



*Myla Hite Human Resources Director
Human Resources Department
407 Grant Street · Wausau WI 54403
Phone 715-261-6630
email: Myla.Hite@ci.wausau.wi.us*

AFFIRMATION

I acknowledge that I have received, that I have read, the following:

- City of Wausau Core Values
- Violence in the Workplace Policy
- Ethics Policy

I also affirm that I understand the provisions of the policy and I am committed to taking the lead and setting the example for City employees by the commitment of my signature herein.

Romey Wagner
Printed Name

Romey Wagner
Signature

7/27/17
Date

Copy for Personnel File



*Myla Hite Human Resources Director
Human Resources Department
407 Grant Street · Wausau WI 54403
Phone 715-261-6630
email: Myla.Hite@ci.wausau.wi.us*

AFFIRMATION

I acknowledge that I have received, that I have read, the following:

- City of Wausau Core Values
- Violence in the Workplace Policy
- Ethics Policy

I also affirm that I understand the provisions of the policy and I am committed to taking the lead and setting the example for City employees by the commitment of my signature herein.

DAVID E. NOTTING
Printed Name

David E. Notting
Signature

8/4/2015
Date

Copy for Personnel File

**CITY OF WAUSAU
CORE VALUES AND BEHAVIORS
EMPLOYEE ACKNOWLEDGEMENT NOTICE**

I acknowledge that I have received, that I have read, that I understand, and that I have been afforded an opportunity to ask questions regarding the City of Wausau's CORE VALUES AND BEHAVIORS, which have been unanimously passed as a resolution by the Common Council of the City of Wausau. I further understand that, as employees, we are all one workforce focused on providing service to our citizens. I recognize it is incumbent upon me to first hold myself accountable for living by these values / behaviors and secondly, for all of us as employees, to then do our part to respectfully hold each other accountable. Through these efforts, we will create and maintain a more positive and vibrant work environment. I agree to do my best in living out these core values and behaviors as an empowered employee for the City of Wausau. I also acknowledge that I have read and that I understand this notice.

Tom Neal
PRINT EMPLOYEE NAME

[Handwritten Signature]
Signature of Employee

7/21/15
Date

Signature of Supervisor

Date

Copy for Employee's Personnel File

**CITY OF WAUSAU
VIOLENCE IN THE WORKPLACE POLICY
EMPLOYEE ACKNOWLEDGEMENT NOTICE**

I acknowledge that I have received, that I have read, that I understand, and that I have been afforded an opportunity to ask questions regarding the City of Wausau's VIOLENCE IN THE WORKPLACE POLICY. I also acknowledge that I have read and that I understand this notice.

Tom Neal
PRINT EMPLOYEE NAME


Signature of Employee

7/21/15
Date

Signature of Supervisor

Date

Copy for Employee's Personnel File



Myla Hite Human Resources Director
Human Resources Department
407 Grant Street - Wausau WI 54403
Phone 715-261-6630
email: Myla.Hite@ci.wausau.wi.us

AFFIRMATION

I acknowledge that I have received, that I have read, the following:

- City of Wausau Core Values
- Violence in the Workplace Policy
- Ethics Policy

I also affirm that I understand the provisions of the policy and I am committed to taking the lead and setting the example for City employees by the commitment of my signature herein.

LARRY GOSSELMAN
Printed Name

[Handwritten Signature]
Signature

7/22/2015
Date

Copy for Personnel File



*Myla Hite Human Resources Director
Human Resources Department
407 Grant Street · Wausau WI 54403
Phone 715-261-6630
email: Myla.Hite@ci.wausau.wi.us*

AFFIRMATION

I acknowledge that I have received, that I have read, the following:

- City of Wausau Core Values
- Violence in the Workplace Policy
- Ethics Policy

I also affirm that I understand the provisions of the policy and I am committed to taking the lead and setting the example for City employees by the commitment of my signature herein.

Keene T. Winters

Printed Name

A handwritten signature in black ink that reads "Keene T. Winters".

Signature

Date 7/24/2015

Copy for Personnel File



Myla Hite Human Resources Director
Human Resources Department
407 Grant Street · Wausau WI 54403
Phone 715-261-6630
email: Myla.Hite@ci.wausau.wi.us

AFFIRMATION

I acknowledge that I have received, that I have read, the following:

- City of Wausau Core Values
- Violence in the Workplace Policy
- Ethics Policy

I also affirm that I understand the provisions of the policy and I am committed to taking the lead and setting the example for City employees by the commitment of my signature herein.

