

MISCELLANEOUS ACKNOWLEDGMENT 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, as well as my responsibility to read and become familiar with the By-Laws and other applicable policies in the By-Laws. [Click on Consolidated Personnel By-law.](#)

I acknowledge the receipt of the following policies:
[Click on Employee Policies.](#)

_____ Clothing Allowance & Reimbursement	_____ Fraud Assessment Policy
_____ Dental Insurance Coverage Policy	_____ Health Insurance Eligibility Policy
_____ Direct Deposit Policy	_____ Out of State Travel Policy
_____ Drug and Alcohol Policy	_____ Opt-Out Health Insurance Policy
_____ Employee Accruals for Non-Union Employees	_____ Pregnancy Statement
_____ Employee Expense Reimbursements	_____ Sexual Harassment
_____ Family Leave Policy	_____ Town Vehicle Use Policy

_____ I acknowledge the receipt of information pertaining to the Conflict of Interest Law requirements, and also acknowledge my responsibility to complete the online registration for the Conflict of Interest online training for Municipal Employees.
[Click on Mandatory Employee Notices.](#)

_____ 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