

Policy Verification Statement

UMW Temporary Employee

Employee's Name: _____

Temporary Agency: _____

Contract Beginning Date with UMW: _____

I, _____, as a temporary employee for the University of Mary Washington confirm that by signing below, am acknowledging that I have read the following policy information:

- | | |
|--|--|
| <input type="checkbox"/> Alcohol and Other Drugs Policy | <input type="checkbox"/> UMW Use of Electronic and Social Media Policy |
| <input type="checkbox"/> Restrictions on State Employee Access to Information Infrastructure | <input type="checkbox"/> UMW Respectful Workplace Policies |
| <input type="checkbox"/> Sexual Misconduct and Consensual Relations | <input type="checkbox"/> Workplace Harassment |
| <input type="checkbox"/> State Classified Employees Standards of Conduct (Policy 1.60) | <input type="checkbox"/> State Equal Employment Opportunity Policy (Policy 2.05) |
| <input type="checkbox"/> Child Abuse and Neglect Reporting | <input type="checkbox"/> UMW Smoking Policy |
| <input type="checkbox"/> UMW Dress Code | <input type="checkbox"/> UMW Customer Service Policy |
| <input type="checkbox"/> Network and Computer Use Policy | <input type="checkbox"/> Workplace Violence |
| | <input type="checkbox"/> UMW Mission Statement |

I have read through the policy information and understand my rights and responsibilities in terms of the University policies.

Signature of Temporary Employee

Date

Signature of Agency Representative

Date

**A copy of this signed form should be returned to the Office of Human Resources no later than three (3) business days of the employee's starting date.*