



**Public Health**  
Prevent. Promote. Protect.

## District 2 Public Health

Pamela Logan, M.D., M.P.H., M.A., Health Director

1280 Athens Street • Gainesville, Georgia 30507

PH: 770-535-5743 • FAX: 770-535-5958 • [www.phdistrict2.org](http://www.phdistrict2.org)

Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union and White Counties

# MEMORANDUM

**TO:** John Doe

**FROM:** Maribel Sewell  
Human Resources  
District 2 Public Health

**RE:** Temporary Work Assignment with District 2 Public Health

**DATE:** February 10, 2017

Welcome to District 2 Public Health. We look forward to having you work with our district and hope your work will be rewarding and challenging.

Your work assignment with District 2 Public Health through Randstad Staffing Personnel Agency is temporary and you may be terminated at any time. If a permanent position becomes available that you are interested in, you must complete a State Application and forward to the Human Resources Office.

Please complete the information below. If you have any questions, please call me at 770-535-5871.

### EMPLOYEE RECORD SHEET (TEMPORARY PERSONNEL AGENCY)

NAME: John Doe
DATE WORK BEGAN: 02-13-2017
JOB TITLE: Program Assistant
FULL/PART-TIME (# OF HOURS) Full time/40 Hours
DEPARTMENT/PROGRAM: Hall County Health Department

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE



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## District 2 Public Health

### Employee Information

#### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code and County*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email \_\_\_\_\_ Ethnic Group: \_\_\_\_\_ Veteran: Yes  No

SSN \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status(Optional): \_\_\_\_\_ Gender: Male  Female

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Work Phone: \_\_\_\_\_

#### Job Information

Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Work Location: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

#### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code and County*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_



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**EMPLOYEE NOTICE AND ACKNOWLEDGEMENT OF  
CONFIDENTIALITY REQUIREMENTS**

As an employee of District 2 Public Health, I recognize that I will have access to very sensitive personal records and information. I hereby acknowledge and agree that I will access and use such records and information solely and exclusively for official, authorized purposes.

I understand that if I access or use records or information obtained through my employment for any non-official purpose, I will be subject to disciplinary action up to and including dismissal from employment, as well as possible civil or criminal liability, depending on the circumstances.

I acknowledge by my signature below that I have read this Notice, that I understand and agree to what is stated, and that I have been given an opportunity to ask any questions prior to my signing this document. I further understand that a copy of this notice will be maintained in my personnel file.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_



**DPH DRUG-FREE WORKPLACE NOTICE**

It is the policy of the District 2 Public Health (DPH) to provide a drug-free work place. Illegal drug use significantly impacts the work place and is a serious threat to public health, safety and welfare. DPH employees are PROHIBITED from engaging in the UNLAWFUL/ILLEGAL manufacture, distribution, dispensation, possession or use of a controlled substance in the work place or while performing assigned duties. Employees are REQUIRED to notify their supervisors and/or other authorized officials of ANY criminal drug arrests or convictions within five(5) calendar days of the occurrence. Violations of the above may result in disciplinary action, up to and, including separation from employment.

As condition of employment, while in the work place or performing assigned duties (including work time while in travel status), employees are:

- Required to be free of illegal drugs;
- Prohibited from abusive use of legal drugs or other substances, which create the potential for significant risk of harm to themselves or others;
- Prohibited from using someone else's prescription drugs since it is against the law;
- Required to be free of alcohol: and
- Prohibited from possessing *or* consuming alcohol.

Any DPH employee may be required to submit to alcohol and/or drug testing due to reasonable suspicion. In addition, based on your position, you are subject to be tested based on the following:

*(Supervisor or other authorized official is to check appropriate blocks before giving to employee)*

- Pre-employment (drug testing only)
- Board directed random (drug testing only)
- P.O.S.T Certified random (drug testing only)
- Commercial Drivers License (CDL) (alcohol and/or drug testing)
- No additional alcohol and/or drug test

*Drug testing is conducted for the presence of the following illegal drugs:*

Marijuana/cannabinoids (THC) - amphetamines/methamphetamines Cocaine  
phencyclidine (PCP) opiates

*Alcohol Testing and Results*

Employees who refuse to submit to alcohol testing when directed will be immediately separated from employment. Employees whose test shows the presence of alcohol are subject to disciplinary action, up to and including separation from employment. In addition, when employees are separated, future employment with DPH could be jeopardized. A determination of appropriate action regarding alcohol testing will be made on a case by case basis.

