

San Mateo County

**POLICY ACKNOWLEDGEMENT OF RECEIPT**

I, \_\_\_\_\_, \_\_\_\_\_  
(print name) (print title)

of \_\_\_\_\_ hereby acknowledge that on this date I received,  
(print name of department)

and read, the following County policies:

*Instructions: place your initials to the right of each individual policy to indicate that you have received and read that policy*

**POLICY:**

**INITIALS:**

*You will link to these policies to review and acknowledge during your onboarding in Workday*

- 1. Political Activities  
(dated November 18, 2021) \_\_\_\_\_
- 2. Violence in the Workplace  
(dated January 9, 2001) \_\_\_\_\_
- 3. E-Mail Policy  
(dated June 25, 2019) \_\_\_\_\_
- 4. Internet Usage  
(dated October 28, 2019) \_\_\_\_\_
- 5. Information Technology Security  
(dated March 24, 2003) \_\_\_\_\_
- 6. Reporting of Convictions  
(dated March 29, 1999) \_\_\_\_\_
- 7. Equal Employment Opportunity (including the Language Diversity Policy)  
(dated January 11, 2022) \_\_\_\_\_
- 8. Drug Free Workplace  
(dated April 8, 1999) \_\_\_\_\_
- 9. Portable Computing  
(dated April 28, 2003) \_\_\_\_\_
- 10. Leave of Absence Policies  
(dated January 1, 2021) \_\_\_\_\_
- 11. Whistleblower Policy  
(dated January 31, 2005) \_\_\_\_\_
- 12. Online Training Policy  
(dated January 26, 2009) \_\_\_\_\_
- 13. Driving Policy & Safety Driver Program  
(dated February 10, 2010) \_\_\_\_\_
- 14. Ethics Policy (Code of Ethical Conduct)  
(dated June 16, 2014) \_\_\_\_\_

- 15. Labor Commissioner’s Office Victims of Domestic Violence,  
Sexual Assault and Stalking Notice  
*(dated May 2017)* \_\_\_\_\_
- 16. Transgender Policy  
*(dated January 2019)* \_\_\_\_\_
- 17. Social Media Policy  
*(dated April 2015)* \_\_\_\_\_
- 18. Patient Protection & Affordable Care Act Notice  
*(dated January 1, 2014)* \_\_\_\_\_
- 19. Privacy Policy (HIPAA Departments Only)  
*(dated – June 26, 2014)* \_\_\_\_\_
- 20. Sanctions Policy (HIPAA Departments Only)  
*(dated June 26, 2014)* \_\_\_\_\_

**FORMS PROVIDED BY Payroll Coordinator:** *Your Department Payroll Personnel Coordinator should have provided you with these documents if applicable.*

- 21. Loyalty Oath  
*(provided by the Department)* \_\_\_\_\_
- 22. Predesignation of Personal Physician  
*(provided by the Department)* \_\_\_\_\_
- 23. Regulations Governing Incompatible Activities and Outside Employment  
*(provided by the Department)* \_\_\_\_\_
- 24. Non Social Security Covered Positions  
*(dated January 1, 2005 – only for Sheriff’s Safety/Probation  
Safety Retirement members and extra help employees)* \_\_\_\_\_

**DEPARTMENT POLICIES:** *Your Department Payroll Personnel Coordinator should have provided you with these documents if applicable.*

- 25. Other Department Policies  
*(provided by the Department)* \_\_\_\_\_

**By signing I also acknowledge my responsibility to abide by these policies.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_