



Edwin M. Lee
 Mayor

ACKNOWLEDGEMENT RECEIPT FORM

Name: _____ **Job Classification:** _____

Please check off each box to acknowledge receipt of the required documents below. Each document is self-explanatory, but if you have questions after reading, please contact the agency listed on the form in question.

For the documents listed below, please visit: <http://dphhumanresources.org/acknowledgementforms/>

1	Welcome to the CCSF, Department of Public Health by Barbara Garcia	
2	Employee Handbook	
3	About Your Vacation and Sick Pay Benefits	
4	PAYROLL-Not Members of a Retirement Program	
5	Quick Start User Guide for First Time Users/CCSF ePAYROLL	
6	WageWorks Pre-Tax Commuter Benefits Program	
7	Administrative Office Protocol	
8	Compliance Program-Code of Conduct	
9	Compliance Policy & Procedure Detail	
10	Statement of Incompatible Activities (Adopted 2008; Reissued March 2011)	
11	Drug Free Workplace Notice	
12	City’s Whistle Blower Complaints Program	
13	Disciplinary action against striking employees (Charter A8.346)	
14	Disaster Service Worker (DSW)	
15	Employee Assistance Program (EAP)	
16	New Employee’s Guide to Workers’ Compensation, Facts & Pre-designation of Personal Physician (English & Spanish)	
17	Family Medical Leave Act (Notice of Eligibility, Rights and Responsibilities)	
18	Family Care and Medical Leave (CFRA Leave) & Pregnancy Disability Leave	
19	Paid Family Leave	
20	Paid Sick Leave Ordinance – Fact Sheet	
21	Health Care Worker Fact Sheet	
22	Policy Prohibiting Violence in the Workplace	
23	Policy Harassment –Free Workplace	
24	Policy on Domestic Violence in the Workplace	
25	Domestic Violence and the Workplace (Information and Resources)	
26	VIDEO - DPH Employee Orientation (For first time DPH Employee Only)	
27	VIDEO – DHR Welcome to City & County of San Francisco (For New Employee Only)	

After you’ve completed this form, please sign and date. Email it to your processing staff or bring it on the date of your appointment.

I acknowledge receipt of the documents indicated above.

 SIGNATURE

 DATE