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_____	AD 4.2	Mandatory Workdays (updated yearly in October)
_____	AD 4.3	Alcohol & Controlled Substances
_____	AD 4.4	Leave Administration
_____	AD 4.11	Coaching and Discipline
_____	AD 4.13C	OT Compensation under the Fair Labor Standards Act
_____	AD 4.13D	Shift Differential Pay
_____	AD 4.18	Disability Plan
_____	AD 4.20	Family Medical Leave Act (FMLA)
_____	AD 4.26	Grievance Procedures
_____	AD 4.37	Modified Work Assignment Program for Workplace Illnesses & Injuries
_____	AD 4.4	Leave Administration
_____	AD 4.47	Outside Employment
_____	AD 4.55	Criminal Background Check for Employment
_____	AD 4.56	Probationary Employees
_____	AD 4.60	Inclement Weather
_____	AD 4.62	ADA Title I Reasonable Accommodations
_____	AD 4.65	Smoking in the Workplace
_____	AD 4.67	Equal Employment Opportunity / Anti-Harassment
_____	AD 4.77	Tuition Assistance Program
_____	AD 4.8	Driver Safety Program
_____	AD 4.80	Violence in the Workplace
_____	AD 4.84	Workers Compensation
_____	AD 7.4	Acceptable use of Electronic Communication
_____	AD 8.6	Correction Payment (Overpayment or Underpayment)



EMPLOYEE ACKNOWLEDGMENT OF RECEIPT

I acknowledge that on _____ (date) I was given information on the initialed Department policies, City Administrative Directives (ADs), and employee handbooks. I had the opportunity to ask questions about the identified policies. I understand that I can view policies on the website at <https://sarecycles.org/departments-policies>.

Policy Website

Print Employee Name

Employee Signature

Job Title

SAP #