



**POLICY AND INFORMATION ON HEALTH AND DENTAL BENEFITS
ACKNOWLEDGEMENT – *New to State Service***

On _____, 20____, I _____,
(Today's Date) *(Employee's Name)*

was provided with the following CalSTRS Policy Memoranda and Information on Health and Dental Benefits:

- Sexual Harassment Policy
- Zero Tolerance for Workplace Violence Policy
- Equal Employment Opportunity Policy
- Family Medical Leave Act (FMLA) Policy
- Physical Security & Emergency Management Policy
- Information on Health Benefits for New Employees
- Information on Dental Benefits for New Employees

I have received these policies and information.

(Signature)