

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. Reviewed and approved on September 25, 2024.

Signature \_\_\_\_\_ Date \_\_\_\_\_