Pima County Attorney's Office

32 North Stone Avenue
Suite 1400
Tucson, Arizona 85701-1412
Phone (520) 740-5600
Fax (520) 740-5585
www.pcao.pima.gov

Barbara LaWall
Pima County Attorney

New Hire Packet Checklist

(All Documents are required for New Hire Orientation)

- ☐ 1. **Name Verification Form**
  (*Hyperlink – Direct link to document)
- ☐ 2. Employee Identification Number Request Form
- ☐ 3. Terms and Conditions of Employment
  - a. Probationary Appointment
  - b. Unclassified Appointment
- ☐ 4. Arizona State Retirement System (ASRS) Enrollment Information
- ☐ 5. Pima County Employee Emergency Information
- ☐ 6. **Form W-4 Employee's Withholding Allowance Certificate**
  (*Hyperlink – Direct link to document)
- ☐ 7. **Form A-4 Employee's Arizona Withholding Percentage Election**
  (*Hyperlink – Select A-4 for current year)
- ☐ 8. **I-9 Employment Eligibility Verification**
  (*Hyperlink – Direct link to document)
- ☐ 9. **Pima County Board of Supervisors Policy C 3.1- Computer Use**
  (*Hyperlink – Direct link to document)
- ☐ 10. Pima County Government Policy Statement & Drug Free Workplace and Agreement
- ☐ 11. Pima County Employee Authorization for Automatic Deposit
- ☐ 12. Preventing Workplace Harassment Acknowledgement
- ☐ 13. State of Arizona Loyalty Oath
- ☐ 14. Pima County Equal Employment Opportunity (EEO) Form
- ☐ 15. Pima County Attorney's Office Emergency Contact Information
- ☐ 16. Pima County Attorney's Office Confidentiality Agreement
- ☐ 17. Pima County Government Statement of Compliance with the Military Selective Service Act
- ☐ 18. Pima County Outside Employment Permission Form

New Hire Packet is required by Pima County and the Pima County Attorney's Office

Pima County Government
Employee Identification Number Request

Fax this request to Financial Operations
Fax # 791-6663

Date:_____

From Department:_____ Hi-Org.:_____

Return to Fax #:_____ Date of Hire:_____

Employee's Name:_____
(Please Print)

Employee's Social Security No.:_____(Please verify this number!)

_____
Requestor's Signature

<u>To be completed by Financial Operations:</u>

Employee Identification Number:_____

Revised 11/13/07

PIMA COUNTY
INITIAL PROBATIONARY APPOINTMENT
TERMS AND CONDITIONS OF EMPLOYMENT

Name _____ Pima County is pleased to acknowledge your selection for the position of _____ starting salary of $_____ hourly. Your initial assignment will be the _____ reporting to _____
Your starting date and time are: _____

1) I understand I am an at- will employee and I may be terminated at anytime during my initial probation without cause and without recourse to the Pima County Merit System, except in cases of alleged unlawful discrimination.

2) I am aware the Pima County Government operates under a merit system.

3) I have been made aware that all County employees must observe the basic work rule principles as set forth in Personnel Policies, and I will abide by these provisions.

4) I will be required to sign a State of Arizona Loyalty Oath.

5) I am required to serve an initial probation of 12 months, according to the provisions of the Pima County Merit System Rules.

6) The change from an at- will employee to a regular classified employee is at the discretion of the appointing authority.

7) In accepting employment I understand all other applications I have submitted for classifications of the same or lower salary grade will be removed from the Employment Services Application Files.

8) I understand that annual leave accrued during initial probation may be used after completion of 6 months of continuous service. Sick leave may be used after completion of 3 months of continuous service. Both annual and sick leave may be used anytime in conjunction with a job-related injury.

9) It is mandatory that _____% of my gross County salary (on pre-tax dollars) will be withheld each pay period and paid into my account in the Arizona State Retirement system as required by Arizona State Statute.

10) In accepting employment, I understand and agree that I will read, be familiar with and comply with the Pima County Merit System Rules and Personnel Polices, which can be found on the County website at www.pima.gov/hr/meritrules.html.

Additional terms/conditions_____
I have read and understand the above and by my signature agree to them.

_____
Signature Date

_____
Signature of Department Head Date

ADMINISTRATIVE PROCEDURES

Procedure Number: 23-42

Effective Date: 10/14/2009
Revision Date: 05/25/2011

C. Richelberg
County Administrator

SUBJECT: **UNCLASSIFIED EMPLOYMENT TERMS AND CONDITIONS**

DEPARTMENT RESPONSIBLE: **Human Resources Department**
All Pima County Departments

I. PURPOSE

This procedure memorializes the terms and conditions of unclassified employment with Pima County and provides a means for informing the unclassified employee of his or her rights and at-will status.

