



ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES

Employee Handbook

The Employee Handbook has been prepared as a guide for policies, benefits, and general information which should assist you during your employment. However, these guidelines should not be construed as a contract. I acknowledge receipt of the Employee Handbook, and I agree to abide by the policies set forth in the personnel policies of Tift County.

Initials

Anti-Harassment Policy

I have read and understand the policy and procedures for Anti-Harassment and agree to abide by the policies set forth by Tift County.

Initials

Workers Compensation

I have read and understand the Workers Compensation Official Notice and Workers Compensation Bill of Rights. I understand that if I am involved in an on-the-job injury my employer will pay medical costs for the treatment by the physician(s) I select from the Panel of Physicians. I also understand that if I obtain medical care from a physician not listed, I will be liable for the incurred costs. If I am dissatisfied with the physician selected, I may make one change without permission to a second physician listed on the panel. However, any further changes require the permission of the employer/insurer, self-insurer claims office, of the State Board of Workers Compensation. I further understand that I must notify my supervisor or a member of the department's administrative staff or the Personnel Office as soon as the injury occurs, regardless of the extent of injury and when possible, prior to seeking treatment. A delay in notification may result in denial of payment for medical services rendered.

Initials

Drug-Free Workplace Policy

I have read and understand the Drug-Free Workplace Policy. I understand that Tift County has a "zero tolerance" policy which forbids any person from entering or remaining on County property, or working anywhere on behalf of the County while possessing or under the influence of any measurable amount (including any trace amount irrespective of the quantity) of any illegal drugs. I am aware that as a condition of becoming or remaining employed by Tift County, I may be required to submit to a drug screening test at any time.

Initials



Vehicle Policy

I have read and understand the Vehicle Policy. I understand and agree that I have read and will comply with the guidelines in the policy and any future vehicle policy revisions. I further understand that my failure to comply with this policy may result in disciplinary action up to and including termination.

Initials

Credit Card Policy

I have read and understand the Credit Card Policy. I understand and agree that I have read and will comply with the guidelines in the policy and any future credit card policy revisions. I further understand that my failure to comply with this policy may result in disciplinary action up to and including termination.

Initials

Education Policy

I have read and understand the Education Policy. I understand and agree that I have read and will comply with the guidelines in the policy and any future education policy revisions. I further understand that my failure to comply with this policy may result in disciplinary action up to and including termination.

Initials

Electronic Policy

I have read and understand the Electronic Policy. I understand and agree that I have read and will comply with the guidelines in the policy and any future electronic policy revisions. I further understand that my failure to comply with this policy may result in disciplinary action up to and including termination.

Initials

Clean Air/No Smoking Policy

I have read and understand the No Smoking Policy. I understand and agree that I have read and will comply with the guidelines in the policy and any future no smoking policy revisions. I further understand that my failure to comply with this policy may result in disciplinary action up to and including termination.

Initials



Travel Policy

I have read and understand the Travel Policy. I understand and agree that I have read and will comply with the guidelines in the policy and any future travel policy revisions. I further understand that my failure to comply with this policy may result in disciplinary action up to and including termination.

Initials

I have read and understand the policies given to me and agree to abide by all policies set forth by Tift County.

Print Name

Date

Signature

Date