

Nathan Deal
Governor



Robyn A. Crittenden
Commissioner

Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

NEW EMPLOYEE POLICY ACKNOWLEDGEMENT STATEMENTS

Please read and initial each acknowledgment statement contained within this document.

Name: _____

Position title: _____

Division/Office and Section/Unit: _____

1. ACKNOWLEDGEMENT OF UNCLASSIFIED POSITION

I hereby acknowledge that the position I have accepted with the Department of Human Services is in the unclassified service. I understand that as an employee in the unclassified service, my employment is "at-will" and I may be separated at any time without notice or statement of reasons. * I further understand that in accepting this unclassified position, any employment rights I may have had in a position in the classified service no longer exists. I hereby accept these terms of employment.

Note that employees who first established membership in the Employees' Retirement System prior to April 1, 1972, and who have a minimum of eighteen (18) years of State employment, may have involuntary separation rights under the Georgia Retirement System Law. See DHS Human Services/Personnel Policy #1904 - Involuntary Separation - Retirement Benefits for specific information. Please refer to DHS Human Services/Personnel Policy #302 - Movement from Classified to Unclassified Employment for additional information on movement to the unclassified service.

Employee's initials: _____

Date: _____

2. ACKNOWLEDGMENT OF WORKERS' COMPENSATION TREATMENT

My initials below indicate that I have been advised that as an employee of the Georgia Department of Human Services I am covered by the Georgia Workers' Compensation Law. I have been informed that I am to immediately report all on-the-job injuries regardless of the extent of the injuries to my supervisor, HR/Personnel Representative or other authorized official. I realize that a delay in notification can result in denial of payment for any medical services rendered.

I understand that if I am injured while on the job and emergency treatment IS necessary, I will receive emergency treatment as soon as possible. All follow up care, however, must be provided by a Workers' Compensation physician listed on the OFFICIAL NOTICE which is posted in my work area.

I further understand that if emergency treatment is NOT necessary, I must receive treatment from a Workers' Compensation physician listed on the OFFICIAL NOTICE. If I obtain non-emergency medical treatment from a physician not on the OFFICIAL NOTICE, I will be responsible for any medical expenses.

I have been advised that if I am dissatisfied with the physician selected, I may make one change without permission to a second physician on the OFFICIAL NOTICE. Any further changes of physicians will require the permission of the Office of Human Resource Management and Development or the State Board of Workers' Compensation.

If I have questions regarding the above, I should discuss them with my supervisor or other authorized official.

For additional information, please review DHS Human Services/Personnel Policy #1701 - Workers' Compensation and Special Injury Return-To-Work Program.

Employee's initials: _____

Date: _____

3. SELECTIVE SERVICE REQUIREMENT

State law requires all selected male applicants between the ages of 18 and 26 to present proof of having registered with the Selective Service System or to present proof of being exempt from registration prior to beginning State employment. If an applicant's information cannot be verified online, the applicant will be asked to provide proof of Selective Service registration. Failure to provide proof within seven (7) days of the request will result in withdrawal of the employment offer. I hereby acknowledge that I have read this notice and understand the requirements.

Employee's initials: _____

Date: _____

4. EQUAL EMPLOYMENT OPPORTUNITY AND UNLAWFUL DISCRIMINATION

The Department of Human Services is an equal opportunity employer, and does not discriminate on the basis of race, color, creed, national origin, ancestry, citizenship, religion, political opinions or affiliations, age, disability, genetic information, gender, pregnancy, childbirth or related conditions, military or veteran status, or other status protected by federal, or state law or regulation. The Department's goal is to ensure that all individuals are treated in a fair and non-discriminatory manner throughout the employment process.

As part of this commitment, the Department prohibits and will not tolerate discrimination against any qualified individual with a disability and seeks to provide reasonable accommodation to all qualified individuals with disabilities. The Department also prohibits discrimination against an employee who has a family member with a disability. Similarly, the Department strives to reasonably accommodate employees' religious needs. My initials below signify my understanding that I am responsible for reviewing and complying with DHS Human Services/Personnel Policy #101 – *Equal Employment Opportunity and Unlawful Discrimination*.

Employee's initials: _____

Date: _____

5. HARASSMENT IN THE WORKPLACE

The Department is committed to maintaining a harassment-free workplace. The Department prohibits and will not tolerate harassment of a sexual nature and/or harassment based on race, color, creed, national origin, ancestry, citizenship, religion, political opinions or affiliations, age, disability, genetic information, gender, pregnancy, childbirth or related conditions, military or veteran status, or other status protected by federal, or state law or regulation. Such harassment violates an individual's fundamental rights and personal dignity, and undermines the integrity of the workplace.

