



**PERSONNEL HANDBOOK  
EMPLOYEE STATEMENT**

(Current Handbook on [www.newhavenyfs.org](http://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.

Handbook Information	Signed Acknowledgements	Brochures/Other
	(copies in handbook)	
<input type="checkbox"/> Applicant Statement (App)	<input type="checkbox"/> Arbitration Agreement	For Your Benefit (EDD)
<input type="checkbox"/> Confidentiality Statement	<input type="checkbox"/> Criminal Record Statement (LIC508)	Your Guide to Worker’s Comp & Personal Physician’s Designation Form option
<input type="checkbox"/> Driver’s Policy	<input type="checkbox"/> Employee Statement	Paid Family Leave Insurance Program
<input type="checkbox"/> Employment At-Will	<input type="checkbox"/> Employee Rights (LIC 9052)	Sexual Harassment Hurts
<input type="checkbox"/> FMLA /CFRA/PDL Leave	<input type="checkbox"/> Statement Acknowledging Requirement to Report Suspected Child Abuse (LIC9108)	State Disability Insurance Provisions
<input type="checkbox"/> Maintaining Professional Boundaries During and After Treatment		Worker’s Compensation – Continuity of Care Handout (on-line)
<input type="checkbox"/> Sexual Harassment Policy	<input type="checkbox"/> Training Requirements	Worker’s Compensation – Zenith Medical Provider Network (on-line)
<input type="checkbox"/> Paycheck Procedure	<input type="checkbox"/> 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.