COPPIN STATE UNIVERSITY

ACKNOWLEDGEMENT RECEIPT OF POLICIES AND BENEFITS

I acknowledge that I have received a copy or access to the policies listed below and understand that, as an employee, it is my responsibility to comply with these and other State laws and Coppin State University policies. Please read and maintain the policies for your personal record.

I State of Maryland Substance Abuse Policy

As a state employee I realize that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited on the State's owned or utilized premises and violation of this policy can subject me to discipline up to and including termination. As a condition of employment, I must abide by the terms of this policy and will notify my supervisor of any criminal drug conviction no later that (5) days after such conviction. I further realize that federal law mandates that the employer communicate this conviction to the federal agency, and I hereby waive any and all claims that may arise from conveying this information to the federal agency.

II Sexual Harassment Policy

The USM "Policy on Sexual Harassment" (USM VI. 1.20)

III Health Plans

- Received State Health Benefits Enrollment information
- Must enroll within 60 days of my hire date or else wait until another Open Enrollment period
- Must elect and pay for retroactive coverage within 60 days of my hire date
- May wave retroactive coverage and accept the next available processing date established by the Employee Benefits Division upon receipt of my worksheet
- Must produce official documentation to confirm dependent eligibility when my form is submitted for Agency signature
- Must file any address changes with my Agency Benefits Coordinator

IV Retirement Option Information

- Every employee must join a retirement plan upon beginning employment
- Choosing a Retirement Program
- Comparison of Retirement Plan Option

I certify that I have received information regarding all of the State of Maryland Laws, Policies and Coppin State University benefit programs. Also, I understand that the Faculty/Staff Orientation Program to which I have been invited will include additional information and gives me an opportunity to clarify any questions to assist me in making informed decisions regarding my benefit options.

_____ _____
Employee's Signature Date

_____ _____
Employee's Name (Printed or Typed) Empl ID or Social Security Number