

# LDH Policy & Procedure Acknowledgement

Employee Name: \_\_\_\_\_

Full Legal Name *(please print)*

State Civil Service - Prohibited Political Activity/(General Circular Number 2024-042)

LDH –Recoupment of Overpayments (Policy#2.3)

LDH – Disclosure of Outside Employment (Policy #44.1)

LDH – Overtime Policy (Policy #45.4)

LDH –Firearms in the Workplace (Policy#68.1)

LDH –Safety Rules

General Safety/Loss Prevention Manual

LDH – Employee Lactation Support (Policy 104.2)

Notice of Compliance to Employees – Worker’s Compensation

LDH –Transitional Return to Work (Policy #109.1)

LDH- Sexual Harassment Policy (Policy # 56.4)

LDH Work Schedules Attendance Policy 2019 (Policy #25.1)

The online orientation has given me instructions to access the above policies via the LDH Internet Webpage. I have accessed the website, read the above policies, and fully understand them. I also acknowledge that it is my responsibility to familiarize myself with all LDH Policies and that I am responsible for complying with all policies, procedures, and regulations of the Louisiana Department of Health.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date