



State of Florida
Department of Environmental Protection

DEP EMPLOYEE HANDBOOK ACKNOWLEDGEMENT OF RECEIPT

PRINT, SIGN AND RETURN THIS FORM TO THE BUREAU OF PERSONNEL SERVICES, MS-70

FTE OPS

I, _____ have been provided access to the Department
(Print or Type the Employee's Name)
of Environmental Protection, DEP Employee Handbook, which includes important information about my rights, responsibilities and potential consequences relative to these matters. I have also been provided links to the following key DEP Directives and understand that, if I have questions, it is my responsibility to request clarification from my supervisor or from the Bureau of Personnel Services:

[DEP 202, Code of Ethics](#)

[DEP 390, Information Resources Security Policies and Standards](#)

[DEP 420, Drug-Free Workplace and Drug Testing](#)

[DEP 421, Violence-Free Workplace Policy](#)

[DEP 425, Attendance and Leave](#)

[DEP 435, Conduct of Employees](#)

[DEP 436, Discrimination and Harassment](#)

My signature below acknowledges receipt of this access and of my responsibility to review and comply with Department policies as specified in this Handbook and in DEP Directives.

Employee's Signature

PFID #

Date

The Issuing Authority or Supervisor should check the following box **ONLY** if the employee refuses to sign the Acknowledgment of Receipt and then sign as a witness.

NOTE: A witness signature is only necessary when an employee refuses to sign this acknowledgment of receipt.

The above-named employee refused to sign the Acknowledgement of Receipt Statement.

Witness Signature

Date