

Nepotism Policy of Miami-Dade County

This is to acknowledge that I have received information on Miami-Dade County's Nepotism Policy. Any and all statements, rules, policies, or procedures that I did not understand were sufficiently explained to me, and I now understand them.

I understand that I am to observe and abide by all rules and regulations that may be given to me orally and in writing regarding the County's Nepotism policy.

I understand that a copy of this signed statement will be placed in my personnel file.

Name:

Signature:

Employee ID Number:

Department:

Date:

