

ACKNOWLEDGEMENT  
SEXUAL HARASSMENT POLICY

I hereby confirm that \_\_\_\_\_ (employee name) has reviewed the MedicalPeople Staffing, LLC Sexual Harassment Policy.

**Employee**

\_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Address City State Date

**Witness**

\_\_\_\_\_  
Print Name Signature

\_\_\_\_\_  
Office Address City State Date