

DHH Policy & Procedure Acknowledgement

Employee Name: _____

Full Legal Name *(please print)*

State Civil Service – Prohibited Political Activity (General Circular Number 2012-024)

Civil Service Prohibited Political Activities video -- <https://www.youtube.com/watch?v=ptp1LZ7gBJ0>

DHH – Recoupment of Overpayments (Policy #2.1)

DHH – Disclosure of Outside Employment (Policy #44.1)

DHH – Overtime Policy (Policy #45.1)

DHH – Firearms in the Workplace (Policy #68.1)

DHH – Safety Rules

General Safety/Loss Prevention Manual

Notice of Compliance to Employees – Worker’s Compensation

DHH Internet

https://www.youtube.com/watch?v=LvaqkE61_6s&index=4&list=PLDcAvZPgZa6LUuG4wJYsM8AgexsJ__5b4

The online orientation has given me instructions to access the above policies via the DHH Internet Webpage. I have accessed the website, read the above policies, and fully understand them. I also acknowledge that it is my responsibility to familiarize myself with all DHH Policies and that I am responsible for complying with all policies, procedures, and regulations of the Department of Health and Hospitals.

Signature

Date