



**THE OHIO STATE UNIVERSITY**

**Acknowledgement of  
The Ohio State University's Policy Review**

My signature on this form acknowledges that I have been provided with The Ohio State University (OSU) policies noted below and I've been shown how to access all of these policies on the Office of Human Resources' (OHR) website (<http://www.hr.osu.edu/policy/>) and Administration & Planning (A&P) website: (<https://ap.osu.edu/documents>).

I understand that it is my responsibility to locate and read each OSU policy online thoroughly, seek clarification from my supervisor or HR Business Partner if/when necessary. And comply with the requirements set forth by each.

I understand that OSU policies are periodically reviewed and updated as needed, and notification of these updates is provided through various communication channels, including: email communications, staff meetings, via OHR's website and in University publications such as *OSU Today*. The most current version of all policies are always maintained by the Office of Human Resources (OHR). I further understand it is my responsibility to be aware of these updates and remain compliant with all applicable policy guidelines while employed with The Ohio State University.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Name (please print):** \_\_\_\_\_

The following University /Admin & Planning policies should be reviewed and acknowledged:

<b>University Policies</b>	
_____	<b>1.10 Affirmative Action, Equal Employment Opportunity, and Non-Discrimination/Harassment</b>
_____	<b>1.15 Sexual Misconduct</b>
_____	<b>1.25 Nepotism</b>
_____	<b>1.30 Conflict of Interest and Work Outside the University</b>
_____	<b>1.40 Whistleblower</b>
_____	<b>4.17 Self-Disclosure of Criminal Convictions</b>
_____	<b>5.10 Probationary Period</b>
_____	<b>5.25 Performance Management</b>
_____	<b>6.05 Family and Medical Leave (FML)</b>
_____	<b>6.15 Weather or Other Short-Term Closing</b>
_____	<b>6.27 Paid Leave Programs</b>
_____	<b>7.05 Workplace Violence</b>
_____	<b>7.20 Tobacco Free Ohio State</b>
_____	<b>7.30 Drug-Free Workplace</b>
_____	<b>1.15 Reporting &amp; Investigating Financial Fraud Policy</b>
_____	<b>Responsible Use of University Computing and Network Resources</b>
_____	<b>University Provided Clothing and Uniforms</b>

<b>Administration &amp; Planning / Unit Policies</b>	
_____	<b>Administration &amp; Planning Workplace Civility</b>
_____	<b>Scrap and Salvageable Material and Equipment - FOD</b>
_____	<b>Attendance Policy for my Unit – Provided by Supervisor</b>

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Name (please print):** \_\_\_\_\_