



TRANSPORTATION POLICY ACKNOWLEDGMENT

As an employee of Catholic Charities, I acknowledge the following:

I have received and reviewed the information in the Transportation Policy effective 01/04/2021, which is applicable while I am employed at Catholic Charities. I understand that I have the responsibility to read and understand the information in the Transportation Policy, and to ask my Manager and/or HR for clarification of any information I do not understand. I understand that this Transportation Policy supersedes all prior guides, policies, and understandings on the subjects contained in it.

I understand the Agency has the right to change, modify, add to, substitute, eliminate, interpret, and apply in its sole judgment, the policies and rules described in this Policy, at any time without notice to employees. I understand that should the content be changed in any way, the Agency may require an additional signed acknowledgment from me to indicate that I am aware of the changes.

Employee Signature

Date

Employee Name (Please Print)