



HANDBOOK STATEMENT

PERSONNEL HANDBOOK EMPLOYEE STATEMENT & ACKNOWLEDGEMENT (Current Handbook on www.newhavenyfs.org –insider section)

I hereby acknowledge that I have been given access to, discussed and **understand** the New Haven Personnel Handbook and any addendums added as of this date. Should I desire a hard copy of the handbook, I am aware that I may retrieve a current copy by visiting the Human Resources Department during any administrative workday. Any rules I did not understand were explained to me, and any questions I had were answered. My signature below acknowledges that I received the information presented in the table below and agree to observe and abide by all rules and regulations related to the topics herein as well as those policies amended at a later date and communicated to me, whether signed individually or collectively by this agreement. I further understand that New Haven is an at-will employer and may agree to abide by New Haven’s drug-testing policies.

I am aware that any violation of New Haven rules and regulations may render me subject to disciplinary action up to and including immediate termination of my employment. I also am aware and agree to return any New Haven property, including keys, when asked and/or when I leave said employment.

Handbook Information & Signed Acknowledgements	Brochures/Other
	<i>(copies in handbook)</i>
Applicant Statement (App)	Criminal Record Statement (LIC508) Job Descriptions (check online)
Confidentiality Statements (2), including LA County Contractor EE Acknowledgement	Safety & Supervision Documents (EE Safety & Resident Safety) For Your Benefit (EDD)
Driver’s Policy	Safely Surrendered Baby Law - Fast Facts Sheet or www.babysafe.ca.gov Your Guide to Worker’s Comp & Personal Physician’s Designation Form option
Employment At-Will	Employee Rights (LIC 9052) Sexual Harassment Hurts
Overview of Service Providers	Statement Acknowledging Requirement to Report Suspected Child Abuse (LIC9108) State Disability Insurance Provisions & Family Leave Insurance
Maintaining Professional Boundaries During and After Treatment	Stmnt of Client Procedures (Licensing Requirement) Worker’s Compensation – Continuity of Care Handout (on-line)
Sexual Harassment Policy	Training Requirements Worker’s Compensation – Zenith Medical Provider Network (also available on-line)
Paycheck Procedure	HEP B Declination or Request

I understand the above and know that a copy is available at my request or online.

NAME: _____

SIGNATURE: _____

DATE: _____

Please contact HR if you have questions or concerns with any of the above agreements or policies.