

MISCELLANEOUS ACKNOWLEDGEMENT FORM

Information regarding the following acknowledgments can be found on the Town of Holliston's website at <http://www.townofholliston.us/employment-personnel> and click on the appropriate link.

It is your responsibility to read, download and/or print the following for your records.

- _____ I acknowledge the receipt of the Town of Holliston Personnel By-Laws and Administrative Orders. **Click on Consolidated Personnel By-law.**
This includes the Sexual Harassment, Drug Free Workplace, Small Necessities and Family Medical Leave policies.
- _____ I acknowledge my responsibility to read and become familiar with the by-laws and other applicable policies in the By-Laws.
- _____ I acknowledge the receipt of information pertaining to the Conflict of Interest Law requirements. **Click on Mandatory Employee Notices.**
- _____ I also acknowledge my responsibility to complete the online registration for the Conflict of Interest online training.
- _____ I acknowledge that my employer the, Town of Holliston, participates in E-Verify. **Click on E-Verify**
- _____ I acknowledge the receipt of information pertaining to deferred compensation plans and tax sheltered annuities. **Click on Benefits**
- _____ I acknowledge the receipt of my Cobra Continuation Coverage Rights **Click on Mandatory Employee Notices.**
- _____ I acknowledge receipt of the Availability of Summary Health Information. **Click on Mandatory Employee Notices.**
- _____ I acknowledge receipt of New Health Insurance Marketplace Coverage Options And Your Health Coverage. **Click on Mandatory Employee Notices.**
- _____ I acknowledge receipt of Overview of Health Insurance Marketplace specific to Massachusetts. **Click on Mandatory Employee Notices.**
- _____ I acknowledge receipt of the HIPAA Notice. **Click on Mandatory Employee Notices.**

SIGNATURE

NAME (PRINT)

DATE