



**ZERO TOLERANCE POLICY
(SG/PRC, FDLRC & ROBSAG) DOCUMENTATION**

PRORAM NAME: _____

STAFF NAME: _____

I, _____, have reviewed SG/PRC's & FDLRC'S Zero Tolerance Policy and agree to comply with the requirements contained therein.

I, _____, have reviewed ROBSAG INC'S Zero Tolerance Policy and agree to comply with the requirements contained therein.

Staff Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____