



**AGREEMENT TO COMPLY AND ACKNOWLEDGMENT OF RECEIPT
BENEFIT ELIGIBLE EMPLOYEES - Statewide**

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| 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 19, 2025 |
| Supersedes: September 16, 2022 | |

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| 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 | State of Delaware Ethical Conduct |
| FMLA Policy & Procedures and General Employee Rights and Responsibilities | Tobacco-Free Indoor Workplace Policy and Procedure |
| Gender Identity Policy | Workplace Wellness Policy and Procedures |
| Health Insurance Portability and Accountability Act (HIPAA) | 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 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