The Department's policy of maintaining a harassment-free workplace applies to everyone. The Department will not permit any employee to be harassed in the course of their work by supervisors, coworkers, or third parties, such as vendors or customers. Any employee who engages in prohibited harassment will be subject to prompt disciplinary action, up to and including termination of employment. My initials below signify my understanding that I am responsible for reviewing and complying with DHS Human Services/Personnel Policy #102 – *Sexual Harassment*.

Employee's initials: _____

Date: _____

6. SMOKING POLICY

It is the policy of the Department of Human Services (DHS) to provide a smoke-free environment in all DHS facilities. Smoking is, therefore, prohibited in all facilities either occupied or controlled by DHS and in vehicles owned by or assigned to the Department. Smoking is also prohibited in employee's personal vehicles during work times when clients, patients or customers are being transported. Appropriate action will be taken against employees who violate the smoking policy. My initials below signify my understanding that I am responsible for reviewing and complying with DHS Human Services/Personnel Policy #103 – *Smoking Policy*.

Employee's initials: _____

Date: _____

7. UNDERSTANDING CONCERNING FLSA COMPENSATORY TIME

I acknowledge and understand that, as part of the terms and conditions of my employment with the Georgia Department of Human Services, I may be required to work more than forty (40) hours in a work period. I further understand that if I am a non-exempt employee, I will receive FLSA compensatory time at the rate of time and one-half for overtime worked, in lieu of overtime payment. I understand that I must at all times maintain an accurate and truthful record of my hours worked each day and each work period. I am to sign-in and sign-out recording the exact minute that I begin work, take meal periods and leave work each day. My initials below signify my understanding that I am responsible for reviewing and complying with DHS Human Services/Personnel Policy #1001 – *Fair Labor Standards Act*.

Employee's initials: _____

Date: _____

8. STANDARDS OF CONDUCT & USE OF STATE PROPERTY ACKNOWLEDGEMENT

Employees of the Department of Human Services (DHS) have a duty of trust to the State of Georgia and its citizens. It is expected that employees will maintain and exercise the highest moral and ethical standards in carrying out their duties and responsibilities. Guidelines for employee conduct have been developed and published in the DHS Human Services/Personnel Policy Manual to prevent the appearance of impropriety, placement of self-interest above public interest, partiality, prejudice, threats, favoritism and undue influence.

State property is to be used for work-related reasons only. Employees are not to use, misuse or permit the use of State property for other than work-related reasons. State property includes, but is not limited to: computers, telephones, cellular phones, fax machines, copiers or other equipment, supplies, vehicles, work areas and furniture.

My initials below signify my understanding that I am responsible for reviewing and complying with DHS Human Services/Personnel Policy #1201 - *Standards of Conduct and Ethics in Government* and Policy #1205 - *Use of State Property* as a condition of employment.

Employee's initials: _____

Date: _____

9. POLITICAL ACTIVITY

Employees of the Department of Human Services (DHS) are protected from undue political pressure, influence or coercion by Federal and State laws, as well as Department policy. The same laws and policy limit political activity while assuring that the right to participate in the political process is preserved. The provisions of this policy apply to all DHS employees.

Employees must complete the REQUEST FOR POLITICAL ACTIVITY AUTHORIZATION Form and submit it through appropriate lines of authority to their Division/Office Director or authorized designee to request a review and approval of potential political activity.

My initials below signify my understanding that I am responsible for reviewing and complying with DHS Human Services/Personnel Policy #1202 – *Political Activity*.

Employee's initials: _____

Date: _____

10. APPROVAL OF OTHER EMPLOYMENT

A DHS employee may seek and secure employment in addition to DHS employment, provided that the other employment: does not constitute a violation of any Federal or State law, Rules of the State Personnel Board or DHS policy; does not constitute a conflict of interest with departmental employment; and, does not interfere or conflict with an

employee's ability to effectively perform assigned duties and responsibilities with the department. In all cases, the employee's job with DHS must be considered primary. Employees are not to begin other employment prior to receiving written approval from the supervisor and authorizing official, or designee. My initials below signify my understanding that I am responsible for reviewing and complying with DHS Human Services/Personnel Policy #1203 – *Other Employment*.

Employee's initials: _____

Date: _____