



## EMPLOYEE POLICY ACKNOWLEDGEMENT

This acknowledges that I have received and reviewed the **PERSONNEL BY LAW** of the Town of Upton (“Policy”).

This acknowledges that I have received and reviewed the **PERSONNEL POLICY & PROCEDURE MANUAL** of the Town of Upton (“Policy”) which includes the following policies:

[CORI Policy](#)

[Drug & Alcohol-Free Workplace Policy](#)

[Electronic Devices & Social Media Policy](#)

[Eligibility for Benefits Policy](#)

[Equal Employment Opportunity, Anti-Discrimination and Harassment Policy \(Including Sexual Harassment\)](#)

[Massachusetts Pregnant Workers Fairness Act](#)

[Summary of the Conflict-of-Interest Law for Municipal Employees](#)

[Work -Related Injury Practices](#)

By signing this form, I agree to abide by the Policy and any Guidelines promulgated thereunder, and agree to review periodically any changes or modifications. I recognize that the law and associated Policy are continually evolving. Therefore, I understand that my regular review of this Policy, as it may be amended, is required.

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Applicant's Signature

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Date

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Printed Name