

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

Civil Rights of LGBTQ+ People

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

Your Rights to Workers' Compensation Benefits

EDD Disability Insurance Provisions

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