

**THE TEXAS A&M UNIVERSITY SYSTEM
SYSTEM ADMINISTRATIVE AND GENERAL OFFICES**

Employee Acknowledgment Form

I acknowledge receipt of information on the following items.

ALCOHOL ABUSE & ILLICIT DRUG USE

As required by the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act Amendments of 1989, I have been furnished a copy of the A&M System policy on Drug and Alcohol Abuse and Rehabilitation Programs.

HIV/AIDS IN THE WORKPLACE AND LEARNING ENVIRONMENT

I understand that Texas Health and Safety Code, Chapter 85, specifies that workplace guidelines be explained to ensure that the rights and privileges of individuals infected with the Human Immunodeficiency Virus (HIV) are protected. I have been furnished a copy of The Texas A&M University System policy on HIV/AIDS in the Workplace and Learning Environment.

STANDARDS OF CONDUCT FOR STATE EMPLOYEES

I certify that I have received a copy of Section 6 of article IX of the Appropriations Act relating to standards of conduct for state employees.

POLITICAL AID AND LEGISLATIVE INFLUENCE PROHIBITED

I certify that I have received a copy of Section 5 of article IX of the Appropriations Act relating to political aid and legislative influence.

ETHICS POLICY

I hereby acknowledge receipt of The Texas A&M University System Ethics Policy and have familiarized myself with all its guidelines and requirements.

SOCIAL SECURITY NUMBER

I understand that the disclosure of my Social Security number is required as a condition of my employment with The Texas A&M University System. I have reviewed the "Notice To Employees" (see back of enclosed Employee Personal Data form) stating the authority for the request for Social Security number disclosure and outlining its uses.

CONTROL OF FRAUD AND FRAUDULENT ACTIONS

I am required to report specific incidents of suspected fraud and criminal acts to my supervisor, the Chancellor or the System Director of Internal Audit. System Policy 21.04, Control of Fraud and Fraudulent Actions, outlines the types of fraud and criminal actions that should be reported and employees' responsibilities for such reporting. I understand that I may review the policy by accessing it on the Internet (<http://sago.tamu.edu/policy/21-04.htm>) or by requesting a copy from my supervisor.

SUPPLEMENTAL RETIREMENT INVESTMENT OPPORTUNITIES

In addition to the available retirement programs, I may invest in two additional plans through payroll reduction. Investment counseling responsibilities are delegated to licensed agents of the approved companies. Information on these plans* is available from the Human Resource Services Office.

- A. **Tax-Deferred Accounts**—I may voluntarily invest in a Tax-Deferred Account through payroll reduction. A specified amount, not to exceed a defined maximum exclusion allowance, may be withheld from my salary for retirement and will not be taxed currently as income. These contributions will be deposited with an approved company of my choice.
- B. **State of Texas Deferred-Compensation Program**—I may voluntarily enter into an agreement with the State of Texas to reduce taxable income under the Deferred-Compensation Program (DCP) to purchase life insurance, fixed and/or variable annuities, mutual funds or investment contracts.

* As a new participant, I may enroll in either of these programs effective the first day of any month provided I supply the Payroll Office with the necessary forms by the first of the month.

OVERTIME POLICY FOR NONEXEMPT PERSONNEL

I hereby agree to the following rules and regulations of the U.S. government and the State of Texas regarding overtime work (hours worked in excess of 40 in a workweek in a nonexempt position):

- A. I will not work hours in excess of 40 in a workweek without the prior approval of my supervisor.
- B. When I work more than 40 hours in a workweek, I agree to be compensated for those hours in the following manner.
 - 1. I will be granted FLSA compensatory time off at the rate of 1½ hours for every hour of overtime worked, or
 - 2. I will be paid for the overtime hours at the rate of 1½ times my regular rate of pay, when in the judgment of my employer, granting compensatory time off is impractical.
- C. When I have not worked more than 40 hours, but the combination of my hours worked, holidays and paid leave exceeds 40 hours in a workweek, I agree to be compensated with time off at the rate of 1 hour for every hour over 40 in a workweek. State compensatory time must be taken within 12 months of working the overtime.

“Work” in the context of this acknowledgment means the performance of assigned duties. It does not include time away from work due to illness, holidays and other approved leaves of absence. Graduate assistants are not eligible for overtime.

PAYROLL DEDUCTION VERIFICATION

I understand that I am responsible for reviewing my check retainer each pay period and notifying the Payroll Office immediately if the proper deductions are not made for retirement, group insurance, Social Security and federal income tax. I further understand that benefits will be paid based on coverage records in my insurance file and in accordance with the terms of the applicable group policy.

Employee Name (please print)

Social Security Number

Employee Signature

Date

Department/Human Resources Representative *Date*