

## EM PACKET

Listed below are forms that require either a signature and/or other documentation that has been specified:

Request for Temporary Emergency Appointment

Acknowledgement of Emergency Employment Status

Maryland State Application

Authority to Release of Information

I-9 Form U.S. Department of Justice Employment Eligibility Verification (**attached copy of acceptable documents as required and listed on back of form**)

W-4 Form Withholding Allowance Certificate

Emergency Form

Health Statement of Ability for Sedentary and Light Duty Work

Employee Disclosure of Criminal History

Combined IRMA Policy Acknowledgement Form

DHMH Policies Acknowledgement

**Should you have any questions or need assistance, please feel free to contact your Personnel Officer on 410-767-6403.**

# REQUEST FOR TEMPORARY EMERGENCY APPOINTMENT

UNIT'S NAME: \_\_\_\_\_

APPROPRIATION CODE: 32. \_\_\_\_\_  
PROGRAM SUB-PROG FUND

REQUESTED CLASSIFICATION AND CLASSIFICATION CODE: \_\_\_\_\_

CLASSIFICATION GRADE AND REQUESTED STEP: \_\_\_\_\_  
(If request is for a salary above base, complete attached Form)

FUNCTION TO BE PERFORMED BY POSITION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON WHY AN EXISTING PERMANENT POSITION COULD NOT BE USED TO PERFORM THIS FUNCTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON/JUSTIFICATION FOR REQUEST TO HIRE VIA TEMPORARY EMERGENCY EMPLOYMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SELECTED APPLICANTS NAME: \_\_\_\_\_ SS# \_\_\_\_\_

STARTING DATE (Must Have Prior Approval): \_\_\_\_\_

ENDING DATE (May Not Exceed 6 Months): \_\_\_\_\_

FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ % OF EMPLOYMENT \_\_\_\_\_

.....

APPOINTING AUTHORITY/DESIGNEE SIGNATURE

DATE

PRINT NAME

PHONE NUMBER

FISCAL OFFICER'S SIGNATURE  
Certification of the availability of source of funding for this reason

DATE

PRINT NAME

PERSONNEL OFFICER'S SIGNATURE

DATE

PRINT NAME

PHONE NUMBER

Attachment – State Application completed to include birthdate, race and sex.

ACKNOWLEDGEMENT OF EMERGENCY EMPLOYMENT STATUS

You have accepted an emergency appointment with the State of Maryland . Under Title 17, Subtitle 04, the following conditions apply to an employee in a emergency status:

EM Appointment

This kind of appointment is subject to the following conditions:

- A. You are entitled to be paid for hours worked based on the salary for the classification in which you are hired.
- B. You will receive overtime payment and shift differential, where permitted.
- C. You will not be entitled to the usual employee benefits such as paid holidays, leave, retirement, health insurance and salary increments.
- D. Your EM appointment cannot exceed six months.
- E. This appointment will not operate to place you in a favored position for any future hiring purposes. Consideration will be given to the experience you acquired during this emergency appointment in considering your qualifications.

I, the undersigned, certify that I have reviewed the foregoing "Acknowledgement OF Emergency Employment Status". Its contents have been explained to me by a member of the hiring agency's personnel unit and I understand the terms of my emergency employment with the (department) \_\_\_\_\_ effective \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

APPLICANT SALARY REQUEST LETTER

NAME: \_\_\_\_\_

SS#: \_\_\_\_\_

DATE: \_\_\_\_\_

POSITION: \_\_\_\_\_

Complete One (Verification Required):

Current Salary \_\_\_\_\_/Hour

Previous Salary \_\_\_\_\_/Hour

Competing Job Offer Amount \_\_\_\_\_/Hour

The lowest salary I will accept if offered this position  
\_\_\_\_\_.

Base \_\_\_\_\_/hour

Step 1 \_\_\_\_\_/hour

Step 2 \_\_\_\_\_/hour

Step 3 \_\_\_\_\_/hour

Step 4 \_\_\_\_\_/hour

Step 5 \_\_\_\_\_/hour

Step 6 \_\_\_\_\_/hour

Step 7 \_\_\_\_\_/hour

Step 8 \_\_\_\_\_/hour

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Applicant's Signature & Date





www.workformaryland.com



Do not fill this out if you have access to the internet! We have our application process online. Complete one application, apply for multiple jobs. Find out the status of your application 24 hrs a day, 7 days a week!! Receive email notifications of new job openings through our online interest file. An email address is all you need. Free email accounts are available from various providers. Don't have a computer? Public libraries offer free access to computers or visit our State Employment Center at 301 W. Preston Street, Room 510A, Baltimore, 21201.

