



## Town of Westwood Policy Acknowledgements

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

**By signing below, I acknowledge that I have read and understood the  
Town of Westwood's Personnel Policy.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing below, I acknowledge that I have read and understood the  
Town of Westwood's Domestic Violence Leave Policy.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing below, I acknowledge that I have read and understood the  
Town of Westwood's Anti-Harassment Policy.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing below, I acknowledge that I have read and understood the  
Town of Westwood's Safety Manual.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of these policies and manual can be found online at:  
<http://www.townhall.westwood.ma.us/index.cfm/page/Non-Benefit-Town-Employees/pid/25862>