II. PROCEDURES

New employees or current classified employees who accept an unclassified position with Pima County should acknowledge in writing that they understand and agree to the terms and conditions of unclassified employment on the Pima County Unclassified Terms and Conditions of Employment document (Attachment A). The completed document is to be attached to the Personnel Action Form (PAF) supporting this action and placed in the employee's Official Personnel File pursuant to Personnel Policy 8-118.C.2(e).

III. RESPONSIBILITY

It is the responsibility of Appointing Authorities to ensure that new hires or existing classified employees accepting an unclassified position acknowledge the at-will status in writing on the Pima County Unclassified Terms and Conditions of Employment document within forty-eight (48) hours following the commencement of employment. Appointing Authorities must also ensure that the completed document is attached to the PAF supporting this hiring action. However, failure to do so, does not change the at-will status of the unclassified employee, since the employee's copy of the personnel action form and other documents, when applicable, indicates his or her employment status. This form serves as support and additional notification to the affected employee.

Attachment A

PIMA COUNTY
UNCLASSIFIED POSITION
TERMS AND CONDITIONS OF EMPLOYMENT

Name _____, Pima County is pleased to acknowledge your selection for the position of_____ at a starting salary of $_____ annually. You will report to _____. Your starting date, reporting location and time are ____ _____.

1) I understand that in accepting this unclassified position I am employed at will and I may be terminated at anytime during my unclassified employment with Pima County, without cause and without recourse to the Pima County Merit System, except in cases of alleged unlawful discrimination.

2) I am aware that Pima County Government operates under a merit system and as an unclassified employee I am not subject to nor do I have protection under these rules. If I accept an unclassified position after having served in a different classified position, I acknowledge, fully understand and agree that the Pima County Merit System Rules no longer will apply to me, which includes my right to grieve or appeal employment actions except for alleged acts of discrimination.

3) I have been made aware that all Pima County employees must observe the basic work rule principles as set forth in the Pima County Personnel Policies, Board of Supervisors Policies, Pima County Administrative Procedures and departmental procedures.

4) I understand and agree to sign a State of Arizona Loyalty Oath, if one is not already on file.

5) I understand and agree that to change my employment status from an at-will employee to a regular classified employee shall require a competitive process pursuant to Merit System Rule 4.

6) In accepting this offer of employment, or if already employed, this change in employment status, I understand that all job applications I have submitted for classified employment will be removed from the Human Resources application files unless I submit a written request to the Human Resources Director for those applications to remain in an active status for the remainder of their eligibility period pursuant to Merit System 6.1.

7) I understand that annual and sick leave accruals and usage are set forth in Personnel Policies 8-105 and 8-106 respectively, unless I am already a County employee with rights to use my leave banks.

8) It is mandatory that a percent of my gross County salary (on pre-tax dollars) will be withheld each pay period and paid into my account in the Arizona State Retirement System as required by Arizona State Statute.

9) I understand and agree that I will read, be familiar with and comply with the Pima County Personnel Policies, Board of Supervisors Policies, Administrative Procedures and departmental procedures, where applicable.

Additional terms/conditions _____
_____
_____

I have read and understand the above and by my signature agree to them. If I have any questions regarding this document, I will call Human Resources/Employment Rights at 740-2728.

_____ _____
Signature Date

_____ _____
Signature of the Appointing Authority Date

Original – Official Personnel File (Attached to PAF) Copy – Department Copy – Employee

Arizona State Retirement Initial Enrollment

All new (ASRS eligible) Pima County Employees are required to enroll in the Arizona State Retirement system online thru the ASRS link/instructions available on the Pima County Benefit website:
www.pima.gov/hr/EmployeeBenefits/retirement.htm

Step 1- Click ASRS initial Enrollment
Step 2- Enter Code "2MR00015" and click "Enter"
Step 3- Choose "Pima County" from the drop-down menu and click "Enter"
Step 4- Enter the required information and click "Confirm"
Step 5- Review the information, if correct click "Send to Employer"
Step 6- Review details about submitting ASRS Beneficiary information

If you included an e-mail address during your initial ASRS enrollment you will receive an e-mail reminder to do the following seven weeks after your enrollment:

It takes approximately seven weeks for ASRS to process the original enrollment. After that time you will need to log onto the ASRS website to establish an online ASRS account and designate your beneficiaries thru the ASRS website: www.azasrs.gov and click "Check my Account" and then "Register".

