

APPENDIX A FORMS

Additional copies of the forms in this appendix are available at the Department of Support Services Personnel Division and/or online at the Shasta County Personnel internet (www.co.shasta.ca.us) and intranet (<http://intranet/shasta-county>) websites.

Request for Consideration of Work Place Accommodation	237
Outside Employment Statement, Notice to Shasta County.....	239
Outside Employment, Order to Cease Outside Employment.....	241
Outside Employment, Employee Appeal	243
Recipient Application, Accrued Vacation Donation Program	245
Vacation Donation Program, Request for Assignment of Accrued Vacation Time ...	247
Position Classification Questionnaire.....	249
Position Classification Appeal Form	261
Employee Recognition Award Nomination.....	263
Shasta County Flexible Work Hours Plan.....	265
Request for Flex Schedule	267
Performance Evaluation Instructions	269
Performance Evaluation Form	271
Authority & Release of Information Form.....	275
County-Provided Mobile Data Device Agreement.....	277
Personal Mobile Data Device Agreement.....	280

REQUEST FOR CONSIDERATION OF WORK PLACE ACCOMMODATION

Under law, a person has a disability if he/she has a physical or mental impairment that limits a major life activity. A qualified employee with a disability is an employee who is qualified to perform the essential functions of a position with or without reasonable accommodation. Essential functions are primary job duties that are intrinsic to a position.

Instructions: If a qualified employee with a disability wishes to request an accommodation, he/she must complete this form and submit it to the department head. If the individual is unable to complete the form, due to a disability, he/she may request that another party complete it on his/her behalf. The form also requires medical substantiation of disability and information regarding the extent of work task limitations. Review County policy for complete directions and/or employee appeal process.

EMPLOYEE NAME / WORK PHONE # _____

CLASS & DEPARTMENT _____

EMPLOYEE'S ADDRESS _____

EMPLOYEE'S HOME PHONE # _____

TO BE COMPLETED BY EMPLOYEE:

Describe the Work Place Accommodation that you are requesting and why (attach an additional sheet of paper if you need more space). Attach your physician's statement describing specific work limitations (example: Employee has a permanent lifting restriction: cannot lift more than 20 lbs from floor to waist, and no more than 10 lbs above the waist or overhead). A request that does not provide sufficient information regarding employee's work limitations will not be processed.

TO BE COMPLETED BY DEPARTMENT HEAD, OR HIS/HER DESIGNEE:

Recommendation (If financial impact is less than \$3,000, describe the accommodation provided.)

Employee Signature/Date

Department Head, or his/her designee, Signature/Date

cc: Employee and ADA Coordinator (When form is completed)

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Confidential--Personnel Records

OUTSIDE EMPLOYMENT/CORPORATE AFFILIATION STATEMENT
NOTICE TO SHASTA COUNTY

Name _____
Home Address _____
Telephone: home _____ work _____
Shasta County Dept. of Employment _____ Position _____
Immediate Supervisor _____
Department Head, or his/her designee, _____

Proposed Outside Employment

Employer _____
Employer address _____
Employer telephone _____
If self-employment, describe _____

Nature of services or product to be provided _____

Job description (please attach if the employer has a written job description) _____

Expected hours of employment _____
Duration of employment _____
The relationship, if any, of the outside employment to County approvals or reviews _____

Other relevant information _____

Proposed Corporate Affiliation

Name and address of corporation: _____
Does employee procure, draft, negotiate, or monitor contracts for the department? Describe: _____

Position with corporation: _____
Describe any compensation from corporation (salary, stipend or reimbursements)? _____

Describe any current or likely contracts between corporation and employee's department: _____

I certify that I have read the Shasta County Incompatible Outside Employment Policy and I will comply with all of the rules of such policy in pursuing outside employment.

I certify that the foregoing is true and correct.

Dated: _____ Employee _____

Department Head or his /her designee

Review: _____ Date: _____
Signature

FOR OFFICE USE: (Confidential--File in Personnel Records Only)

Date received: _____ Notes: _____ Initialed _____

ORDER TO CEASE OUTSIDE EMPLOYMENT/CORPORATE AFFILIATION

I, _____, Department Head, or his/her designee, hereby order you, _____, employee in the department under my authority, to cease working at the outside employment or to cease your corporate affiliation, described as follows: _____

This order is being issued because that activity is incompatible, inconsistent, or in conflict with your employment with Shasta County for the following reasons: _____

The following are additional conditions attached to this order relating to your outside employment or corporate affiliation, including terms and conditions relating to suspending such outside employment pending the final determination of this matter: _____

You have 10 business days from the receipt of this order to appeal this order in writing to the Outside Employment/Corporate Affiliation Review Committee or Grievance Board in care of the Personnel Director, or his/her designee. A Notice of Appeal form has been attached to this order for your use. You may be required to submit additional information regarding your outside employment.

Signature _____ Date _____

Title _____

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**EMPLOYEE APPEAL FORM ORDER TO CEASE
OUTSIDE EMPLOYMENT/CORPORATE AFFILIATION -**

I, _____, hereby appeal my Department Head's, or his/her designee, order to cease my outside employment or corporate affiliation described as follows: _____

I appeal this order on the basis that my outside employment or corporate affiliation is not incompatible, inconsistent or in conflict with my employment with Shasta County as determined by the Shasta County Incompatible Outside Employment/Corporate Affiliation Policy for the following reasons: _____

I certify that the foregoing is true and correct.

DATED _____

Signature _____

Print name/Title _____

When complete, submit to the Personnel Director, or his/her designee.

Date received: _____

Initialed: _____

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COUNTY OF SHASTA
RECIPIENT APPLICATION
ACCRUED VACATION DONATION PROGRAM

I hereby make application to access the Accrued Vacation Donation Bank. I understand that in order to qualify as a recipient, I must meet program criteria, submit appropriate medical justification, and receive the approval of the Vacation Donation Review Committee.

