

STATEWIDE SEXUAL HARASSMENT PREVENTION POLICY

I acknowledge that the Statewide Sexual Harassment Prevention Policy is on the agency intranet as part of the training materials at <https://dnrintranet.org/hr/training>. I have reviewed, and agree to comply with the State of Georgia Statewide Sexual Harassment Prevention Policy. I understand that failure to comply with the Policy could result in disciplinary action up to and including termination of my employment.

SEXUAL HARASSMENT PREVENTION TRAINING VIDEO ACKNOWLEDGMENT STATEMENT

As per the Statewide Sexual Harassment Prevention Policy issued on March 1, 2019 by the Department of Administrative Services and the Office of the Inspector General I have viewed the following Sexual Harassment video(s).

Sexual Harassment Prevention for Employees

NOTE: The Employee training video is located on the agency intranet at <https://dnrintranet.org/hr/training>.

Sexual Harassment Prevention for Supervisors/Managers (Modules 1-5)

NOTE: The Office of Human Resources will register you for this course. You will receive an automatic registration email from Team Georgia Learning, which includes the login credentials and instructions on how to login and launch the online training course.

SEXUAL HARASSMENT PREVENTION EMPLOYEE ATTESTATION

Thank you for completing the Sexual Harassment Prevention in the Workplace online training course. Please confirm your understanding of several key points provided in the online training. By checking each of these statements, you confirm your understanding of the following key points reviewed in the online training course:

I should not engage in any physical, verbal, or other conduct that is either directed toward an individual or reasonably offensive to an individual because of his or her sex, including unwanted sexual attention, sexual advances, requests for sexual favors, sexually explicit comments, or other conduct of an expressed or obviously implied sexual nature.

I should not engage in conduct that is hostile, threatening, derogatory, demeaning, or abusive or intended to insult, embarrass, belittle, or humiliate an individual because of his or her sex

I am not to engage in retaliation against anyone for submitting or assisting with submitting a complaint of or reporting sexual harassment, for participating in a sexual harassment investigation or proceeding, or for otherwise opposing sexual harassment against the person who submitted the claim.

If I believe I have been subjected to sexual harassment or retaliation in violation of the Statewide Sexual Harassment Prevention Policy I am strongly encouraged to promptly submit a complaint regarding the incident(s) to my supervisor or manager, division director, Human Resources or other agency designee or the Office of the State Inspector General if any of the above officials are the alleged harasser or retaliator, or if I have fear of retaliation by one of the above officials

If I have witnessed or otherwise have reason to believe that another employee is being or has been subjected to sexual harassment or retaliation, I am required to promptly report this to one of the Agency officials listed in the previous bullet.

If I am found to have engaged in sexual harassment and/or retaliation in violation of the Statewide Sexual Harassment Prevention policy. I will be subject to corrective and/or disciplinary action, up to and including termination of employment.

Please check one of the following boxes:

I am a Part-Time employee

I am a Full-Time employee

Date:	
Employee ID:	
Division:	
Employee's Printed Name:	
Employees Signature:	