



# County of San Bernardino POLICY ACKNOWLEDGEMENT

**Dress and Grooming, Standards of** \_\_\_\_\_ **Initial**

I acknowledge receipt of the County of San Bernardino Policy No. 07-16, "[Standards of Dress and Grooming](#)."

**Drug and Alcohol Testing** \_\_\_\_\_ **Initial**

I acknowledge receipt of the County of San Bernardino Policy No. 07-17, "[Substance Abuse/ Reasonable Suspicion Drug and Alcohol Testing](#)."

**E-mail** \_\_\_\_\_ **Initial**

I acknowledge receipt of the County of San Bernardino Policy No. 09-01, "[Electronic Mail \(E-mail\) Systems](#)."

**Internet/Intranet Use** \_\_\_\_\_ **Initial**

I acknowledge receipt of the County of San Bernardino Policy No. 09-04, "[Internet/Intranet Use](#)."

**Policy Prohibiting Discrimination, Harassment and Retaliation** \_\_\_\_\_ **Initial**

I acknowledge receipt of the County of San Bernardino Policy No. 07-01, "[Policy Prohibiting Discrimination, Harassment and Retaliation](#)."

**Personnel Rules** \_\_\_\_\_ **Initial**

I have been made aware that the County of San Bernardino Personnel Rules are available on the Employee Relations web pages found here:

Internet - [http://www.sbcounty.gov/hr/PDF/Personnel\\_Rules.pdf](http://www.sbcounty.gov/hr/PDF/Personnel_Rules.pdf)

Intranet - [http://countyline/hr/employeerelations/\\_content/Personnel\\_Rules.pdf](http://countyline/hr/employeerelations/_content/Personnel_Rules.pdf)

**Personnel Rules – Rule 1, Code of Ethics and Commitment to County Public Service** \_\_\_\_\_ **Initial**

I acknowledge receipt of Rule 1, "[Code of Ethics and Commitment to County Public Service](#)," of the County of San Bernardino Personnel Rules.

**Telephone Use** \_\_\_\_\_ **Initial**

I acknowledge receipt of the County of San Bernardino Policy No. 09-03, "[Use of County Telephone Systems](#)."

**Violence in the Workplace – Zero Tolerance** \_\_\_\_\_ **Initial**

I acknowledge receipt of the County of San Bernardino Policy No. 13-07, "[Violence and Threats in the Workplace – Zero Tolerance](#)."

***I acknowledge receipt of the attached policies and understand that it is my responsibility to read and adhere to these policies, that my department will be enforcing them and that my failure to adhere to these policies may result in disciplinary action, up to and including termination. I further acknowledge if I do not understand any part of a policy it is my responsibility to seek clarification from my supervisor.***

\_\_\_\_\_  
Employee's Name (Please Print)

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payroll Specialist Signature

\_\_\_\_\_  
Date

**Note to Payroll Specialist:** Policies may be obtained from the County Policy Manual at <http://countyline.co.san-bernardino.ca.us/policy/>

DISTRIBUTION: Original – EMACS-HR (0030)

Copy – Department File

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.