**Maryland Department of Health**

**Section 1 – MDH Policy on Sexual Harassment**

I hereby acknowledge receipt of the DHMH Policy on Sexual Harassment

**Section 2 – Executive Order 01.01.01991.16 – Substance Abuse Policy**

I hereby acknowledge receipt of the Substance Abuse Policy and the policy overview sheet

**Section 3 – DHMH Policy 02.09.01 – Policy on Employee’s Timely Reporting of Unexpected Absences – AWOL Policy**

I hereby acknowledge receipt of the AWOL Policy

**Section 4 – General Rules for Drivers of State Vehicles**

I hereby acknowledge receipt of the General Rules for Drivers of State Vehicles and I am aware that a violation of these rules would just cause for disciplinary action under the State Merit System Law

**Section 5 – State Ethics Commission**

I hereby acknowledge receipt of the State’s Ethics Law, and I agree to abide by the provisions summarized within the law. I understand that this is a general summary only and should not be relied upon as a substitute for the Law itself. Additional information on each provision is available on the State Ethic’s Commission’s website, [www.ethics.maryland.gov](http://www.ethics.maryland.gov)

**Section 6 – Policy on Equal Employment Opportunity (EEO)**

I hereby acknowledge receipt of the Equal Employment Opportunity Policy

**Section 7 – Collective Bargaining in Maryland**

I hereby acknowledge receipt of the Collective Bargaining in Maryland. I understand that there will be Union dues taken from my paycheck.

**I understand that my signature indicates that I have received a copy of each of the policies listed above.**

**Employee Name Print:** W#:

**Employee Signature: Date:**

**For future reference, this page will be maintained in the employee’s official personnel file.**

**c: Official Personnel File**