

ACKNOWLEDGMENT OF RECEIPT
OF
AMERICANS WITH DISABILITIES ACT POLICY
ADMINISTRATIVE DIRECTIVE NO. 302

I have received a copy of the City of Hamilton's Americans with Disabilities Act policy and understand that harassment and discrimination in the workplace is illegal and against City policy. I understand it is my responsibility to read and comply with this policy. Any violation of this policy **will not be tolerated** and will result in disciplinary action, up to and including dismissal.

I understand a request for a reasonable accommodation should be reported and handled as set forth in Directive No. 302. I understand that I am responsible for reporting a request for a reasonable accommodation to the Civil Service and Personnel Department.

Retaliation against applicants and employees who request accommodations and those who assist with a request will not be tolerated.

Employee Printed Name: _____ Date: _____

Employee Signature: _____