DPH DRUG-FREE WORKPLACE NOTICE

Drug Testing and Results

DPH employees who refuse to submit to drug testing when directed, or whose test results indicates an illegal drug(s), will be immediately separated from employment and will not be eligible for future employment with DPH for a period of two (2) years.

Individuals currently employed with State government outside of DPH who refuse pre-employment drug testing, or whose test results indicates illegal drug(s), will not be employed by the department and will not be eligible for future employment with DPH for a period of two (2) years.

Applicants not currently employed with the State government who refuse pre-employment drug testing, or whose test result indicates an illegal drug (s), will not be employed by the Department and will not be eligible for any State employment for a period of two (2) years.

Please refer to District 2 Public Health Policy - for more specific information regarding the alcohol and drug testing programs.

Assistance

The District 2 Public Health is willing to assist employees with alcohol and/or drug-related problems. Employees must advise their supervisors or other authorized official in writing of the need for assistance prior to being notified of required testing and prior to being arrested for a criminal drug offense. Employees may also seek assistance with alcohol and/or drug-related problems through their health insurance providers or health maintenance organizations.

ACKNOWLEDGEMENT

I understand that I must abide by the conditions outlined in this notice. I will notify my supervisor, appropriate Human Resource personnel representative or other authorized official of any criminal drug arrest or conviction within five (5) calendar days of the arrest or conviction. I realize that Federal law may require that my employer communication conviction information to a Federal agency.

I also understand that I am to be free of alcohol and illegal drugs in the work place or while performing assigned duties. I have been advised that I will be subject to the alcohol and/or drug tests indicated on this notice.

Applicant/Employee's Name (Please Print) \_\_\_\_\_ Social Security # \_\_\_\_\_

Applicant/Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

DPH Organizational Unit \_\_\_\_\_ Date \_\_\_\_\_

This signed form will be placed in your official personnel file.
Questions should be directed to your supervisor or other authorized official
Page 2 of 2



## EMPLOYMENT OF RELATIVES

### Definition of Relatives:

- Spouse
- Child/Grandchild (*includes biological, adopted or foster child, step child, legal ward, or child for who the employee stands in loco parentis*)
- Sister/Brother (*includes step/half relationships*)
- Parent/Grandparent (*includes step relationships*)
- Aunt/Uncle
- Niece/Nephew
- First Cousin
- Immediate in-law (*i.e., mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law or son-in-law*)
- Guardian (*as defined by law*)

Employees must report relationships involving relatives

\_\_\_\_\_ I have no relative(s) working at District 2 Public Health

\_\_\_\_\_ I have a relative(s) working at \_\_\_\_\_

Employee's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## TOBACCO FREE CAMPUS

Effective July 1, 2006, District 2 Public Health became a Tobacco Free Campus. This means that smoking or other use of tobacco will not be allowed anywhere on the District 2 Public Health workplace or grounds

Do you see that District 2 Public Health being a Tobacco Free Campus would prevent you from performing the job responsibilities of the position that you are applying for?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Acknowledgement of District 2 Public Health Policies

Policies ensure well-being, provide common understanding, and serve as a guide for our staff, patients, volunteers, and the communities in which we serve. Policies help new staff members familiarize themselves with our organization's practices and are vital to building a knowledgeable and productive staff.

Our policies are easily accessible on our website. Please go to [www.phdistrict2.org](http://www.phdistrict2.org), click on the "Employee Resources" tab, and then choose the icon labeled "District Policy Library". All employees are required to read the following policies:

### Clinic Operations:

- [183 HIPAA Policy](#)

### Facilities:

- [Tobacco Free Campus](#)

### Human Resources General:

- [173 Employee Immunizations](#)
- [225 Harassment](#)
- [227 Standards of Conduct](#)
- [233 District Dress Code](#)

### Information Technology:

- [Social Media Policy](#)

By signing this form you are indicating that you have read and understand the policies listed above.

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Signature

Date