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: _____________________________