

San Mateo County

POLICY ACKNOWLEDGEMENT OF RECEIPT

I, _____, _____
(print name) (print title)

of _____ hereby acknowledge that on this date I received,
(print name of department)

and read, the following County policies:

Instructions: place your initials to the right of each individual policy to indicate that you have received and read that policy

POLICY:

You will link to these policies to review and acknowledge during your onboarding in Workday

INITIALS:

- | | |
|---|-------|
| 1. Political Activities
(dated November 18, 2021) | _____ |
| 2. Violence in the Workplace
(dated January 9, 2001) | _____ |
| 3. E-Mail Policy
(dated June 25, 2019) | _____ |
| 4. Internet Usage
(dated October 28, 2019) | _____ |
| 5. Information Technology Security
(dated March 24, 2003) | _____ |
| 6. Reporting of Convictions
(dated March 29, 1999) | _____ |
| 7. Equal Employment Opportunity
(dated January 11, 2022) | _____ |
| 8. Drug Free Workplace
(dated April 8, 1999) | _____ |
| 9. Portable Computing
(dated April 28, 2003) | _____ |
| 10. Leave of Absence Policies
(dated January 1, 2021) | _____ |
| 11. Whistleblower Policy
(dated January 31, 2005) | _____ |
| 12. Online Training Policy
(dated January 26, 2009) | _____ |
| 13. Driving Policy & Safety Driver Program
(dated February 10, 2010) | _____ |
| 14. Ethics Policy (Code of Ethical Conduct)
(dated June 16, 2014) | _____ |

- 15. Labor Commissioner’s Office Victims of Domestic Violence,
Sexual Assault and Stalking Notice
(dated May 2017) _____
- 16. Transgender Policy
(dated January 2019) _____
- 17. Social Media Policy
(dated April 2015) _____
- 18. Patient Protection & Affordable Care Act Notice
(dated January 1, 2014) _____
- 19. Privacy Policy (HIPAA Departments Only)
(dated – June 26, 2014) _____
- 20. Sanctions Policy (HIPAA Departments Only)
(dated June 26, 2014) _____

FORMS PROVIDED BY Payroll Coordinator: *Your Department Payroll Personnel Coordinator should have provided you with these documents if applicable.*

- 21. Loyalty Oath
(provided by the Department) _____
- 22. Predesignation of Personal Physician
(provided by the Department) _____
- 23. Regulations Governing Incompatible Activities and Outside Employment
(provided by the Department) _____
- 24. Non Social Security Covered Positions
*(dated January 1, 2005 – only for Sheriff’s Safety/Probation
Safety Retirement members and extra help employees)* _____

DEPARTMENT POLICIES: *Your Department Payroll Personnel Coordinator should have provided you with these documents if applicable.*

- 25. Other Department Policies
(provided by the Department) _____

By signing I also acknowledge my responsibility to abide by these policies.

Signature: _____

Date: _____