



Research Foundation

Employee Certification Form

This packet contains important SDSU Research Foundation employment information including the following literature:

1. Employee Certification Form
2. Employment Fact Sheet (See reverse side)
3. Certification of Non-Debarment, Non-Suspension, and Other Responsibility Matters
4. Confidentiality of Records
5. SDSU Research Foundation Safety Bulletin
6. Designation of Physician Form – Workers' Compensation
7. Notice of New Workers' Compensation Program: Medical Provider Network
8. Driver Certification for Business Use of Vehicle(s)
9. Prior Service Questionnaire
10. DFE&H's - Sexual Harassment is Forbidden by law brochure
11. EDD's - State Disability Insurance brochure
12. EDD's - For Your Benefit – California's Programs for the Unemployed pamphlet
13. EDD's - Paid Family Leave Insurance program brochure
14. Code of Conduct for Employees Working With or Near Children (if applicable)

I acknowledge that I have been given a copy of the materials listed above, and I understand that it is my responsibility to read and comply with the policies and provisions as so stated. These materials highlight the SDSU Research Foundation's policies, practices, and benefits. They cannot anticipate every situation or answer every question. The staff of the Human Resources Department is available to clarify any questions regarding policies, procedures, and insurance provisions. Any oral or written statements or representations to the contrary are unauthorized, invalid and not binding upon SDSU Research Foundation.

Please print and sign your name in the space below. This form will be included in your official Personnel File. Your signature below acknowledges:

- I have been given a copy of the materials listed above;
- I have received information regarding SDSU Research Foundation's use of a Medical Provider Network for Workers' Compensation claims including a letter that outlines the MPN and a copy of the Continuity of Care policy; and that
- I certify to the best of my knowledge and belief that I am not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency. If you are unable to certify to the above statement, please attach an explanation to this certification.
- I agree to receive benefits information through email or as posted and viewable from SDSU Research Foundation website.
- I acknowledge and agree to maintain the confidentiality of SDSURF records as set forth in that "Confidentiality of Records".

Name _____

Please print

Signature _____

Date _____