I understand the requirement in Personnel Rules Chapter 29, Section 29.3, D #8 which states: Recipients are required to combine payment from the vacation bank with other forms of payment from State Disability Insurance, Workers' Compensation, or any other source in such a manner not to exceed the employee's gross salary.

I have or will have exhausted all of my accrued vacation, appropriate sick leave, CTO or administrative leave, and holiday credits and am eligible for leave without pay beginning _____ (Date).

I believe my circumstances qualify as verifiable long-term illness or injury of self or immediate family member, and are described as follows (even though you have attached medical justification, you **must** complete the following section in your own words.):

(Attach additional sheets if necessary)

I have received, read and understand the current Accrued Vacation Donation Policy (dated February 5, 2008) and, in the event I am determined to be eligible as a recipient, I agree to abide by the terms of that Policy. I understand that becoming an eligible recipient does not guarantee that donated vacation time in the Bank will be sufficient to meet my needs. If I am determined to be ineligible, I understand the decision of the Vacation Donation Review Committee is final and therefore not subject to any form of appeal.

By signing this form I understand that I am signing a medical release authorizing the Vacation Donation Review Committee to have access to pertinent personal medical information. I understand I will be responsible, as requested by the Committee, to provide the required documentation regarding my or my family member's illness or injury. I also understand that the committee will keep that information confidential and will use it only for the purposes of determining benefits under this policy.

Please submit a separate request for leave of absence to the Department Head, or his/her designee. The Leave of Absence must be approved by your Department Head, or his/her designee, before the Vacation Donation Bank Committee can consider your request. You should provide only necessary work-related medical information when you request the Leave of Absence.

Name of Employee (Type/Print)

Signature of Employee

Title

Vacation Donation Review Committee

Department

Action Date

Date _____

NOTE: Attach medical and other relevant documentation verifying and/or clarifying your or your family's disabling illness or injury.

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COUNTY OF SHASTA

VACATION DONATION PROGRAM
REQUEST FOR ASSIGNMENT OF ACCRUED VACATION TIME

I hereby request that _____ hours of vacation time now accrued to me be assigned and credited to: _____

(Employee's Name or General Bank)

I understand that this request must be approved by my appointing authority, and that if this request is granted, the amount of my accrued vacation time will be reduced accordingly.

I hereby represent that the above request is freely made by me and that I will not be compensated for this assignment by any person or entity, including but not limited to the County of Shasta or any employee using donated hours. I hereby release the County of Shasta and all its officers, agents, and employees from any liability to me for the reduction in my accrued vacation time that will result if this request is granted.

I further understand that if this request is granted, the use by the recipient employee of the amount of vacation time donated pursuant to this request will be limited to the period of time the recipient employee remains on leave status. If the recipient employee returns to paid County employment status or terminates his/her County employment, any amount of my accrued vacation time assigned to him/her pursuant to this request that is not used by him/her prior to his/her return to paid County employment status or termination of County employment will be placed in the general bank for use by other eligible County employees.

Name (Please Print)

County ID Number

Signature of Employee

I concur with this request:

Signature of Department Head, or his/her designee

Date

To Payroll Office: _____
(Date) Dept. No.

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POSITION CLASSIFICATION QUESTIONNAIRE

Shasta County
Personnel Unit
Department of Support Services

Return Original Copy
to Personnel

TO EMPLOYEE:

This is a job inventory. The information requested by this questionnaire will be used to evaluate your duties and responsibilities in determining the appropriate classification of your position. You are being asked to complete the form because you are the best person to provide complete information about your job. Please do not request that your position be studied if you are solely concerned about its salary range or other factors that are listed below as outside the scope of this program. You are most welcome to request a study if there have been significant changes in your duties and responsibilities.

This study is not concerned with how well you perform on the job, whether your workload is appropriate, whether your particular function or organization is properly staffed, or whether the salary of the position is appropriate. This questionnaire seeks to gather data of two types: Task data -- information regarding the specific work functions performed by you; and Behavioral data -- information regarding the knowledge, skills, and abilities necessary to adequately perform the duties of your job. This is the method used by the County to see that positions are fairly and consistently classified.

Please write your responses on one copy of the questionnaire as completely and accurately as possible, then give it to your supervisor for review and signature. Your supervisor will give it to your department head for review and signature. It will then be returned to you for signature. You sign it last. Return it to your supervisor who will forward it to the Personnel Office. Be sure to keep a copy for your files.

BACKGROUND INFORMATION

Your name _____ Payroll Title _____

Working Title (if different) _____

Department _____ Division _____

Work Phone Number _____

Address where you report to work _____

Length of time in current position _____ Hours of work _____ to _____

Name, title and work phone of immediate supervisor _____

1. Has your positions been studied for reclassification in the past? If so, when, and describe what has changed since the last study.

2. Briefly describe what you believe to be the main purpose of your job.

3. Education (circle number of years you have completed):

Elementary/Secondary: 1 2 3 4 5 6 7 8 9 10 11 12
Graduated: Yes No GED

College/University: 1 2 3 4 5 6 +
Graduated: Yes No
Major Degree

4. What license, registration or certificate (if any) is required by the County for performance of your job?_____

5. List any machines or equipment you use (including motor vehicles), and check the frequency.

	Monthly	Weekly	Daily	All the time

6. If you type regularly, what typing speed is necessary for your position? WPM

7. If you take shorthand, what shorthand speed is necessary for your position? WPM

8. SPECIFIC DUTIES AND RESPONSIBILITIES

This is the most important part of the questionnaire. Describe in detail the regular duties you perform. Begin with the most important duty and list all duties in order of importance, not in order of time spent on each. Fill in the approximate percentage of total time spent performing each duty. The percentage of total time reported must equal 100%, regardless of the number of hours worked. Use additional sheets if necessary.

