

# KEY POLICIES NOTICE ACKNOWLEDGMENT

I understand that I am responsible for reading the following policies and for fostering a safe, professional, and discrimination-free environment.

I received/was notified of the Key Policies on \_\_\_\_\_

## Employee Information

Employee Name	Personnel Number
Phone Number	E-mail Address

- |   |  |
|---|--|
| <input type="checkbox"/> Standards of Conduct Policy      | <input type="checkbox"/> Workplace Violence Prevention and Security Policy |
| <input type="checkbox"/> Discrimination Prevention Policy | <input type="checkbox"/> Sexual Harassment Prevention Policy               |
| <input type="checkbox"/> Drug-Free Workplace Policy       | <input type="checkbox"/> Reasonable Accommodation Policy                   |
| <input type="checkbox"/> Nepotism Prevention Policy       | <input type="checkbox"/> Responsible Use of Information Technology Policy  |
| <input type="checkbox"/> Vehicle Utilization Policy       | <input type="checkbox"/> Ethical Contracting and Procurement Policy        |
| <input type="checkbox"/> CAL-Card Policy                  | <input type="checkbox"/> Filing Statements of Economic Interests Policy    |
| <input type="checkbox"/> Incompatible Activities Policy   | <input type="checkbox"/> Safety Policy                                     |

**The policies listed above were distributed to me via:**

- |  |  |
|--|--|
| <input type="checkbox"/> Electronic Hyperlink via E-mail | <input type="checkbox"/> Hard Copy Binder Format |
|--|--|

I understand that a permanent hyperlink to the policies are posted on the Blue home page.

**Hardcopy binders of the policies are available upon request by contacting my Supervisor or Division/Office Administrative Officer.**

I also understand that a copy of this signed form will be available from the Division of Human Resources.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date