



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