



ADMINISTRATIVE FORM 4505  
EMPLOYEE CONFIRMATION FORM  
(Formerly HR-F201)

**Responsible:** Office of Human Resources

I, \_\_\_\_\_, have received the following documents:  
(Print Name)

Please initial

- \_\_\_\_\_ Employee Survey
- \_\_\_\_\_ Workers' Compensation Questions and Answers
- \_\_\_\_\_ Nevada Workplace Safety pamphlet
- \_\_\_\_\_ Employee Network Rules of Acceptable Use
- \_\_\_\_\_ Harassment Acknowledgement of Receipt
- \_\_\_\_\_ Mandatory Reporting of Child Abuse and Neglect
- \_\_\_\_\_ Mandatory Self-Reporting by Staff
- \_\_\_\_\_ Drug-Free Environment
- \_\_\_\_\_ Family Educational Right to Privacy Act (FERPA) Training
- \_\_\_\_\_ Ethical Standards
- \_\_\_\_\_ Americans with Disabilities Act

By signing below, I acknowledge that I have received a copy of the documents initialed above. I also acknowledge that I am responsible for being aware of and complying with the information contained in the above named documents.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

For Official Use Only

Date Substitute License provided: \_\_\_\_\_

\_\_\_\_\_  
(Substitute Services Representative Signature)