Harbor-UCLA HD RHC LAC+USC MLK OC	COVMC-UCLA Rancho Usuanile 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

POLICY/ FORM	TITLE	POLICY/ FORM	TITLE
DHS 189	Americans with Disabilities Act (ADA)	DHS 743	Capping
DHS 321.000	Patient Safety: Sexual Abuse and/or Inappropriate	DHS 744	Political Activity
DH3 321.000	Behavior with a Patient	DHS 747	Disciplinary Actions
	Child & Elder/Dependent Abuse, Domestic/Intimate	DHS 747.300	Workforce Behavioral Standards
DHS 321.001	Partner Violence, Sexual Abuse/Inappropriate	DHS 749	Sexual Harassment Policy
	Behavior, Suspicious Injury Reporting	DHS 751	Attendance Policy
DHS 334.200	Influenza Vaccinations for Workforce Members	DHS 753	Overtime
	Disciplinary Actions for Failure to Comply with	DHS 780	Performance Evaluations
DHS 361.10	Privacy Policies and Procedures	DHS 780.200	Competency Assessment –Direct & Indirect Patient Care Positions
DHS 361.111	Reporting Privacy- and Security-Related Breaches	DHS 792	Threat Management "Zero Tolerance" Policy
DHS 361.23	Safeguards for Protected Health Information (PHI)	D110 732	Timeat management. Zero Tolerance. Folicy
DHS 381	Smoking in Departmental Facilities	DHS 801	Authority to Approve Expenditures
DHS 392.3	Hand Hygiene in Healthcare Settings – Joint	DHS 861.3	Telephone Use Policy
DI10 332.3	Commission Requirements	DHS 862.01	County Vehicle Usage
DHS 610	Time Reporting Policy	DHS 911	Role of DHS' Employees in the Event of an
DHS 610.01	Physician Time Reporting	D110 311	Emergency
DHS 703.1	Criminal Records Background Check /Live Scan	DHS 935.20	Acceptable Use Policy for County Information
D110 700.1	Policy	D110 333.20	Technology Resources
DHS 704	Licensure, Certification, Registration and Permit of	DHS 940	Identification Badges
D110 704	Workforce Members	PPG 197	Child Support Compliance Program
DHS 705	Health Evaluation – DHS Employees	PPG 812	County Policy of Equity
DHS 706.1	Business Office Dress Policy	BOS 5.135	Safely Surrendered Baby Law
DHS 707	Equal Employment Opportunity		Confidentiality of Records (DHS 360)
DHS 708.000	Nepotism		Code of Conduct Fact Sheet (DHS 1000)
DHS 740	Outside Employment, Conflict of Interest, Conflict of Interest Disclosure Code, Dual Compensation	•	Predesignation of Personal Physician for Industrial Accident or Illness (DHS 783.000)
DHS 742	Solicitation		Basic Fire Procedures and Orientation to Disaster Plan (facility/program-specific)

POLICY AT	TESTATIONS:						
<u>Nepotism</u>							
☐ Yes →	I do not have immediate relative agree to immediately report any I have immediate relatives or pe Coordinator). (See Policy Packe	potential nepotisersonal relationsh	sm situation	s to my supervisor by sul	bmittina the nepoti	sm reporting form.	•
Conflict of Int	<u>erest</u>						
☐ Yes →	I attest to the fact that I do not h acknowledge that I have respon I have potential conflict of intere Coordinator). (See Policy Packe	sibility to disclos sts to report. (C	e anv poten	tial or actual conflicts of i	interest to my supe	ervisor if and when t	thev arise.
Outside Empl	oyment						
	I do not engage or plan to engago outside employment and acknow supervisor.	ge in any outside wledge that I hav	e employmer e responsib	nt or reportable volunteer ility to report any change	r activities. I have in my outside em	read the DHS polic ployment status to r	y on my
☐ Yes →	I plan to engage or am currently employment reporting form and	engaging in out submit it to your	side employ HR Coordir	ment or reportable volun ator). (See Policy Packe	teer activity. (Cont)	nplete the appropria	ate outside
	e that I have received and re ronment. If I violate the abo ind/or discharge from Count upervisor or the Human Res	va maliaiaa luu	منطيبه مطالت	at ta dia aimlimam, aati		liidina uua vaina a	
Employee's Sig	nature	/ Initials	Date	Witnessed by: Supervise	or'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)

license/certificate/reg	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 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															
notification is require													,		
license/certificate/reg															
Type of License	e/Certific	ate	License	e/Certific	ate Numb	oer Ex	oiration D	ate	Sup	pervisor	Verifica	tion	Da	te Verified	
CA Driver Lice	nse*														
Vehicle Insura	nce*														
CPR ACLS	Exp. Date	ATLS	Exp. Date	BLS	Exp. Date	NRP	Exp. Date	PAL	9	Exp. Date	HrtSvr	Exp. Date	Other	Exp. Date	
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WHITE: OFFICIAL EMPLOYEE PERSONNEL FOLDER IN DHS HR CANARY – DEPARTMENT AREA FILE PINK – EMPLOYEE

AGREEMENT OF UNDERSTANDING