



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

## City of Turlock Acknowledgment of City Policies

As an employee with the City of Turlock, it is your responsibility to be aware of the following policies:

	Policy	Initial:
	ADA Policy	
	Alcohol & Drug Free Work Place Policy	
	Blood Borne Pathogens Policy	
	City Policy Regarding the Use of City Equipment	
	City Policy Regarding Vehicle Use	
	Computer Protocol Rules	
	COVID Policies & Forms	
	Customer Service Policy	
	Disaster Relief Training (Police and Fire – Exempt)	
	DOT Alcohol & Controlled Substance Testing Policy	
	Employee Training & Certification Policy	
	Equal Employment Opportunity	
	Ergonomics Policy	
	Ethnicity Verification	
	FMLA Policy	
	Gifts to the City Policy	
	Harassment & Discrimination Policy	
	Heat Illness Prevention Policy	
	Illicit Discharge Training (you will be emailed if required)	
	Illness & Injury Prevention Policy	
	Lactation Policy	
	Non-Retaliation Policy	
	Non-Social Security Covered Employment Acknowledgement	
	Outside Employment	
	Personnel Rules & Regulations	
	Pre-Designation of Personal Physician	
	Prohibiting Off the Clock Policy	
	Rules & Regulations for Alternate Work Schedules	
	Smoke and Tobacco Free Policy	
	Social Media Policy	
	Tickets and Passes Distribution Policy	
	Violence in the Work Place Policy	
	Work Attire & Personal Appearance Policy	
	Workers Compensation Medical Provider Network	

I, \_\_\_\_\_ hereby acknowledge that I have read and understand the City of Turlock Policies listed above. I further acknowledge my understanding of my duty to comply with and follow these policies.

\_\_\_\_\_  
Signature of Full-Time Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date