

San Mateo County Health

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
(dated – June 26, 2014) _____
- 20. Sanctions Policy
(dated June 26, 2014) _____
- 21. Conflict of Interest, Incompatible Activities and Outside
Employment for Employees of County of San Mateo Health _____

You are required to check one of the below:

- I hereby attest that:
 - neither I nor any relative now currently has any financial interest in any organization or enterprise with which Health has done or now does business, or any interest in any business transaction involving Health.
 - I am not currently engaged in outside employment, activity and/or enterprise that would potentially constitute a conflict of interest.
 - I do not serve as an officer or member of the board of directors or trustees in any professional, community, or charitable activities that would potentially constitute a conflict of interest.
- I do have a reportable conflict or incompatible activity. I completed the [Attachment 1, Employee Statement Regarding Conflicts of Interest, Incompatible Activities, and Outside Employment form](#) and submitted the form with completed signatures to my Payroll Personnel Coordinator no later than 30 days after the start of my employment.

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

- 22. Loyalty Oath
(provided by the Department) _____
- 23. Predesignation of Personal Physician
(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: _____