

**CARL ALBERT STATE COLLEGE**

***Policies Reviewed***

1. I have been informed of the Non Discrimination Policy, where it is located and who to contact should I have any questions.
2. I have been informed of the Drug-free and Tobacco-free Policy, where it is located and who to contact should I have any questions.
3. I have been informed of the Sexually Harassment Policy, where it is located and who to contact should I have any questions.
4. I have been informed of the Timesheet Process, where the timesheets are located and who to contact should I have any questions. Also, I realize by signing my timesheet I am verifying all hours and days recorded are the accurate and exact hours worked.

**By my signature below, I agree to abide by the above-mentioned policies and timesheet process.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Employee Name

Date: \_\_\_\_\_