

Town of Essex Comprehensive Employee Acknowledgement Regarding Policies

(Please return to your Supervisor – within 30 days, if a new hire – or by the end of July, if part of an annual review/renewal – Supervisor to Provide to Town Administrator)

I, _____ certify that I have visited the Town of Essex website at
(printed name)

www.essexma.org (Town policies section) and have read and understand all of the policies that apply to me, as initialed below by me. I may arrange for review and/or printing of these materials with my supervisor during work hours, if desired. If questions arise in the future relative to any of these policies, I will consult my supervisor and/or the Town Administrator before taking action regarding the topics covered therein.

_____ Signature	_____ Date	_____ Fiscal Year <i>Initial if Applies or N/A if not</i>
<i>POLICY</i>	<i>APPLICABILITY</i>	
Town of Essex Comprehensive Public Records and Technology Policy	All Employees	_____
Town of Essex Sexual Harassment Policy*	All Employees	_____
Town of Essex Discriminatory Harassment Policy	All Employees	_____
Town of Essex Drug and Alcohol-Free Workplace Policy	All Employees	_____
Town of Essex Family & Medical Leave Act Policy	All Employees	_____
Town of Essex Nominations for Office Policy	All Employees	_____
Town of Essex Policy Regarding Riding in Town-Owned Vehicles	All Employees	_____
Town of Essex Personnel Rules & Regulations	All non-union Employees	_____
Custody of Mobile Technology Form	All Employees w/ Portable Town Devices	(form must be on file each device)
Town of Essex HIPAA Privacy Policy for Designated Health Care Components	Covered Entities**	_____
Town of Essex HIPAA Security Policy for Designated Health Care Components	Covered Entities**	_____

* Will also be sent in paper form, pursuant to applicable law.

** A “covered entity” under the Health Insurance Portability and Accountability Act means: The Town Administrator, The Selectmen’s Assistant, The Treasurer, the Public Health Nurse, the Board of Health Administrator, the Fire Chief, the Fire Department Clerk, and all Ambulance Department personnel.