You are required to provide the following information:

First 3 Letters of Last Name at Birth: \_\_\_\_\_ Birth Month: \_\_\_\_\_ Birth Day: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Personal and Contact Information

Job Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Job Title: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number, Street and Apt.

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
Primary Ok to leave msg? Work Ok to leave msg? Alternate Ok to leave msg?

Email Address: \_\_\_\_\_

How did you hear about this job opening? \_\_\_\_\_

Employment Preference

- Never been employed by the State of Maryland
- Current employee of the State of Maryland
- Former employee who has held employment with the State of Maryland in the past three years.
- Former employee whose most recent employment with the State of Maryland was over three years ago

If a current/former employee of the State of Maryland, provide the following information at time of separation:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ (Provide the initial that is/was in employee record to ensure that appropriate extra points are awarded) \_\_\_\_\_  
Birth Year \_\_\_\_\_

Will this be secondary employment?  Yes  No

Available for employment which is?  Full-time  Part-time

Do you have a valid Driver's license?  Yes  No (For positions requiring a driver's license, please attach a copy of your license or write on a separate sheet of paper your driver's license number, class, state of issuance and expiration date.)

## Education and Training

Do you have a high school diploma or GED?  Yes  No If no, what is the highest grade you completed? \_\_\_\_\_

School: \_\_\_\_\_ Address (City, State): \_\_\_\_\_

Dates attended: \_\_\_\_\_ - \_\_\_\_\_ Major course of study: \_\_\_\_\_  
From To

## College and Graduate School Education

Name/Location of School(s)	Dates Attended	Major	# of Credits Completed	Type of Degree	Degree Earned? (Yes or No)

## Specialized Training or Classes Relevant to the Job

Title of Program/Course(s)	Company/School	Dates Attended	# of Credits Earned	Diploma/Certificate Received?

Please submit a copy of any relevant professional or trade licenses or certificates with this application.

## Work Experience

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. Attach additional 8 1/2" x 11" sheets of paper if necessary. If your title and duties changed in the course of your service in any one organization, indicate such changes clearly and as separate employment. Please do not submit a resume in lieu of completing this portion of the application. Be sure that the information included in this section demonstrates that you meet the experience qualifications for the job for which you are applying.

Job Number 1: (Current or Most Recent)	
Name of Employer:	Employer's Address (Street, City, State, Zip Code):
Type of Business:	Supervisor's Name, Title and Phone Number:
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many? _____
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u> ):	Job Titles of Those You Supervise:
	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Dates:	How many hours do you work per week?
Reason For Leaving:	



## Locations

In which counties will you accept employment?

- |   |  |
|---|--|
| <input type="checkbox"/> Allegany         | <input type="checkbox"/> Harford         |
| <input type="checkbox"/> Anne Arundel     | <input type="checkbox"/> Howard          |
| <input type="checkbox"/> Baltimore City   | <input type="checkbox"/> Kent            |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Montgomery      |
| <input type="checkbox"/> Calvert          | <input type="checkbox"/> Prince George's |
| <input type="checkbox"/> Caroline         | <input type="checkbox"/> Queen Anne's    |
| <input type="checkbox"/> Carroll          | <input type="checkbox"/> Somerset        |
| <input type="checkbox"/> Cecil            | <input type="checkbox"/> St. Mary's      |
| <input type="checkbox"/> Charles          | <input type="checkbox"/> Talbot          |
| <input type="checkbox"/> Dorchester       | <input type="checkbox"/> Washington      |
| <input type="checkbox"/> Frederick        | <input type="checkbox"/> Wicomico        |
| <input type="checkbox"/> Garrett          | <input type="checkbox"/> Worcester       |

YOU MAY BE TESTED FOR ILLEGAL DRUG USE. IF SELECTED FOR A POSITION IN THE SKILLED OR PROFESSIONAL SERVICE, YOU MAY BE GIVEN A MEDICAL EXAMINATION TO DETERMINE YOUR ABILITY TO PERFORM JOB-RELATED FUNCTIONS.

"UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100."

This provision does not apply to applicants for law enforcement positions pursuant to Labor and Employment Article, Section 3-702 (b) Annotated Code of Maryland.

