



EMPLOYEE ACKNOWLEDGEMENTS

This form is part of the required documentation for new employees to the Department of Health. Please initial and sign as directed and return the completed form to your supervisor/manager or human resource liaison.

I understand that it is my responsibility to review and understand:

- The **Employee Handbook** and **Discipline Policy**, located on the department's Intranet web site, and that the information contained in this handbook is not all-inclusive; there will be periodic changes. Additional information regarding discipline may be found in Section 110.227, Florida Statutes, "Suspensions, dismissals, reductions in pay, demotions, layoffs, transfers, and grievances," and Chapter 60L-36, Florida Administrative Code, "Conduct of Employees." I also understand that I may obtain clarification or additional information from my supervisor or the servicing human resource office.
- The department's **Code of Ethics Policy**, is located on the department's Intranet website. I also understand that I may obtain clarification or additional information from my supervisor or the servicing human resource office.
- The department's **Equal Employment Opportunity Policy, Americans with Disabilities Act Accommodations Policy, Sexual Harassment Policy, and Equal Opportunity in Service Delivery Policy** are located on the department's Intranet website. These policies address the equal opportunity requirements of federal and state law with regard to employment and the provision of services to clients. I also understand that I may obtain clarification or additional information from my supervisor, servicing human resource office, or the Equal Opportunity Section staff in the Bureau of Human Resource Management.
- The **Drug-Free Workplace Policy** is located on the department's Intranet website. This policy includes a list of all drugs for which this department may test, described by brand names or common names, as applicable, as well as by chemical name. The names, addresses, and telephone numbers of employee assistance programs and local alcohol and drug rehabilitation programs are available by contacting the servicing human resource office. Additional information regarding the drug free workplace may be found in Section 112.0455, Florida Statutes. I also understand my compliance with this policy is a condition of employment.
- The department's **Violence in the Workplace Policy** is located on the department's Intranet website. I also understand that I may obtain clarification or additional information from my supervisor or the servicing human resource office.
- The **Workers' Compensation Handbook**. I have reviewed the procedure to follow in the event of an injury and understand my responsibilities under the Managed Care Program.
- The State of Florida **Payroll Schedule**. I have reviewed the current payroll schedule, located on the department's intranet website. I understand that it is my responsibility to accurately submit my electronic attendance and leave record in People First to my supervisor/manager no later than the Friday following the close of the pay period and that intentional falsification of this leave record shall be cause for disciplinary action, up to and including dismissal. I also understand that failure to submit my leave and attendance record may result in not receiving a payroll warrant timely. I am aware that

it is my responsibility to monitor my accumulated leave balances each pay period and notify the servicing human resource office of any discrepancy immediately.

- The State of Florida's **Employee Information Center**. I understand that it is my responsibility to access and monitor my biweekly earning statement, and to certify that my earnings are accurate in accordance with my submitted timesheet and my appointed salary. Any discrepancies must be reported to my servicing human resource office as soon as they are discovered. I also understand that I can choose to enroll in electronic W-2 forms through the Employee Information Center.
- The department's **Background Screening Policy** is located on the department's Intranet website. Additional information regarding background screening may be found in Section 110.1127 and Chapter 435, Florida Statutes. I also understand that I may obtain clarification or additional information from my supervisor or the servicing human resource office. I also understand my compliance with this policy is a condition of employment.
- The **Health Insurance Marketplace Coverage Options and Your Health Coverage** document is located on the department's Intranet website. I have been provided a hard copy of this document.
- Membership in the **Florida Retirement System (FRS)** is compulsory for all employees working in a regularly established position, including Career Service, Selected Exempt Service (SES) or Senior Management Service (SMS) employees. I understand that as a member of the FRS, I am required to contribute 3% of gross compensation (pre-tax) to the FRS; this employee contribution is not optional and will be automatically deducted from any retirement-eligible compensation. Reemployed FRS retirees who were initially rehired in an FRS-eligible position on or after July 1, 2010, and Deferred Retirement Option Program (DROP) participants are not required to pay contributions to the FRS.

Please check and initial the appropriate statement in each of the following sections:

Secondary or Dual Employment

I am not presently receiving compensation from another job (state or non-state).

I am currently receiving compensation from another state agency.

