**ACKNOWLEDGMENT OF PERSONAL RESPONSIBILITY BASICS**

I have received a copy of the Personal Responsibility Basics page from the State of South Dakota Employee Handbook on the date listed below. I understand that I am expected to read and understand my responsibilities to the citizens of South Dakota.

\_\_\_\_\_\_\_ (Employee’s Initials Here)

I understand that it is my responsibility to disclose and seek a waiver for any conflicts of interest as outlined on the Personal Responsibility Basics Page and in the South Dakota Employee Handbook.

\_\_\_\_\_\_\_ (Employee’s Initials Here)

Additionally, I understand the full text of the Personal Responsibility Basics and other employee policies are available in the State of South Dakota Employee Handbook. I am aware I can view the State of South Dakota Employee Handbook by visiting http://bhr.sd.gov/forms/Handbook.pdf or can receive a copy of the handbook by contacting the Bureau of Human Resources at 605.773.3148.

I understand that this form will be retained in my personnel file.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee                              Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee's Name – Printed Agency Employee ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature              Date