



STATEWIDE AGREEMENT to COMPLY and ACKNOWLEDGMENT OF RECEIPT CASUAL/SEASONAL or NON-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
Americans with Disabilities Act (ADA) Policy
Domestic Violence, Sexual Violence, and Stalking Policy
Drug-Free Workplace Policy
FMLA General Employee Rights and Responsibilities Requirement & FMLA Policy and Procedures
Gender Identity Policy and Procedures
Leave Quick Reference Guide
Military Leave Policy and Procedures
Pregnant Workers Fairness Act Policy and Procedures
Respectful Workplace and Anti-Discrimination Policy
Standards of Conduct
Statewide Acceptable Use Policy (DTI)
Tobacco-Free Indoor Workplace Policy and Procedures
Workplace Wellness Policy and Procedures
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