



**POLICY ACKNOWLEDGEMENT
ALL EMPLOYEES**

Employee _____

Date of Hire _____

Position _____

All staff will review and understand the following policies during their initial orientation and annually thereafter. This form will be filed in the employee’s personnel file. Please sign each row.

My signature in each row verifies that:

- **I have reviewed and understand the indicated policy, procedure and/or handbook**
- **I understand all policies, procedures and forms are found on Eckerdnet and I also acknowledge I’ve been shown, and reviewed, Eckerdnet**
- **I will cooperate in any related investigations**

Policy and Procedure		Signature and Date	
A1.01	Eckerd Vision, Mission, and Values		
A1.04	Disabilities: Nondiscrimination & Reasonable Accommodation		
A1.07	Company Insurance		
A2.01	Social Media		
A2.02	Staff Communication Program		
A3.02	Technology Security		
A3.04	Electronic Communication		
B1.01	Equal Employment Opportunity		
B1.03	Credentialing		
B2.03	Attendance		
B2.07	Substance Abuse & Drug-Free Workplace		
B2.08	Performance Management		
B2.09	Code of Conduct		
B3.01	Interpersonal Relations		
B3.02	Role Model		
B3.04	Anti-Discrimination & Anti-Harassment		
B3.05	Conflict of Interest and Duty of Loyalty		
B3.06	Problem Solving		
D1.06	Infection Control		
D2.10	Incidents		
D2.12	Vehicles (Fleet Management)		
E1.06	Auxiliary Aids Plan for Clients With Disabilities or Limited English Proficiency		
E2.02	Abuse & Neglect		
E2.03	Client Grievances		
E4.02	Use of Physical Intervention		
F1.01	Client Confidentiality		
OG_B3.05	Nepotism Guidelines		
OG.B5.04	Staff Injury Guidelines (Under “Procedures & Guidelines)		
Employee Handbook (Under Forms & Documents)			