

Employee Acknowledgements

Substance Abuse Policy A-15

Initials

I have reviewed a copy of Mercy's Policy A-15 Substance Abuse. I have been made aware that a current copy of the policy is available via Mercy Central. I understand that it is my responsibility to comply with this policy.

Code of Conduct

Initials

I acknowledge that I have reviewed a copy of the Mercy Iowa City Code of Conduct with a member of the Human Resources staff or by my manager. I have been made aware that a current copy of the book is available via Mercy Central. I understand that it is my responsibility to comply with the policies and expectations as summarized in the Code of Conduct and to report suspected violations as outlined in "Corporate Compliance Reporting Process." If I become aware of any Code of Conduct violations, I understand that it is my responsibility to report them.

ID Badge Replacements

Initials

I understand that I must follow Mercy's identification policy (A-17). Violations of the identification policy or abuse will result in a mandatory replacement of the badge at cost to the employee. Replacement cost for badges (including lost or stolen badges) is \$25.

Employee Handbook

Initials

I have reviewed a copy of the Mercy Hospital or Mercy Services Employee Handbook and will comply with its policies. I have been made aware that a current copy of the handbook is available via Mercy Central. I understand that this handbook is not intended to be a contract and that my employment is at the will of Mercy Hospital/Mercy Services. The contents of the handbook were explained to me during the orientation process.

Benefit Enrollment Rules

Initials

I understand that I must turn in my Benefits Enrollment form to the Mercy Human Resources Department within 30 days of my hire date. If I do not turn in the enrollment form within 30 days, I am waiving all rights to my health, dental, flex, and vision benefits until there is a qualifying event.

Initials

I understand that if I have a qualifying event (ie. divorce, birth, adoption, loss of other coverage*, change to benefit eligible status), I must change my benefit elections within 30 days of that qualifying event.

**If the loss of coverage is a Medicaid/CHIP (Children's Health Insurance Program) event, you have 60 days from the date of the loss to add your dependent(s).*

Signature

Date

Printed Name

Employee Number

