

Employee Receipt and Acknowledgment Form

I certify and acknowledge the following:

I have received and read a copy of the listed Federal, State and Care Plus NJ Agency documents.

I further agree to comply with the standards contained in these documents.

I understand that compliance with these standards, policies and procedures set forth in these documents is a condition of my continued employment or association with Care Plus NJ

I also understand that Care Plus NJ reserves the right to occasionally amend, modify and update any of the listed documents below

Please **initial** each document:

- Care Plus 101
- Code of Conduct
- Employee Handbook
- Gender Inequity
- Information Management Manual
- NJ Record Keeping Law
- Patient Safety Memo
- Rights/Ethics Boundaries Memo (All Staff Memo)

I further understand that this acknowledgment sheet will be placed in my personnel file. I may obtain a copy through the Human Resources Department.

Print Name

Signature

Date

