

FDU Policies and Workshops ACKNOWLEDGEMENT FORM

I have been made aware of the policies of FDU. I have been provided an email regarding important policies and posters. I will review the FDU policies and posters. I understand all policies and posters are available for review on the human resources webpage (https://www.fdu.edu/about/university-leadership-offices/human-resources/)

I have been made aware of the Preventing Harassment Online Workshop and COVID-19 Training. I agree to complete the workshop within thirty (30) days of employment. The online workshops are accessible by logging onto the Fairleigh Dickinson University web site. The URL is: https://www.fdu.edu/about/university-leadership-offices/human-resources/training/

As an employee of Fairleigh Dickinson University, I understand I am required to report all crimes, including but not limited to sexual assault, stalking, dating violence and domestic violence, that may occur on our campuses. For more information regarding your obligation to comply, please review training slides associated with Campus Security Authorities, Title IX and Sexual Violence, and Protecting Minors on Campus on the link as follows: https://www.fdu.edu/about/university-leadership-offices/human-resources/training/

I will review FDU's Information Security Program policy https://www.fdu.edu/about/university-leadership-offices/human-resources/training/ and proceed to complete the online training program. This training is required, is self-paced, and takes approximately 45 minutes to complete. Successful completion of this training produces a certificate for your records and notifies Human Resources for their files. We ask that training be done within the first two weeks of employment.

I will review University's FDUAlert System and Policy. I will also initiate a request for access to the Alert system. The links to Policy and access instructions are as follows: https://it.fdu.edu/?sort_by=alphabetical&resource=4053&s=fdu%20alert%20policy https://www.fdu.edu/for-students/alert-system/

If I do not have access to the internet, I will inform the Human Resources Department and accommodations will be made to complete the above noted trainings.

Please review and sign this acknowledgement form within the first thirty (30) days of employment. The completed form must be returned to Human Resources. Please keep a copy so you may complete the above-noted action items within the specified timeframes.

Employee Name (please print)	Employee ID	
Employee Signature	Date	
Location/Department		_