

**COLLIN COLLEGE
AGREEMENT AND ACKNOWLEDGMENT FORM**

RELOCATION ALLOWANCE AGREEMENT

I agree that in the event I voluntarily leave the full-time employment of Collin College before completing one full year of employment, all monies paid by Collin College for my relocation for employment must be reimbursed to Collin College in full. I agree that Collin College may implement a payroll deduction for the full amount owed, without further prior notice to me, and without any further consent from me.

EMPLOYMENT CREDENTIAL DEADLINE

Collin College only accepts official transcripts sent via U.S. Mail or equivalent **directly from the issuing institution** to Collin College Human Resources Department. Transcripts must be received for faculty employees **before the first day of employment** and for all employees no later than thirty (30) days from the date of hire, as well as certificates, licenses, and other credentials which document employment qualifications. If appropriate documentation is not received in accordance with these guidelines, I agree that my payroll checks may be withheld pending my submission of the required documentation and/or I may be terminated from employment with Collin College.

PROBATIONARY EMPLOYMENT PERIOD

I acknowledge that all full-time faculty and staff begin work under a 90-calendar-day probationary period I acknowledge that while in a probationary status, my employment relationship with Collin College is not subject to the requirements of due process and may be terminated at any time, without advance notice, for any or no reason, with or without cause, unless otherwise prohibited by law. I acknowledge that during the probationary period, vacation and personal leave is not earned and may not be used during such period.

DRUG FREE SCHOOLS AND COMMUNITIES ACT

Collin College supports the requirements of this Act and provided information in the new employee packet. I acknowledge that I have received information regarding this Act and that it is my responsibility to review the information. I agree to read the material and comply with the guidelines. I agree to contact Human Resources if I have questions or if I do not understand the information.

HIV & AIDS

I acknowledge that I have received the information regarding Collin College's HIV & AIDS Policies in the new employee orientation packet and I acknowledge that it is my responsibility to review the information. I agree to read the material and comply with the guidelines.

WHISTLEBLOWER ACT

Texas Government Code prohibits retaliation against public employees who report official wrongdoing. The provision states: "a state or local governmental entity may not suspend or terminate the employment of, or take other adverse personnel action against a public employee who in good faith reports a violation of law by the employing governmental entity or another public employee to an appropriate law enforcement authority." I acknowledge that I have received notification regarding my rights in this regard. For more information; call 512-462-2185, Office of the Attorney General, Texas.

WORKERS' COMPENSATION COVERAGE

All employees are covered by Collin College's workers' compensation insurance for injuries sustained in the course and scope of employment. I acknowledge that I must report an on-the-job injury to my supervisor immediately, but in no event more than 30 days following an injury, and I must complete an injury report form. New employees may retain their common law right of action if, within five (5) days of hire written notice is provided as described in the attached notice.

COLLIN COLLEGE POLICIES, PROCEDURES, AND GUIDELINES

I acknowledge that I have received, or been given access to, Collin College Faculty/Staff policies and procedures and that it is my responsibility to read the material and comply with the foregoing. I also agree that it is my responsibility to contact Human Resources if I have questions or if I do not understand the information.

EXIT PROCESS

I acknowledge that at the end of employment with Collin College, I am required to complete the college exit process. Failure to complete the process will result in the delay or withholding of my additional payroll checks.

EMPLOYEE ACKNOWLEDGMENT:

I have read the above and acknowledge my understanding of and agreement to these requirements.

Employee Typed/Printed Name

Employee Signature

Date