*I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved, my name removed from the eligible list, and that I will not be certified for employment in any position under the jurisdiction of the Department of Budget & Management. I am aware that a false statement is punishable under law by fine or imprisonment or both.*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

2017

Employee Withholding Allowance Certificate

Form W-4

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Form MW 507

Department of the Treasury
Internal Revenue Service

Comptroller of Maryland

Please complete form in black ink. Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

Section 1 - Employee Information

Payroll System (check one) RG CT UM Name of Employing Agency
Agency Number Social Security Number Employee Name
Home Address (number and street or rural route) Address Continued (apartment number, if any)
City State Zip Code County of Residence (required) (Nonresidents enter Maryland County or Baltimore City where you are employed)

Section 2 - Federal Withholding Form W-4

The federal worksheet is available online at http://www.irs.gov/pub/irs-pdf/fw4.pdf

3 Single Married Married, but withhold at higher Single Rate 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.
5 Total number of allowances you are claiming (from page 1 or page 2 of the federal worksheet) 5
6 Additional amount, if any, you want withheld from each paycheck 6 \$
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.
Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
This year I expect a refund of all federal income tax withheld because I expect to have no tax liability
If you meet both conditions, write "Exempt" here. 7

Section 3 - Maryland Withholding Form MW 507

The Maryland worksheet is available online at http://forms.marylandtaxes.com/16\_forms/MW507.pdf

Single Married (surviving spouse or unmarried Head of Household) Rate Married, but withhold at Single Rate
1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. . . 1.
2. Additional withholding per pay period under agreement with employer. . . . . 2.
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions and check boxes that apply.
a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld.
(This includes seasonal and student employees whose annual income will be below the minimum filing requirements).
If both a and b apply, enter year applicable (year effective) Enter "EXEMPT" here. . . . . 3.
4. I claim exemption from withholding because I am domiciled in the following state.
Virginia
I further certify that I do not maintain a place of abode in Maryland as described in the instructions.
Enter "EXEMPT" here . . . . . 4.
5. I claim exemption from Maryland state withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507.
Enter "EXEMPT" here. . . . . 5.
6. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. . . . . 6.
7. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. . . . . 7.
8. I certify that I am a legal resident of the state of and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here . . . . . 8.

Section 4 - Employee Signature

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on which ever line(s) I completed.

Employee's signature (Form is not valid unless you sign it.) Date

Employer's name and address (Employer: Complete name, address & EIN only if sending to IRS) Federal Employer identification number (EIN)
Central Payroll Bureau
P.O. Box 2396
Annapolis, MD 21404





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employer Completes Next Page

**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



DEPARTMENT OF HEALTH & MENTAL HYGIENE

EMERGENCY FORM

SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

SEX: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ASSIGNMENT WITHIN DHMH: \_\_\_\_\_  
Program Division

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
No. & Street City State Zip

TELEPHONE NUMBER: \_\_\_\_\_



MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEALTH STATEMENT OF ABILITY FOR  
SEDENTARY AND LIGHT-DUTY WORK

I have read and/or have had explained to me the responsibilities, functions and work environment of a \_\_\_\_\_, the job which has been offered to me, and attest that, to the best of my knowledge, I am physically and mentally capable of the safe and effective performance of all job-related functions of this classification.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

In principle, State employees should be responsible for and required to have and maintain a state of health and fitness that allows them to carry out their required job-related tasks without detriment to the effectiveness of their employing agency or themselves.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF HUMAN RESOURCES

**EMPLOYEE DISCLOSURE OF CRIMINAL HISTORY**

A record of criminal conviction is not an automatic bar to employment. Each case is considered on its own merits. Factors such as job-relatedness, age at the time of conviction, nature of the offense, success of rehabilitation, number of convictions, and recentness of the conviction(s) are taken into consideration to determine whether a criminal record disqualifies a candidate for employment.

Background and criminal record checks to include fingerprinting are routinely completed for all appointments.

Discovery of fraudulent, irregular or inaccurate information will be reported to appropriate State agencies.

**Falsification of this form, or any other employment application form, will result in automatic rejection of the employment application, withdrawal of commitment, or immediate dismissal from employment.**

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HAVE YOU EVER BEEN CONVICTED, RECEIVED A PROBATION BEFORE JUDGMENT, OR RECEIVED A NOT CRIMINALLY RESPONSIBLE DISPOSITION OF ANY CRIMINAL CASE OTHER THAN A MINOR TRAFFIC VIOLATION?

\_\_\_\_\_ YES (If YES, give complete details on the second page of this form.)

\_\_\_\_\_ NO

\_\_\_\_\_  
SIGNATURE (FULL NAME)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME

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

Form 4503 (4/09)

EMPLOYEE DISCLOSURE OF CRIMINAL HISTORY continued

**PLEASE PRINT**

1. CRIME CONVICTED OF: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

DATE CONVICTED: \_\_\_\_\_

DISPOSITION OF CASE: \_\_\_\_\_

2. CRIME CONVICTED OF: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

DATE CONVICTED: \_\_\_\_\_

DISPOSITION OF CASE: \_\_\_\_\_

3. CRIME CONVICTED OF: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

DATE CONVICTED: \_\_\_\_\_

DISPOSITION OF CASE: \_\_\_\_\_

4. CRIME CONVICTED OF: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

DATE CONVICTED: \_\_\_\_\_

DISPOSITION OF CASE: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

Applicant's Signature: \_\_\_\_\_



# COMBINED IRMA POLICY ACKNOWLEDGMENT FORM

This document is a combined policy acknowledgment form for DHMH computer-related policies. Following consultation with your supervisor, please read and initial the appropriate acknowledgment sections, then sign the signature block below.

