

State of Alaska
Division of Personnel

Statewide Policy Acknowledgement Form

The following policies are required to be read. The signature of the employee on this form constitutes acknowledgement of their obligation to abide by these policies.

- Family and Medical Leave Act
- American with Disabilities Act (AO 129)
- Equal Employment Opportunity (AO 75)
- Sexual Harassment and Other Discriminatory Harassment (AO 81)
- Diversity in the Workplace (AO 195)
- Business Use/Acceptable Use ISP-172 (Personal Use of Office Technology Policy)
- State of Alaska Ethics Information for Public Employees (AS 39.52)
- Policy on Seat Belts (AO 85)
- Effects of Violations of Federal or State Law (2 AAC 07.416)

Signature of Employee

Date

Printed Name of Employee

PCN

Department

Submit completed form to [Payroll Services section in Division of Finance](#).