	West Virginia Department Of Transportation Social Media Use Policy Acknowledgement Form
Agency:	
Site and/or organization:	
I have read, understand, and agree to abide by the West Virginia Department of Transportation Social Media Use Policy.	
I understand and agree that if I violate any of the provisions of any of these policies, I may be subject to disciplinary action up to and including termination.	
Signature:	Date:
Printed Name	
TO BE COMPLETED BY SUPERVISOR	
I, listed employ ( <u>DOT 3.16</u> ).	, certify that I have discussed with and provided the above ee a copy of the West Virginia Department of Transportation Social Media Use Policy
Signature:	Date:

Printed Name: