



South Carolina
DEPARTMENT OF AGRICULTURE
HUMAN RESOURCES DEPARTMENT
 1200 Senate Street, Wade Hampton Bldg 5th Floor, Columbia, SC 29201
 Hugh E. Weathers, Commissioner

POLICIES & PROCEDURES MANUAL ACKNOWLEDGMENT

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENTS OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

NOTICE

Any previous Policies and Procedures Manual issued or posted electronically prior to January 31, 2024 is no longer valid. The Policies and Procedures dated February 1, 2024 supersede any previous policies issued by the South Carolina Department of Agriculture.

Please review the policies listed below and print and sign your name in the space provided to acknowledge that you have been made aware of these policies. All current policies are posted on the website located at: agriculture.sc.gov/divisions/agency-operations/human-resources.

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| Affirmative Action | Information Technology |
| Annual and Sick Leave | Leave Transfer Pool |
| Anti-Harassment | Mobile Communication Device Usage |
| Classifications | Nepotism |
| Disciplinary | News Media Contacts and FOIA Requests |
| Disclosure | Other Leave |
| Domestic Violence | Outside Employment or Business Activity |
| Dress Code | Overtime and Compensatory Time |
| Drug and Alcohol Testing | Paid Parental Leave |
| Drug Free Workplace and Substance Abuse | Recruitment and Selection |
| Dual Employment | Reduction in Force |
| Employee Performance Management System (EPMS) | Return to Work |
| Ethics | Social Media |
| Family and Medical Leave Act (FMLA) | Telecommuting |
| Furlough and Leave Without Pay | Work Hours |
| Grievance | Workers' Compensation |
| Hazard Communication | Workplace Violation |
| Holidays | |

I understand that it is my responsibility to read each policy in its entirety and abide by the requirements.

 Printed Employee's Name

 Employee's Signature

 Date