If you need assistance with your online enrollment please contact your Departmental Benefits Representative at 740-5610.

EMPLOYEE EMERGENCY INFORMATION

DATE: _____ CENTER: _____

NAME: _____ TITLE: _____

ADDRESS: _____ EIN: _____

CITY/STATE/ZIP: _____ HOME TELEPHONE: _____

SPOUSE (if applicable): _____ HIRE DATE: _____

WHO TO NOTIFY IN CASE OF EMERGENCY:

(1) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ TELEPHONE: _____

(2) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ TELEPHONE: _____

(3) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ TELEPHONE: _____

(4) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ TELEPHONE: _____

ANY OTHER PERTINENT INFORMATION THAT MIGHT BE NEEDED IN AN EMERGENCY: i.e., doctor's name(s) and phone number(s), allergic reactions, specific hospitals to be taken to, children(s) school, neighbor(s) name/phone number(s), etc).

_____

_____

_____

_____

_____

_____

_____

_____

PIMA COUNTY GOVERNMENT POLICY STATEMENT
DRUG-FREE WORKPLACE
DRUG-FREE WORKPLACE ACT OF 1989

PL100-690:

The Pima County Government Drug-Free Workplace policy is as follows:

(1) Each County employee shall be notified that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in any County workplace and action will be taken against County employees for violation of such prohibition;

(2) The Pima County Drug-Free Awareness Program informs County employees about:

- the dangers of drug abuse in the workplace;
- the County's policy of maintaining a drug-free workplace;
- any available drug counseling, rehabilitation and employee assistance programs available to County employees; and
- the penalties that will be imposed upon County employees for drug abuse violations occurring in the workplace;

(3) Pima County Government will provide all employees engaged in the performance of their duties with a copy of this policy statement;

(4) As a condition of continued employment with the County, all employees will;

- abide by the terms of the statement of policy; and
- notify Pima County Government of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;

(5) Pima County Government agrees to notify the grantor within ten (10) days after receiving notice of a drug statute conviction from a County employee;

(6) Pima County Appointing Authorities will, within thirty (30) days after receiving notice. of a conviction, impose the following sanctions or remedial measures on any employee who is convicted of drug abuse in the workplace:

- take appropriate personnel action against such employee up to and including termination; or

- require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health agency, law enforcement agency or other appropriate agency; and

(7) Pima County Government will make a good faith effort to maintain a drug-free workplace through implementation of these policies.

PIMA COUNTY GOVERNMENT
DRUG-FREE WORKPLACE
Public Law 100-690

AGREEMENT

I hereby certify that I have received a copy of, and that I have read and understand the contents of, the Pima County Government "Drug-Free Workplace" policy.

Further, I understand that a violation of this policy is grounds for disciplinary action, up to and including termination.

_____
Signature

_____
Name (Please Print)

_____
Social Security Number

_____
Department

_____
Division/ Unit

_____
Date

Original - Human Resources *Copy - Employee*

Pima County Employee
AUTHORIZATION FOR DIRECT DEPOSIT

(SUBSTITUTE FORMS will not be accepted by Payroll)

Please type or print

☐ NEW DIRECT DEPOSIT REQUEST

ACCOUNT TYPE: ☐ Checking / Draft Account ☐ Savings Account

☐ CHANGING ACCOUNT - FROM ONE FINANCIAL INSTITUTION TO ANOTHER

NEW ACCOUNT TYPE: ☐ Checking / Draft Account ☐ Savings Account

OLD BANK NAME: _____ OLD ACCOUNT #: _____

NEW BANK NAME: _____ NEW ACCOUNT #: _____

☐ CANCELLATION - I DO NOT WANT DIRECT DEPOSIT AT THIS TIME - To avoid delays in receiving your pay, please notify the Department of Finance and Risk Management 7 days prior to closing an account receiving Direct Deposit funds.

If you don't have a check or deposit slip **please staple** a letter or ID Card from your financial institution, that provides Bank, Branch, Routing, and Account number information.

Tape or Staple - In this box

a current, pre-printed and voided

CHECK / DRAFT for Checking / Draft Accounts

OR

DEPOSIT SLIP for Savings Accounts

EMPLOYEE AUTHORIZATION

I hereby authorize Pima County to initiate credits (and/or corrections to the previous credits) to the Financial Institution indicated above and to credit the entire net amount of my earnings thereafter to my account indicated above. This authority is to remain in full force and effect until you have notice of its termination. This action may take 30 days to initiate.

