

## **Policy Receipt and Acknowledgement**

(For Graduate Assistants)

I,\_\_\_\_\_\_(Please Print Name), Employee. ID:\_\_\_\_\_, hereby certify by signing and returning this form that I have received and read the below listed Salisbury University policies:

## http://www.salisbury.edu/equity/library/

- VI1.60 USM Policy on Sexual Misconduct https://www.usmd.edu/regents/bylaws/SectionVI/VI160.pdf
- Salisbury University Policy and Procedures Prohibiting Sexual Misconduct and Other Gender-Based Discrimination

<u>https://www.salisbury.edu/administration/institutional-equity/\_files/document-</u> <u>library/Salisbury-University-Policy-and-Procedures-Prohibiting-Sexual-Misconduct-and-</u> <u>Other-Sex-and-Gender-Based-Discrimination.pdf</u>

## **o** Salisbury University Policy Prohibiting Non-Sex Based Discrimination

 $\label{eq:https://www.salisbury.edu/administration/institutional-equity/_files/document-library/SUNonSexBasedProhibitedDiscriminationPolicy.pdf$ 

 Salisbury University Procedures for Investigating and Adjudicating Complaints of Non-Sex Based Discrimination Against Non-Students

 $\label{eq:https://www.salisbury.edu/administration/institutional-equity/_files/document-library/NonSexBasedDiscriminationProceduresForNonStudents.pdf$ 

- Salisbury University Procedures for Investigating and Adjudicating Complaints of Non-Sex Based Discrimination Against a Student
   <u>https://www.salisbury.edu/administration/institutional-equity/\_files/document-</u>library/NonSexBasedDiscriminationProceduresForStudents.pdf
- A copy of Executive Order 01.01.1991.16 State of Maryland Drug Abuse Policy
  <a href="https://dbm.maryland.gov/employees/Documents/Policies/SubstanceAbusePolicy.pdf">https://dbm.maryland.gov/employees/Documents/Policies/SubstanceAbusePolicy.pdf</a>
- Policy on Reporting of Suspected Child Abuse & Neglect
  <u>https://www.salisbury.edu/administration/administration-and-finance-offices/human-resources/\_files/pdfs/VI-1-50-Policy-on-the-Reporting-of-Suspected-Child-Abuse-and-Neglect-12-9-11.pdf</u>

Name (Please Print)

Signature

Department

Date

Please return this form to Jessica Scott with the other GA contract documents.