

EMPLOYEE NAME:

DOL READ AND ACCEPT POLICY ACKNOWLEDGEMENT

CHECK OFF AND INITIAL EACH POLICY

FISCAL

- Procurement..... _____
- Travel..... _____
- Cash, Checks & Credit Cards..... _____
- Contracts Administration..... _____

SAFETY

- Safety Culture..... _____
- Injury Reporting..... _____
- ZERO Tolerance..... _____

ETHICS & CONDUCT

- Ethics & Conduct..... _____
- Political Activities..... _____
- Theft..... _____
- Drug-Free Workplace..... _____

USE OF STATE PROPERTY

- Computer Use..... _____
- E-Mail..... _____
- State Telephone & State Issued Cellular Devices Use..... _____
- Vehicle Use..... _____

COMMUNICATION

- Public Information Requests..... _____
- Media Inquiries..... _____

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

Employee Name: _____

Signature: _____ Date: _____