

# EMPLOYEE ACKNOWLEDGEMENT RECEIPT

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These policies are guides to help you learn more about the County, your responsibilities, benefits, and privileges you enjoy, during your employment.

Not all of the details of every guideline could be included here. If you have a question which is not answered or explained, please discuss it with your supervisor.

The County reserves the right to change, correct, modify, or revoke any policies with appropriate notice. In all employment decisions, the County reserves the right to take such action as it deems appropriate given the specific circumstances relating to those decisions.

This is to acknowledge that I am responsible for reviewing Elko County's Personnel Policies and the Elko County Employee Benefit Summary Plan Description located on Elko County's website @ [www.elkocountynv.net](http://www.elkocountynv.net). By signing this Receipt of Notice Form, I agree to follow all County policies.

I understand that it is my responsibility to maintain an updated version of these policies. If I have questions concerning this information, I will bring it to the attention of my Supervisor, Department Head, or Human Resources.

These policies are in no way to be interpreted as a contract between the County and any of its employees.

This acknowledgement includes all policies with special emphasis on work place violence, zero tolerance of drugs and alcohol as well as safety policies.

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Employee Name (please print)

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Employee Signature

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Date

***This form must be returned immediately to Human Resources Department.***

# **ALCOHOL & DRUG-FREE WORKPLACE POLICY ACKNOWLEDGEMENT STATEMENT**

I have read all of the policy and understand its contents.

I agree to comply with all the material contained and any updates forthcoming.

Employee Name:

\_\_\_\_\_  
(Please Print Name)

Employee Signature:

\_\_\_\_\_

Date Signed:

\_\_\_\_\_

# GENERAL SAFETY RULES EMPLOYEE SIGNATURE FORM

**Exhibit H** outlines safety practices; however, several topics require specific training. The Safety Committee will adopt a training schedule which is reflective of the types of hazardous duties which may be performed by County Employees.

Remember, rules of safety are developed for one reason, to protect you from injuries. Please sign your name to show that you have read and understand the above.

Employees Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_