PERCENT OF TIME	DUTIES PERFORMED
PERCENT	DUTIES PERFORMED

OF TIME	

9. How much and what type of education do you feel is necessary to perform your job?

10. How much work experience similar in nature do you feel is necessary to qualify for your job?

11. How long do you feel it would take for someone to become familiar with your job and perform it satisfactorily?

12. List the specific knowledge and skills you believe someone must have to successfully perform your job. Please be specific, e.g., knowledge of rules or regulations (by type), knowledge of the

activities of your department or work unit, equipment operation skills, supervisory skills, communication skills, etc.

13. List those organizations, if any, with whom you come in contact. List both internal as well as external contacts, and why they are necessary in the course of work.

<u>Organization</u>	<u>Reason for Contact</u>	<u>Frequency of Contact</u>
---------------------	---------------------------	-----------------------------

14. What is the consequence if you make an error in the course of your duties?

15. Describe the most difficult and/or major decisions you make in the course of your duties.

16. Describe the nature of the direction or supervision you receive, and by whom.

-
17. List those employees under your direct supervision. If none, state so.

NamePayroll Title

-
-
-
-
18. Describe the nature of your supervisory responsibilities, if applicable. Please be specific, e.g., hiring, discipline, work planning, evaluations, training, etc.

-
-
19. Is there a classification that you feel is more appropriate considering your duties?

20. **PHYSICAL DEMANDS** - This section is principally included in order to update job specifications in accordance with ADA requirements.

- A. How much on-the-job time is spent in the following physical activities? Show the amount of time by checking the appropriate boxes below.

	None	Up to 1/3 of time	1/3 to 2/3 of time	More than 2/3 of time
Stand				
Walk				
Sit				
Use hands to finger, handle or feel				
Reach with hands and arms				
Climb or balance				
Stoop, kneel, crouch, or crawl				
Talk or hear				
Taste or smell				

- B. Does this job require that weight be lifted or force be exerted? If so, how much and how often? Check the appropriate box below.

	None	Up to 1/3 of time	1/3 to 2/3 of time	More than 2/3 of time
Up to 10 lbs				
Up to 25 lbs				
Up to 50 lbs				
Up to 100 lbs				
More than 100 lbs				

- C. Does this job have any special vision requirements? Check all that apply.

- ☐ Close Vision (clear vision at 20 inches or less)
- ☐ Distance Vision (clear vision at 20 feet or more)
- ☐ Color Vision (ability to identify and distinguish colors)
- ☐ Peripheral Vision (ability to observe an area that can be seen up and down or to the left and right while eyes are fixed on a given point)
- ☐ Depth Perception (three-dimensional vision, ability to judge distances and spatial relationships)
- ☐ Ability to Adjust Focus (ability to adjust the eye to bring an object into sharp focus)
- ☐ No Special Vision Requirements

D. Please list any additional comments on specific physical demands required for this position.

21. WORK ENVIRONMENT

- A. How much noise is typical for the work environment of this job? Check the appropriate level below.
- ☐ Very Quiet (Examples: forest trail, isolation booth for hearing test)
 - ☐ Quiet (Examples: library, private office)
 - ☐ Moderate Noise (Examples: office w/typewriters or computer printers, light traffic)
 - ☐ Loud Noise (Examples: metal can manufacturing, large earth moving equipment)
 - ☐ Very Loud Noise (Examples: jackhammer work, front row at rock concert)

- B. How much exposure to the following environmental conditions does this job require?
Show the amount of time by checking the appropriate boxes below.

	None	Up to 1/3 of time	1/3 to 2/3 of time	More than 2/3 of time
Wet, humid conditions (non-weather)				
Work near moving mechanical parts				
Work in high, precarious places				
Fumes or airborne particles				
Toxic or caustic chemicals				
Outdoor weather conditions				
Extreme cold (non-weather)				
Extreme heat (non-weather)				
Risk of electrical shock				
Work with explosives				
Risk of radiation				
Vibration				

- C. Please list any additional comments on the specific working conditions encountered while performing the duties of this position.

22. Please provide a summary statement as to why you think it is appropriate for your position to be reclassified including any significant changes in your duties and responsibilities that have occurred over the past year.

This completes the questionnaire. Please submit as stated in the earlier instructions. Thank you for your cooperation and assistance.

PLEASE SIGN IN ORDER INDICATED:

1. CERTIFICATE OF IMMEDIATE SUPERVISOR

Does the completed questionnaire accurately reflect the incumbent's duties, responsibilities and other factors relative to the job? Yes No (If no, see comments below)

Are there any special courses or specialized knowledge needed for the position that were not covered in the questionnaire? If so, what are they?

What is the most responsible/complex aspect of this job?

Comments (use additional sheets if necessary)

Supervisor's Signature _____ Date _____

Supervisor's Name (Print) _____ Phone No. _____

-
-
2. CERTIFICATE OF DEPARTMENT HEAD, OR HIS/HER DESIGNEE (It is not required that Department Head, his/her designee, complete this section. However, he/she is encouraged to take advantage of this opportunity to provide relevant information)

I do/ do not concur with the responses of the employee and the supervisor. Comments (use additional sheets if necessary)

Department Head's, or his/her designee, Signature _____ Date _____

Department Head's, or his/her designee, Name (Print) _____ Phone No. _____

-
-
3. CERTIFICATE OF EMPLOYEE

I certify that the responses are my own and to the best of my knowledge are complete and accurate.

Date: _____ Employee's Signature _____

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POSITION CLASSIFICATION

APPEAL FORM

Shasta County
Personnel Unit
Original

Return Original Copy
to Personnel

TO EMPLOYEE

This form is to be submitted only if you desire to formally appeal the recent recommendation made on how your position should be classified. In order to be considered, it must include as much factual information as possible. Use additional sheets if needed.

