

School City of Mishawaka Policy 3362/4362
Anti-Harassment Policy for Employees and Students



Receipt of Policy Form

| | |
|-----------------------------|----------------------------------|
| _____ | Substitute Teacher/Program Asst. |
| Name (please print clearly) | Position |

With my signature below, I acknowledge that I have received a copy of the School City of Mishawaka Policy 3362/4362, Anti-Harassment Policy for Employees and Students.

Signature

Date

Return to School City of Mishawaka Administrative Center to the Attention of:

Substitute Coordinator
1402 S Main Street
Mishawaka, IN 46544
574.254.4523
fax 574.254.4585