

**ACKNOWLEDGEMENT, AWARENESS AND  
ACCOUNTABILITY STATEMENT  
FOR DCH POLICIES AND PROCEDURES MANUAL  
AGENCY TEMPS**

<hr/>	
<b>Name (Please Print)</b>	
<hr/>	<hr/>
<b>Date of Assignment</b>	<b>Supervisor</b>
<hr/>	
<b>Division</b>	
<hr/>	
<b>Section/Unit</b>	
<hr/>	

As a temp working at the Department of Community Health you are responsible for reviewing the DCH Policies and Procedures listed below. In order to ensure that you are aware of the DCH Policies and Procedures, you are required to initial next to each policy and sign at the bottom of this statement within 30 days of receipt. By your initials and signature below, you are acknowledging that you are aware of and are accountable for compliance with the DCH Policies and Procedures listed.

**Please return signed and dated to:**

**Department of Community Health  
Office of Human Resources  
40<sup>th</sup> floor  
2 Peachtree St., NW  
Atlanta, GA 30303**

### 000 EMPLOYMENT

Initials	Date	Policy No	Title
		021	Equal Employment Opportunity and Unlawful Discrimination [4-01-00]

### 400 STANDARDS OF CONDUCT AND EMPLOYEE DISCIPLINE

Initials	Date	Policy No	Title
		401	Code of Ethics and Conflict of Interest Policy [3-27-08]
		402	DCH Ethics In Procurement [3-27-08]
		405	Whistleblowers [10-22-08]
		410	Standards of Conduct [3-27-08]
		412	Smoking Policy [7-17-00]
		413	Harassment [5-01-00]
		415	Drug Free Workplace [4-01-00]
		417	Appropriate Work Appearance [6-1-09]
		418	Use of State Property, Fax Equipment, Pagers, Vehicles, and Other Resources [5-16-00]
		419	Use of State Computers and the Internet [10-22-08]
		420	Control of Telephone Use and Expenditures [4-01-00]

### 500 MISCELLANEOUS

Initials	Date	Policy No	Title
		501	Public Records / Open Records [03-01-05]
		520	Safety and Security [4-01-00]

### 900 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

		914	Secure Transport and Receipt of Physical Media Containing Protected Health Information [11-15-08]
--	--	-----	---

By my initials above and signature below, I acknowledge that I am aware of and are accountable for compliance with the DCH Policies and Procedures referenced above.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As a supervisor or manager, it is your responsibility to ensure that temps under your supervision are aware of the above referenced policies. I acknowledge that it is my responsibility to ensure that temps comply with the policy and to advise the temp agency regarding violations.

**Supervisor's Name (Please Print):** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_