DYRS Policy 2.15

THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH & THEIR FAMILIES

**THE DIVISION OF YOUTH REHABILITATIVE SERVICES**

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| Policy Acknowledgement |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have been trained on Division **Policy 2.15, Dissemination of DELJIS**, and I understand the expectations as it relates to my job requirements. I understand that it is my individual responsibility to be knowledgeable of the information contained therein.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

pc: Employee File