



OPS Employee Certifications

State rules and/or Department policy requires certain information be provided to all OPS employees and that each employee certify, in writing, he/she has received and/or had this information discussed with them. After you have received the information indicated below or it has been discussed with you, sign and date in the spaces provided. When completed, this form is to be forwarded to Human Resource Management to be placed in the official personnel file.

Employee Name (please print)

Social Security Number

STATE OF FLORIDA FICA ALTERNATIVE RETIREMENT PLAN FOR OPS EMPLOYEES: This is to certify that I have been provided information.

Signature

Date

STANDARDS FOR DISCIPLINARY ACTION: This is to certify I have received and have had discussed with me the Disciplinary Standards set forth in Section 60L-36.005, Florida Administrative Code.

Signature

Date

MANDATORY USE OF SEAT BELT/SAFE OPERATION OF VEHICLES POLICIES: This is to certify I have been provided information contained in Section 60B-1.012, Florida Administrative Code and [COM Assignment and Control of COM Vehicles Policy, #4.06](#), which explains the official policies of the State of Florida and AWI on the mandatory use of seat belts and safe operation of vehicles.

Signature

Date

DRUG FREE WORKPLACE: This is to certify I have been provided a copy of the [COM Drug Free Workplace Policy Directive](#).

Signature

Date

FEDERAL FAMILY AND MEDICAL LEAVE ACT: This is to certify I have been provided information on the Family and Medical Leave Act. (<http://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf>)

Signature

Date

SEXUAL HARASSMENT: This is to certify I have been provided a copy of the [COM Sexual Harassment Policy, #2.04](#) and Section 60L-36.004, Florida Administrative Code.

Signature

Date

EMERGENCY PROCEDURES: This is to certify I have been provided information to access [COM Emergency Management Policy, #4.03](#).

Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY: This is to certify I have been provided information to access the [Equal Opportunity Is The Law Notice](#).

Signature

Date

CODE OF ETHICS: This is to certify that I have been provided a copy of the [COM Code of Ethics Policy, #1.05](#).

Signature

Date

CODE OF PERSONAL RESPONSIBILITY: This is to certify that I have been provided a copy of the [COM Code of Personal Responsibility Policy, #1.07](#).

Signature

Date

COM INFORMATION SECURITY POLICY: This is to certify that I have been provided a copy of the [IT Policy Definitions 5.01](#) & [Information Security Program 6.01](#).

Signature

Date

OPS EMPLOYMENT INFORMATION SHEET: This is to certify that I have been provided an OPS Employment Information Sheet outlining the terms and conditions of OPS employment.

Signature

Date

USE OF SOCIAL SECURITY NUMBER

All state employee personnel records contain social security numbers because it is imperative for us to be able to identify state employees properly and definitively. The statewide accounting system FLAIR requires social security numbers to be entered in order for disbursement of funds. The system has utilized social security numbers to identify individuals by taxpayer ID number. COM may also use your social security number to conduct a criminal history background check, if applicable, in accordance with Chapter 110, F.S. and in filing reports required by the Division of Workers' Compensation. Your social security number may be used for any other purpose specifically required or authorized by state or federal law.