**State Policy Signature Page**

**Temporary/MLA employee**

All employees must comply with state policies and Oregon Administrative Rules

Name of Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions to Employee: Please read the policies and rule listed below. Unless otherwise indicated, the policies can be accessed at: <http://www.oregon.gov/das/Pages/policieshr.aspx>. If you do not have access to a computer, your supervisor will provide copies of the policies to you.

|  |  |  |
| --- | --- | --- |
| **State Policy** | **Number** | **Employee’s Initials and**  **Date** |
| Support of Employee’s Work and Family Needs | 10.030.01 |  |
| Drug-Free Workplace | 50.000.01 |  |
| Discrimination and Harassment Free Workplace | 50.010.01 |  |
| Violence-Free Workplace | 50.010.02 |  |
| Maintaining a Professional Workplace | 50.010.03 |  |
| Statutorily Required Leaves With and Without Pay | 60.000.12 |  |
| Family and Medical Leave | 60.000.15 |  |
| Internal Controls for Cellular-based Communication Devices <https://www.oregon.gov/das/Policies/107-001-015.pdf> | 107-001-0015 |  |
| Acceptable Use of State Information Assets <http://www.ode.state.or.us/services/hr/pdfs/das-acceptable-use.pdf> | 107-004-110 |  |
| State Vehicle Use and Access  <http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_125/125_155.html>  (This is an Oregon Administrative Rule) | OAR 125-155 |  |

You may need to learn other state and agency policies and rules because of the type of work you perform for the state. Your supervisor will let you know of other policies and rules with which you must be familiar. Direct questions about the policies to your supervisor or the Personnel Office (971-355-3983).

**Employee’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(My signature indicates I read the policies and rule and had my questions answered. I understand I must comply with procedures and requirements of the policies and rule.)

(Instructions for supervisor: Please send the original State Policy signature page to the Personnel Office.)