

TMC
EMPLOYEE ACKNOWLEDGEMENT FORM

PLEASE CHECK ONE: NEW HIRE/REHIRE: _____ CHANGE/UPDATE: _____

EMPLOYEE NAME: _____ EMPLOYEE # : _____

TITLE: _____ LOCATION/CENTER NAME: _____

ORIGINAL DATE OF HIRE: _____

EMPLOYEE TO INITIAL EACH ITEM THAT WAS COVERED WITH HIM/HER:

1. TMC POLICIES & PROCEDURES

- | | |
|---|------------------------------------|
| _____ MISSION & VISION | _____ MEDICAL EXAM OR DOT PHYSICAL |
| _____ CHAIN OF COMMAND (ORGANIZATIONAL CHART) | _____ TB TEST OR X-RAY |
| _____ JOB DUTIES & RESPONSIBILITIES (JOB DESCRIPTION) | _____ CRIMINAL BACKGROUND CHECK |
| _____ PERFORMANCE EVALUATIONS (180 DAY, ANNUAL) | _____ PAYROLL SCHEDULE |
| | _____ WORK SCHEDULE |
| | _____ EMERGENCY CONTACT |

_____ **H.R. POLICIES— INCLUDING, BUT NOT LIMITED TO:**

- | | |
|--|---|
| • ADA (AMERICANS WITH DISABILITY ACT) POLICY | • E-MAIL AND INTERNET USAGE POLICY |
| • ANTI SEXUAL HARASSMENT POLICY | • HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT) |
| • ATTENDANCE POLICY | • LEAVE OF ABSENCE POLICY |
| • BENEFITS POLICY | • PROBATIONARY PERIOD POLICY |
| • BENEFITS HOLIDAY POLICY | • SAFETY POLICY |
| • CONFIDENTIALITY & NON DISCLOSURE POLICY | • STANDARDS OF CONDUCT |
| • DISPUTE RESOLUTION POLICY | • SUBSTANCE ALCOHOL & DRUG FREE WORKPLACE POLICY |
| • DRESS CODE POLICY | |

2. BENEFITS

- _____ ENROLLMENT BENEFITS PACKET (TO BE GIVEN TO FT EMPLOYEES)
- _____ HEALTH, DENTAL & VISION (FT EMPLOYEES)
- _____ LIFE INSURANCE (FT EMPLOYEES)
- _____ LONG TERM DISABILITY (FT EMPLOYEES)
- _____ 401K PLAN (FT OR PT EMPLOYEES)

3. EQUIPMENT AND/ OR SUPPLIES ISSUED TO EMPLOYEE (AS APPLICABLE)

- | | |
|----------------------------|-------------------|
| _____ COMPUTER WORKSTATION | _____ CELL PHONE |
| _____ KEYS (HOW MANY) | _____ NAME BADGE |
| _____ ALARM CODE | _____ OTHER _____ |

4. SIGNATURES

EMPLOYEE SIGNATURE

DATE

HR OR DESIGNEE SIGNATURE

DATE