University of Central Arkansas
Conway, AR 72035**