Department: _____ Hi-Org: _____

Name (Please print - Last, First, Middle): _____

Employee Identification Number (EIN): _____

Signature: _____ Date: _____ mm/dd/yy

Revised 12/15/06

Preventing Workplace Harassment Acknowledgment

I understand that the Board of Supervisors has established written policies that prohibit workplace harassment to include sex or gender based harassment, which are available for review in each County department. Additionally, as an employee of Pima County, I, _____
(Please Print)
have received an *Educational Guide on Preventing Workplace Harassment* which covers the following:

- characteristics and examples of prohibited conduct;
- an overview of sexual harassment;
- why people hesitate to complain;
- management's responsibility;
- avenues for complaint resolution; and
- Pima County's Mediation Program.

This acknowledgment indicates I am responsible for reviewing and understanding the contents of this Educational Guide.

_____ _____
Signature of County Employee Date

_____ _____
Department Employee ID Number

Issued By:

_____ _____
Department Representative Date

Original - Human Resources *Copy - Employee*

STATE OF ARIZONA

OFFICE OF _____

LOYALTY OATH

NAME _____

CAPACITY _____

Arizona Revised Statutes § 38-231 (2006). Officers and employees required to take loyalty oath; form; classification; definition

A. In order to ensure the statewide application of this section on a uniform basis, each board, commission, agency and independent office of this state, and of any of its political subdivisions, and of any county, city, town, municipal corporation, school district and public educational institution, shall completely reproduce this section so that the form of written oath or affirmation required in this section contains all of the provisions of this section for use by all officers and employees of all boards, commissions, agencies and independent offices.

B. Any officer or employee who fails to take and subscribe to the oath or affirmation provided by this section within the time limits prescribed by this section is not entitled to any compensation until the officer or employee does so take and subscribe to the form of oath or affirmation prescribed by this section.

C. Any officer or employee having taken the form of oath or affirmation prescribed by this section, and knowingly at the time of subscribing to the oath or affirmation, or at any time thereafter during the officer's or employee's term of office or employment, does commit or aid in the commission of any act to overthrow by force, violence or terrorism as defined in *section 13-2301* the government of this state or of any of its political subdivisions, or advocates the overthrow by force, violence or terrorism as defined in *section 13-2301* of the government of this state or of any of its political subdivisions, is guilty of a class 4 felony and, on conviction under this section, the officer or employee is deemed discharged from the office or employment and is not entitled to any additional compensation or any other emoluments or benefits which may have been incident or appurtenant to the office or employment.

D. Any of the persons referred to in article XVIII, section 10, Constitution of Arizona, as amended, relating to the employment of aliens, are exempted from any compliance with this section.

E. In addition to any other form of oath or affirmation specifically provided by law for an officer or employee, before any officer or employee enters upon the duties of the office or employment, the officer or employee shall take and subscribe the following oath or affirmation:

State of Arizona, County of Pima I, _____, do solemnly swear (or affirm) that I will support the
(type or print name)
Constitution of the United States and the Constitution and laws of the State of Arizona, that I will bear true faith and allegiance to the same and defend them against all enemies, foreign and domestic, and that I will faithfully and impartially discharge the duties of the office of

_____ according to the best of my ability, so help me God (or so I do affirm).
(name of office)

_____
(Signature of Officer or Employee)

F. For the purpose of this section, "officer or employee" means any person elected, appointed or employed, either on a part-time or full-time basis, by this state or any of its political subdivisions or any county, city, town, municipal corporation, school district, public educational institution or any board, commission or agency of any county, city, town, municipal corporation, school district or public educational institution.

The foregoing oath has been subscribed to before me this _____ day of _____, 20 _____ .

_____
(Signature)

_____
(Office)

Filed of record by me this _____day of _____, 20_____.

_____
(Signature)

_____
(Office)

PIMA COUNTY
EQUAL EMPLOYMENT OPPORTUNITY (EEO)
CONFIDENTIAL INFORMATION SELF-IDENTIFICATION SHEET

Employee Name: _____ **Department:** _____ **EIN:**_____
(Print Name)

Sex Identification: 1. ☐ Male 2. ☐ Female

Race/Ethnicity Identification
Please select one of the following categories:

☐ Hispanic or Latino – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

☐ White (not of Hispanic Origin) – A person having origins in any of the original peoples of Europe, Middle East or North Africa.

