



Office of  
TAX COLLECTOR  
P.O. Box 614

## Town of Carlisle

Massachusetts 01741  
Tel. (978) 369 - 5557



Office of  
TOWN TREASURER  
P.O. Box 624

### Sexual Harassment Policy Acknowledgement

As an employee of The Town of Carlisle, I understand the Towns' commitment to programs that promote safety in the workplace and employee health and well-being. In addition, I understand the commitment to maintaining a hostility-free workplace and meeting obligations under applicable federal, state and local laws.

I understand that the Town of Carlisle has created specific policies and procedures in the Sexual Harassment Policy and that failure to comply with this Sexual Harassment Policy will result in disciplinary actions, including possible termination and appropriate legal action.

I acknowledge receipt of the Towns' Sexual Harassment Policy. I also acknowledge that it is my responsibility to read the policy and to address any questions to the Town Administrator Office. By signing this notice I agree to abide by the Towns' policy regarding Sexual Harassment.

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Printed Name

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Signature of Employee

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Date Signed

**Please keep the attached policy for your records and return the acknowledgement form to the Treasurers' Office .**

*The Town reserves the right to unilaterally interpret, change or rescind any of the provisions of this policy with or without notice. Your signature on this acknowledgement does not create an employment contract. Your employment with the Town is at-will and as such is terminable by you or the Town at any time and reason.*