

## EMPLOYEE ACKNOWLEDGEMENT

*I acknowledge review of information on the following items:*

### **ALCOHOL ABUSE & ILLICIT DRUG USE**

As required by the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communications Act Amendments of 1989, I have been provided or have electronic access to the A&M System policy and regulation on Drug and Alcohol Abuse and Rehabilitation Programs 34.02 and 34.02.01, as well as Texas AgriLife Research Rule 34.02.01.A1, *Drug and Alcohol Abuse and Rehabilitation Programs*; Texas AgriLife Research Procedure 34.02.01.A1.01, *Drug and Alcohol Abuse and Rehabilitation Programs*; or Texas AgriLife Extension Service Rule 34.02.01.X1, *Drug and Alcohol Abuse and Rehabilitation Programs*; and Texas AgriLife Extension Service Procedure 34.02.01.X1.01, *Drug and Alcohol Abuse and Rehabilitation Programs*, prohibiting the use of illegal drugs and alcohol in the workplace.

### **HIV/AIDS IN THE WORKPLACE AND LEARNING ENVIRONMENT**

I understand that Texas Health and Safety Code, Chapter 85, specifies that workplace guidelines be explained to ensure that the rights and privileges of individuals infected with the Human Immunodeficiency Virus (HIV) are protected. In keeping with that, I certify that I have been provided a copy or have electronic access to the *HIV/AIDS and the Workplace* pamphlet of the Texas Department of Health and the Texas A&M System Regulation 34.04.03, *HIV/AIDS in the Workplace and Learning Environment*, which provides those guidelines.

### **STANDARDS OF CONDUCT**

I certify that I have been provided or have electronic access to the Texas Government Code, Section 572.051, and/or form AG-417, relating to political aid and legislative influence and standards of conduct for state employees.

### **POLITICAL ACTIVITIES BY CERTAIN PUBLIC ENTITIES AND INDIVIDUALS**

I certify that I have been provided a copy or have electronic access to Texas Government Code 556, including Section 556.004, *Prohibited Act of Agencies and Individuals*; Section 556.005, *Employment of Lobbyist*; Section 556.0055, *Restrictions on Lobbying Expenditures*; Section 556.006, *Legislative Lobbying*; Section 556.007, *Termination of Employment*; Section 556.008, *Compensation Prohibition*, and/or form AG-417.

### **TEXAS HAZARD COMMUNICATIONS ACT**

I certify that I have been provided a copy or have electronic access to *Notice to Employees, The Texas Hazard Communications Act (revised 4/99)*.

### **CONTROL OF FRAUD AND FRAUDULENT ACTIONS**

I understand that I am required to report specific incidents of suspected fraud and criminal acts to my supervisor, the Chancellor, or the System Chief Internal Auditor. System Policy 21.04, *Control of Fraud and Fraudulent Actions*, outlines the types of fraud and criminal actions that should be reported and employees' responsibilities for such reporting. Also, I certify that I have been provided a copy or have electronic access to the Texas A&M System Policy 21.04, *Control of Fraud and Fraudulent Actions* and the *Fraud, Waste & Abuse It's There* brochure.

### **INFORMATION SECURITY**

I certify that I have been provided a copy or have electronic access to the Texas AgriLife Research Procedure 21.99.10.A1.01, *Information Security, Computer Use, and Software Installation/Use*, or Texas AgriLife Extension Service Procedure 21.99.10.X1.01, *Information Security, Computer Use, and Software Installation/Use*, which establish the policy of Texas A&M AgriLife with respect to the use of electronic files. Further, I understand that information resources are the property of Texas A&M AgriLife and the Texas A&M System, and as an employee I am responsible for ensuring the Internet is used in an effective, ethical and lawful manner. Also, I have no expectation that any information contained in electronic files will be kept private. I agree to complete the on-line training course, *Information Security Awareness*, via HR Connect within my first 30 days of employment.

### **HIPAA NOTICE OF PRIVACY PRACTICES**

I certify that I have been provided a copy or have electronic access to the *HIPAA Notice of Privacy Practices*.

**STATEMENT OF PREVIOUS STATE EMPLOYMENT**

I certify that I have received (if applicable) a copy or have electronic access to form AG-419, *Statement of Previous State Employment* which I need to send to all prior employers with any agency or institution of the State of Texas for verification of service (including student employment) to receive applicable vacation accrual or longevity pay. Note: Employment with independent school districts or junior colleges is not state employment and does not count toward vacation accrual or longevity pay.

**OVERTIME POLICY FOR NONEXEMPT PERSONNEL**

I certify that I have been provided a copy or have electronic access to the TAMUS *Overtime Policy* 31.01.09. I hereby agree to following rules and regulations of the U. S. Government and the State of Texas regarding overtime work (hours worked in excess of 40 in a work week in a nonexempt position).

“Work” in the context of this acknowledgement means the performance of assigned duties. It does not include time away from work due to illness, holidays or other approved leaves of absence. Some graduate assistants may be eligible for overtime.

**ETHICS POLICY, EQUAL EMPLOYMENT OPPORTUNITY (EEO)**

I certify that I have been provided a copy or have electronic access to the TAMUS Ethics Policy 7.01, *Ethics, Conflict of Interest*, which outlines state and federal EEO laws and the philosophy of TAMUS. As required by Chapter 21, Sec. 21.010 of the Texas Labor Code, I have been provided a copy or have electronic access to the TAMUS Policy 34.01, Texas AgriLife Extension Service Rules 34.01.99.X1 and 34.01.99.X1.01, Texas AgriLife Research Rules 34.01.99.A1 and 34.01.99.A1.01, *Sexual Harassment*, concerning workplace discrimination including prevention of sexual harassment. I understand that sexual harassment is considered to be sex discrimination under federal and state civil rights laws. I agree to complete on-line training courses, *Ethics* and *Creating a Discrimination Free Workplace*, via HRConnect within my first 30 days of employment.

**PAYROLL DEDUCTION VERIFICATION**

I understand that I am responsible for reviewing my check retainer each pay period and notifying the Payroll Office immediately if the proper deductions are not made for retirement, group insurance, social Security and federal income tax. I further understand that benefits will be paid based on coverage records in my insurance file and in accordance with the terms of the applicable group policy.

\_\_\_\_\_  
*Employee Name (please print)*

\_\_\_\_\_  
*UIN*

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

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

**For questions concerning this form, please call 979-862-8096.**