



CITY OF SAN ANTONIO  
**SOLID WASTE MANAGEMENT**

**Employee Acknowledgment Form**

**Policy #** \_\_\_\_\_ **Policy Name:** \_\_\_\_\_

By signing below, I acknowledge that I received a copy of the policy named above. I understand this form will be retained in my employee personnel file.

\_\_\_\_\_  
*Employee Name (print)*

\_\_\_\_\_  
*Employee SAP Number*

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Work Division*