DEPARTMENT OF AGRICULTURE
ACKNOWLEDGEMENT FORM

Division: _____ Budget Account/Agency Org#: _____

Employee ID#: _____

I, _____, acknowledge I have received and reviewed the following Department of Agriculture Policies and Procedures:

- ☐ Policy AG-1-HR-1 Attendance and Leave
- ☐ Policy AG-1-HR-2 Catastrophic Leave
- ☐ Policy AG-1-HR-3 Family and Medical Leave Act
- ☐ Policy AG-1-HR-4 Furlough Leave **Pulled for Further Revisions**
- ☐ Policy AG-1-HR-5 Working Schedules
- ☐ Policy AG-1-HR-6 Overtime – Approval/Recording
- ☐ Policy AG-1-HR-7 Outside Employment Authorization
- ☐ Policy AG-1-HR-8 Work Performance Standards
- ☐ Policy AG-1-HR-9 Employee Appraisal and Development
- ☐ Policy AG-1-HR-10 Workplace Violence Prevention
- ☐ Policy AG-1-HR-11 Carrying of Firearms and Deadly Weapons **Pulled for Revisions**
- ☐ Policy AG-1-HR-12 Operating a Vehicle on State Business
- ☐ Policy AG-1-HR-13 Ethical Behavior
- ☐ Policy AG-1-HR-14 Volunteer Services
- ☐ Policy AG-1-HR-15 Training/Employee Development
- ☐ Policy AG-1-HR-16 Recruitment & Hiring
- ☐ Policy AG-1-HR-17 Personal Appearance
- ☐ Policy AG-1-HR-18 Employee Termination Checklist
- ☐ Nevada Department of Agriculture Prohibitions and Penalties

I understand that it is my responsibility to comply with these policies and procedures and non-compliance could result in disciplinary action.

_____ _____

Signature of Employee Date

_____ _____

Signature of Division Representative Date

Please return to Agency HR Services

cc: Employee's Supervisor or Division Representative