



# Employee Rights and Responsibilities

## **Campus Security Policy**

I acknowledge that I have been informed that HACC is required by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (20 USC § 1092(f)) to publish an annual security report by October 1 of each calendar year. This report contains three years of campus crime statistics for incidents that occurred on a campus, in unobstructed public areas immediately adjacent to or running through a campus and at certain non-campus facilities owned or controlled by HACC. Also included in the report are policy and procedure disclosures for emergency response, timely warning and immediate notification, the reporting of crime, response to rape and sexual offenses, drug and alcohol control, and disciplinary procedures, among others. This report is available on HACC's website at [http://www.hacc.edu/AboutHACC/PublicSafetyandSecurity/upload/ACC\\_ASR.pdf](http://www.hacc.edu/AboutHACC/PublicSafetyandSecurity/upload/ACC_ASR.pdf). Free paper copies are available upon request at any campus security office or welcome center.

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## **Computer Use and Data Security Policy**

I recognize the need for system security at the College, and I certify that I have read current College Policy 371 – College Computer Use and Data Security Policy – and agree to abide by the policies set forth in the policy, including compliance with the Family Education Rights Privacy Act of 1974. I will not loan my computer userid to another person nor will I use someone else's userid. I will keep all passwords private. I understand that any compromise in security is a serious matter and that I will be held responsible for all actions performed under my userid. I will immediately report any suspicious occurrences and/or breaches in security both to my department supervisor and to the Chief Technology Officer. I will maintain strict privacy for all College data that I may view. In addition, I will not copy software belonging to the College without written permission nor will I use any software that does not lawfully belong to me or the College on any College-owned PC.

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## **Drug-Free Workplace and Drug & Alcohol Abuse Prevention Policy**

I acknowledge that I have read and understand the combined Drug-Free Workplace and Drug and Alcohol Abuse Prevention Policy.

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## **Harassment Policy**

I acknowledge that I have read current College Policy 871 – Harassment.

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**College Policies and Shared Governance Policies**

I understand that it is my responsibility to become familiar with HACC’s College Policies (CP) and Shared Governance Policies (SGP) and apply the principles in everyday practice. This acknowledgement is confirmation that I have been instructed as to where the CPs and SGPs may be referenced online. I understand that I am responsible for reading and familiarizing myself with the CPs and SGPs and adhering to all of the policies and procedures. I understand that the information in the CPs and SGPs represents guidelines only and that HACC reserves the right to modify, amend or terminate any policies, procedures or employee benefit programs whether or not described in the CPs and SGPs. I understand that the CPs and SGPs are not a contract of employment, expressed or implied, between me and HACC.

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**Statement of Understanding of Confidentiality**

I understand that by virtue of my employment with HACC that I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Education Rights Privacy Act of 1974. I acknowledge that I fully understand that the willful or intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or intentional unauthorized disclosure also violates the College’s policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

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**Workers’ Compensation**

I acknowledge that I have been provided with a copy of my rights and duties regarding medical services provided under the Workers’ Compensation Law (the Act).

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Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Representative Signature

\_\_\_\_\_  
Date