

## UNIVERSITY OF ARKANSAS ACKNOWLEDGEMENT OF POLICIES

This form is designed to help ensure that new employees are aware of certain important University policies. Links to UA employee handbooks, and several key UA policy series (Fayetteville Policies and Procedures, Academic Policy Series, Board of Trustee Policies, and UA Systemwide Policies and Procedures), are available on the Human Resources website ([hr.uark.edu](http://hr.uark.edu)). Additional faculty policies are available on the website for the Office of the Provost (<https://provost.uark.edu>).

Initial

**Drug-free Workplace Policy; Alcohol.** I understand that the University of Arkansas is a drug-free workplace and the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on this institution's premises, and violation of this policy can subject me to discipline up to and including termination. As a condition of employment, I shall notify my employer of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such a conviction. I further understand that federal law mandates that my employer communicate this conviction to the federal agency when my employment relates to a federal contract, and I hereby waive any and all claims that may arise for conveying this information to the federal agency. Further, possession or consumption of alcoholic beverages on University property or during working hours, reporting to work under the influence of alcohol, and intoxication while on duty are prohibited and will result in disciplinary action up to and including termination. **Staff Handbook 3.8 and 3.9 and Faculty Handbook 4.5. E and G.**

Initial

**Repayment of Overpayment and University Funds or Assets.** I understand that if, for any reason, I am overpaid by the University of Arkansas either through University error or my own error or if I misappropriate funds or property belonging to the University, I will be required to repay the University. I further understand that the University may deduct said overpayment from my future earnings. **Fayetteville Policies and Procedures 329.0, Board Policy 405.2.**

Initial

**Overtime.** I understand compensatory time is the preferred compensation method for overtime worked by state employees. If I am employed in an overtime-eligible position and work overtime, I will receive compensatory time unless my department chooses to provide cash payment. All overtime worked requires prior authorization by the supervisor and I will not work overtime without such authorization. **Staff Handbook 5.3.**

Initial

**Benefits Eligibility & Enrollment Deadlines.** I understand that if I am appointed 50% or greater and not in a student title, I am eligible for employee benefits and that enrollment in certain basic benefits is mandatory. I understand that I have 31 days from my benefits-eligible appointment date to enroll in benefits, including health & dental coverage, and that after this 31-day period, I will not be eligible to enroll in health & dental coverage unless I have a qualifying (HIPAA) event or during an authorized University of Arkansas Open Enrollment. **Staff Handbook 8.3-8.7 and Faculty Handbook 4.2.A.**

Initial

**Tobacco/Smoke Free Campus.** Smoking and the use of tobacco products (including cigarettes, cigars, pipes, smokeless tobacco, and other tobacco products), as well as the use of electronic cigarettes, by students, faculty, staff, and visitors is prohibited on all University of Arkansas properties. **Fayetteville Policies and Procedures 724.0.**

Initial

**Code of Ethical Conduct.** I understand that the University of Arkansas is committed to the highest ethical standards in compliance, fair dealing, and in the protection and proper use of University resources. I acknowledge that, as an employee, I will comply with **Board Policy 335.1** and shall conduct myself in a manner that is beyond reproach and with integrity of the highest caliber, honesty, fairness, accountability, transparency, and commitment to compliance. I understand I am expected to report any suspected ethical violations to the proper authorities.

Initial

**Sexual Assault and Sexual Harassment.** I understand and agree to abide by the University of Arkansas' policy prohibiting sexual assault and sexual harassment, and I understand sexual assault is also a crime defined by the Arkansas criminal code. I understand all complaints or any concerns about conduct that may violate this policy should be submitted to the Title IX Coordinator. **Fayetteville Policies and Procedures 418.1.**

Initial

**Non-Discrimination.** I understand and agree to abide by the University of Arkansas' policy prohibiting discrimination against and harassment of its students, faculty, and staff, or any applicant for admission or employment. I will uphold the University of Arkansas' commitment to providing equal opportunity for all students and applicants for admission and for all employees and applicants for employment regardless of race, age, gender, sex (including pregnancy), religion, national origin, marital or parental status, disability, veteran status, sexual orientation, gender identity, or any other characteristic protected under applicable federal or state law. In addition, discrimination in employment on the basis of genetic information is prohibited. I understand all complaints or any concerns about conduct that may violate this policy should be submitted to the Office of Equal Opportunity and Compliance. **Fayetteville Policies and Procedures 214.1.**

Initial

**Grievance Procedure.** I understand it is the policy of the University of Arkansas to encourage fair, efficient, and equitable solutions for problems arising out of the employment relationship. Separate grievance policies exist for individuals appointed as faculty and staff. Further, the University's grievance procedures are distinct from the University's complaint procedures for concerns involving unlawful harassment, discrimination, pay inequities, reasonable accommodations for disabilities, and/or retaliation (see above). I understand questions regarding the staff grievance procedure should be directed to the Office of Equal Opportunity and Compliance and questions regarding the faculty grievance procedure should be directed to the Provost's office. **Staff Handbook 11.1.1, Faculty Grievance Procedure, and Faculty Handbook 3.19.**