Lisa Rasmussen

Printed Name

Lisa Rasmussen

Signature

7/22/15

Date

Copy for Personnel File

**CITY OF WAUSAU
VIOLENCE IN THE WORKPLACE POLICY
EMPLOYEE ACKNOWLEDGEMENT NOTICE**

I acknowledge that I have received, that I have read, that I understand, and that I have been afforded an opportunity to ask questions regarding the City of Wausau's VIOLENCE IN THE WORKPLACE POLICY. I also acknowledge that I have read and that I understand this notice.

Karen Kellbach
PRINT EMPLOYEE NAME

Karen Kellbach
Signature of Employee

7-21-15
Date

Signature of Supervisor

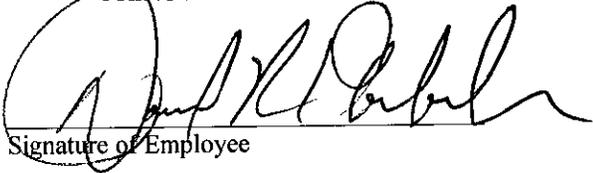
Date

Copy for Employee's Personnel File

**CITY OF WAUSAU
CORE VALUES AND BEHAVIORS
EMPLOYEE ACKNOWLEDGEMENT NOTICE**

I acknowledge that I have received, that I have read, that I understand, and that I have been afforded an opportunity to ask questions regarding the City of Wausau's CORE VALUES AND BEHAVIORS, which have been unanimously passed as a resolution by the Common Council of the City of Wausau. I further understand that, as employees, we are all one workforce focused on providing service to our citizens. I recognize it is incumbent upon me to first hold myself accountable for living by these values / behaviors and secondly, for all of us as employees, to then do our part to respectfully hold each other accountable. Through these efforts, we will create and maintain a more positive and vibrant work environment. I agree to do my best in living out these core values and behaviors as an empowered employee for the City of Wausau. I also acknowledge that I have read and that I understand this notice.

PRINT EMPLOYEE NAME



Signature of Employee

Date

Signature of Supervisor

Date

Copy for Employee's Personnel File

**CITY OF WAUSAU
VIOLENCE IN THE WORKPLACE POLICY
EMPLOYEE ACKNOWLEDGEMENT NOTICE**

I acknowledge that I have received, that I have read, that I understand, and that I have been afforded an opportunity to ask questions regarding the City of Wausau's VIOLENCE IN THE WORKPLACE POLICY. I also acknowledge that I have read and that I understand this notice.

PRINT EMPLOYEE NAME



Signature of Employee

Date

Signature of Supervisor

Date

Copy for Employee's Personnel File

Code of Ethics for Public Officials and Employees
Signature Form

I acknowledge that I have received the *Code of Ethics for Public Officials and Employees* on the date indicated below. Terms described in this Policy may be altered, amended, or changed by the City of Wausau, with or without prior notice. I understand that any violation of the City of Wausau *Code of Ethics for Public Officials and Employees* may subject me to discipline, up to and including termination.

Print Employee Name: _____

Employee Signature: _____

Date Signed: _____

Please return completed form to the Human Resources Department

**CITY OF WAUSAU
VIOLENCE IN THE WORKPLACE POLICY
EMPLOYEE ACKNOWLEDGEMENT NOTICE**

I acknowledge that I have received, that I have read, that I understand, and that I have been afforded an opportunity to ask questions regarding the City of Wausau's VIOLENCE IN THE WORKPLACE POLICY. I also acknowledge that I have read and that I understand this notice.

Sherry L. Abitz
PRINT EMPLOYEE NAME

Sherry L. Abitz
Signature of Employee

7-21-15
Date

Signature of Supervisor

Date

Copy for Employee's Personnel File



*Myla Hite Human Resources Director
Human Resources Department
407 Grant Street · Wausau WI 54403
Phone 715-261-6630
email: Myla.Hite@ci.wausau.wi.us*

AFFIRMATION

I acknowledge that I have received, that I have read, the following:

- City of Wausau Core Values
- Violence in the Workplace Policy
- Ethics Policy

I also affirm that I understand the provisions of the policy and I am committed to taking the lead and setting the example for City employees by the commitment of my signature herein.

ROBERT B. MIELKE

Printed Name

Robert B Mielke

Signature

7-23-15

Date

Copy for Personnel File