

Equal Opportunity, Discrimination and Prohibited Conduct

SCPa Policy #P-13-2.22

By signing this agreement, I attest to the fact that I have read, understand, and abide by the SCPa Works EO, Discrimination, and Prohibited Conduct policies, guidelines, and procedures.

- 1. I have read and understand SCPa Works Policy #P-13-2.22. Choose an item.
- 2. I understand the rules and regulations surrounding Equal Opportunity Employment. Choose an item.
- 3. I understand the rules and regulations surrounding Discrimination in the workplace. Choose an item.
- 4. I understand the rules and regulations surrounding Prohibited Conduct in the workplace. Choose an item.

I fully understand and can reiterate to participants, staff members, and workforce partners the requirements issued by State and Federal laws that ensure Equal Opportunity in the workplace. I fully understand that SCPa Works constitutes zero-tolerance for Discrimination in the workplace and that any type of prohibited conduct will not be accepted as appropriate by staff, employers, partners, participants, or otherwise.

I agree to abide by all pre-established rules and regulations as stated in the above-mentioned content. This signature page serves as the federal and state required record of Equal Opportunity, Discrimination, and Prohibited Conduct communication and explanation. I agree to conduct workplace affairs with professionalism and ethical best practices at all times.

Statement of Receipt:

This signature page serves as the federal and state required record of EO, Discrimination, and Prohibited Conduct communication and explanation.

I hereby certify that I have received, read and understand the EO, Discrimination, and Prohibited Conduct for all programs provided within South Central Pennsylvania service region and acknowledge so with my signature below.

Staff Name:		 	
Staff Signature:			
Date:			