

PERSONNEL FORMS ACKNOWLEDGEMENT

The University is required to provide the following information to all employees. Your signature at the bottom of this document signifies that you read, understood, and intend to comply with the requirements of the notices. This signed document must be returned to your supervisor within 30-days of receipt for inclusion in your personnel file.

Employment Notices

- [Access to Medical and Exposure Records](#) (Available in [Spanish](#))
- [Affordable Care Act Notice](#)
- [Employment Verification \(E-Verify\)](#) (Available in [Spanish](#))
- [Equal Employment Opportunity is the Law](#) (Available in [Spanish](#))
- [Family Care and Medical Leave and Pregnancy Disability Leave \(CFRA\)](#)
- [Injuries Caused By Work](#) (Available in [Spanish](#))
- [Minimum Wage Notice – California](#) (Available in [Spanish](#))
- [Polygraph Protection Act](#) (Available in [Spanish](#))
- [Pregnancy Rights and Obligations](#)
- [Rights and Responsibilities under the Family and Medical Leave Act \(Federal\)](#) (Available in [Spanish](#))
- [Right to Work](#) (Available in [Spanish](#))
- [Safety and Health Protection on the Job](#) (Available in [Spanish](#))
- [Time Off to Vote – California](#) (Available in [Spanish](#))
- [Transgender Rights in the Workplace](#)
- [Unemployment Insurance Benefits](#) (Available in [Spanish](#))
- [Unemployment Insurance, Disability Insurance and Paid Family Leave](#) (Available in [Spanish](#))
- [Veterans Rights and Protections](#)
- [Whistleblower Protections](#)
- [Workplace Discrimination and Harassment](#)

COBRA

- ☐ [COBRA Notice](#)

Political Reform Act

- ☐ [Political Reform Act Disqualification Requirements](#)

I have read the information contained in all of the above notices. I understand the information contained in the notices and will comply with the requirements stated therein.

Print Employee Name

Date Received:

By:

Employee Signature

Date Signed: