

H&I New Employee Check-Off List

Please return this list with the following items to Human Resources as soon as possible for processing.

_____ **New Employee Checklist** was given to _____
(Employee)

_____ **Confidentiality Statement**

_____ **8 Policies sign off sheet**

_____ **Conflict of Interest Policy 11.11 Attachment A only**

_____ **Employee Information Update Form** (make copy for employee to give to Supervisor or administrative support person)

_____ **Employee Info/Personnel Statistics/State Tenure**

_____ **Federal Tax Withholding Form**

_____ **MO State Tax Withholding Form** (must mark filing status and answer question #2 by checking yes/no if married)

_____ **Local City Tax Form**

_____ **I-9 Employment Eligibility Verification**

- ✓ review the original documents and make a copy
- ✓ Ensure the employee completes the I-9 accurately
- ✓ Sign Section 2 and fax to 573-526-5521 on first day of employment

_____ **Application of Employment**

_____ **Direct Deposit Application**

- ✓ Employee needs a voided check with their name on the check (no counterchecks); or
- ✓ A letter from their financial institution, on official company letterhead, with the employee's name, routing and account number.

Signature of Presenter/Reviewer

Date

Telephone Number



H&I New Employee Checklist

<u>WHAT</u>	<u>DO BY</u>	<u>WHO / WHERE</u>	<u>DONE</u>
Register for New Employee Orientation Training	Try to complete by: 1 st week of hire date, but not before your email account is activated	DHSS Intranet 'Training and Support' to complete training: http://dhssnet/training	
Employee Self-Service Portal	Register when issued your first paycheck	DHSS Intranet 'Employee Information' will link you to the portal: https://ess.mo.gov/Common/HomePage.aspx <i>Quick tips when registering for the first time:</i> Make sure you: 1. Select Registration 2. Have your most recent paycheck's <u>Net Pay</u> available	
Other			
Other			
Other			

Contact information for questions:

Yavanna Blanke
 e-mail: yavanna.blanke@health.mo.gov
 Telephone: (573) 522-1256
 Fax: (573) 526-5521

Revised: December 28, 2015

~ WELCOME ~

As a new employee to DHSS, you will need to register on-line for
New Employee Orientation Training

(This is required for all new employees)

Class is scheduled monthly (two half days) in Jefferson City only

Day 1 – 101 North Chestnut, State Public Health Lab

Day 2 - 930 Wildwood Drive, Wild Birch Conference Room

Day 1 - 12:30 pm - 4:30 pm ~ Day 2 - 8:00 am - 12:05 pm

Training Calendar Link:

http://dhssweb/hr_training/ilt_current_classes.aspx

Registration Link:

http://dhssweb/hr_training/ILT_ENROLL.ASPX

All training links can also be found on the DHSS INTRANET under Training and Support

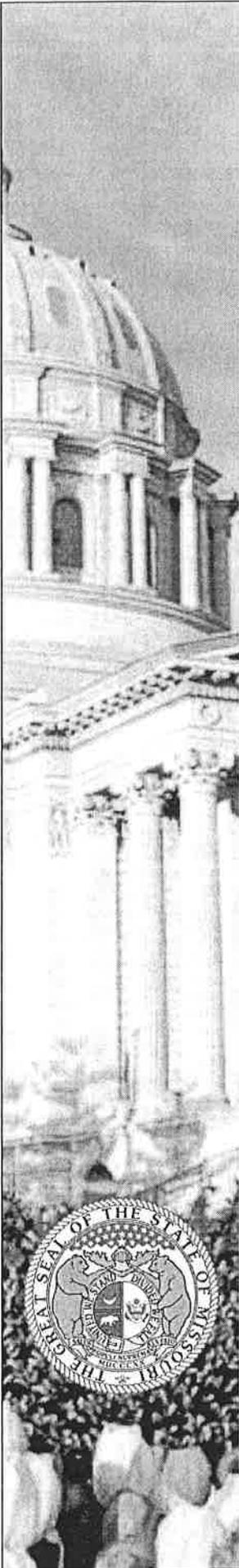
For assistance:

- Ask your supervisor
- Call: 573-751-6058 (Melanie Blochberger)
- E-mail: HumanResourcesTraining@health.mo.gov or
Melanie.Blochberger@health.mo.gov

Registration is required for all HR trainings, so we will be able to notify you if a class is cancelled (we do not announce training cancellations department wide). If a class is full, it will let you know when you register on-line and you can be placed on the waiting list and/or register for another date.

We look forward to meeting you!

Human Resources Training



Human Resource Officers: Please forward to all employees.....

UPDATE:

State of Missouri Employees Self Service (ESS) Portal

The State of Missouri Employees Self Service Portal (ESS) is offering more online options for you as a State of Missouri employee!

Effective October 1, 2013, ESS will give you the ability to enter **Name and Address Changes** that will automatically update agency payroll systems, and be communicated with benefit providers.

Name Changes

The Name Change capability will allow employees with name changes due to marriage, divorce, etc. to make this change online in ESS. Once submitted, your agency HR/Payroll office will contact you for additional documentation as needed.

Address Changes

The Address Change capability allows employees to enter address changes, which automatically validates against the US Postal Service for accuracy. Address Changes will also be forwarded to MCHCP, MOSERS, Deferred Comp, and Cafeteria Plan to avoid any need to duplicate paperwork to them. (Benefit providers may contact you separately for additional information.)

About ESS

ESS is a secure web portal that provides convenient access to many items related to your employment. ESS currently provides:

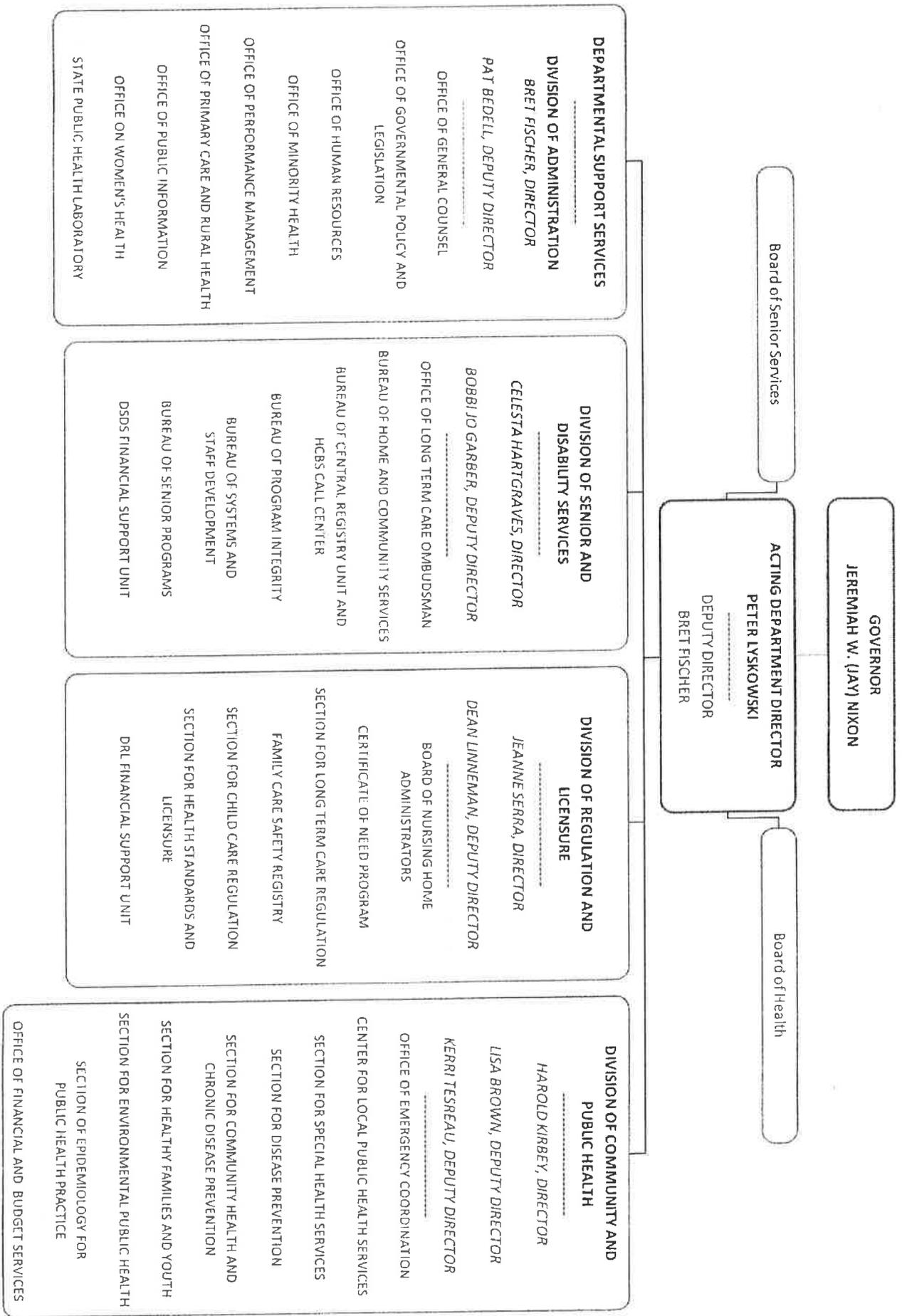
- Individual payroll stubs
- Detailed deduction information
- Leave balances
- Statewide and agency-specific announcements
- Form W-2s
- Blank Form W-4s
- Training history (if entered in SAM II)
- Direct links to benefit providers, and
- Reimbursements made through the Vendor Payment Services site

ESS Registration

If you haven't already registered, ESS is available to current and former employees who have received a paycheck issued through SAM II during the past 5 years. Active state employees can register for ESS from any computer with internet access at <https://ess.mo.gov>. Employees will need to provide the following information for registration:

- Last name
- Last four digits of Social Security Number
- Date of birth
- State Agency where employed
- Net Pay from last paycheck *
- ZIP code of residence

* Net Pay is your take-home pay--the amount that is deposited into your specified account or the paper check some may receive. You can obtain your Net Pay amount from your most recent bank statement, your bank's online banking system, or contact your bank directly. If you have a Pay Card, you can contact the toll-free number on your card to obtain recent transactions including recent deposits to the card.



Requirement of State Employees to File & Pay Taxes

Administrative Policy 15.6 Employee Obligation To Pay State Income Tax



“As a condition of continued employment with the state of Missouri, all persons employed full-time, part-time, or on a temporary or contracted basis by the executive, legislative, or judicial branch shall file all state income tax returns and pay all state income taxes owed.” 105.262 RSMo

The Office of Human Resources receives notice from the Missouri Department of Revenue regarding employees who have not filed or paid state taxes.

If your name appears on that list, you will receive a letter from your supervisor outlining your responsibilities for compliance. You have 45 days from the date of the letter to provide a tax compliance notice from the Department of Revenue to the Office of Human Resources. Failure to comply will result in your dismissal from employment.

If you have questions, you may contact the
Office of Human Resources at 573-751-6055.

Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6059 FAX: 573-526-5521
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Information Concerning Monthly Expense Reimbursement

If you will be traveling or incurring expenses during the performance of your job duties, you must submit your legal name and the last four digits of your social security number to the Office of Administration (OA) in order to be added to the statewide accounting system (SAM II) vendor file. This information can be sent by e-mail to vendor@oa.mo.gov, with the subject line of "State employee vendor request" or via fax to 573-526-9813.

Your expense account cannot be processed until OA has received your information and established your vendor number. Please note that the vendor number is deleted if no payments are made within a 14-month period, and therefore you may have to resubmit your information later if you do not travel or incur work-related expenses frequently.

All reimbursements for travel expenses paid to a DHSS employee will be direct deposited. Expense account payments will be deposited into the same bank account / pay card account as the employee's payroll check.

Send e-mail to vendor@oa.mo.gov

Subject line: State employee vendor request

Message: legal name and last four digits of the social security number

If you have any questions, you may contact the fiscal liaison for your division/unit:

- Department Director's Office – Marcia Mahaney (573-526-0722)
- Administration – Marcia Mahaney (573-526-0722)
- Community and Public Health – Jeff Zoellner (573-751-9071)
- Senior and Disability Services – Michael Longanecker (573-526-8568)
- Regulation and Licensure – Craig Schnieders (573-526-9747)
- State Public Health Lab – Michelle Rodemeyer (573-751-1292)

Revised: 12/22/15

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treatment. A pharmacy card may be issued if medications are necessary as prescribed by the authorized treating physician. The State of Missouri will not pay for medical treatment you receive if you do not utilize authorized medical providers. However, you may seek your own medical care with the provider of your choice **at your own expense.**

- 3. Unless it is an emergency, do not seek aid without informing your employer and going to authorized medical providers.
- 4. If it is an emergency, seek initial treatment at the nearest hospital emergency room or medical clinic. Then notify your employer as soon as possible.
- 5. Notify the hospital or clinic that your injury is a worker's compensation injury and give the name, address and telephone number of your employer.
- 6. Surgeries and the purchase or rental of medical equipment should be preapproved by CARO.
- 7. Mileage may be submitted to CARO for treatment outside of the local or metropolitan area from the employee's principal place of employment.



Workers' compensation benefits may be reduced for injuries sustained in conjunction with the use of alcohol or controlled, nonprescribed drugs. Benefits may be forfeited if shown that the use of alcohol or controlled, nonprescribed drugs was the proximate cause of the injury.

Prompt reporting is the key! Avoid unnecessary delays or denials by notifying your employer immediately of an injury.

