



Handbook & Policy Verification Statement

By signing below, I verify I have been given either paper or electronic copy of the Policies indicated. My signature also verifies I have read and understood the policies. I agree to abide by these policies and understand that the Archdiocese of Cincinnati/Parish/School may amend or change these policies at its discretion without notice. (Initial next to each)

INITIAL	POLICY	INITIAL	POLICY
	Association with Programs Policy		Issuance of Statements Policy
	Conflict of Interest Policy / Conflict of Interest Disclosure Statement		Overtime Regulations
	Corrective Counseling Policy		Policy Handbook
	Driving Policy		Privacy Policy
	Employee Problem Solving Process		Prohibiting Weapons in the Workplace
	Ethics and Conduct Policy		Record Retention Policy
	Extra Salary Compensation Policy		Reporting to Work Guidelines
	Family and Medical Leave Policy		Serious Conduct Violation
	Fit For Duty Policy		Social Media Policy
	Gifts & Gratuities Policy		Telephone Policy
	Guidelines for Church Involvement in Political Issues		Travel & Expense Reimbursement Policy
	Harassment Policy		Solicitation & Distribution Policy
	Information Technology Policy / Information Technology Disclosure Statement		Workplace Violence Prevention Policy

Please Print

Employee Name: _____

Job Title: _____

Location: _____

Employee Signature

Date

RETURN SIGNED FORM TO EMPLOYER