

SAO Policy Acknowledgement

Instructions: Read and initial each acknowledgement where indicated and complete and sign at the bottom of page 4.

Employment At-Will

_____ *initial*

All State Accounting Office (SAO) employees, full-time or part-time, are hired as at-will employees. At-will employment means that the SAO can separate an employee from employment at any time, for no reason or for any reason, except an illegal reason. It also means an employee is free to resign at any time for no reason or for any reason.

When an employee makes a decision to resign from at-will employment, it is preferable, but not required, that the employee give sufficient notice; a two-week notice is the generally accepted professional standard.

Understanding Concerning the Use of FLSA Compensatory Time

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I acknowledge and agree that as part of the terms and conditions of employment for nonexempt employees with the State Accounting Office, I understand that a nonexempt employee may be required to work more than 40 hours in a work week. However, I will not work more than forty (40) hours in a workweek without explicit approval of my supervisor.

I further understand that, in lieu of overtime compensation, I will receive compensatory time at the rate of one and one-half for each hour of work for which overtime compensation is required by the Fair Labor Standards Act of 1938. I understand that the compensatory time may be preserved, used, or cashed out consistent with the provisions of the FLSA.

Anti-Harassment Policy Acknowledgement

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By initialing and signing below, I indicate I have been given a copy of the State Accounting Office Anti-Harassment Policy, and I have reviewed the content, requirements, and expectations with regard to policy. Additionally, I agree to abide by these policy guidelines as a condition of my employment with the State Accounting Office.

I understand that if I have questions, at any time, regarding this policy, I will consult with my immediate supervisor or Human Resources for clarification.

Worker's Compensation Acknowledgement

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My signature indicates that I have been advised that as a state employee I am covered by the Georgia Workers' Compensation Law. I understand that I am to immediately report all on-the-job injuries regardless of the extent of the injuries to my supervisor or manager. I realize that a delay in notification can result in denial of payment for any medical services rendered.

I understand that if I am injured while on the job and emergency treatment is necessary, I will receive emergency treatment as soon as possible. All follow up care, however, must be received through the Managed Care Organization listed on the **OFFICIAL NOTICE** which is posted in my work area.

I further understand that I must receive all non-emergency treatment through the Managed Care Organization listed on the **OFFICIAL NOTICE**. If I obtain non-emergency medical treatment from outside the Managed Care Organization, I will be responsible for the medical expenses.

I understand that during my treatment, I am expected to provide to my supervisor of Human Resources written medical updates from my treating physician each time I have a medical appointment related to my injury.

During my treatment, I acknowledge that I may change to another authorized treating physician one time by contacting the Managed Care Organization. Any further change of physician will require the approval of Risk Management and the Nurse Case Manager.

Equal Employment Opportunity

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SAO is committed to providing a workplace free of discrimination and therefore, will not discriminate against any individual on the basis of race, color, sex, religion, creed, national origin, age or disability or any other legally protected category.

Drug-Free Workplace

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The State prohibits the manufacture, distribution, dispensation, possession, or use of alcohol, illegal drugs, unauthorized drugs, inhalants, or other controlled substances during an employee's working hours or while on State premises or worksites. Employees violating the Rule are subject to disciplinary action, up to and including termination of employment.

Office Hours and Work Schedules

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The official office hours for the State Accounting Office (SAO) are 8:00 a.m. to 5:00 p.m., Mondays through Fridays. SAO managers shall ensure that the SAO is appropriately staffed during these official work hours. Although not all SAO employees will be assigned to 8:00 a.m. to 5:00 p.m. work schedules, SAO managers typically ensure adequate staffing/coverage during the official SAO office hours by staggering employee work schedules.

Employee work schedules will be assigned based on the needs of the agency and the division or work unit to which an employee is assigned. Managers will work with new employees to determine their specific work hours; however, managers are authorized to assign employees' work schedules even if the schedules are not the same as requested. Work schedules are subject to change based on business considerations including, but not limited to, staffing, workloads, changed/new job responsibilities, employee punctuality or attendance issues, and organizational changes. Lunch/meal breaks are unpaid, non-work time and should be reflected as such on employee time sheets.

Employee Benefits and Pension Plan Requirements

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The State of Georgia provides a wide range of benefits to full-time eligible employees. These include:

- Medical – multiple medical plan providers with a variety of plans to suit individual needs
- Flexible – additional benefits outside of health:
 - Dental
 - Vision
 - Life Insurance
 - Disability Insurance
 - Flexible Spending Accounts
 - Legal
 - Critical Illness, Cancer, Hospital, Accident Insurance

More information on available benefits will be provided during the new employee onboarding session. **Additional information can also be found on the Team Georgia website at team.georgia.gov/my-benefits/.**

I understand that making my Health Insurance and Flexible Benefits elections and modifying my GSEPS Pension enrollment are completed electronically. I understand it is my responsibility to register as a new user and make my Health Insurance and Flexible Benefits elections.

I understand that I have 31 days from my date of hire to make my Health Insurance and Flexible Benefits election. I also understand that if I wait to make my Health Insurance election after my 31-day period, I will not be eligible for enrollment until the next annual Open Enrollment period.

SAO Policy Acknowledgement Statement

By signing below, I indicate I have reviewed the content, requirements, and expectations with regard to the policies listed below. I further acknowledge that I have been informed that the complete list and most current versions of SAO's policies are published on the **SAO SharePoint intranet site - SAO Insider** and it is my responsibility to read and comply with all policies, in the most current versions.

Additionally, I agree to abide by these policy guidelines as a condition of my employment with the State Accounting Office. I understand that if I have questions, at any time, regarding these policies, I will consult with my immediate supervisor or Human Resources for clarification.

- Anti-Harassment Policy
- Leave and Attendance Policy
- Dress Code
- Acceptable Use Policy
- Equal Employment Opportunity
- Standards of Conduct
- Confidentiality Policy

Employee Name (print Name)			
Employee Signature		Date	