

**EMPLOYEE NAME:** \_\_\_\_\_

**DOL READ AND ACCEPT POLICY ACKNOWLEDGEMENT**

CHECK OFF AND INITIAL EACH POLICY

**LEAVES & HOLIDAYS**

- Annual Leave..... \_\_\_\_\_
- Family & Medical Leave..... \_\_\_\_\_
- Holidays & Holiday Pay..... \_\_\_\_\_
- Jury Duty & Witness Leave..... \_\_\_\_\_
- Leave of Absence without Pay..... \_\_\_\_\_
- Maternity & Paternity Leave..... \_\_\_\_\_
- Military Leave..... \_\_\_\_\_
- Public Office Leave..... \_\_\_\_\_
- Sick Leave..... \_\_\_\_\_

**HOURS & COMPENSATION**

- Time Keeping ..... \_\_\_\_\_
- Work Schedule & Rest Breaks..... \_\_\_\_\_
- Comp Time/Exempt Employees..... \_\_\_\_\_
- Overtime & Compensation/non-Exempt Employees..... \_\_\_\_\_

**PERSONNEL**

- Discipline & Termination/Classified Employees..... \_\_\_\_\_
- Equal Employment Opportunity (EEO)..... \_\_\_\_\_
- EEO & ADA Complaint Resolution Procedure..... \_\_\_\_\_
- Employee Records..... \_\_\_\_\_
- Supervisory Documentation..... \_\_\_\_\_
- Grievance Policy..... \_\_\_\_\_
- Probationary Period/Classified Employees..... \_\_\_\_\_
- Reduction in Work Force..... \_\_\_\_\_
- Sexual Harassment..... \_\_\_\_\_
- Exit..... \_\_\_\_\_
- Performance Evaluation..... \_\_\_\_\_
- Pay Plan..... \_\_\_\_\_
- Recruitment & Selection..... \_\_\_\_\_

**My signature below confirms I have received and read the DOL Employee Policies as indicated above.**

Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_