I agree with the class being recommended for my position. Yes _____ No _____

I agree with the content of the class specification being recommended for my positions.

Yes _____ No _____

I disagree because _____

Name _____ Current Payroll Title _____

Department _____ Division _____

Date _____ Employee's Signature _____

IMMEDIATE SUPERVISOR

I do not concur with the responses of the employee.

Comments (use additional sheets if needed) _____

Date: _____ Supervisor Signature: _____

DEPARTMENT HEAD, OR HIS/HER DESIGNEE

I do ___ do not _____ concur with the responses of the employee and the supervisor.

Comments (use additional sheets if needed) _____

Date _____

Department Head's or his /her designee Signature _____

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Employee Recognition Award

Nomination

NOMINATION PROCEDURE:

All employees and registered volunteers with a minimum of one year of service are eligible for Employee Recognition Awards. To qualify, an employee must demonstrate exemplary performance and meet the seven eligibility criteria outlined in the Employee Recognition Award Program Policy. These criteria are *customer service, professionalism, ethical standards, initiative/innovation, teamwork, productivity and role model for other public employees* (See Chapter 36 of the Personnel Rules.)

Any employee who meets these criteria may be nominated for an award. All nominations must be made by another county employee and be submitted on this ballot form to the employee's department head.

NOMINEE'S NAME: _____

DEPARTMENT: _____

DIVISION: _____

JOB TITLE: _____

NOMINATED BY: _____

REASONS FOR NOMINATION:

Please attach a narrative description of the reasons for the nomination. Please be as specific as possible. The Employee Recognition Committee considers the following criteria: *customer service, professionalism, ethical standards, initiative/innovation, teamwork, productivity and role model for other public employees* (See Chapter 36 of the Personnel Rules). Note any activities, work projects, incidents or projects that will support your comments and illustrate the criteria listed above. If necessary use additional sheets of paper, but confine your narrative to three pages including this page.

Preparer's Signature

Date

DEPARTMENT HEAD'S RECOMMENDATIONS AND COMMENTS

Department Head, or his/her designee, Signature

Date

SCREENING OF PERSONNEL FILE BY PERSONNEL DIRECTOR, OR HIS/HER DESIGNEE:

(review for sustained disciplinary actions, letters of reprimand or "below expected standards" evaluations for the past five years):

Eligible _____ Ineligible _____

Note: All nominations must be signed by the department head and submitted to the Personnel Director by the third Friday of each month to be considered for an award the following month.

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SHASTA COUNTY FLEXIBLE WORK HOURS PLAN

The Flex Plan is an alternative work schedule that is voluntary and intended as a valuable benefit to employees. The plan is also a benefit to the department because it will result in improved production by allowing employees flex time for personal business without having to use leave balances.

The plan is voluntary for employees and may be modified or discontinued by management at any time.

FLEX SCHEDULE POLICY

The flex schedule program is a privilege to be used to accumulate hours for time off during the same 40-hour work period. General County policy requires its personnel to work a full scheduled week, although short workweeks (Labor Day, Thanksgiving, etc.) may be accommodated appropriately.

The Flex Schedule Supervisory Control Requirements:

1. Flextime will be approved by the supervisor on Monday morning for the current week and will be maintained online for all to view.
2. The supervisor must approve any changes requested within the work week.
3. There must be adequate personnel available in each work unit during office hours.

How Flex Schedule Works:

1. Employees must work 40 hours a week.
2. Flextime optional hours will be from 7:00 a.m. to 6:00 p.m. with ½ hour option for lunch.
3. No more than 9 hours can be worked per day unless approved by management.
4. Sick leave cannot exceed 8 hours in one day.
5. Employees cannot take less than a one-half hour lunch.
6. There will be no carry-over from one week to another.
7. Rest breaks will not be adjusted for flextime accumulation.
8. Rest breaks cannot be taken in conjunction with flextime.
9. Employees may not be at work earlier than 15 minutes prior to scheduled start time and leave no later than 15 minutes after scheduled quit time.
10. Flex time worked or taken must be in ½ hour increments.
11. Employees may flex from ½ hour up to a maximum of 8 hours per workweek.
12. Employee's time card must reflect the actual hours worked and must account for 40 hours each week.
13. Upon approval from the supervisor on Monday morning, employees may opt in or out for any week.

Flextime Examples:

No. 1 (Friday afternoon off)

Monday - 7:30 am - 12:30 pm, lunch ½ hour
1:00 pm - 5:00 pm = 9 hours
Tuesday - 7:30 am - 12:30 pm, lunch ½ hour
1:00 pm - 5:00 pm = 9 hours
Wednesday - 7:30 am - 12:30 pm, lunch ½ hour
1:00 pm - 5:00 pm = 9 hours

Thursday - 7:30 am - 12:30 pm, lunch ½ hour
1:00 pm - 5:00 pm = 9 hours
Friday - 7:30 am - 11:30 pm = 4 hours
Total Hours = 40

No. 2 (Monday morning off)

Same as No. 1, except that Monday is a 4-hour day, beginning at 1:00 pm and Tuesday through Friday are 9- hour days.

No. 3 (Off every day at 4:00 pm)

Monday - Friday - 7:30 am - 12:30 pm, lunch ½ hour
1:00 pm - 4:00 pm = 40 hours

No. 4 (Start every day at 9:00 am)

Monday - Friday - 9:00 am - 1:00 pm, lunch ½ hour
1:30 pm - 5:30 pm = 40 hours

No. 5 (Variable Flex)

Monday - Friday - 7:30 am - 5:00 pm, lunch ½ hour
5 hours off during mid-day taken in one hour increments
Total hours = 40

Various versions of these examples can be developed to accommodate the needs of the employee and the department.

