

CENTER:	Community & Preventive Health
BUREAU:	Infectious Diseases
BUREAU DIRECTOR:	DeAnn Gruber
IMMEDIATE SUPERVISOR:	
POLICY TITLE:	ELECTRONIC MAIL POLICY

ACKNOWLEDGEMENT STATEMENT: *I have received and read the above-mentioned policy, and agree to adhere to the provisions provided. I understand that if I have questions regarding any element of the policy, I am able to consult my immediate supervisor.*

Please sign below acknowledging that you have received and read the above-mentioned policy.

_____ *Employee Signature*

_____ *Date*

***NOTE:** *Please keep a signed copy of this acknowledgement form for all employees.*