



ACKNOWLEDGEMENT OF RECEIPT OF
Town Of Colonial Beach

SMOKE/TOBACCO FREE WORKPLACE POLICY

PERSONNEL POLICY MANUAL DRESS CODE POLICY

DRIVING POLICY

PERSONNEL POLICY MANUAL

WHAT EMPLOYEES NEED TO KNOW POLICY (WENK)

VOLUNTARY SELF-IDENTIFICATION OF A DISABILITY

Note: Check All Above That Apply

I, _____ do hereby certify that I have been provided with a copy of the Town of Colonial Beach Smoke/Tobacco Free Workplace Policy. I further certify that I have read the form and understand its contents.

Signature of Employee

Date