GORE SCHOOL BOARD POLICY

DOAC-E2

SUPPORT PERSONNEL ACKNOWLEDGEMENT OF RECEIPT OF POLCY

I hereby acknowledge that I have been provided a copy of Policy DOAC. I understand that I should carefully review this policy as it outlines the reasons for which my employment with the school district could be suspended, demoted, terminated, or nonrenewed.

Dated this _____ day of ______, 20_____.

Signature