

SINCLAIRVILLE FREE LIBRARY
Verification of Acknowledgement

NYS Sexual Harassment Policy
Sinclairville Free Library
P. O. Box 609
Sinclairville, NY 14782

Staff member/ Volunteer name: _____(PLEASE PRINT)

I acknowledge that I have read the Sexual Harassment Policy adopted by the
Sinclairville Free Library Board on October 24, 2018.

Signature _____ Date _____