Employees are expected to be at their workstation and ready to work at the time specified each workday. Once at work, employees are expected to remain diligently at work throughout the day, except during lunch and break periods. If an employee is late, the flex schedule should be adjusted accordingly.

REQUEST FOR FLEX SCHEDULE

Flex Schedule Policy

The flex schedule program is a privilege to be used to accumulate hours for time off during the same 40-hour work period. General County policy requires employees to work a full scheduled week, although short workweeks (Labor Day, Thanksgiving, etc.) may be accommodated appropriately.

Flex Schedule Requirements

1. Flextime must be approved by your supervisor on Monday a.m. or prior for that current week's flex schedule.
2. There must be adequate personnel available to cover workloads during office hours.
3. You must still work 40 hours in a week.
4. Sick leave cannot exceed 8 hours in one day.
5. You cannot take less than ½ hour for lunch.
6. There will be no carry-over from one week to another.
7. Rest breaks will not be adjusted for flextime accumulation.
8. Rest breaks cannot be taken in conjunction with flextime.
9. Flextime worked or taken must be in ½ hour increments.
10. Your time card must reflect the actual hours worked and must account for 40 hours each week.

Employee Name

Proposed Flex Schedule dates and times

Reason for Flex Schedule Request

Employee Signature

Date

Supervisor Signature

Date

Department Head, or his/her designee, Signature

Date

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Performance Evaluation Instructions

A Performance Evaluation (PE) for Shasta County employees is prepared as required by the County's Personnel Rules for all regular employees, and for extra help employees who have worked a cumulative total of 2080 hours (see Personnel Rules, Chapter 19). The PE is to be discussed with an employee privately in a face-to-face meeting. The attached, approved PE is used to **summarize and record** the employee's performance as well as discussions that are held between a supervisor and an employee for the period covered by the PE. As part of the process of continual feedback, PE ratings should never be a surprise to an employee. An employee must be given a copy of his or her PE.

PE's can be given for a variety of reasons. Annual and probationary period evaluations are the most common, but PE's can be given after lengthy or special projects, or as part of a performance improvement process. Regardless of the reason for a review, a supervisor should ensure that category ratings are applied consistently, and are related to job performance.

Ratings

A supervisor should rate an employee for each applicable criterion in a category, providing comments about specific conduct and examples of incidents which support the rating. All ratings require a narrative comment. In particular, a rating above and below "Meets Expected Standards" must be fully supported by evidence. An employee's performance must be rated within one of the following criteria:

Exceeds Standards: An employee is consistently performing above what is normally expected. Since a certain high level of performance is expected of all Shasta County employees, this rating should be used sparingly to indicate exceptional performance.

Meets Expected Standards: An employee is consistently performing well. An employee at this level is meeting the high level of performance expected of County employees. He or she is consistently meeting the agreed upon standards for his or her position.

Improvement Needed: An employee must improve his or her performance to achieve a "Meets Expected Standards" rating. Every employee has strengths and weaknesses in different aspects of his or her job performance, and this rating can be used to indicate a weakness. If a "Needs Improvement" rating has been given, a supervisor must formulate a "Performance Improvement Plan."

Unacceptable: An employee demonstrates substantial or serious weaknesses in his or her job performance. If a rating of "Unacceptable" has been given, a supervisor must formulate a "Performance Improvement Plan."

Weighted Categories

Each department may weigh rating categories differently. If a department places a greater weight on any rated category, the "weighted" box on the PE must be marked. A supervisor should explain to an employee, upon hire or placement in a position, the nature of any weighted job criteria that may appear on a PE. It is a supervisor's responsibility to inform all employees under his or her supervisory control or direction of expected standards upon hire or placement. If weighted categories change, a supervisor should inform every affected employee of the change as soon as possible.

Rated vs. Non-Rated Categories

Dependant upon a department's business needs, as determined by the department head, certain performance categories may not be rated. Performance categories that are rated must be marked accordingly on the PE and addressed appropriately in the category narrative. Again, it is a supervisor's

responsibility to inform all employees under his or her supervisory control or direction of rated categories upon hire or placement in a position. If rated categories change, a supervisor should inform every affected employee of the change as soon as possible.

Goals and Objectives

An Employee should be made aware of goals and objectives when first hired or placed in a position, and annually thereafter. As determined by the department head, each PE should include goals and objectives established for the employee by his or her supervisor for the next evaluation period. These goals and objectives should be selected to allow for opportunities for the employee to increase effectiveness in his or her position, as well as assist the department in achieving its mission. These goals and objectives may include (but are not limited to) lengthy or special projects, training, and ways to improve performance (if necessary), and will be evaluated annually under Category E of the PE.

Development Plan

Maintaining and improving good performance is a responsibility shared by both the employee and his or her supervisor. A PE should address an employee's development. An employee will benefit most from a development plan if the plan has several concrete ideas on how the employee can enhance his or her performance during the next evaluation period.

Performance Improvement Plan

A Performance Improvement Plan (PIP) is **mandatory** for an employee who has one or more category ratings of "Unacceptable" or "Improvement Needed." The PIP should include at least one category element for each rating below "Meets Expected Standards." To be effective, and in order to appropriately guide an employee in a deficient area of performance, a supervisor should describe, in clear terms, the performance problem, the standard of performance the supervisor expects the employee to meet, and the deadline for achieving that standard of performance. The PIP should describe all training, assistance and oversight that will be provided to an employee during the next evaluation period, and should set timelines for the employee's next performance review.

Affirmation

While a PE is being discussed with an employee in a face-to-face meeting, a supervisor should use the time to review departmental and County policies and procedures. A department may add additional review topics, however, at a minimum, the County's Policy against Discrimination and Harassment (including sexual harassment) should be discussed with an employee on an annual basis. An employee should be asked to initial a statement confirming the nature of the discussion that took place between an employee and a supervisor.

