

# Yamhill Fire Protection District

District Policies, Procedures, & SOG's

## MISSION

*Yamhill Fire Protection District is dedicated to  
serve and protect our community*

# District Policies

PERSONNEL

PER – 744A

**Workplace Harassment Policy**

Policy Receipt Acknowledgement Form

Issued: December 9, 2019

## POLICY RECEIPT ACKNOWLEDGEMENT FORM POLICY PER-744

As an employee/volunteer of **Yamhill Fire Protection District**, I acknowledge the following:

I have been **provided a copy of**, the **Policy PER-744 Workplace Harassment Policy**. I understand that the Policy contains important information. I have both read and understood the information in the Policy and have asked the **Fire Chief** for the clarification of any information I did not understand.

I acknowledge the Policy is neither a contract of employment nor a guarantee of specific treatment in any situation; that the organization has the right to change, modify, add to, substitute, eliminate, interpret, and apply, in its sole judgment and in accordance with the law this policy. I understand this Policy supersedes all prior policies, and understandings related to the subjects it contains.

The **Fire Board of Directors or the Fire Chief** are the only people authorized to make changes to the Policy and all such changes must be in writing to be valid. Any changes to the content will be communicated to employees via official notices.

**I understand that, unless stated otherwise in an employment/volunteer contract, my employment or volunteer relationship with the organization is "at-will" and either the organization or I can end the relationship at any time, with or without reason or notice.** The **Fire Board of Directors or the Fire Chief** is the only ones who has the authority to offer an employment/volunteer contract, which must be in writing and signed by both parties to be valid.

I also acknowledge that before signing this form, I asked for and received clarification on any of the items discussed above that I did not understand.

\_\_\_\_\_  
Employee/Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Employee's Name

***NOTE: This signed form should be inserted into each employee's  
personnel file.***