POLICY ACKNOWLEDGEMENT RECEIPT
ONLINE ADJUNCT FACULTY

I understand that it is my responsibility, the employee, to read, understand and comply with all Policies and Procedures as outlined by The University of Louisiana at Monroe.

I understand that the Policies and Procedures listed below are available to me online in the University Policies Database.

Print Name: _____

Employee Signature: _____

Department: _____

Title: _____

Date: _____

POLICIES

- Equal Employment Opportunities Policy
- Americans with Disabilities Act
- Anti-Discrimination and Harassment Policy
- Title IX Sexual Misconduct Policy
- Workplace Violence Policy
- Drug-Free Workplace Policy
- Employee Drug Testing Policy
- Bloodborne Pathogens (if applicable)
- Tobacco Use Policy