



County of San Bernardino POLICY ACKNOWLEDGEMENT

Dress and Grooming, Standards of _____ **Initial**

I acknowledge receipt of the County of San Bernardino Policy No. 07-16, "Standards of Dress and Grooming."

Drug and Alcohol Testing _____ **Initial**

I acknowledge receipt of the County of San Bernardino Policy No. 07-17, "Substance Abuse/Reasonable Suspicion Drug and Alcohol Testing."

E-mail _____ **Initial**

I acknowledge receipt of the County of San Bernardino Policy No. 09-01, "Electronic Mail (E-mail) Systems."

Internet/Intranet Use _____ **Initial**

I acknowledge receipt of the County of San Bernardino Policy No. 09-04, "Internet/Intranet Use Policy."

Policy Prohibiting Discrimination, Harassment and Retaliation _____ **Initial**

I acknowledge receipt of the County of San Bernardino Policy No. 07-01, "Policy Prohibiting Discrimination, Harassment and Retaliation."

Personnel Rules _____ **Initial**

I have been made aware that the County of San Bernardino Personnel Rules are available on the Employee Relations web pages found here:

Internet - http://www.sbcounty.gov/hr/PDF/Personnel_Rules.pdf

Intranet - http://countyline/hr/employeerelations/_content/Personnel_Rules.pdf

Personnel Rules – Rule 1, Code of Ethics and Commitment to County Public Service _____ **Initial**

I acknowledge receipt of Rule 1, "Code of Ethics and Commitment to County Public Service," of the County of San Bernardino Personnel Rules.

Telephone Use _____ **Initial**

I acknowledge receipt of the County of San Bernardino Policy No. 09-03, "Use of County Telephone Systems."

Violence in the Workplace – Zero Tolerance _____ **Initial**

I acknowledge receipt of the County of San Bernardino Policy No. 13-07, "Violence and Threats in the Workplace – Zero Tolerance."

I acknowledge receipt of the attached policies and understand that it is my responsibility to read and adhere to these policies, that my department will be enforcing them and that my failure to adhere to these policies may result in disciplinary action, up to and including termination. I further acknowledge if I do not understand any part of a policy it is my responsibility to seek clarification from my supervisor.

Employee's Name (Please Print)

Employee ID

Employee's Signature

Date

Payroll Specialist Signature

Date

Note to Payroll Specialist: Policies may be obtained from the County Policy Manual at <http://countyline.co.san-bernardino.ca.us/policy/>

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