

**ATTENTION EMPLOYEES:** You are encouraged to read this manual as it pertains to your benefits, employee rights, employer rights, etc. Your signature on this form acknowledges such. Reviewing the entire manual is important. However, please note that this page contains snapshots of policies that we especially want to bring to your attention; the full policy for each is within the manual. Instructions on how to access this manual are in the next paragraph.

I, \_\_\_\_\_, hereby acknowledge that I have access to the **Wayne County Personnel Policy Manual** through the Wayne County web site, [www.wayneohio.org](http://www.wayneohio.org) (click on *Employee Portal* at the top of the web page in the red bar, then click *Personnel Policy Manual*), and that the following information is only a snapshot of the policy it represents, the full version being viewable within said Personnel Policy Manual. I further acknowledge that any Ohio Revised Code (ORC) Sections referenced below may be read by going to <http://codes.ohio.gov/orc/> and searching for that ORC number.

1. **EQUAL EMPLOYMENT OPPORTUNITY (EEO) (SECTION 1.07):** I am aware that Wayne County is an Equal Opportunity Employer and that all employees and applicants for employment are recruited, selected, promoted, demoted, terminated, suspended, or evaluated in an equitable manner, based solely upon merit, fitness for duty, and other bona fide occupational qualifications as each individual might possess. I am also aware that no personnel decisions concerning any term or condition of employment shall be based upon race, color, religion, sex, national origin, age, disability, or other non-job-related criteria which does not interfere with an employee's ability to perform the essential functions of the position. I am also aware that no person(s) shall on the grounds of race, color, national origin, disability, age, sex, or religion be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program, service or benefit authorized or provided by the Appointed Authority. I understand that discrimination of any kind by one employee against another will not be tolerated.
2. **PROBATIONARY PERIOD (SECTIONS 2.06 AND 11.02[A]):** If I am a probationary employee, I understand that I must successfully complete a 180-day probationary period. This constitutes a trial or testing opportunity for me to perform my job duties and have my work performance observed, before becoming a classified or unclassified employee and receiving the benefits that come with such distinction. I also understand that if I have any questions relating to being a probationary employee, I can address those to my supervisor, HR or my Appointing Authority.
3. **HOURS OF WORK (SECTION 3.06):** I understand that I am expected to arrive just prior to my start time and not continue past the end of my shift, unless specifically authorized by my supervisor or Appointing Authority. This includes reading and/or sending emails, listening to voice messages, making phone calls or conducting business in any format; this excludes an agency's procedures to take calls to cover an absence, to call off work, or to accept calls for work-related emergency purposes.
4. **VEHICLE POLICY (SECTION 3.13):** I understand that Wayne County has a Vehicle Policy and that prior to driving a County vehicle or driving my personal vehicle on behalf of the County, I must read said Vehicle Policy in its entirety. I further understand that if the essential functions of my job position involve driving for the County, I must immediately report any and all vehicle suspensions, accidents, traffic citations and/or arrests to my supervisor or Appointing Authority, and that I may be disciplined for said suspension(s), accident(s), citation(s) or arrest(s), or for any other violations of the Vehicle Policy, whether or not points are assigned to my motor vehicle record, up to and including termination of employment.

5. **OVERTIME PAY and COMPENSATORY TIME FOR HOURLY EMPLOYEES (SECTIONS 4.04 AND 4.05):** If I am an hourly individual, I understand that any work above my normal hours must be pre-approved. I further understand that if working above my normal hours, I have a right to be paid overtime; however, compensatory time may be offered to me in lieu of overtime pay.
6. **FLEX TIME FOR SALARIED EMPLOYEES (SECTION 4.08):** If I am a salaried individual, I understand that I will accrue flex time on work weeks that I work in excess of forty paid hours, and that flex time is earned at the rate of one (1) hour for each hour worked over 40 paid hours in a week. I also understand that flex time will not be paid out at any time and if I leave employment with flex time hours on my account, those hours will be forfeited.
7. **MILITARY LEAVE (SECTION 5.06):** You may be entitled to paid or unpaid Military Leave, depending on your employment status and the type of leave requested. It is your responsibility to initiate this leave by contacting the Commissioners' HR Manager.
8. **OHIO ETHICS LAW AND RELATED STATUTES (SECTION 8.01 AND APPENDICES):** I acknowledge that, pursuant to ORC 102.09(D) and ORC 2921.42, in addition to Section 8.01 and information in the Appendices, which my employer has given me access to, as a public official or employee, I am expected to maintain the highest possible ethical and moral standards and to perform within the laws of the State of Ohio and other policies, procedures, rules, and regulations, as may be set forth by the Appointing Authority. This includes, but is not limited to, being 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.
9. **INAPPROPRIATE BEHAVIOR, BULLYING, HARASSMENT, WORKPLACE VIOLENCE, AND DISCRIMINATION (SECTION 8.06):** The safety and security of employees, clients, contractors, and the general public are of vital importance to Wayne County Appointing Authorities, who believe that these individuals should 1) be treated with dignity and respect, 2) have a right to work in a professional atmosphere that prohibits any form of inappropriate behavior, 3) work in an environment that promotes equal employment opportunities and prohibits unlawful discriminatory practices. I understand that Wayne County Appointing Authorities require that all conduct by, to, or with employees be respectful, business-like and free of explicit bias, prejudice and harassment; this includes both on- and off-duty, on or off County Property, in any work-related setting outside the workplace such as during business trips, business meetings and business-related social events, and includes statements and/or actions through social media. I further understand that Inappropriate Behavior made by an employee against another person's life, health, well-being, family, or property will not, in any instance, be tolerated. If I am found to be displaying inappropriate behavior towards another, I will be subject to discipline, up to and including termination. If I am found to be displaying Inappropriate Behavior towards another based on that person's race, color, sex, sexual orientation, gender identity, genetic information, national origin, age, religion, disability or protected activity, I may receive more severe discipline, up to and including termination.
10. **OHIO FRAUD REPORTING SYSTEM (SECTION 8.07):** I acknowledge that pursuant to ORC 117.103(B)(1) and (B)(2) and ORC 124.341, in addition to information in the Appendices, which my employer has given me access to, I have been made aware of the Ohio Fraud Reporting System Information which describes the means to report fraud and includes the Auditor of State's Fraud Contact Information, in addition to information on the protections I am

provided as a classified or unclassified employee if I use the before-mentioned fraud reporting system.

- 11. **EMPLOYER’S DRUG FREE WORKPLACE POLICY AND PROGRAM (SECTION 8.08 AND APPENDICES):** I am aware of Wayne County’s Drug Free Workplace Policy and Program and have been given the opportunity to review the policy and program. I understand that my employment or offer of employment is conditioned on my cooperation and compliance with the Wayne County Policy and Program, which prohibits the use of illegal drugs, controlled substances/drugs, and all harmful intoxicants, defined by ORC 2925.01 and ORC 3719.01 and also listed in Section 8.08 and in the Appendices, while at work or reporting to work; this includes medical marijuana. 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. 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.
  
- 12. **COMPUTER NETWORK USAGE POLICY (SECTION 8.18):** I agree with the Computer Network Usage Policy in full, and I further state that I will be responsible for my actions and use or misuse of the network equipment; I further release the County, its operators, and administration from any and all claims of any nature arising from the use of network resources.
  
- 13. **COLLECTIVE BARGAINING AGREEMENT:** I understand that if I am a member of a Collective Bargaining Agreement, portions of my Personnel Policy Manual may be superseded by that Agreement.

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Signature Date

Print Name: \_\_\_\_\_

Print Department/Office: \_\_\_\_\_