



POLICY ACKNOWLEDGEMENT

Instructions: This form must be received at the Department of Military Affairs (DMA) State Human Resources Office no later than 30 days after your start date. If you are submitting this form outside of New Employee Orientation, submit to DMAHR@widma.gov.

Employees of the Department of Military Affairs (DMA) are required to abide by all policies and procedures issued by the DMA and the State of Wisconsin, including but not limited to the policies listed below. It is the responsibility of the employee to request clarification if needed about any policy or procedure with their immediate supervisor or Human Resources.

DMA Policies & Procedures:

- Electronic Mail (P&P 2.100)
- Internet Use and Management (P&P 2.105)
- Social Media (P&P 2.110)
- Telework (P&P 3.110)
- Outside Employment (P&P 3.120)
- Performance Evaluation (P&P 3.130)
- Equity and Inclusion Strategic Plan and Complaint Procedure (P&P 3.140)
- DMA Equity and Inclusion Plan (January 1, 2024 – December 31, 2026)
- Reasonable Accommodations Policy and Procedures (P&P 3.150)
- Drug Free Workplace (P&P 5.400)
- Absences Due to Inclement Weather (TAG Policy Memorandum 13)
- Records Management (P&P 1000)
- Self-Reporting Derogatory Information

Statewide Policies & Procedures:

- Employee Handbook
- Code of Ethics (Chapter ER-MRS 24)
- State Employee Political Activity (Wis. Division of Personnel Management Bulletin No. DPM-0433-MRS)
- Job Abandonment (Wis. Human Resources Handbook Chapter 408)
- Employee Work Rules and Discipline Procedure (Wis. Human Resources Handbook Chapter 410)
- Respectful Workplace Policy and Complaint Procedure (Wis. Human Resources Handbook Chapter 440)
- Social Media Usage in State Government (Wis. Human Resources Handbook Chapter 480)

The above policies as well as other DMA policies and procedures can be found on the DMA public website (<https://dma.wi.gov/>).

I attest that I have the responsibility to read, understand and abide by all policies and procedures, including but not limited to the policies listed above. I further understand that it is my responsibility to bring any questions or concerns about my understanding of these policies to my supervisor or State Human Resources for clarification.

I understand that this signed acknowledgement will become a permanent part of my personnel file.

EMPLOYEE NAME (PRINT)	CLASSIFICATION / JOB TITLE
EMPLOYEE SIGNATURE	DATE SIGNED