

# ***S<sup>D</sup> Associates LLC***

**Behavioral Services** Assessment, Consultation, Training and Direct Service

*www.sdplus.org* referrals: (802) 235-9322

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## **Acknowledgement of Receipt of Employee Policy Manual**

This policy handbook has been prepared to provide you with a general understanding of our personnel policies, work rules and benefits. All employees are required and are responsible for reading the employee policy manual and becoming familiar with our policies and procedures. If you have any questions regarding the material in the handbook, please contact your supervisor or another member of management for clarification. The handbook should not be constructed as an employment contract of agreement for employment for any specified period of time. We reserve the right to make changes to these policies at any time. When changes are necessary, we will inform all employees of the change either via employee email or by memorandum. It is the responsibility of the employee to locate the updated information on the employee website ([www.sdemployees.com](http://www.sdemployees.com)) or to acquire a print version from a regional manager or director. Employees are expected to routinely check their company email accounts and the employee website.

I acknowledge receipt of the S<sup>D</sup> Associates LLC handbook.

Employee Name (Please Print):

\_\_\_\_\_  
Employee Signature:

\_\_\_\_\_  
Date:

## **Harassment**

I have read and understand the Harassment (Anti-Harassment) Policy included in this manual. I specifically agree to abide by its terms and to report experience of harassment directed toward others or myself. I understand that S<sup>D</sup> Associates has a zero tolerance policy for harassment in any way, shape or form.

Employee Signature:

\_\_\_\_\_  
Date:

## **Mandated Reporting**

I have read and understand the Mandated Reporters of Child Abuse/Neglect Information included in my new hire packet. I understand that if I suspect a child may have been abused or neglected, I am required by law to report my suspicions to DCF within 24 hours.

Employee Signature:

\_\_\_\_\_  
Date: