(To be retained by the personnel office)

For Review and Signature by New Hires at Orientation

New appointees: We have found that one of the things that can make the job go smoother is for everyone to be fully familiar with the rules and guidelines which govern Federal employment. Therefore, you will be asked to review and initial the following. One copy will be maintained in the Personnel Office, and one will be given to you.

Manual: My signature below indicates that I have received a copy of the Orientation for New Employees. I understand that I must read these upon entering on duty and that I will be held accountable for adhering to its contents during my tenure with the SBA. If I have any questions concerning provisions or applicability, I will immediately contact my supervisor or the Personnel Office. _____ *(Employee Initials)*

General Office Rules: I understand that I am responsible for arriving at work on time; signing in and out accurately; notifying and talking to my supervisor directly as soon as possible, but not more than 2 hours after my scheduled start time if I cannot be at work; and submitting a completed leave slip as soon as I am at work. _____*(Employee Initials)*

Sexual Harassment is a form of discrimination and, as such, has no place at work. I understand that at SBA we are committed to providing a harassment-free environment. I will report it immediately if I or another individual are the recipient of unwanted personal attention. I understand that I am also to follow some simple basic principles in the work place, such as not discussing items of a sexual nature in the office, making lewd or demeaning comments, telling jokes of a sexual nature, repeatedly asking someone out, etc. _____*(Employee Initials)*

Internet/Intranet/E-mail: I understand that I am expected to use all Government resources, including the internet and e-mail, in a professional manner and for professional work, and refrain from activities that are inappropriate or offensive. This includes sexually explicit material and materials that ridicule others based on race, creed, religion, color, age, sex, disability, national origin, or sexual orientation. I am also aware that I do not have a right to or expectation of privacy while using office equipment. _____*(Employee Initials)*

Travel Cards, Travel Vouchers, Direct Pay: I understand that I am responsible for using this card for official purposes only, ensuring that I do not exceed my ATM limit, filing timely and accurate vouchers, and paying my travel card on time. I also understand that I must ensure plane fare, lodging, rental car, ATM withdrawals, and other expenses incurred on my card are designated as direct pay. _____*(Employee Initials)*

Unemployment Insurance: If I applied for or have been receiving Unemployment Insurance benefit payments, it is my responsibility, under penalty of law, to notify the appropriate local office, in writing, to discontinue the issuance of Unemployment Insurance checks now that I am employed. I realize that failure on my part to notify the State agency can result in a penalty such as a fine, imprisonment, or both. _____*(Employee Initials)*

Standards of Conduct: I acknowledge receipt of the fact sheet on ethical conduct, standards of conduct and examples of misconduct. I understand that I am required to perform my duties and treat my co-workers and supervisors in an ethical and professional manner, and violations may result in conduct-based action. _____*(Employee Initials)*

Equal Employment Opportunity: I understand that by statute it is illegal to discriminate against employees or applicants for employment on the bases of race, color, religion, sex, national origin, disability, or age; and that individuals who file complaints or participate in an EEO investigation are protected from retaliation. I understand that SOP 37 13 outlines the EEO program and includes all timeframes which must be met for timeliness in the complaint process, and which states in part "aggrieved contacts EEO Counselor within 45 days of the date of the matter alleged to be discriminatory, or in the case of a personnel action, within 45 days of the effective date of the personnel action". _____*(Employee Initials)*

_____

Employee Signature and Date

_____

Printed Name of Employee

Position title	*Grade / step*	*NTE Date*
Annual Salary	*Hourly Rate*	*Overtime Rate*

(To be retained by the employee)

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