Fraudulent action on the part of an employee, employer, or any other person is unlawful and subject to a Class D felony and a fine up to \$10,000.

QUESTIONS? CONTACT:

Missouri Office of Administration
 Risk Management Section
 Central Accident Reporting Office
 "CARO"
 P.O. Box 809
 Jefferson City, Missouri 65102
 573/751-2837
 Toll-free: 1-888-622-7694
www.ao.mo.gov/gs/risk/work/work.htm
 e-mail: caro@ao.mo.gov

**For the hearing impaired
 1-800-735-2966**

Workers' Compensation For Missouri State Employees



Missouri Office of Administration
 Risk Management Section



What is Worker's Compensation?

Benefits payable to an employee by his or her employer without regard to liability in the case of injury, disability or death as the result of occupational hazards.

Who is Covered?

All employees, full or part-time.

What is Covered?

Injury by accident arising out of and in the course of the employment if the accident was the prevailing factor in causing the medical condition and disability.

Time of Coverage

Coverage begins the first minute an employee is on the job and continues while the employee is working.

What About Occupational Diseases?

1. It must arise out of and in the course of the employment.
2. It cannot be an "ordinary disease of life", unless it follows as an incident of an occupational disease.
3. The occupational exposure was the prevailing factor in causing the medical condition and disability.

What are the Worker's Compensation Benefits?

- Medical care to cure and relieve the effects of the injury. This includes doctor's fees, hospital costs, lab tests, X-rays, pharmacy charges, prosthetic devices, etc.
- Payments based on lost wages. These payments are for "temporary disability", or inability to work, authorized by a physician. Payments may also be made if there is a permanent disability—for example, the loss of an eye or the amputation of a finger or limb.
- Rehabilitation services. Often this is physical therapy, but should an injury keep you from returning to your usual job, you may qualify for retraining and vocational rehabilitation.

How Much are the Payments?

Two-thirds of your weekly wage up to a maximum set by law. Payments will not be made the first three days (the waiting period) during which the employer is open and operating for business unless the disability exceeds fourteen (14) days.

Early Return to Work

The State of Missouri is committed to returning employees injured on the job to temporary modified duty during recovery when feasible. Consult with your human resource officer or CARO regarding the State's Early Return to Work Program.

A Problem?

Most injuries are handled routinely. However, if you think you have not received all the benefits due you, contact your employer or the Central Accident Reporting Office (CARO). Most questions can be resolved with a single telephone call.

If questions or concerns cannot be resolved by CARO, you may wish to obtain advice from any office of the Missouri Division of Workers' Compensation. If the problem cannot be resolved, you may wish to file a "formal" claim with the Division. You may desire to obtain an attorney, however contacting CARO or the Division may resolve your claim. If not, your claim may be heard by an administrative law judge.

How to get Benefits.

Check List

- 1. Report all injuries immediately to your employer. Document the time, place, names of witnesses and nature of the injury in a written report.
- 2. If medical treatment is required, you or your employer should contact **1-800-624-2354** 24-hours a day for the name of an authorized medical care provider in your area prior to seeking

Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6059 FAX: 573-526-5521
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TO: New Department of Health and Senior Services Employees
FROM: Carrie Haley, Chief Office of Human Resources *CHaley*
SUBJECT: Department Of Health and Senior Services Policies/Statements

Attached for your review are copies of the following Department of Health and Senior Services statements and policies. The Department wants to bring these particular policies to your attention; however, please know the Department considers all policies important. Please take time to review the Administrative Manual available on the Intranet, under Departmental Policies/Procedures icon.

1. Disability Rights statement.
2. Confidential Records and Information. Administrative Manual Policy 11.6 and 11.6 Attachment A
3. Drug-Free Workplace Statement. Administrative Manual Policy 11.9 Attachment A.
4. Workplace Protection and Conduct. Administrative Manual Policy 11.16.
5. Sexual and Other Harassment, along with a memo from the Department Director. Administrative Manual Policy 12.3.
6. Employee Obligation to Pay State Income Tax. Administrative Manual Policy 15.6.
7. Information Technology Use Policy, Guidelines and Processes. Administrative Manual Policy 22.1
8. Language Services Policy. Administrative Manual Policy 30.20

Please sign below to indicate that you have received this information. The original of this letter will be placed in your personnel file and a copy given to you at this time.

I certify that I have received a copy of the Disability Rights Statement, Drug-Free Workplace Statement, Policy 11.9 A and Administrative Manual Policies 11.6, 11.6 A, 11.16, 12.3, 15.6, 22.1 and 30.20 mentioned above.

