

State of Connecticut  
**Department of Aging and Disability Services**  
Human Resources

Acknowledgement of Receipt

I, \_\_\_\_\_, acknowledge receipt of the  
(Please print or type full name)

following Department of Aging and Disability Services (ADS) and/or State of Connecticut policies/procedures:

- Employee Attendance and Dependability Policy and Guidelines
- Notification Procedure for absences/delays
- Code of Ethics policy which incorporates the Office of State Ethic's Guide to the Code of Ethics for Public Officials and State Employees.
- Violence in the Workplace Prevention policy
- State of Connecticut Acceptable Use of State Systems Policy
- State of Connecticut Disposition of Public Records
- State of Connecticut Drug Free Workplace Policy
- State of Connecticut Electronic Monitoring Notice
- State of Connecticut Policy on Security for Mobile Computing and Storage Devices
- Affirmative Action Policy
- Sexual Harassment Prevention Policy
- Discrimination Complaint Process
- Americans with Disabilities Communication Policy

I understand and agree that, as a public employee, I must use my best efforts to comply with the standards set forth within the policies/procedures.

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

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