

**Acknowledgment of Receipt
OP-110205 entitled
“Employee Conflict Resolution Procedures”**

My signature below acknowledges receipt of a copy of the above titled agency Operations Memorandum or Addendum with an effective date of _____, and that it is my responsibility to review its contents and comply with any instructions/directives contained therein.

Printed Name

Signature

Six-Digit DOC Employee ID Number

Date

Please return this completed form to your facility/unit Human Resources office.

Distribution: Original to personnel file