



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC
PROTECTION
COMMISSION ON FIRE PREVENTION AND CONTROL

Revised Policy Manual Acknowledgment of Receipt

I, _____, acknowledge that I have received a copy of the revised CT Fire Academy
Print Name

Employee Policy Manual (Revised August 2023). I understand it is my responsibility to read, familiarize myself with, and adhere to the policies, guidelines, and procedures outlined in this manual.

I understand that the policies contained within the revised CT Fire Academy Employee Policy Manual are designed to ensure a safe, respectful, and productive work environment for all employees, as well as to uphold the values and standards of the CT Fire Academy.

By signing this acknowledgment, I:

- agree to abide by the rules and expectations set forth in the manual.
- acknowledge that it is my responsibility to seek clarification from my supervisor or the appropriate department if I have any questions regarding the policies outlined in the manual.
- understand that failure to comply with the policies and procedures may result in disciplinary action, up to and including termination of employment.
- understand that the policies outlined in the Employee Policy Manual may be subject to change, and it is my responsibility to stay informed about any updates or revisions.
- agree to periodically review the manual to ensure that I am aware of any changes that may affect my employment.
- acknowledge that I have been given the opportunity to ask questions about the policies,
- understand that I can access a digital copy of the manual for reference purposes on the instructor portal and the P: drive under the Policy Manual folder.

I hereby acknowledge receipt of the revised CT Fire Academy Employee Policy Manual and understand I am responsible for adhering to the policy.

Employee's Printed Name: _____

Employee's Signature: _____

Date: _____

Director of Training Signature: _____

Date: _____

cc: Fire Academy File

(Revised: August 2023)

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