Verification

The department head or his or her designee must review a PE **before** it is discussed with an employee. An employee's signature in the "Signatures and Review" section of the PE does not indicate agreement with the PE. The signature is intended only to acknowledge that the content of the PE has been discussed with an employee.

SHASTA COUNTY PERFORMANCE EVALUATION

I. IDENTIFICATION

Name (Last, First, Middle Initial):	Position Title: <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified ("At Will")
Department Name/Division:	Duty Assignment:
Evaluation Period: From: To:	Type of Evaluation: <input type="checkbox"/> Annual <input type="checkbox"/> Probationary Period <input type="checkbox"/> Extra Help <input type="checkbox"/> Other:

II. GENERAL PERFORMANCE CATEGORIES – **NARRATIVES TO BE COMPLETED FOR ALL EVALS**

A. Core Competencies	*WEIGHTED	RATED	UNACCEPTABLE [Did not meet Expectations]	IMPROVEMENT NEEDED [Occasionally did not meet expectations]	MEETS EXPECTED STANDARDS [Meets expectations]	EXCEEDS STANDARDS [Strong Performance]
Level of job knowledge necessary to perform assigned job duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of job knowledge and skills related to job duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality and Accuracy of work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narrative:						

B. Effectiveness	*WEIGHTED	RATED	UNACCEPTABLE	IMPROVEMENT NEEDED	MEETS EXPECTED STANDARDS	EXCEEDS STANDARDS
Adapts well to work changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narrative:						

C. People Skills	*WEIGHTED	RATED	UNACCEPTABLE	IMPROVEMENT NEEDED	MEETS EXPECTED STANDARDS	EXCEEDS STANDARDS
Customer service responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting with the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working as a team member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to resolve conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains effective, harmonious working relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narrative:						

*A check in this box identifies this factor as crucial to performance and is more heavily weighted than other factors

D. Work Place Awareness	*WEIGHTED	RATED	UNACCEPTABLE	IMPROVEMENT NEEDED	MEETS EXPECTED STANDARDS	EXCEEDS STANDARDS
Complies with County policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complies with department policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works in a safe manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obeys security protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes care of resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narrative:						

E. Dependability	*WEIGHTED	RATED	UNACCEPTABLE	IMPROVEMENT NEEDED	MEETS EXPECTED STANDARDS	EXCEEDS STANDARDS
Starts and leaves work as scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctual for meetings or scheduled events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizes absences so as not to impact operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets work deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stays on task; avoids distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is timely in the completion of work assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competently completes assigned goals and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narrative:						

F. Management Skills [To evaluate Manager and Supervisor classifications ONLY]	*WEIGHTED	RATED	UNACCEPTABLE	IMPROVEMENT NEEDED	MEETS EXPECTED STANDARDS	EXCEEDS STANDARDS
Planning skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to direct employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delegation of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivates employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career development of subordinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narrative:						

*A check in this box identifies this factor as crucial to performance and is more heavily weighted than other factors

III. OVERALL PERFORMANCE

UNACCEPTABLE	IMPROVEMENT NEEDED	MEETS EXPECTED STANDARDS	EXCEEDS STANDARDS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Narrative Summary:			

IV. FUTURE PLANS/ACTIONS

- ☐ **GOALS AND OBJECTIVES FOR NEXT PERFORMANCE PERIOD:** With the assistance of the employee, list those goals and objectives which will increase the employee's effectiveness in his or her current position. These goals and objectives may include specific projects, tasks, or assignments that will be evaluated in Category E of this performance evaluation. Please list each goal and objective separately and include any specific completion date, if applicable, within the evaluation period. (Attach additional pages as needed.)
- ☐ **EMPLOYEE DEVELOPMENT PLAN:**(Optional) This section is intended to promote career development by identifying for the employee the skills or knowledge he or she should obtain in order to enhance his or her chances of promotion. (Attach additional pages as needed.)
- ☐ **PERFORMANCE IMPROVEMENT PLAN:**(This is mandatory for every employee who has one or more category ratings of "Unacceptable" or "Improvement Needed.") This plan should include at least one category element for each rating below "Meets Expected Standards." The supervisor should describe the performance problem, the standard of performance the supervisor expects the employee to meet, and the deadline for achieving that standard of performance. The plan should describe all training, assistance and oversight that will be provided to the employee during the next evaluation period, and should set timelines for the employee's next review. (Attach additional pages as needed.)

V. STEP INCREASE

Approved	Denied	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. AFFIRMATION: **Departments may wish to place department-specific requirements here.**

As part of the evaluation process, I reviewed and understand the County's policy against discrimination and harassment (including sexual harassment) found in the Shasta County Personnel Rules_____ (Employee's initials)

VII. SIGNATURES & REVIEW

This evaluation represents my best judgment of the employee's performance:

Rater:_____

Date:

Name/Title:

I concur in and approve this evaluation:

Program Manager/Division Chief:_____

Date:

Name/Title:

I concur in and approve this evaluation:

Department Head, or his/her designee:_____

Date:

Name/Title:

I understand that my signature acknowledges the receipt of this evaluation only:

Employee:_____

Date:

Employee Name:

Comments by employee (optional):(Attach additional pages as needed)

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AUTHORIZATION & RELEASE OF INFORMATION

I have applied for a position with Shasta County. I understand that, in connection with the employment decision process, Shasta County may thoroughly investigate my background, including, but not limited to, my references, educational record, work history, certifications, criminal conviction record, records of civil actions, and other public records. I understand that these investigations will be conducted by Shasta County and/or its designated representatives to assist Shasta County in determining my qualifications for the position I am seeking. In order to assist Shasta County in obtaining documents and information to confirm my background, I hereby consent to the release of information as described below.

