

City and County of San Francisco

Edwin M. Lee
Mayor



Department of Public Health

Barbara A. Garcia, MPA
Director of Health

Name: _____ **Job Classification:** _____

Please check off each box to acknowledge receipt of the required documents below. Each document is self-explanatory, but if you have questions after reading, please contact the agency listed on the form in question.

After you've completed this form including signature and date, please email to: sfdph.hr@sfdph.org.

For the documents listed below, please visit: <http://dphhumanresources.org/acknowledgementforms/>

1. DPH Compliance Policy
2. EEO Policy Statement
3. Drug Free Work Place
4. Policy Prohibiting Violence in the Work Place
5. Harassment Policy
6. Facts About Workers' Compensation & Pre-designation of Provider (English/Spanish)
7. CCSF Medical Provider Network
8. Request of Approval of Additional Employment
9. Family and Medical Leave Act
10. SF Paid Sick Leave Ordinance and Designation Form
11. Disaster Service Worker
12. Health Care Worker Alert
13. Summary of Benefits
14. Employee Hand Book & Acknowledgement
15. Statement of Incompatible Activities
16. CCSF ePayroll Quick Start User Guide
17. Direct Deposit Form
18. Commuter Benefits Program
19. SFGH Monthly Parking Agreement (SFGH employees only)
20. City's Whistleblower Complaints Program

I acknowledge receipt of the documents indicated above.

Electronic Signature

Date