



TOWN OF WAPPINGER

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WAPPINGERS FALLS, NY 12590
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(845)297-2744 Supervisor

FILE COPY- Return this page to Supervisor

ACKNOWLEDGMENT FORM

This is to verify that I have received the Town of Wappinger Sexual Harassment policy.

SIGNATURE _____ DATE _____

EMPLOYEE'S NAME (print) _____

FOR THE TOWN OF WAPPINGER

SIGNATURE _____ TITLE _____