



Peralta Community College District
ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

I _____ acknowledge receiving the following documents from the Office of Human Resources:

Certificated and Classified Employees:

- 1) Annual Designation Form-Oakland Paid Sick Leave Form
- 2) Oakland Minimum Wage and Paid Sick Leave
- 3) *Unlawful Discrimination and Sexual Harassment: Complaint and Investigation Procedures for Employees and Students*
- 4) Facts about Workers' Compensation
- 5) Ed. Code 87470 Agreement Upon Hire Notification (87470 *Categorical Faculty Only*)
- 6) Administrative Procedure 3720 (Telephone, Computer, and Network Use)
- 7) Administrative Procedure 3550 (Preserving a Drug Free Environment for Employees)
- 8) New Health Insurance Marketplace Coverage Options and Your Health Coverage (Part A)
- 9) Review the current issue of Peralta Benefits Everyone Newsletter posted on the Benefits page at <http://web.peralta.edu/benefits>.
- 10) Health Benefits coverage:

I _____ (*initial*) understand that it is my responsibility to complete the Department of Justice Fingerprint clearance process and also to complete the health benefits enrollment/on-boarding forms via the Benefits Bridge website within 30 days from my employment start date or from signed date of this acknowledgment form.

Students and Short-term Services Employees:

- 1) Notice to Employee-Labor Code Section 2810.5
- 2) Oakland Minimum Wage
- 3) Memorandum from the Chancellor dated August 15, 2012, and *Unlawful Discrimination and Sexual Harassment: Complaint and Investigation Procedures for Employees and Students*
- 4) Facts about Workers' Compensation
- 5) Administrative Procedure 3720 (Telephone, Computer, and Network Use)
- 6) Administrative Procedure 3550 (Preserving a Drug Free Environment for Employees)
- 7) New Health Insurance Marketplace Coverage Options and Your Health Coverage (Part A)

I understand that this acknowledgement form will be placed in my personnel file.

Employee First and Last Name	
Signature	
Date Signed	