N.C. Department of Administration
POLICY ACKNOWLEDGEMENT STATEMENTS

INSTRUCTIONS TO NEW DOA EMPLOYEE: You have been supplied with information and reading material on the following Department of Administration policies. When you have completed reading these Policies, you will need to acknowledge that you have read and understand these policies by putting your initials beside each policy listed where indicated. When completed, please make sure that you sign and date this form at the bottom where indicated. This should be completed and returned to HRM no later than 30 days after you are hired.

PLEASE BE AWARE THAT THIS IS A 2-SIDED PAGE, you will need to complete both sides.
If you are in doubt or have questions about any policy, you should ask your supervisor or the Human Resources Management office to seek answers or clarification.

_____**1.** **Unlawful Workplace Harassment:** As a Department of Administration employee, I understand that it is the policy of the Department of Administration that no employee may engage in conduct that falls under the definition of Unlawful Workplace Harassment. All employees are guaranteed the right to work in an environment free from unlawful workplace harassment and retaliation. I have attended orientation and have been provide a copy of the policy regarding Workplace Harassment and was provided the opportunity to ask questions.

_____**2.** **Americans with Disabilities Act (ADA):** As a Department of Administration employee, I understand that the policy of the Department of Administration prohibits discrimination against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, fringe benefits, jobs training and other terms, conditions, and privileges of employment. I have attended orientation training and sections of DOA policy guide regarding Americans with Disabilities Act for the Department of Administration. I understand that the Equal Employment Opportunity Officer is located in the Human Resources Management Division of the NC Department of Administration.

_____**3.** **HIV/AIDS in the Workplace:** As a Department of Administration employee, I understand that the policy of the Department of Administration and the Office of State Personnel prohibits discrimination against any applicant or employee who has or is suspected of having AIDS or HIV infection. I understand that the State recognized that any employee with AIDS or HIV infection may wish to continue working. As long as the employee is able to satisfactorily perform the duties of the job (G.S. 168A-3(9), 130A-148C89i)) and there is no medical evidence indicating that the employee's condition is a health threat to other employees, co-workers or the general public, and employee shall not be denied continued employment nor shall an applicant be denied employment solely because of a medical condition. I have attended training regarding AIDS in the workplace for the Department of Administration. I understand that the Equal Employment Opportunity Officer is located in Human Resources Management Division of the NC Department of Administration.

_____**4.** **Drug Free Workplace:** As a Department of Administration employee, I hereby acknowledge that I have received training on the departmental policy regarding the maintenance of a drug free workplace and the controlled substance and alcohol testing program. I understand that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited on the department's premises. I further understand that any violation of the policy can subject me to disciplinary action up to and including dismissal. Lastly, I understand that a controlled substance and/or alcohol test producing a "positive" result may subject me to disciplinary action up to and including dismissal. I also received a personal copy of the Drug Free Workplace Policy and was provide an opportunity to ask questions concerning this policy.

_____**5.** **Workplace Violence:** As a Department of Administration employee, I hereby acknowledge that I have received training on the departmental policy regarding the Department of Administration Workplace Violence policy. I have received a copy of the policy and was provided with the opportunity to ask questions regarding Workplace Violence. I also acknowledge the importance of reporting any concerns related to co-workers, family members, customers or previous employees and the potential for workplace violence to my supervisor and the Human Resources Management Division.

_____**6.** **Equal Employment Opportunity:** As a Department of Administration employee, I understand that the policy of the North Carolina Department of Administration (DOA) emphatically states that it will provide equal employment opportunities for all persons regardless of race, color, national origin, creed, religion, sex, age, disability, or political affiliation, except where religion, sex, or age are bona fide related employment requirements. This is in keeping with the Title VII of the Civil Rights Act of 1964 as amended, Executive Order 11246, the Rehabilitation Act of 1973, the Civil Rights Restoration Act of 1988, the Americans with Disabilities Act of 1990, N.C.G.S. 126-16 and 126-1 and other applicable Federal and State laws. In

addition, the Department of Administration prohibits discrimination based on sexual orientation or marital status. Applicants or employees that allege discrimination in employment decisions because of sexual orientation or marital status may appeal through the agency's internal grievance process. It is also the policy of the Department of Administration (DOA) to provide a workplace that is free from harassment. I have also received a copy of the Equal Employment Opportunity (EEO) policy and have been provided an opportunity to ask questions regarding Equal Employment Opportunity. I understand that the Equal Employment Opportunity Officer is located in Human Resources Management Division of the NC Department.

_____7. **Safety and Health** As a Department of Administration employee, I hereby acknowledge that I have read and understand the Employee Safety and Health Handbook. I have received a copy of the policy and was provided with the opportunity to ask questions about workplace safety and health. I also acknowledge the importance of reporting any incidents or concerns related to workplace safety or health to my supervisor and the Human Resources Management Division.

_____8. **Gift Ban:** As a Department of Administration employee, I hereby acknowledge that I have received a copy of Executive Order 24 and General Statue 133-32 regarding gifts to state employees. I understand that it is my responsibility to become familiar with and abide by this Executive Order, insofar as it applies to the position in which I am employed with the North Carolina State Government.

_____9. **Secondary Employment:** As a Department of Administration employee, I hereby acknowledge that I understand that my employment responsibilities to the State are primary and than any other employment in which that I chooses to engage in is secondary. I also understand that I must receive approval from the agency head before engaging in any secondary employment and it is my responsibility to ensure that the secondary employment does not have an adverse effect on the primary employment and does not create a conflict of interest. I acknowledge the importance of reporting any secondary employment using the appropriate forms to my supervisor and the Human Resources Management Division.

I am responsible for reading and understanding all initialed applicable statements. I further understand, when in doubt regarding a policy, it is my responsibility to ask questions of my supervisor to seek answers or clarification.

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Employee Signature ***Date***

Revised 03-05-2011