

MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

DELINQUENCY AND COURT SERVICES DIVISION

**POLICY & PROCEDURE**

**EMPLOYEE SIGNATURE PAGE**

I, \_\_\_\_\_ (print name) acknowledge receipt and understanding of the following Policies and Procedures for Delinquency and Court Services Division (DCSD).

1. Identify/List the policy (or policies) received here...

\_\_\_\_\_  
Signature of DCSD Management/Supervisor/Staff

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date