



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

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

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