



## Respectful Workplace Training Acknowledgement Form

I acknowledge that I received training regarding the State of Idaho's Respectful Workplace policy and expectations on \_\_\_\_\_ (date). I agree to abide by the expectations and reporting process that were explained in this training. I understand that if I have any questions that were not addressed in training or if I encounter any problems, I can contact human resources and/or leadership within my agency and/or at the Idaho Division of Human Resources.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Name of Agency

CC: Agency Human Resources  
Idaho Division of Human Resources  
cybertraining@dhr.idaho.gov