

**RE: WORKPLACE VIOLENCE PREVENTION PROGRAM AND
PROCEDURES MANUAL**

**I ACKNOWLEDGE THAT I AM IN RECEIPT OF A COPY OF THE WESTCHESTER
COUNTY WORKPLACE VIOLENCE PREVENTION PROGRAM AND PROCEDURES
MANUAL AND UNDERSTAND THAT IT IS MY RESPONSIBILITY TO READ AND
BE FAMILIAR WITH THE CONTENTS.**

PRINT:

FIRST NAME _____ **LAST NAME** _____

DEPARTMENT _____

SIGNATURE _____

TODAY'S DATE _____