

PERSONNEL POLICY MANUAL

WAYNE COUNTY

THIS DOCUMENT IS NOT A CONTRACT

**WAYNE COUNTY
ACKNOWLEDGMENT OF RECEIPT**

I, _____, hereby acknowledge that I have access to the Wayne County Personnel Policy Manual through the Wayne County Employee Wellness Web Site, www.wayneohio.org (under Employee Benefits). And that through this Wayne County Personnel Policy:

1. **Computer Network Usage Policy:** I agree with the Computer Network Usage Policy (*Section 8.18*) in full, and I further state that I will be responsible for my actions and use or misuse of the network equipment; and
2. **Ohio Ethics Law and Related Statutes:** I acknowledge that, pursuant to Ohio Revised Code, Section 102.09(D), my employer has provided me with a copy of Ohio Revised Code, Chapter 102 and Section 2921.42 (*Section 8.01 and Appendix K*). I further acknowledge that as a public official or employee, I am prohibited from accepting or securing, for personal travel, a discounted or free “frequent flyer” airline ticket or other benefit from an airline if I have obtained the ticket or other benefit from the purchase of airline tickets, for use in official travel, by the office, department, agency, or other entity with which I serve, or by which I am employed.
3. **Ohio Fraud Reporting System:** I acknowledge that, pursuant to Ohio Revised Code, Section 117.103(B)(1) and (B)(2), my employer has provided me with a copy of the Ohio Fraud Reporting System Information which describes the means to report fraud, also including the Auditor of State’s Fraud Contact Information (*Appendix W*). I also acknowledge that I have received the information regarding Section 124.341 of the Revised Code (*also Appendix W*) and the protections I am provided as a classified or unclassified employee if I use the before-mentioned fraud reporting system. I have read and understand the information provided.
4. **Employer’s Drug Free Workplace Policy and Program:** As an employee or candidate for employment, I am aware of Wayne County’s Drug Free Workplace Policy and Program and have been given a copy of the policy or the opportunity to review the policy and program (*Section 8.08*). I understand that my employment or offer of employment is conditioned on my cooperation and compliance with the Wayne County Policy and Program.

I understand that any and all information obtained as a result of the program will be kept confidential and only the Program Administrator and other authorized Wayne County representatives, on a need-to-know basis only, will receive such information.

I understand that the Ohio Bureau of Workers’ Compensation or other regulating authorities may audit the Policy and Program and will have access to information.

Furthermore, I understand that information obtained, including but not limited to test results, may be disclosed in official communications and/or hearings regarding unemployment compensation and Workers’ Compensation matters. I understand that a violation of this policy may result in the loss of such benefits.

As an applicant, I understand that any offer for employment is contingent upon my successful completion and production of a negative drug test result. I understand that if I am unable to provide a negative drug test result, Wayne County will not provide a final offer of employment.

Signature

Date

Please Print Name: _____

Please Print Department/Office: _____

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