

COLLEGE OF SOUTHERN NEVADA
POLICY STATEMENTS RECEIPT SIGN-OFF

By initialing and signing below, I am affirming that I HAVE:

- (a) Received a copy of each of the following NSHE / CSN policies; and
- (b) Read and understand each of these policy statements



_____ **Americans With Disabilities Act (ADA)** Policy Statement, which discusses reasonable accommodation for disabled employees and students and gives contact information for help in compliance with the Act.

_____ **Alcohol and Drug Free Workplace** Policy Statement, which prohibits employees from working while impaired due to the use of alcohol or drugs, and selling or distributing controlled substances in the workplace.

_____ **Direct Deposit Procedure**, which describes the optional enrollment process for direct deposit of the employee's paycheck and how to change bank information once enrolled. Additionally, I understand that I may not set up Direct Deposit until I have received my first paycheck and obtained my PIN number.

_____ **Disclosure of Improper Governmental Action (Whistleblower)** Policy Statement, which allows employees to alert authorities of illegal activities in the workplace without fear of disciplinary action or other forms of retaliation.

_____ **FICA Alternative Plan**, which describes a mandatory paycheck deduction and your company options, because you will not have FICA deductions during your employment at CSN.

_____ **Information about Social Security Form SSA-1945**, a statement concerning the impact of your employment in a job not covered by Social Security.

_____ **Nepotism** Policy Statement, which requires an employee to disclose a family relationship with another CSN employee.

_____ **Nevada Workplace Safety** Policy Statement, which describes your rights and responsibilities in obeying safety rules and promoting a safe work environment for everyone.

_____ **Sexual Harassment** Policy Statement which describes CSN's zero tolerance policy regarding Sexual Harassment in the Workplace.

_____ **Workers' Compensation** Policy Statement, which describes your rights and responsibilities if you are injured on the job, or acquire an occupational illness.

Name (Print): _____

Signature: _____

Employee ID Number: _____

Date: _____