

Date Sent: _____

Hoopa Valley Tribal Council
HUMAN RESOURCE PROGRAM

71 Willow St. ~ PO Box 218 ~ Hoopa, CA 95546
Phone (530) 625-9200 ~ Fax (530) 625-4269



Acknowledgment of Receipt of Tribal Policies

I have received and reviewed the following policies and procedures of the Hoopa Valley Tribe Employee Handbook in its most current form.

_____ Title 30; Personnel Policies & Procedures of the Hoopa Valley Tribe.
_____ Hoopa Gas Station & Mini Mart
_____ Hoopa Forest Industries (HFI)
_____ Hoopa Housing Authority
_____ Hoopa Shopping Center

_____ Title 30(A); Employment Background Check Policy.

_____ Hoopa Valley Tribal Council, Motor Vehicle Operator's Policy.

_____ Title 21; Drug & Alcohol Policy of the Hoopa Valley Tribe.

_____ Title 46; Workers Compensation Ordinance of the Hoopa Valley Tribe.

_____ Group Health Insurance Plan & Enrollment Form (if applicable).

_____ Retirement Packet & Enrollment Form (if applicable).

_____ Hoopa Valley Tribe, Non-Disclosure Agreement.

The Employee Handbook's and policies referenced above describes important information about the Hoopa Valley Tribal Council's policies and procedures as it relates to your employment. Should I have any questions regarding these policies, I understand that I should consult the Human Resources Department regarding any questions not answered in the Employee Handbooks and policies

Since the information, policies, and benefits described here are subject to change, I acknowledge that revisions to the Employee Handbook and/or policies referenced above may occur. All such changes will be communicated through official notices. I understand that revised information may supersede, modify, or eliminate existing policies.

Furthermore, I acknowledge that this Employee Handbook's and/or policies referenced above is neither a contract of employment.

I certify that I have received the handbook's and policies referenced above as indicated by a check mark, and further understand that it is my responsibility to read and comply with the policies contained therein, and any revisions made to it.

Employee's Signature: _____ Date: _____

Hoopa Tribal HR representative: _____ Date: _____