

## Acknowledgement Sheet

### Employee Orientation

I acknowledge I reviewed the ULM New Employee Orientation presentation on the date listed below. I agree to review the Employee Handbook which is located on the ULM website.

I understand that it is my responsibility to read, understand and comply with the Employee Handbook and policies outlined by the University of Louisiana at Monroe.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

#### Training Reviewed (check all that apply)

\_\_\_\_\_ HR/Payroll

\_\_\_\_\_ Safety

\_\_\_\_\_ Title IX

## STATE DRUG-FREE WORKPLACE ACKNOWLEDGEMENT RECEIPT

I hereby certify that I agree to review the **Employee Substance Abuse and Drug Free Workplace Policy** located on the ULM website. I understand that reporting to work or performing for the State while under the influence of and impaired by illegal drugs or alcohol is prohibited. I also realize that the illegal use, possession, dispensation, distribution, manufacture or sale of a controlled substance is prohibited when I am on official state business, whether on duty or on call for duty, on or off the work site. I understand that violation of this policy may result in disciplinary action up to and including termination. I acknowledge my responsibility to notify my employer within five (5) days if I am convicted of violating any criminal drug statute at the workplace, while on official business or while on call for duty. I further realize that my employer is required by law to give notice of such conviction to any federal agency from which it receives grants or conveying this information to such federal agency.

Signed: \_\_\_\_\_

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

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

University of Louisiana at Monroe (ULM)  
***New Employee Training Certification Form***

Employee First and Last Name (print): \_\_\_\_\_

Hire Date: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Topic	Initials		Initials
Post Accident Drug Testing Policy		Transitional Return to Work Policy	
Anti Harassment Policy		Emergency Evacuation Policies and Procedures	
Drug Free Workplace Policy & Testing		Hazard Communication Program	
Violence in the Workplace Policy		Chemical Hygiene Policies and Procedures	
Americans with Disabilities Act Policy		First Call Emergency Alert System	
President's Safety Policy Statement		Incident/Accident Investigation and Reporting	
Location, Content and Use of the University Safety Manual and Safety Website		Bloodborne Pathogens	
University General Safety Rules		Lock Out/Tag Out Policy	
University Employee Responsibilities		University Key and Access Control Policy and Procedures	
Overview of Driver Safety Program		Property Control Policy and Procedures	
Detailed Bloodborne Pathogens Policy Training (High Risk for Exposure)		Detailed Chemical Hygiene/Lab Safety Training	

I certify that I have received training on the policies and topics listed above. I certify that I fully understand the duties, responsibilities, roles and expectations of me as an employee as it related to these policies and topics. I agree to abide by and follow all University policies and procedures.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date