



Delaware Department of  
**Human Resources**

**AGREEMENT TO COMPLY AND ACKNOWLEDGMENT OF RECEIPT CASUAL/SEASONAL OR  
NON-BENEFIT ELIGIBLE EMPLOYEES - Statewide**

<b>Application: Executive Branch Employees not assigned a State e-mail address</b>	<b>Authority: 29 Del. c. Chapter 90D</b>
<b>Effective Date: March 28, 2023</b>	<b>Revised Date: March 19, 2025</b>
<b>Supersedes: September 16, 2022</b>	

<a href="#">Affordable Care Act and Marketplace Notice- Employer Notice for Casual/Seasonal Employees</a>
<a href="#">Americans with Disabilities Act (ADA) Policy</a>
<a href="#">Anti-Nepotism Policy and Procedures</a>
<a href="#">Domestic Violence, Sexual Violence, and Stalking Policy</a>
<a href="#">Drug-Free Workplace Policy</a>
<a href="#">Employee Personnel Records Policy and Procedures</a>
<a href="#">FMLA Policy &amp; Procedures and General Employee Rights and Responsibilities</a>
<a href="#">Gender Identity Policy and Procedures</a>
<a href="#">Marijuana and Alcohol-Free Workplace Policy and Procedures</a>
<a href="#">Military Leave Policy and Procedures</a>
<a href="#">Pregnant Workers Fairness Act Policy and Procedures and DE Dept. of Labor, Labor Law Poster</a>
<a href="#">Respectful Workplace &amp; Anti-Discrimination Policy and DE Dept. of Labor, Sexual Harassment Notice</a>
<a href="#">Standards of Conduct</a>
<a href="#">State of Delaware Rules of Ethical Conduct</a>
<a href="#">Tobacco-Free Indoor Workplace Policy and Procedures</a>
<a href="#">Workplace Wellness Policy and Procedures</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