



AGREEMENT TO COMPLY AND ACKNOWLEDGMENT OF RECEIPT BENEFIT ELIGIBLE EMPLOYEES - Statewide	
Application: Executive Branch Employees not assigned a State e-mail address	Authority: 29 Del. c. Chapter 90D
Effective Date: March 28, 2023	Revised Date: March 8, 2024
Supersedes: September 16, 2022	

Affordable Care Act and Marketplace Notice – Employer Notice for Full-Time Employees	Marijuana and Alcohol-Free Workplace Policy
Affordable Care Act and Marketplace Notice – Employer Notice for Part-Time Employees	Medicare Enrollment Information for Active Employees, Pensioners and Covered Spouses
Alternative Work Arrangement (AWA) Policy and Procedure	Military Leave Policy and Procedures
Americans with Disabilities Act (ADA) Policy	Paid Volunteer Leave Policy and Procedures
Anti-Nepotism Policy and Procedures	Parental Leave Policy and Procedure
Bereavement Leave Policy and Procedure	Pregnant Workers Fairness Act Policy & Procedures and DE Dept. of Labor, Labor Law Poster
Domestic Violence, Sexual Violence, and Stalking Policy	Respectful Workplace & Anti-Discrimination Policy and DE Dept. of Labor Sexual Harassment Notice
Drug-Free Workplace Policy	Standards of Conduct
Employee Personnel Records Policy and Procedures	Tobacco-Free Indoor Workplace Policy and Procedure
FMLA Policy & Procedures and General Employee Rights and Responsibilities	Workplace Wellness Policy and Procedures
Gender Identity Policy	Workplace Violence Prevention Policy
Health Insurance Portability and Accountability Act (HIPAA)	<i>Intentionally Left Blank</i>

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party’s electronic signature for the 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