I authorize and direct all of my former schools and employers, and any other individual or entity that possesses information about my background to release to Shasta County, or its designated representatives, any and all information, whether or not such information is maintained in writing, that they may have concerning my educational record, work history, certifications, criminal convictions, records of civil actions, and other public records. Such information shall include but not be limited to, employment positions held, dates of employment, work achievements, performance, attendance, disciplinary history, salary record, and all of the circumstances surrounding the termination/cessation of my employment with any employer. Such information shall also include whether a former employer would re-hire me.

I direct that such information be released upon the request of any designated representative of Shasta County, regardless of any agreement, instructions, or representations I may have made to the contrary with any school, employer, or other individual or entity that possesses information about my background.

I understand and agree that I will not receive and am not entitled to know the contents of confidential reports received, and I further understand that these reports are privileged. However, I am entitled to receive copies of any records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment that may be provided to Shasta County, unless I waive that right by checking the box below and signing where indicated:

I hereby waive my right to receive a copy of any record documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment that may be provided to Shasta County.

Applicant's Signature Acknowledging Waiver:

I release and hold harmless all schools, all past and present employers, the County of Shasta and its officers and employees, and all other individuals and entities from any and all liability or damage of whatever kind which may at any time result to me because of compliance with this authorization and release of information.

This authorization is a continuing one; if I am hired by Shasta County, it shall remain in effect during the entire period of my employment and may be used by Shasta County at any time it deems appropriate.

A copy of this form may be used in lieu of an original.

Applicant's Name: _____

Applicant's Signature: _____

Social Security Number: _____

Dated: _____

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County-Provided Mobile Data Device Agreement

It is the responsibility of the employee who is connecting to the County network to ensure that all components of his/her connection remain as secure as his/her network access within the County. It is imperative that any wired (via sync cord, for example) or wireless connection, including, but not limited to devices and service, used to conduct County business be utilized appropriately, responsibly, and ethically. Failure to do so will result in immediate suspension of employee's connection to County network. For the purposes of this agreement, Mobile Data Device includes, but is not limited to, devices such as smartphones, iPads, and other tablet devices, hereinafter referred to as 'device'.

The following rules must be observed by employee:

1. The types of devices that are allowed to connect to the County network are limited. Please check with Shasta County Information Technology (CountyIT) to determine the current devices and software versions that are supported. Prior to initial use for connecting to the County network, employee must execute this agreement and verify with County IT that all hardware, software and related services are compatible with the County network.
2. Some devices may require the purchase of a software application (app) to allow the device to comply with County IT mandated security requirements. If software applications are required, the department requesting connection of the County provided device will be responsible for making this purchase prior to the device being connected to the County network. The employee's department is responsible for all costs of required software applications. Additionally, it is the employee's department's responsibility to set up the employee's individual calling plan with a cell phone provider and to pay all charges incurred. Any service issues or billing disputes with the carrier or vendor are the sole responsibility and obligation of the employee's department.
3. Employees who access, via his/her device, Protected Health Information (PHI), and/or Personally Identifiable Information (PII), and/or any other data deemed by policy or statute to require encryption, are required to maintain the settings on his/her device such that data encryption is enabled at all times.
4. Employee agrees that he/she has no reasonable expectation of privacy concerning any and all of the information stored on a county provided device. The County reserves the right to review and access at any time any and all of the information stored on county provided devices, including, but not limited to, wireless devices, which are used to connect to county resources, such as email. Employee also agrees to and accepts that his/her access and/or connection to the County network may be monitored to record dates, times, duration of access, etc., in order to identify unusual usage patterns or other suspicious activity in order to identify accounts or systems that may have been compromised by external parties. When an employee voluntarily accepts a County provided device, the County has the right and the ability to review and access any and all information on that device, including data the employee may view as personal. Should employee wish to stop using a County provided device, employee shall return the County provided device. Any employee who refuses to surrender a county provided device when requested by his or her supervisor may be subject to disciplinary action.

5. Employees accessing any County network with mobile data devices, are required to know and adhere to all County policies and guidelines, including policies and procedures concerning the confidentiality of the data being accessed and personal activities during work hours.
6. Any and all data obtained via the County network remains the property of the County in perpetuity.
7. Passwords and other confidential data are not to be stored on any associated storage devices such as Secure Digital (SD) and Compact Flash (CF) cards, as well as Memory Sticks and related flash-based supplemental storage media.
8. Employees who dispose of their device or return it to the vendor must remove all County information from the device before disposing of it or returning it to the vendor. Employees can contact County IT (245-7575) if he/she needs assistance in removing County information from his/her device.
9. Employees must immediately report a missing, replaced, or stolen device to the County IT (245-7575) and to their cell carrier. County IT will send a “KILL” command that will clear **ALL** data from the device and return the device to the configuration it was in when originally issued from the cell carrier.
10. For County provided devices where the department permits the employee to store personal data, settings, media, or applications on the device, it is the employee's responsibility to back up his/her personal data, settings, media, or applications so that he/she can recover his/her personal data in the event the device has to be “KILLED” by County IT.
11. The device is subject to a remote “KILL” under the following conditions:
 - Lost or stolen device.
 - Six consecutive failed password attempts (assumes the device is no longer in the owner's possession).
 - Employee leaves the employ of the County.
 - Department Head request.
 - County IT determines that any access to the County network is at risk (subject to approval by the Chief Information Officer).
12. The employee must abide by all municipal, state and federal laws concerning the use of mobile devices.
13. The County provided device will be forced to comply with complex password policies. This means that to use the device, the employee will have to unlock it by entering the valid password. Additionally, password changes will be required as determined by County IT. Devices will automatically lock (requiring the user to re-enter his/her password) after 10 minutes of inactivity. Employee agrees not to divulge passwords to others (see Section 26.2 Acceptable Use Policy in the Personnel Rules).