If you are currently receiving compensation from another state agency, you must complete a "Dual Employment and Compensation Request". You are not permitted to work in a secondary capacity until you receive approval from your servicing human resource office.

I am currently receiving compensation from a job outside of state government (including a state university).

If you are currently receiving compensation from an entity outside of state government, you must complete an "Outside Employment Request". You are not permitted to work in a secondary capacity until you receive approval from your servicing human resource office or, if necessary, the Ethics Officer in the General Counsel's office.

Check appropriate box(es) and initial here: _____

Personnel Record Confidentiality

Section 119.07(3), Florida Statutes, contains an exemption from the Public Records Law for the home addresses, home telephone numbers, and in most cases, the photographs, of certain employees, and their spouses and children. You may qualify for this exemption if you or your spouse falls into one of these categories, you are the child of someone who falls into these categories, or you have children residing with you whose non-custodial parent qualifies.

| Category | Indicator Name | Description |
|----------|---------------------|--|
| 1 | Sworn / Certified | Pursuant to Chapter 119, F.S., individuals who are current or former holders of a sworn / certified position in law enforcement are permanently eligible for this exemption, even if they are no longer active. |
| 2 | Restricted | Pursuant to Chapter 119, F.S., individuals who are current or former holders of specified positions (non-sworn / certified), but did involve any of the various judicial, enforcement or prosecutorial duties described in subparagraphs 119.071(4)(d) 1-6, F.S.; or the duties of various personnel of the Department of Juvenile Justice, as described in subparagraph 119.071(4)(d)7, F.S.) are permanently eligible for this exemption, even if they are no longer active. |
| 3 | Restricted Relative | Pursuant to Chapter 119.071(4)(d), F.S., individuals who are the spouse or children of current or former holders of a sworn / certified position in law enforcement are eligible for this exemption. Eligibility for this indicator may change in case of a divorce. |
| 4 | Protected Identity | Pursuant to court-issued restraining orders or other legal documents, identified employees may document their legal right to have their home and work address information exempted from public record requests. Eligibility for this indicator may change in cases where the court order expires. |

If any of the preceding criteria apply to you and you are invoking your rights under this statute, please indicate the number or numbers that apply and initial below.

Criteria Number(s) _____ Initials: _____

If a category applies as the result of a relationship, please indicate the name and relationship:

Name: _____ Relationship: _____

If this statute is not applicable to you, please check this box and initial here: _____

FOR OTHER PERSONAL SERVICES (OPS) EMPLOYEES ONLY

OPS General Information Sheet

Degree-Seeking Students

Degree-seeking students may be employed for an unlimited number of hours. Please indicate here if you are a degree-seeking student and at which institution you are enrolled. It will be necessary for you to provide documentation of enrollment, either student identification or a copy of enrollment verification each semester or quarter.

- No, I am not a degree-seeking student.
- Yes, I am a degree-seeking student presently enrolled at _____.
(Documentation is attached).

Check appropriate box and initial here: _____

State of Florida 401(a) FICA Alternative Plan (Mandatory)

OPS employees are not covered by Social Security and are not subject to Social Security taxes (Medicare only). Instead, eligible OPS employees will be enrolled in a qualified retirement plan, administered by BENCOR. Enrollment in this plan is mandatory and automatic, unless you are also employed in a position that is covered by the Florida Retirement System (FRS) or you are retired from the FRS.

- Yes, I am retired from the Florida Retirement System (FRS). *Notify your servicing human resource office immediately to avoid improper deductions from your pay.*
- Yes, I currently work for DOH or another employer in a position that is covered by the FRS. *Notify your servicing human resource office immediately to avoid improper deductions from your pay.*
- No, I am neither a FRS retiree or employed with any employer in a covered FRS position. I understand that I will be enrolled in the FICA-Alternative Plan.

Check appropriate box(es) and initial here: _____

This is to certify that I have read and understand the information contained or referenced in this document and that I have taken appropriate action as directed, where applicable. I understand that this form will become a permanent part of my personnel file.

| | | |
|------------|--------------------|-------|
| _____ | _____ | _____ |
| Print Name | Employee Signature | Date |

| | | |
|------------|----------------------|-------|
| _____ | _____ | _____ |
| Print Name | Supervisor Signature | Date |