Village of Sheridan

115 N. Robinson Street P.O. Box 580 Sheridan, IL 60551

Phone: 815-496-2251 Fax: 815-496-9393



2024 SEXUAL HARASSMENT TRAINING CERTIFICATE

ACKNOWLEDGEMENT

By signing below, I acknowledge that I have received a copy of the Village of Sheridan Policy Prohibiting Sexual Harassment ("Policy") and understand that it is my responsibility to read and become familiar with its contents. I further understand that it is my responsibility to ask questions of my supervisor and/or other responsible official if I do not understand any of the information contained in the Policy and that I am required to abide by and observe all of the information, rules, policies and procedures explained therein.

I acknowledge that nothing in the Policy constitutes a contract or promise of employment.

I agree to abide by and observe all of the information, rules, policies, and procedures set forth in the Policy and understand that the Village of Sheridan's rules, policies and procedures may be changed from time to time, with or without notice, and that this Policy supersedes and replaces any and all prior manuals or policies.

I further certify that I have carefully read and reviewed the content of the Policy, and completed Sexual Harassment Prevention Training pursuant to the Illinois Human Rights Act, 775 ILCS 5/2-109.

Training Participant Information:		
Printed Name - First, Middle Initial, Last		
Municipality/Work Location	Training Date	
Signature	Date Signed	
This form will be kept by the municipality as an internal rethe Illinois Department of Human Rights upon request.	ecord of training compliance to be	e made available for

Tom Wehner, Village President