



ACKNOWLEDGEMENT RECEIPT OF LAWS, POLICIES AND BENEFITS

I acknowledge that I have received a copy or access to the policies listed below and understand that, as an employee, it is my responsibility to comply with these and other State laws and University policies. Please detach the policies and read and maintain it for your personal record.

I Right to Know & A Guide to Campus Security

II USM Substance Abuse Policy

III Conflict of Interest & Ethics Related Issues (policy includes)

- ✓ *The Maryland Public Ethics Law (Article 40A, Annotated Code of Maryland)*
- ✓ *The USM "Policy on Professional Commitment of Faculty" (USM II-3.10)*
- ✓ *The USM "Policies on Faculty, Exempt and Non Exempt Staff Employment of Members of the Same Family" (USM II-5.00) and (USM VII.2.10)*
- ✓ *The USM "Policy on Conflict of Interest in Research or Development"*
- ✓ *The USM "Policy on the Use of the Physical Facilities of the University System for Public Meetings " (USM VI-4.10)(REQUIRED). For specific UMB policy refer to (UMB VI - 4.10 (A), these policies identify those types of groups or organizations that may use campus facilities.*

IV Sexual Harassment Policies

- ✓ *The Maryland Public Ethics Law (Article 40A, Annotated Code of Maryland)*
- ✓ *The USM "Policy on Sexual Harassment" (USM VI. 1.20)*
- ✓ *The UMB "Policy on Sexual Harassment of Employees" (UMB VI. 1.20 A)*
- ✓ *The UMB "Policy on Sexual Harassment of Students"(UMB VI. 1.20 B)*

I also certify that I have received information regarding all of the State of Maryland and University System of Maryland benefit programs. Also, I understand that the Faculty/Staff Orientation Program to which I have been invited will include additional information and gives me an opportunity to clarify any questions to make informed decisions regarding my benefits options.

Employee's Signature

Date

Employee's Name (Printed or Typed)

Empl ID or Social Security Number