

Gloucester County
Administrative Policy Acknowledgement
Gloucester, Virginia

Section: 310

Supersedes: N/A

Title: Identity Theft Prevention Program

Page: 1 of 1

Effective Date: December 1, 2011

Authorized By: County Administrator

Employee Acknowledgement

I acknowledge receipt of the Identity Theft Prevention Program and understand that I should consult the Public Utilities Director if I have questions. Furthermore, I understand that it is my responsibility to read and comply with the Identity Theft Prevention Program and any revisions made to it.

Employee's Signature

Date

Employee's Name (PRINT)

Witnessed by:

Supervisor/Department or Agency Head Signature

Date

Witness Name (PRINT)

Supervisor/Department or Agency Head: Forward completed form to Human Resources for placement in employee's personnel file.

TO BE PLACED IN EMPLOYEE'S PERSONNEL FILE