

## Essex Property Trust, Inc.

### Associate Orientation – Review of Associate Handbook

To the Associate: Your Orientation leader will go through and review each of the following topics. Please initial the space next to each item after your orientation about the topic is completed. Please feel free to ask questions if there is anything you do not understand.

- |   |   |
|---|---|
| <input type="checkbox"/> At Will Employment           | <input type="checkbox"/> Associate Conduct                    |
| <input type="checkbox"/> Equal Opportunity Employment | <input type="checkbox"/> Code of Business Conduct & Ethics    |
| <input type="checkbox"/> Policy Against Harassment    | <input type="checkbox"/> Workplace Violence                   |
| <input type="checkbox"/> Company Complaint Procedure  | <input type="checkbox"/> Drug and Alcohol Abuse               |
| <input type="checkbox"/> Retaliation                  | <input type="checkbox"/> Punctuality and Attendance           |
| <input type="checkbox"/> Open-Door Policy             | <input type="checkbox"/> Essex Acceptable Internet Use Policy |
| <input type="checkbox"/> Working Hours & Schedule     | <input type="checkbox"/> Use of Company E-mail & Internet     |
| <input type="checkbox"/> Off the Clock Work           | <input type="checkbox"/> Blogging, Social Networking          |
| <input type="checkbox"/> Job Duties                   | <input type="checkbox"/> Training & Education                 |
| <input type="checkbox"/> Employment Classifications   | <input type="checkbox"/> Holiday / Paid Time Off              |
| <input type="checkbox"/> Overtime                     | <input type="checkbox"/> Family Care & Medical Leave          |
| <input type="checkbox"/> Performance Evaluation       | <input type="checkbox"/> FMLA & Workers Comp.                 |

I am aware that I must complete the "Preventing Workplace Harassment" training.

#### Please read and sign:

I have been informed about each topic that I have marked. I have had all of my questions answered to my satisfaction at this time. I understand that any additional questions about the topics covered during the orientation should be directed to my supervisor or HR.

Associate's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Lead \_\_\_\_\_ Date \_\_\_\_\_