14. County IT will charge the employee's department the current IT Professional Service hourly rate for all support of devices connected to the County network. The employee must follow his/her department's procedures for obtaining services from County IT.

I have read, received a copy, and agree to abide by the foregoing County-Provided Mobile Device Agreement and Personnel Rule 26.12, Mobile Data Device Policy. I understand that any failure to comply with this agreement may result in the suspension of any or all remote access privileges.

_____ Employee Name	_____ Employee Signature	_____ Date	_____ Employee's Department
_____ Department Head, or his/her designee	_____ Department Head, or his/her designee, Signature	_____ Date	

*Forward completed form to: Chief Information Officer
Mail Code IS203A*

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Personal Mobile Data Device Agreement

It is the responsibility of the employee who is connecting to the County network to ensure that all components of his/her connection remain as secure as his/her network access within the County. It is imperative that any wired (via sync cord, for example) or wireless connection, including, but not limited to devices and service, used to conduct County business be utilized appropriately, responsibly, and ethically. Failure to do so will result in immediate suspension of employee's connection to County network. For the purposes of this agreement, Mobile Data Device includes, but is not limited to, devices such as smartphones, iPads, and other tablet devices, hereinafter referred to as 'device'.

The following rules must be observed by employee:

1. The types of devices that are allowed to connect to the County network are limited. Please check with Shasta County Information Technology (County IT) to determine the current devices and software versions that are supported. Prior to initial use for connecting to the County network, employee must execute this agreement and verify with County IT that all hardware, software and related services are compatible with the County network.
2. Some devices may require the employee to purchase a software application (app) to allow the device to comply with County IT mandated security requirements. Employee must receive prior approval from County IT before installing any software application in order to ensure software and device comply with County mandated security requirements. Employee is responsible for all costs of required software applications. Additionally, it is the employee's responsibility to set up his/her individual calling plan with his/her cell phone provider and to pay all charges incurred. Any service issues or billing disputes with the carrier or vendor are the sole responsibility and obligation of the employee.
3. Employees who access, via his/her device, Protected Health Information (PHI), and/or Personally Identifiable Information (PII), and/or any other data deemed by policy or statute to require encryption, are required to maintain the settings on his/her device such that data encryption is enabled at all times.
4. By voluntarily connecting a personal device to County resources, Employee agrees that he/ she has no reasonable expectation of privacy concerning any and all of the information stored on his/her device. The County reserves the right to review and access at any time any and all of the information stored on personal devices, including, but not limited to, wireless devices, which are used to connect to county resources, such as email. Employee also agrees to and accepts that his/her access and/or connection to the County network may be monitored to record dates, times, duration of access, etc., in order to identify unusual usage patterns or other suspicious activity in order to identify accounts or systems that may have been compromised by external parties. When an employee voluntarily connects a personal device to County resources, the County has the right and the ability to review and access any and all information on the employee's personal device, including data the employee may view as personal. The County's right and ability to review and access any and all information on that personal device exists for the entire time the employee uses the device to connect to County resources. Should employee wish to terminate the connection to County resources, employee shall submit the personal

device for access and review by County to ensure that all County related information is removed from the personal device. Any employee who refuses to surrender a personal device connected to County resources when requested by his or her supervisor to access and review the information on the device may be subject to disciplinary action.

5. Employees accessing any County network with personal devices, are required to know and adhere to all County policies and guidelines, including policies and procedures concerning the confidentiality of the data being accessed and personal activities during work hours.
6. Any and all data obtained via the County network remains the property of the County in perpetuity.
7. Passwords and other confidential data are not to be stored on any associated storage devices such as Secure Digital (SD) and Compact Flash (CF) cards, as well as Memory Sticks and related flash-based supplemental storage media.
8. Employees who dispose of their device or return it to the vendor must remove all County information from the device before disposing of it or returning it to the vendor. Employees can contact County IT (245-7575) if they need assistance in removing County information from the employee's device.
9. Employees must immediately report a missing, replaced, or stolen device to the County IT (245-7575) and to their personal cell carrier. County IT will send a "KILL" command that will clear **ALL** data from the device and return the device to the configuration it was in when originally issued from the cell carrier.
10. It is the employee's responsibility to back up his/her personal data, setting, media, or applications on the device so that he/she can recover his/her personal data, settings, media, or applications in the event the device has to be "KILLED" by County IT.
11. The device is subject to a remote "KILL" under the following conditions:
 - Lost or stolen device.
 - Six consecutive failed password attempts (assumes the device is no longer in the owner's possession).
 - Employee leaves the employ of the County.
 - Department Head request.
 - County IT determines that any access to the County network is at risk (subject to approval by the Chief Technology Officer).
12. The employee must abide by all municipal, state and federal laws concerning the use of mobile devices.
13. The employee's device will be forced to comply with complex password policies. This means that to use the device, the employee will have to unlock it by entering the valid password. Additionally, password changes will be required as determined by County IT. Devices will automatically lock (requiring the user to re-enter his/her password) after 10 minutes of inactivity. Employee agrees not to divulge passwords to others (see Section 26.2 Acceptable Use Policy in the Personnel Rules).

14. County IT will charge the employee's department the current IT Professional Service hourly rate for all support of personal devices connected to the County network. The employee must follow their department's procedures for obtaining services from County IT.

I have read, received a copy, and agree to abide by the foregoing Personal Mobile Device Agreement and Personnel Rule 26.12, Mobile Data Device Policy. I understand that any failure to comply with this agreement may result in the suspension of any or all remote access privileges.

_____ Employee Name	_____ Employee Signature	_____ Date	_____ Employee's Department
_____ Department Head, or his/her designee	_____ Department Head, or his/her designee, Signature	_____ Date	

*Forward completed form to: Chief Technology Officer
Mail Code IS203A*

