University of California, Irvine  
Personnel Forms  
Acknowledgement

The University is required to provide the following information to all employees. Your signature at the bottom of this document signifies that you read, understood, and intend to comply with the requirements of the notices. This signed document must be returned to your supervisor within 30-days of receipt for inclusion in your personnel file.

Employment Notices

- Access to Medical and Exposure Records (Available in Spanish)
- Affordable Care Act Notice
- Employment Verification (E-Verify) (Available in Spanish)
- Equal Employment Opportunity is the Law (Available in Spanish)
- Family Care and Medical Leave and Pregnancy Disability Leave (CFRA)
- Injuries Caused By Work (Available in Spanish)
- Minimum Wage Notice – California (Available in Spanish)
- Polygraph Protection Act (Available in Spanish)
- Pregnancy Rights and Obligations (Available in Spanish)
- Rights and Responsibilities under the Family and Medical Leave Act (Federal) (Available in Spanish)
- Right to Work (Available in Spanish)
- Safety and Health Protection on the Job (Available in Spanish)
- Time Off to Vote – California (Available in Spanish)
- Unemployment Insurance Benefits (Available in Spanish)
- Unemployment Insurance, Disability Insurance and Paid Family Leave (Available in Spanish)
- Veterans Rights and Protections
- Whistleblower Protections
- Workplace Discrimination and Harassment (Available in Spanish)

☐ COBRA Notice
☐ Political Reform Act Disqualification Requirements

I have read the information contained in all of the above notices. I understand the information contained in the notices and will comply with the requirements stated therein.

_________________________________________  Date Received: __________________________
Print Employee Name

_________________________________________  Date Signed: __________________________
Employee Signature