☐ Black or African American (not of Hispanic Origin) – A person having origins in any of the Black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander (not of Hispanic Origin) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Asian (not of Hispanic Origin) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (including for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).

☐ American Indian or Alaska Native (not of Hispanic Origin) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ Two or More Races (not of Hispanic Origin) – All persons who identify with more than one of the above five races.

Handicapped (Disabled) Individual
A person who (a) has a physical or mental impairment which substantially limits one or more major life activities; (b) has a record of such impairment; or (c) is regarded as having such an impairment.

1. ☐ Yes 2. ☐ No

Veteran Status
Served for 180 consecutive calendar days and received other than dishonorable discharge. Please check one.

☐ 0; Not a Veteran ☐ 1: Veteran, Vietnam Era ☐ 2; Disabled Veteran, Vietnam Era ☐ 3; Disabled Veteran, Not-Vietnam ☐ 4; Veteran, Not - Vietnam

Date of military discharge: _____.

Recipient of the Armed Forces Expeditionary Medal
As part of the annual VETS-100 Reporting, the Federal government has requested that in addition to our normal reporting requirements we report on any veterans who are working for us who have received the Armed Forces Expeditionary Medal.

☐ No, I am not a recipient of the Armed Forces Expeditionary Medal.

☐ Yes, I am a recipient of the Armed Forces Expeditionary Medal. The award date was: _____.

Please self identify any other awards received if you are a veteran who served on active duty in the U.S. Military, Ground, Naval or Air service during a war or in a campaign or expedition for which campaign badge has been authorized, under the laws administered by the U.S. Department of Defense.

_____

_____ _____ _____
Employee Signature Date Title

This information will be kept confidential and will be used for statistical purposes only. This data will help ensure that Pima County is in compliance with Federal Affirmative Action mandates and reporting requirements. Information from this form may be transferred to other official documents. Your failure to complete this form may result in Pima County inaccurately reporting your ethnicity.

Emergency Contact Information

To: ALL PIMA COUNTY ATTORNEY EMPLOYEES

From: Paula Johnson, Personnel Coordinator

Name: _____

Mailing Address: _____

Physical Address: _____

Home Land Line Number: _____

Personal Cell Phone: _____

Personal Email Address: _____

Date of Birth: _____

In Case of Emergency

Contact Person #1:

Name: _____

Relation: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Contact Person #2:

Name: _____

Relation: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Pima County Attorney's Office

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Barbara LaWall
Pima County Attorney

Pima County Attorney's Office
Confidentiality Agreement

I,_____, agree while working for the PIMA COUNTY ATTORNEY, that no information contained in its records obtained from the County, from law enforcement or from others for the purpose of carrying out such work shall be used by or disclosed by the undersigned, except as required to officially perform legal work.

_____
Signature

The above signature was acknowledged before this _____ day of _____, 20___.

_____
Notary

My Commission Expires:

PIMA COUNTY GOVERNMENT

STATEMENT OF COMPLIANCE WITH THE MILITARY SELECTIVE SERVICE ACT

ARS §38-201 requires every Pima County employee to be in compliance with the Federal Military Selective Service Act (62 Stat. 604; 50 U.S. Code, App. Section 453) which requires every male between the ages of 18 and 26 to present himself for and to submit to registration with the Selective Service System, except as otherwise provided in the Federal Military Selective Service Act.

I hereby certify that I am in compliance with the Federal Military Selective Service Act.

Signature: _____

Print Name: _____

Employee Identification Number: _____

Department: _____

Date: _____

Human Resources Department

ARS §38-201

Compliance Effective Date 09/30/88

Original - Human Resources Copy- Employee

PIMA COUNTY
OUTSIDE EMPLOYMENT PERMISSION FORM

Employee: _____ Date: _____

EIN: _____ Department: _____ Division: _____

I am requesting permission to engage in outside employment with the following organization/individual:

_____

The starting date will be: _____ and my job title is the following: _____

I will be performing the following type of work: _____

On the following days and hours: _____

[Limited to a maximum of twenty (20) hours per week]

The total number of hours per week will be: _____

I understand and agree to report any changes in the status of my outside employment to my Supervisor or Appointing Authority.

I understand and agree to report any injuries sustained during outside employment to my Supervisor or Appointing Authority and I must obtain specific additional approval to engage in outside employment while I am on sick leave or industrial compensation time from the County (Personnel Policy 8-111).

Employee's Signature

Comments: _____

_____

Supervisor's Signature

( ) APPROVED ( ) DENIED

_____

Appointing Authority's Signature

Original: Department Copy: Employee