## UNIVERSITY OF ARKANSAS ACKNOWLEDGEMENT OF POLICIES

\_\_\_\_\_ Initial  
**Protection of Minors on Campus.** I understand and agree to abide by the University of Arkansas' policy to maintain a safe and secure environment for children. I understand that I am required to report any reasonably suspected or observed child maltreatment, as required by State law to the state's Child Abuse Hotline, at 1-800-482-5964 and to the University of Arkansas Police Department at 911 or 575-2222. **Fayetteville Policies and Procedures 217.1.**

\_\_\_\_\_ Initial  
**FMLA.** I understand, under the Family and Medical Leave Act (FMLA), eligible employees with qualifying life events may receive up to 12 weeks' unpaid leave per year, continuation of health benefits during leave, and reinstatement to the same or an equivalent job upon return. I further understand that I must request FMLA by contacting university HR at least 30 days prior to a qualifying life event when I know about the need for the leave in advance and it is possible and practical to do so. I also understand that when the need for leave is unexpected, I must provide notice as soon as possible and practical. Central university HR will assist me in acquiring the required forms and with any questions I may have. FMLA leave runs concurrently with any available paid leave. **Staff Handbook 7.6 and Faculty Handbook 3.13.**

\_\_\_\_\_ Initial  
**Worker's Compensation.** I understand if I become injured or ill while at work due to a work-related incident, I may be eligible to receive workers' compensation. Workers' compensation is available by law to ensure that I get appropriate and reasonable medical care for injuries or illnesses sustained while I am on the job. I understand for emergency situations I should call "911" immediately. **Staff Handbook 7.16 and Faculty Handbook 4.5.C.**

\_\_\_\_\_ Initial  
**Maximum Hours for Extra Help Employees.** I understand that Arkansas state law limits the number of hours I can work in an hourly position and (if applicable) the maximum I can work is 1,250 hours in a fiscal year. **Fayetteville Policies and Procedures 312.1.**

\_\_\_\_\_ Initial  
**Code of Computing Practices.** I understand by using a University of Arkansas computer account, I am deemed to have agreed to comply with the Code of Computing Practices and to know its provisions. I understand it is my responsibility to review and understand the complete Code because I am responsible for compliance with the full Code of Computing Practices. The Code of Computing Practices can be found in **Fayetteville Policies and Procedures 201.0.**

\_\_\_\_\_ Initial  
**Criminal Arrests, Charges or Convictions.** I understand that University employees must report to their supervisor, within 24 hours or at the earliest possible opportunity thereafter, any criminal arrests, criminal charges or criminal convictions, excluding misdemeanor traffic offenses punishable only by fine. Employees must cooperate fully during any review process undertaken by the university. Failure to make such a report or to cooperate with such a review shall constitute grounds for disciplinary action up to and including termination. **Staff Handbook 9.12 and Faculty Handbook 2.30.**

\_\_\_\_\_ Initial  
**Conflicts of Interest, Outside Employment, and Acceptance of Gifts.** I recognize that the University has established policies regarding conflicts of interest for all employees and requires prior approval for outside employment for all faculty and non-classified staff. Also, I recognize that state rules restrict the acceptance of gifts in connection with my state employment. I agree to abide by such policies and related state laws and rules, including but not limited to making any disclosures of conflicts or potential conflicts required by law or university policy, and (if applicable) to obtain approval before engaging in any outside employment. **Fayetteville Policies and Procedures 404.0.**

\_\_\_\_\_ Initial  
**Retirement Participation.** I understand that if I am employed by the University of Arkansas in a position not eligible for benefits, I am eligible to make voluntary employee contributions for my retirement under the University of Arkansas 403(B) Retirement Plan. I understand that if I am a non-benefits eligible employee, I will not be eligible for any employer contributions and will not have any required employee contributions. I can, however, make contributions up to the maximum allowable under IRS regulations and can contribute with traditional tax-deferred contributions or with Roth after-tax contributions, and I can choose to end my contribution at any time. The record-keeper/vendors for the Plan are TIAA and Fidelity. For more information or to enroll, contact Human Resources at 479-575-5351 or TIAA at 1-800-842-2776 or Fidelity at 1-800-328-6608, or visit the University website at <https://hr.uark.edu>. **Staff Handbook 8.7 and Faculty Handbook 4.2.A.**

*I understand it is my responsibility to review and be familiar with the staff/faculty handbook and other university policies related to my work, many of which can be accessed through the following web page: <https://hr.uark.edu>. I understand these resources provide information about University policies and procedures but are not intended to contain contractual promises or constitute a contract of employment between the University and me. I recognize that the University may revise these policies when necessary in the best interest of the University, including but not limited to the policies listed above. I realize that violations of University policies may result in disciplinary action, including but not limited to termination of employment.*

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Employee ID# \_\_\_\_\_ Date: \_\_\_\_\_

**Note that a "Health Insurance Marketplace Coverage Options" notice must accompany this form.**

Upon completion, return to: HUMAN RESOURCES, ADMN 222. The University of Arkansas is an equal opportunity/affirmative action institution.