

Policies and Procedures

Employee Name: _____

I understand that I will be held accountable for all material contained in the Department of Corrections policies and procedures. I am aware that this policy is available on the Department's Employee intranet at <https://policy.doc.mn.gov/DOCPolicy/>. I further understand that violations of rules and regulations outlined in the policy and procedures are subject to disciplinary action. If I have any questions or request interpretation regarding any information in the policy and procedures, I will consult my supervisor or the Human Resource Management Office for clarification.

Employee Signature

Date