

Harbor-UCLA HD RHC LAC+USC MLK OC OVMC-UCLA Rancho Juvenile Court, H.S. HSA MCS ACN CHC/HC [Click here to enter text.](#)

Please PRINT NAME (Last, First): Employee Number: Work Area/Shift:
Click here to enter text. Click here to enter text. Click here to enter text.
Job Classification: Item Number: Department Number/Pay Location:
Click here to enter text. Click here to enter text. Click here to enter text.

AGREEMENT OF UNDERSTANDING

Table with 4 columns: POLICY/FORM, TITLE, POLICY/FORM, TITLE. Rows include: Americans with Disabilities Act (ADA), Patient Safety: Sexual Abuse and/or Inappropriate Behavior with a Patient, Child & Elder/Dependent Abuse, Domestic/Intimate Partner Violence, Sexual Abuse/Inappropriate Behavior, Suspicious Injury Reporting, Influenza Vaccinations for Workforce Members, Disciplinary Actions for Failure to Comply with Privacy Policies and Procedures, Reporting Privacy- and Security-Related Breaches, Safeguards for Protected Health Information (PHI), Smoking in Departmental Facilities, Hand Hygiene in Healthcare Settings - Joint Commission Requirements, Time Reporting Policy, Physician Time Reporting, Criminal Records Background Check /Live Scan Policy, Licensure, Certification, Registration and Permit of Workforce Members, Health Evaluation - DHS Employees, Business Office Dress Policy, Equal Employment Opportunity, Nepotism, Outside Employment, Conflict of Interest, Conflict of Interest Disclosure Code, Dual Compensation, Solicitation.

POLICY ATTESTATIONS:

Nepotism

- No -> I do not have immediate relatives or personal relationships who work in DHS to report. I have read the DHS policy on nepotism and agree to immediately report any potential nepotism situations to my supervisor by submitting the nepotism reporting form.
Yes -> I have immediate relatives or personal relationships in DHS to report. (Complete the nepotism reporting form and submit it to your HR Coordinator). (See Policy Packet)

Conflict of Interest

- No -> I attest to the fact that I do not have any conflicts of interest to report. I have read the DHS policy on conflicts of interest and also acknowledge that I have responsibility to disclose any potential or actual conflicts of interest to my supervisor if and when they arise.
Yes -> I have potential conflict of interests to report. (Complete the appropriate conflict of interest reporting form and submit it to your HR Coordinator). (See Policy Packet)

Outside Employment

- No -> I do not engage or plan to engage in any outside employment or reportable volunteer activities. I have read the DHS policy on outside employment and acknowledge that I have responsibility to report any change in my outside employment status to my supervisor.
Yes -> I plan to engage or am currently engaging in outside employment or reportable volunteer activity. (Complete the appropriate outside employment reporting form and submit it to your HR Coordinator). (See Policy Packet)

I acknowledge that I have received and read the above policies included in the PE Policy Packet and agree to comply with them in my work environment. If I violate the above policies, I will be subject to disciplinary action up to and including warning, reprimand, suspension and/or discharge from County employment. If I have any questions or concerns regarding these policies I may direct them to my supervisor or the Human Resource Office.

Employee's Signature / Initials / Date Witnessed by: Supervisor's Signature / Initials / Date

WHITE: OFFICIAL EMPLOYEE PERSONNEL FOLDER IN DHS HR
CANARY - DEPARTMENT AREA FILE
PINK - EMPLOYEE

AGREEMENT OF UNDERSTANDING

AGREEMENT OF UNDERSTANDING (continued)

VERIFICATION OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT

Any employee whose position requires a valid license/certification/registration/permit to perform the duties of his/her position is responsible for ensuring that the license/certificate/registration/permit is kept current and in good standing with the issuing agency. Failure by an employee to maintain the required license/certificate/registration/permit may result in demotion or discharge from County service. The employee must provide the original documentation for verification. If there is a change in status of the license/certificate/registration/permit (e.g. revocation, suspension and/or other related activities) where employer notification is required, employee shall immediately notify the supervisor. If applicable, complete the following and attach copy(ies) of the license/certificate/registration/permit and the primary source verification printout from the website of issuing agency.

Type of License/Certificate		License/Certificate Number		Expiration Date		Supervisor Verification				Date Verified				
CA Driver License*		-----												
Vehicle Insurance*		-----												
CPR	ACLS	Exp. Date	ATLS	Exp. Date	BLS	Exp. Date	NRP	Exp. Date	PALS	Exp. Date	HrtSvr	Exp. Date	Other	Exp. Date

*no copy required

EMPLOYEE ATTESTATION – VERIFICATION OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT

I acknowledge, as a condition of continued employment, that I am responsible and required to keep my license/certificate/registration/permit current and in good standing with the issuing agency and to immediately report any change in status to my supervisor/manager.

Initial _____

VERIFICATION OF ANNUAL HEALTH EVALUATION

In order to be in compliance with Title 22, the California Health and Safety Code, an annual physical evaluation is required of all employees in the DHS hospitals and health facilities. You must certify that the employee has had his/her annual health evaluation.

VERIFIED BY _____ DATE VERIFIED _____ EXPIRATION DATE _____

CURRENT HOME ADDRESS/TELEPHONE NUMBER

It is the employee's responsibility to keep his/her personnel office and supervisor informed of their current home address and phone number. Please provide the following:

HOME ADDRESS AND TELEPHONE NUMBER			
Name:		Telephone Nos. (Home, Cell, Alternate)	
Address:	Number	Street	
City	State	Zip Code	
MAILING ADDRESS (if different from HOME ADDRESS)			
Address:	Number	Street	
City	State	Zip Code	

EMERGENCY CONTACT INFORMATION

Please complete the following information about someone to contact in case of an emergency:

Person to Notify (Full Name)		Relationship	
Address		Telephone No. (Home/Business/Cell)	
Person to Notify (Full Name)		Relationship	
Address		Telephone No. (Home/Business/Cell)	

I attest that the information I provided above is true and accurate.

EMPLOYEE'S SIGNATURE	EMPLOYEE NUMBER	DATE
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SUPERVISOR'S SIGNATURE	DATE
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