**Department of Culture, Recreation and Tourism**

**POLICY PROHIBITING SEXUAL HARASSMENT**

**ACKNOWLEDGEMENT AND CERTIFICATION**

My signature hereon acknowledges that I have read PPM #4 Sexual Harassment Policy on

**Channel Z/Employee Information/Human Resource/Policies**:

1) I received a copy of OLG/DCRT’s Policy Prohibiting Sexual Harassment;

2) I read this Policy;

3) I understand the content of this Policy;

4) I agree to abide by the terms and provisions of this Policy;

5) I understand that compliance with this Policy is a condition of employment; and

6) I understand that disciplinary action, including the possibility of dismissal, will be imposed on those who violate the terms and provisions of this Policy.

7) I understand that I may be personally liable and responsible for reimbursing the State of Louisiana for all or a portion of any judgment or settlement if a determination is made that I have engages in sexually inappropriate workplace behavior.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYEE SIGNATURE DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYEE NAME (PRINT)**

**SUPERVISOR CERTIFICATION**

 My signature hereon acknowledges that:

1) I personally discussed in detail OLG/DCRT’s Policy Prohibiting Sexual Harassment with the employee identified above;

2) I answered this employee’s questions regarding this Policy;

3) I confirmed this employee’s completion of the online training on sexual harassment provided through CPTP; and

4) I informed the employee of the consequences of violating this Policy.

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**SUPERVISOR SIGNATURE DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUPERVISOR NAME (PRINT)**