

Department of Corrections
RECEIPT FOR RULES, PROCEDURES, AND POLICIES - NEW EMPLOYEE

- 1) I understand that my fingerprints will be retained in the Florida Department of Law Enforcement database and any arrest will automatically be reported to the Department of Corrections.
- 2) I hereby acknowledge that today I have been furnished a copy of the rules, procedures, and policies of the Department of Corrections as indicated below.
- 3) I understand that I am responsible for immediately reading and complying with the rules, procedures, and policies.
- 4) I understand that I am responsible for reading and becoming familiar with Chapter 33, Rules of the Florida Department of Corrections, prior to assuming the duties of my position. A copy of the Rules is available for loan at each department institution, service center, all community facilities, and probation and parole offices. They can also be found on the Department's Internet site at: <http://www.dc.state.fl.us/secretary/legal/ch33/index2.html>. It is also my responsibility to maintain familiarity with Chapter 33, Rules of the Florida Department of Corrections.
- 5) I understand that it is my responsibility to obtain clarification from the servicing personnel officer or my supervisor regarding any part of these rules, and any other rule, policy, directive, or instruction which is not clear to me.
- 6) I understand that it is my responsibility to read and become familiar with all revised rules, policies, or procedures below and newly developed rules, policies, and procedures that are maintained through the department's Intranet.

All Employees:

- (X) [Mission & Vision Statement, Code of Conduct, and Oath of Allegiance](#)
- (X) [Equal Employment Opportunity \(EEO\) and Anti-Harassment Statement](#)
- (X) [Drug-Free Workplace Statement](#)
- (X) [Hostage Statement](#)
- (X) [Staff/Inmate/Offender Relationships Statement](#)
- (X) [Use of Force in the Workplace Statement](#)
- (X) [Violence in the Workplace Policy Statement](#)
- (X) [Weapons on Institution Property Statement](#)
- (X) [Rules of the Department of Corrections, Personnel, Chapter 33-208](#)
- (X) [Dual Employment and Compensation, 60L-32.003 & Employee Relationships with Regulated Entities, 60L-36.003](#)
- (X) [Driver's License Requirement and Mandatory Safety Restraint Use, Form DC2-811](#)
- (X) [Acknowledgement of Responsibility to Maintain Confidentiality of Medical Information, Form DC2-813](#)
****This form must be signed and returned to Personnel**
- (X) [Procedure 102.004, Ethics](#)
- (X) [Procedure 208.013, Outside Employment](#)
- (X) [Procedure 208.041, Domestic Violence or Sexual Violence for Staff](#)
- (X) Procedure 604.606, Identification Cards
- (X) Information Security Awareness Pamphlet, Form NI1-016
- (X) [Unauthorized Cell Phones in Correctional Institutions, Form NI1-103](#)

To be reviewed as applicable:

- Non-Uniform** () [Procedure 208.003, Dress Code for Non-Uniformed Employees](#)
 () [Non-Security Staff Instructions for Reporting Inappropriate Inmate Behavior, Form DC1-211](#)
- CPO Series** () [Rules of the Department of Corrections, Probation and Parole Services, Chapter 33-302](#)
- TEA** () [Florida Statute 943, Payment of Tuition by Employing Agency](#) (For non-certified officers attending academy)
- CDL** () [Commercial Driver License Drug & Alcohol Testing Program Procedure, POPM, Volume IX, Chapter 2](#)
- Financial Disclosure** () [Statement of Financial Interests, CE Form 1](#)
- Health Services** () [Essential Functions for Licensed Nurses](#)
 () [Essential Functions for Health Support Staff](#)

Employee's Name Printed

Employee's Signature

Date