

**Staff Development
Office of Reentry Services
SOP Update Signature Sheet**

RE: Policy Update SOP_____

Effective Date of Policy_____

In accordance with 107.03 Staff Development/Counseling Services, I have attended a briefing on the policy updates listed above. My questions have been satisfactorily answered. I understand and acknowledge that it is my responsibility to remain abreast of future policy updates as well.

Staff Signature_____ **Date**_____

Supervisor Signature_____ **Date**_____

CC:
Employee
Management File
Personnel File