Employee Acknowledgment Form

I _____ , certify that
(Employee Name)

ALL EMPLOYEES (STUDENT, STAFF AND FACULTY)

1. I understand that I can find the policies below on Single Sign On and I am aware that it is my responsibility to read the following policies:
   - Texas Public Information Act
   - Standards of Conduct (Ethics Policy)
   - Fraud, Waste and Abuse
   - Reporting Fraud, Waste and Abuse
   - Employment Discrimination
   - Sexual Harassment
   - Reporting Employment Discrimination and Sexual Harassment
   - Protected Health Information
   - Drug and Alcohol Abuse
   - HIV/AIDS
   - Workplace Hazard Communication

Instructions to access policies:
Contact Human Resources to obtain your ID and password to Single Sign On. https://sso.tamu.edu/logon.aspx Log onto Single Sign On, click on HR Connect, then click on the Training tab. Click on System-Required Training. You will find the policies under "Orientation to the A&M System". You can access the training by clicking on "Start Course".

2. I understand I am responsible for reading the Texas A&M University-Corpus Christi Rule 34.02.01C1 Alcohol and Drugs. http://www.tamucc.edu/provostuniversity_rules/safety/3402C1.htm

3. Both Benefit and Non-Benefit Eligible employees are eligible to participate in a Tax Deferred Annuity or the Texa$aver Deferred Compensation Program. Each of these programs provide ways of building personal saving for retirement. You can find more information at http://tamus.edu/benefits/retirement/TDA-DCPoverview pdf or contact the Human Resources Office at 361-825-2630.

BENEFIT ELIGIBLE GRADUATE STUDENTS, STAFF AND FACULTY

4. I herby certify that I have been furnished booklets and other information pertaining to the **GROUP INSURANCE PROGRAMS.** I am aware that it is my responsibility to read all of the material furnished me and should I have questions concerning this information, I will contact Human Resources for clarification. I have been informed that I have (60) days from my employment date or date of eligibility in which to enroll in or waive the group insurance program.

I acknowledge that I am responsible for reading the rule and policies listed above. I also acknowledge I have received information pertaining to retirement information as well as benefit programs if eligible. I understand that if I do not have computer access I can request paper copies from the Human Resources Office.

_____

Signature of Employee Date

Employee Acknowledgment Form
(Employee Copy)

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