

Policy Acknowledgment

Employee Name

I acknowledge receipt of the following policies:

- Drug Free Schools & Communities Act Amendment of 1989
- Family Medical Leave Act (FMLA)
- SSU Harassment Policy
- Tuition Assistance Program Policy (TAP)
- Ethics Policy and Mandatory Training
- Overtime and Workweek Policy and Form

Employee Signature

Date

Print and complete this page.

This form must be brought with your other paperwork to the Human Resources session.