

COUNTY OF GLENN

NEW EMPLOYEE ACKNOWLEDGEMENT FORM

- Alcohol and Drug Abuse Policy
- Equal Employment Opportunity/Harassment and Non-Discrimination Policy
- Rights of Victims of Domestic Violence, Sexual Assault and Stalking Pamphlet
- Transgender Rights in the Workplace Pamphlet
- Hate Violence and Civil Rights Pamphlet
- California Public Employee Disaster Service Workers Pamphlet
- Sexual Harassment Pamphlet
- MOU Summary (MOU in its entirety can be located at www.countyofglenn.net)
- Health Care Reform Exchange Notice
- Federal Privacy Act Information
- Network/Electronic Use Policy
- Lactation Policy
- Target Solutions Training

I understand it is my responsibility to enroll in the County health plans offered to me within 60 days of hire. By signing below I acknowledge that I have received a copy, read and understand each of the above policies/notices/procedures.

Employee Signature

Date