Employee Signature

Date

Print Name Here

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MEMO

MISSOURI DEPARTMENT OF HEALTH AND SENIOR
SERVICES
OFFICE OF HUMAN RESOURCES

DISABILITY RIGHTS

The Department of Health and Senior Services is an equal opportunity employer and strives to follow all equal employment laws. The Americans with Disabilities Act (ADA) requires that employers provide reasonable accommodations to all applicants for employment, employees, and clients who have a qualifying disability.

The Department does not require that you reveal any disability you might have unless you request or require an accommodation to complete the application/interview process, adequately perform the essential functions of your position, or to access services provided by the Department or any of its contracted providers. Please refer to DHSS policy 3.3 for information on accommodating permanent and temporary disabilities.

If you are a person with a disability (or if you become disabled in the future) and require accommodation, you should report this disability to the Department's Office of Human Resources by using forms 3.3A and 3.3B (found in policy 3.3) through your chain of command.

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ADMINISTRATIVE MANUAL

SUBJECT: RULES OF PERSONAL CONDUCT AND RESPONSIBILITY Code of Conduct – Confidential Information	<i>Chapter:</i> 11
	<i>Section:</i> 11.6
REFERENCES:	<i>Page:</i> 1 of 6
	<i>Revised:</i> 06-12-13

CODE OF CONDUCT – CONFIDENTIAL INFORMATION

I. **PURPOSE:**

Employees in the Department of Health and Senior Services (DHSS) and employees of DHSS contractors often have access to information and records that identify individual employees, clients, patients, registrants, or services.

The purpose of this policy is to assure the confidentiality of information that identifies or can be readily used to identify individuals. Also, it is to assure that DHSS employees, and all others with potential access to confidential information, are knowledgeable of the Health Insurance Portability Act (HIPAA). HIPAA is defined throughout the policy as the federal Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164). DHSS employees and all others with potential access to confidential information should be knowledgeable of HIPAA as it relates specifically to their responsibilities.

II. **SCOPE:**

Departmentwide.

III. **POLICY:**

Responsibility for maintaining confidentiality of information:

A. New Employees:

Each new employee will sign a confidentiality statement (Attachment A) prior to beginning his or her new position and affirm their receipt of a copy of the confidentiality policies. In addition, all new employees will be provided a general overview of the federal Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164) during the new employee orientation. Attendance at this orientation will be documented in the employee’s official training record. The signed confidentiality statement will be retained in the employee’s official personnel file. (Subsequent confidentiality statements will be retained in the employee’s work unit. See Section D.)



ADMINISTRATIVE MANUAL

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B. Management, Bureau Chief and Above:

1. All management will participate in a general overview of the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164). Managers responsible for activities or employees with activities covered by this federal law shall participate in more detailed initial and ongoing training.
2. It is management's responsibility to provide the resources necessary to help ensure employees are adequately informed of the importance of confidentiality, compliance to policies, and penalties for non-compliance.
3. It is management's responsibility to assure supervisors have reviewed and made staff under their supervision aware of confidentiality issues and policies.
4. It is management's responsibility to assist supervisors in determining areas under their supervision impacted by the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164).
5. It is management's responsibility to review and respond in a timely manner to confidentiality incidents. All suspected or known breaches of the policy shall be reported both verbally and in writing, as soon as they are identified, to the Department's Privacy Officer, Office of General Counsel.
6. It is management's responsibility to periodically review DHSS confidentiality policies and recommend improvements where identified.



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C. Supervisors:

1. It is the supervisor's responsibility to provide each staff member, immediately upon entry into a position under their supervision, with instructions necessary to assist the staff member in developing an understanding of confidentiality issues and the importance of compliance to policies.
2. It is the supervisor's responsibility to provide each staff member instructions as to the impact of the federal Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164) on the information received, accessed and/or processed by the employee.
3. It is the supervisor's responsibility to assure each employee with responsibilities requiring access to information considered covered by the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164) are provided specific information about the law at a minimum of annually.
4. It is the supervisor's responsibility to provide copies of the confidentiality policies and to review any changes with the employees under their supervision at the time of their annual review. This includes specifically addressing any changes to the federal laws as they affect the employee's position.
5. It is the supervisor's responsibility to review and document that all staff under their supervision have been made aware of and professes understanding of confidentiality issues and their responsibility to adhere to the confidentiality policies.
6. It is the supervisor's responsibility to report both verbally and in writing all policy violations and suspected violations to management as soon as they are identified.



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D. Employees:

1. It is the responsibility of all DHSS employees to assure the confidentiality and security of all information. