



STATEWIDE AGREEMENT to COMPLY and ACKNOWLEDGMENT OF RECEIPT BENEFIT ELIGIBLE EMPLOYEES	
<b>Application: Executive Branch Employees</b>	<b>Authority: 29 Del. c. Chapter 90D</b>
<b>Effective Date: September 16, 2022</b>	<b>Supersedes: N/A</b>

<a href="#">Affordable Care Act and Marketplace Notices</a>	<a href="#">Military Leave Policy and Procedures</a>
<a href="#">Alternative Work Arrangement(AWA) Policy and Procedure</a>	<a href="#">Paid Volunteer Leave Policy and Procedures</a>
<a href="#">Americans with Disabilities Act (ADA) Policy</a>	<a href="#">Parental Leave Policy and Procedure</a>
<a href="#">Domestic Violence, Sexual Violence, and Stalking Policy</a>	<a href="#">Pregnant Workers Fairness Act Policy and Procedures</a>
<a href="#">Drug Free Workplace Policy</a>	<a href="#">Respectful Workplace and Anti-Discrimination Policy</a>
<a href="#">FMLA Policy &amp; Procedures</a> and <a href="#">General Employee Rights and Responsibilities</a>	<a href="#">Standards of Conduct</a>
<a href="#">Gender Identity Policy</a>	<a href="#">Statewide Acceptable Use Policy (DTI)</a>
<a href="#">Health Insurance Portability and Accountability Act (HIPAA)</a>	<a href="#">Tobacco-Free Indoor Workplace Policy and Procedure</a>
<a href="#">Leave Quick Reference Guide</a>	<a href="#">Workplace Wellness Policy and Procedures</a>
<a href="#">Medicare Enrollment Information for Active Employees, Pensioners and Covered Spouses</a>	<a href="#">Workplace Violence Prevention Policy</a>

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party’s electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

I certify that I have read, understand, and agree to comply with all terms and conditions of employment as stated in each of the documents listed above.

\_\_\_\_\_  
Employee Name (please print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Representative/Ben Rep/Designee (please print)

\_\_\_\_\_  
HR Representative/Ben Rep/Designee Signature

\_\_\_\_\_  
Date