



STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

Acknowledgement of Having Read DOC SOP(s):

DOC Institution / Facility / Office: _____

Check One: Employee Volunteer Contractor

Name: _____ Job Title: _____

Review of the following Standard Operating Procedures is mandatory within 30 days of receipt. You must acknowledge that you have read and understand the contents of these SOPs by affixing your signature to this document and returning it to the Manager through your supervisor.

Should you have any questions concerning these SOPs, contact your immediate supervisor for clarification.

By my signature I acknowledge that I have read and understand the SOPs listed below:

SOP INDEX #:	SUBJECT:

Reader's Signature

Date

Reader's Printed Name

Witness Signature

Date

Distribution:
Manager Copy. Reader Copy.
Director Copy. Original to Personnel / Volunteer / Contractor File.