

Please sign and date this receipt and return it to Human Resources or your Department Head. These documents can be viewed online anytime at www.westsenecarecreation.com > general info > employee information or direct link: <http://www.westseneca.net/employee-information#gsc.tab=0>

First Name (Print)
Last Name (Print)

RECEIPT FOR STAFF MANUAL I acknowledge that I have received a copy of the Town of West Seneca Youth & Recreation Employee Handbook (revised and, TB approved **June 22, 2020**). I agree to read it thoroughly and if there is any policy or provision in the Manual that I do not understand, I will seek clarification from Human Resources. I understand that the Town of West Seneca is an "at will" employer, and as such, employment with the Town is not for a fixed term or definite period and may be terminated at the will of either party, with or without cause, and without prior notice. I understand that this Manual does not constitute a contract of employment and that no Department Head or other representative of the Town (except the Board) has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the above. I understand that any such agreement must be in writing and signed by the Board to be effective. In addition, I understand that this Manual states the Recreation Department's policies and practices in effect on the date of publication. I understand that nothing contained in the Manual may be construed as creating a promise of future benefits or a binding contract with the Department or the Town for benefits or for any other purpose. I also understand that these policies and procedures are continually evaluated and may be amended, modified, or terminated at any time, with or without advance notice to me. This document can be found online at any time, see above for how to access it.

Date	Print Name	Signature
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RECEIPT FOR SOCIAL NETWORKING POLICY I acknowledge that I have received a copy of the Town of West Seneca Social Networking Policy. I agree to read it thoroughly and if I have any questions, I will seek clarification from Human Resources. This can be found inside the Employee Handbook.

Date	Print Name	Signature
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RECEIPT FOR SEXUAL HARASSMENT PREVENTION POLICY I acknowledge that I have received a copy of the Town of West Seneca's Sexual Harassment Prevention Policy. I agree to read it thoroughly and if there is any provision in the Policy that I do not understand, I will seek clarification from Human Resources. This can be found inside the Employee Handbook and/or online at any time.

Date	Print Name	Signature
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PLEASE SEE PAGE 2 FOR ADDITIONAL REQUIREMENTS/SIGNATURES

First Name (Print)
Last Name (Print)

ACKNOWLEDGMENT OF BREAKS/WORK PERIODS On each scheduled workday, employees will be required to clock in at the start of their shift, out at the end of their shift and clock in/out for meal times or breaks. Employees will be granted a minimum thirty (30) minute work break for any shift they work which is over six hours. Employees should not clock in more than five (5) minutes before their sign in time (start of shift, end of break), more than (5) minutes after their sign out time (End of shift, start of break). Employees who are “regular part-time” cannot exceed 19 hours per week. Employees who are “part-time” seasonal cannot exceed 35 hours per week. Employees who are on “off-site” trips will have their breaks automatically deducted when applicable.

Date	Print Name	Signature
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ACKNOWLEDGEMENT OF CASH CONTROL NARRATIVE I have read and understand the West Seneca Youth & Recreation Cash Control Narrative. I agree to follow the narrative during my employment with West Seneca Youth & Recreation. This can be found online at any time.

Date	Print Name	Signature
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ACKNOWLEDGEMENT OF BEING SENT HOME EARLY OR REMOVED FROM THE SCHEDULE I understand that I could be called off (removed from my scheduled shift and/or shifts) for any reason, at any time, for any length of time. I understand that I could be sent home early, for any reason, at any time. Furthermore, I understand that the provision of NYS minimum wage order, which requires that employees who show up for a shift be paid at least four hours or the number of hours in the regularly scheduled shift, whichever is less, at the basic minimum hourly wage (12 NYCRR §142-2.3), does not apply to local government employees in NY. Specifically, Section 142-2.14 of the minimum wage order which defines “employee” wage order provides that a. Employee means any individual employed, suffered, or permitted to work by an employer, except as provided below. b. Employees does not include any individual employed by a Federal, State or municipal government or political subdivision.

Date	Print Name	Signature
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COVID-19 Quarantine/Isolation Policy I acknowledge that I have received a copy of the COVID-19 Quarantine/Isolation Policy. I agree to read it thoroughly and if I have any questions, I will seek clarification from Human Resources. This can be found online at any time.

Date	Print Name	Signature
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PLEASE SEE PAGE 1 FOR ADDITIONAL REQUIREMENTS/SIGNATURES