



Peralta Community College District
ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

I _____ acknowledge receiving the following documents from the Office of Human Resources:

Certificated and Classified Employees:

- 1) Memorandum from the Chancellor dated August 15, 2012, and *Unlawful Discrimination and Sexual Harassment: Complaint and Investigation Procedures for Employees and Students*
- 2) Facts about Workers' Compensation
- 3) Ed. Code 87470 Agreement Upon Hire Notification (*87470 Faculty Only*)
- 4) Administrative Procedure 3720 (Telephone, Computer, and Network Use)
- 5) Administrative Procedure 3550 (Preserving a Drug Free Environment for Employees)
- 6) New Health Insurance Marketplace Coverage Options and Your Health Coverage (Part A)
- 7) Review the current issue of Peralta Benefits Everyone Newsletter posted on the Benefits page at <http://web.peralta.edu/benefits>.
- 8) Receiving Health Benefits as part of my Job Offer: Yes No (Not Applicable)

If you checked "Yes", I _____ (*initial*) understand that it is my responsibility to complete the Department of Justice Fingerprint clearance process and also to complete the health benefits enrollment/on-boarding forms via the Benefits Bridge website within 30 days from my employment start date or from signed date of this acknowledgment form.

Students and Short-term Services Employees:

- 1) Memorandum from the Chancellor dated August 15, 2012, and *Unlawful Discrimination and Sexual Harassment: Complaint and Investigation Procedures for Employees and Students*
- 2) Facts about Workers' Compensation
- 3) Administrative Procedure 3720 (Telephone, Computer, and Network Use)
- 4) Administrative Procedure 3550 (Preserving a Drug Free Environment for Employees)

I understand that this acknowledgement form will be placed in my personnel file.

NAME:	
SIGNATURE:	
DATE SIGNED:	