

**TENNESSEE DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
HUMAN RESOURCES DIVISION
EMPLOYEE ORIENTATION**

Employee's Printed Name (as listed in Edison) _____

EMPLOYEE IS REQUIRED TO INITIAL EACH SECTION:

Dress Code Policy Acknowledgement

_____ I have been provided a copy of the Tennessee Department of Labor & Workforce Development's *Dress Policy* (Dated September 12, 2013). I have read, understand and will abide by the policies it contains. I also understand that wilful violation of this policy may be cause for disciplinary action.

Internal Security Handbook Acknowledgement

_____ I have been provided with a copy of the Tennessee Department of Labor & Workforce Development's *Internal Security Handbook* (Rev. 05/12). I have read, understand, and agree to abide by the policies it contains. I also understand that willful violation of any of these policies may be cause for disciplinary action up to and including dismissal.

Operation of Motor Vehicles by State Employees Acknowledgement

_____ I certify I have received, read, and understand the Department of Human Resources' Operation of Motor Vehicles by State Employees, *Policy # 12-056 (Eff. 10-3-2012)*, regarding my conduct while operating motor vehicles.

Furthermore, I understand that violation of this state policy may lead to disciplinary action, up to and including dismissal from state service.

Please provide the information below:

Employee's Name (printed/typed): (initial) _____

Edison Employee ID Number: _____

Employee's Signature: _____ Date: _____

Driver's License Number: _____

State License Issued: _____ Expiration Date: _____

This form shall be completed, signed, and returned to the employee's immediate supervisor. Supervisors are responsible for forwarding all forms to the Agency's Human Resources Officer for inclusion in the Employee's personnel file. (PR-0397)

Employee's Signature (must be legible) _____
Date

I have discussed the Internal Security Handbook with the above Employee and have clarified any misunderstanding the Employee may have had concerning this policy.

Human Resources Representative or Supervisor's Signature _____
Date

PRINTED: _____
Human Resources Representative Name

Employee's Printed Name (as listed in Edison) _____

Tennessee Department of Labor & Workforce Development, Human Resources Division, Employee Orientation

ACKNOWLEDGEMENT

I, (initial) _____, By my signature affixed below, I acknowledge that I have reviewed EP Policy #24 (Children in the Workplace) in its entirety and fully understand the contents thereof. (EP24, 8-02-11).

ACKNOWLEDGMENT OF DRESS CODE POLICY

I have been provided a copy of the Tennessee Department of Labor and Workforce Development's Dress Policy (Revised April 1, 2011). I have read, understand and will abide by the policies it contains. I also understand that willful violation of this policy may be cause for disciplinary action. (EP1, 4-1-11)

ACKNOWLEDGEMENT OF DRUG FREE WORKPLACE

I, (initial) _____, an employee of the Tennessee Department of Labor and Workforce Development, hereby certify that I have received a copy of the Tennessee Department of Labor and Workforce Development's policy and procedures regarding the maintenance of a drug-free workplace. I understand and realize that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the workplace or on state property and violation of this policy can subject me to discipline, up to and including termination. I understand that as a condition of employment I must abide by the terms of this policy and will notify my employer of any criminal drug conviction for a violation occurring in the workplace or on state property no later than five (5) days after such conviction. I further understand and realize that federal law mandates that the employer communicate this conviction to the federal agency funding any of my work activities, and I hereby waive any and all claims that may arise for conveying this information to the federal agency. (DA4, 12-1-06)

LB-0938

EMPLOYEE ACKNOWLEDGEMENT

I have been provided a copy of the Tennessee Department of Labor and Workforce Development's *Internal Security Handbook* (Rev. 05/12). I have read, understand, and agree to abide by the policies it contains. I also understand that willful violation of any of these policies may be cause for disciplinary action up to and including dismissal. (Rev. 05/12)

DOHR Policy: Operation of Motor Vehicles by State Employees Policy Number: 12-056 (Eff. 10-3-12)
Operation of Motor Vehicles by State Employees Acknowledgement

I certify that I have received, read, and understand the above policy regarding my conduct while operating motor vehicles. Furthermore, I understand that violation of this state policy may lead to disciplinary action, up to and including dismissal from state service.

Employee's Name (Print or Type): (initial) _____
Edison Employee ID Number: _____ Date: _____
Employee's Signature: (initial) _____
Driver's License Number: _____
State License Issued: _____ Expiration Date: _____

This form shall be completed, signed, and returned to the employee's immediate supervisor. Supervisors are responsible for forwarding all forms to the agency's human resources officer for inclusion in the employee's personnel file.

PR-0397

DOHR Policy: Violence in the Workplace Policy Number: 12-060 (Eff. 8-1-13)
Violence in the Workplace Employee Acknowledgement

I, (initial) _____, an employee of the State of Tennessee, hereby certify that I have received a copy of the policy regarding violence in the workplace. I realize that violence is prohibited in the workplace or on state property and violation of this policy can subject me to discipline, up to and including termination. I further realize that as a condition of my employment, I must abide by the terms of this policy.

Employee's Signature (must be legible) _____ Date _____

I have discussed the Internal Security Handbook with the above named employee and have clarified any misunderstanding the employee may have had concerning this policy.

Human Resources or Supervisor's Signature _____ Date _____

Human Resources (Print Name of Human Resources Representative)