



## Acknowledgment of NSU Policies

(Please print clearly)

My signature below acknowledges my understanding that I am subject to all terms and conditions of employment as set forth in the NSU Employee Policy Manual and/or the NSU Faculty Policy Manual. My signature also acknowledges I have reviewed the following policies and indicates my willingness to review and abide by ALL policies and procedures of the university including, but not limited to, those specifically identified below and all policies available online.

- Conflicts of Interest Policy (*Not required for Adjunct Faculty*)
- Sexual Harassment Policy
- Computer Use Policy
- Copyright and Patent Policy
- Drug-free Workplace Policy
- Alcohol and Other Drugs Policy
- Rights and responsibilities under the Family and Medical Leave Act

In addition, I acknowledge the availability of all policies for review online in the NSU Employee Policy Manual at [www.nova.edu](http://www.nova.edu) and/or the NSU Faculty Policy Manual at [www.nova.edu](http://www.nova.edu). I further understand that the university reserves the right to modify its policies at any time and will provide notice of any revisions when possible. I understand further that the most up-to-date policy may appear on the online policy manuals.

Name: \_\_\_\_\_

NSU ID: \_\_\_\_\_

Department: \_\_\_\_\_

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

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

