

Statement of Acknowledgement Form

I _____ (print full name), hereby acknowledge that I have read, understand, and will comply with the following Nipissing University policies and procedures.

Mandatory Policy Review:

- [Acceptable Use Policy](#)
- [Computing Equipment Policy](#)
- [Disconnecting from Work Policy](#)
- [Electronic Monitoring Policy](#)
- [Employment Accommodation Policy](#)
- [Health & Safety Policy Statement](#)
- [Respectful Workplace & Learning Environments Policy](#)
- [Student Sexual Violence Response Policy](#)
- [Workplace Violence Prevention Policy](#)

I _____ (print full name), hereby acknowledge that I have reviewed the following workplace posters as required under Ontario legislation.

Mandatory Poster Review:

- Employment Standard Act
- Health & Safety at Work
- Workplace Safety & Insurance Board

Please note that a copy of the Occupational Health and Safety Act and the Multi-Site Joint Health and Safety Committee membership list are available online and on the bulletin board outside Room B215.

I understand that if I have any questions regarding the information provided to me, I may contact my immediate supervisor at Nipissing University or the Human Resources Department.

Name of Employee (please print)

Date

Signature of Employee