

**COLLEGE OF SOUTHERN NEVADA**

To: All New Hires/CSN Employees

From: Human Resources

Subject: **NSHE Sexual Harassment Policy and Complaint Procedure**

It is the policy of the Nevada System of Higher Education that all employees receive a copy of the *NSHE Sexual Harassment Policy and Complaint Procedure* and sign a form acknowledging receipt of the Policy. Please complete this form upon your receipt of the Policy.

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**I hereby acknowledge receipt of the *NSHE Sexual Harassment Policy and Complaint Procedure* prohibiting sexual harassment. I understand that I may contact the Affirmative Action Office or the Human Resources Office if I have any questions about the policy.**

Department and Campus where employed: \_\_\_\_\_

Name (print clearly): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Employee Type (please check one):

- \_\_\_\_\_ Academic Faculty
- \_\_\_\_\_ Administrative Staff
- \_\_\_\_\_ Classified Employee
- \_\_\_\_\_ Student Employee
- \_\_\_\_\_ Adjunct (Part-Time) Faculty
- \_\_\_\_\_ Letter of Appointment (LOA)
- \_\_\_\_\_ Letter of Appointment w/benefits (LOB)
- \_\_\_\_\_ Emeritus Faculty
- \_\_\_\_\_ Other