

Department of Culture, Recreation & Tourism

EMPLOYEE POLICY ACKNOWLEDGMENTS
(For New Employees)

I hereby acknowledge that I have been provided copies of the following policies, that I have read them, and that I am accountable for fully understanding and complying with the terms and provisions of these policies. I also understand that these acknowledgments will be maintained in my personnel file.

EMPLOYEE HANDBOOK (rev. 05/14/02)

☐ **personal copy** ☐ **access to office copy**

Employee's Signature Date

PERFORMANCE PLANNING AND REVIEW FORM (rev. 02/01) and VIDEO VIEWED
(classified employees only)

Employee's Signature Date

AMERICANS WITH DISABILITIES ACT (ADA) POLICY (effective August 16, 1999)

Employee's Signature Date

DRUG-FREE WORKPLACE POLICY (effective April 1, 1991)

Employee's Signature Date

SUBSTANCE ABUSE AND DRUG-FREE WORKPLACE POLICY (effective November 1, 1998)

Employee's Signature Date

SAFETY POLICY, RESPONSIBILITY, AND RULES (effective September 30, 1997)

Employee's Signature Date

VEHICLE OPERATION POLICY (effective July 27, 2001)

Employee's Signature Date

Employee Policy Acknowledgements Continued:

VIOLENCE-FREE WORKPLACE POLICY (revised July 27, 2001)

Employee's Signature Date

SEXUAL HARASSMENT POLICY (revised January 20, 2000)

Employee's Signature Date

POLICY PROHIBITING POSSESSION AND USE OF DANGEROUS WEAPONS IN THE WORKPLACE (effective July 27, 2001)

Employee's Signature Date

FAMILY MEDICAL LEAVE ACT (FMLA) POLICY (effective April 9, 1999)

Employee's Signature Date

INMATE INTERACTION POLICY (effective January 6, 1993; if applicable to site location)

Employee's Signature Date

PERMISSIBLE AND PROHIBITED POLITICAL ACTIVITIES (effective July 27, 1995; classified employees only)

Employee's Signature Date

EMPLOYEE ASSISTANCE PROGRAM BROCHURE (rev. 06/00)

Employee's Signature Date

NAME/ADDRESS/EMERGENCY CONTACT UPDATE/CHANGE FORM (rev. 06/02)

I hereby certify that I understand I must complete a Name/Address Change form immediately if my name or address changes and submit the form to the Human Resource Office for processing. I also understand that this acknowledgment statement will be maintained in my personnel file.

Employee's Signature Date