

# THE OHIO DEPARTMENT OF NATURAL RESOURCES

## NEW EMPLOYEE ACKNOWLEDGEMENT FORM

**Instructions:** This form is to be completed jointly by the employee and the division/office representative. Once completed, a copy of this form should be given to the employee, the Division/Office Human Resources Coordinator.

Employee Name \_\_\_\_\_

Division/Office \_\_\_\_\_

Classification Title: \_\_\_\_\_

Bargaining Unit: \_\_\_\_\_ Status: \_\_\_\_\_ Appointment Type: \_\_\_\_\_  
(Exempt, FOP, OCSEA) (Provisional, Certified, Unclassified) (FTP, PTP, ETI, ETR, Intermittent, Temporary)

**Both the employee and the division/office representative should initial each of the following statements.**

Employees: Please initial in the first box.

Division/office representative: Please initial in the second box.

Emp	Rep	
		Employee's probationary period is _____ (i.e., 120, 180, 1 year, as determined by civil service law or applicable collective bargaining agreement)
		Employee's ID Processed (if applicable)
		Employee received health insurance information (comparison chart). Last day to submit health insurance enrollment form is ____/____/____ (31 days from date of hire).
		Employee received and reviewed one-on-one orientation information provided by a division/office representative
		Employee received random drug test information (if applicable, employee must sign acknowledgement form)
		Employee was informed where the Departmental Policy Manual (hard copy or electronic version) could be accessed and that it is his/her responsibility to review and comply with all policies within two weeks of date of hire.

A copy of the following ODNR POLICIES has been provided. Employees should initial each box after the applicable policy, indicating receipt and acknowledgment of responsibility for reviewing the aforementioned policies and procedures.

	Americans with Disabilities Act (ADA)	Disciplinary Procedure
	Equal Employment Opportunity (EEO)	Employee/Visitor Identification
	Ethics	FMLA
	Internet/Intranet Security	Overtime and Comp Time (for Exempt Employees)
	Political Activity Policy	Security for Networked Personal Computers
	Sexual Harassment	Sign in / Sign Out
	Smoke Free Workplace	Workplace Violence
	Telephone and Cellular Phones	Fountain Square Procedure
	Officer Code of Conduct	Vehicle Use Policy

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division/Office Representative Signature

\_\_\_\_\_  
Date