

THE OHIO DEPARTMENT OF NATURAL RESOURCES

NEW EMPLOYEE ACKNOWLEDGEMENT FORM

Department Policies and Procedures

Instructions: This form is to be completed jointly by the employee and the division/office representative. Once completed the form is to be forwarded to the Office of Human Resources and the employee is to receive a copy.

Employee Name: _____ Division/Office: _____

Classification/Job Title: _____ Bargaining Unit: _____

Status: _____ Appointment Type: _____

Employee Initial	Representative Initial	
		Employee's probationary period is _____ days (120, 180, 1 year)
		Employee's ID processed
		Employee received health insurance information. Date to be submitted <u> / /</u> (within 31 days from date of hire).
		Employee received one on one orientation information
		Employee received random drug test information if applicable

Welcome to the Ohio Department of Natural Resources. We are pleased that you chose a career with us. In order for you to effectively serve ODNR please be advised that you will be responsible for review and compliance with the Ohio Department of Natural Resources policies and procedures. You can access these policies procedures on the department's website at <http://www.dnr.state.oh.us/>. Select the link **divisions and offices** on the left hand side of the web page, then select **Office of Human Resources**, and **Policy Manual**. You will need to review the following policies and procedures:

	Americans with Disabilities Act (ADA)		Disciplinary Procedure
	Equal Employment Opportunity (EEO)		Employee/Visitor Identification
	Family and Medical Leave Act (FMLA)		Ethics
	Internet/Intranet Security		Overtime and Comp Time
	Security for Networked Personal Computers		Political Activity
	Sexual Harassment		Sign in/Sign out
	Smoke Free Workplace		Workplace Violence
	Telephone and Cellular Phones		Fountain Square Procedure
	Officer Code of Conduct		Vehicle Use Policy

Sign below as acknowledgement that you received notice of your responsibility for knowledge and compliance with ODNR's policies and procedures. We look forward to having you as a member of our department.

Employee Signature

Date

Department Representative Signature

Date