Acknowledgement Section		
Employee Initials	Supervisor Initials °	Policy Number-Statement
		<p><b>02.01.01 Policy on the Use of DHMH Electronic Information Systems (EIS)</b> I hereby acknowledge awareness of DHMH Policy 02.01.01, and that my use of these systems constitutes my consent to comply with this directive.</p>
		<p><b>02.01.02-Software Copyright Policy &amp; the State of Maryland Software Code Of Ethics-</b> Unauthorized duplication of copyrighted computer software violates the law and is contrary to the State's standards of conduct. The State disapproves of such copying and recognizes the following principles as a basis for preventing its occurrence.</p> <ol style="list-style-type: none"> <li>1. The State will not permit the making or using of unauthorized software copies under any circumstances.</li> <li>2. The State will provide legally acquired software to meet its legitimate software needs in a timely fashion and in sufficient quantities to satisfy those needs.</li> <li>3. The State will enforce internal controls to prevent the making or using of unauthorized software copies, including measures to verify compliance with these standards and appropriate disciplinary actions for violations of these standards.</li> </ol> <p>I understand that making or using unauthorized software will subject me to appropriate disciplinary action. I understand further that making copies of, or using unauthorized software may also subject me to civil and criminal penalties. My signature below indicates that I have read and understand Policy 02.01.02- Software Copyright Policy and the State of Maryland Software Code of Ethics.</p>
		<p><b>02.01.06-Policy to Assure Confidentiality, Integrity and Availability of DHMH Information (IAP)</b> I acknowledge that I am required to comply with the general applicable sections of this policy as it relates to my current job duties. I further acknowledge that should I breach this policy, I am subject to disciplinary, civil, and criminal consequences.</p> <p>.....</p> <p><b>02.01.06-IAP-"Specific Personnel" Acknowledgement</b> If I am currently designated, or at any time my job duties require me to be designated as a Custodian, Data Steward, Designated Responsible Party, Database Administrator, and/or Network (System) Administrator, I acknowledge that I am required to comply with the corresponding responsibilities assigned to <i>specific personnel</i>. Likewise, if I am currently required, or if at any time my duties include the requirement for preparation or monitoring of contracts or memoranda of understanding, I acknowledge that I am required to comply with the <i>specific personnel</i> provisions of the IAP and guidance.</p>

### Employee/User Signature Block

I hereby acknowledge that I have reviewed and understand the above-initialed policies.

Employee/User Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

### Employee/User Identification (Please Print)

NAME: \_\_\_\_\_ PIN # or CONTRACT#: \_\_\_\_\_  
 AGENCY/COUNTY: \_\_\_\_\_ ADMINISTRATION/UNIT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

### Supervisor's Verification

Supervisor Signature: \_\_\_\_\_ DATE: \_\_\_\_\_  
 °Supervisor verifies that the employee/user has acknowledged and initialed the appropriate policies for his/her position.

# Maryland State Department of Health and Mental Hygiene

## Section 1 – DHMH Policy on Sexual Harassment

I hereby acknowledge receipt of the DHMH Policy on Sexual Harassment.

\*\*\*\*\*

## Section 2 – Executive Order 01.01.01991.16 - Substance Abuse Policy

I hereby acknowledge receipt of the Substance Abuse Policy and the policy overview sheet.

\*\*\*\*\*

## Section 3 - DHMH Policy 02.09.01-Policy on Employee's Timely Reporting of Unexpected Absences – AWOL Policy

I hereby acknowledge receipt of the AWOL Policy.

\*\*\*\*\*

## Section 4 – General Rules for Drivers of State Vehicles

I hereby acknowledge receipt of the General Rules for Drivers of State Vehicles and I am aware that a violation of these rules would be just cause for disciplinary action under the State Merit System Law.

\*\*\*\*\*

## Section 5 – State Ethics Commission

I hereby acknowledge receipt of the Public Ethics Law, and I agree to abide by the provisions summarized within the law. I understand that this is a general summary only and should not be relied upon as a substitute for the Law itself. Additional information on each provision is available on the State Ethics Commission's web site, <http://ethics.gov.state.md.us>

\*\*\*\*\*

## Section 6 – Policy on Equal Employment Opportunity (EEO)

I hereby acknowledge receipt of the Equal Employment Opportunity Policy.

\*\*\*\*\*

**I understand that my signature indicates that I have received a copy of each of the policies listed above.**

Employee Print Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For future reference, this page will be maintained in the employee's personnel file.

:: personnel file