



Department of Health & Social Services

- Discrimination Prohibited
- Drug Free Workplace – Policy Statement Model
- DTI Acceptable Use Policy
- Sexual Harassment Policy and Complaint Procedure
- Appropriate Use of DHSS Information Technology (PM 3)
- Software Acquisition and Use (PM 11)
- Standards of Behavior in the DHSS Workplace
- Beliefs and Principles/Statement of Management Principles
- Confidentiality Policy Statement (PM 5)
- Equal Opportunity Statement
- DE Workplace Violence Policy
- FMLA (Family Medical Leave Act of 1993)
- DHSS Tobacco Free Campus (PM 35)

I hereby acknowledge that I have been given a copy of the above listed policies and have read/have been read the same.

Please print your name(employee)

Please print your name(tech)

Signature of Employee/Date

Signature of technician/Date

IN THE EVENT THAT THE EMPLOYEE REFUSES TO SIGN THIS POLICY STATEMENT, IT SHALL BE READ ALOUD TO HIM/HER AND VERIFICATION THAT IT WAS READ ALOUD WILL BE PROVIDED BY THE SIGNATURE OF THE WITNESS ON THE LINE BELOW.

This certifies that _____ was read the above policies on _____.

Signature of Witness

Date