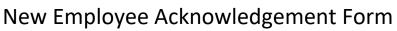
## **IDAHO DEPARTMENT OF LABOR**





NAME:			
POSITION:	COST	COST CENTER:	
Manual of the Ida	•	wing policies of the Human Resources Policy gree to uphold them. I also acknowledge that I n its entirety.  Paragraphs	
Due Process		2550-2566	
Overtime/Compensatory Time		3020-3080	
Family and Medical Leave Act		3184-3195	
	uct	3700-3896	
Problem Solving	1	3900-3954	
<ul> <li>Computer 1200-129</li> <li>Public Info</li> <li>I certify that I hav Nondiscrimination</li> <li>I understand that and/or Human Resource</li> <li>I understand that Department. The by Human Resource</li> </ul>	e accessed, read and am famina Policy Manual.  if I have questions regarding a esources.  as a new employee, I am requise trainings include but are not	liar with the Equal Opportunity &  a policy or procedure, I will contact my supervisor  aired to complete required training for the  a limited to New Employee Orientation facilitated  on Learning Central and any training requested	
Sele	ective Service Certification (	Applies to Male Employees Only)	
I certify that I am in compliance with the provisions of the Selective Service Act (50 U.S.C. Appendix, War and National Defense Sections 451-473) and Idaho Code 45-504			
Employee Signat	ure		
 Date			

Original to Human Resources for Personnel File Copy to Employee Revised 2/12/2019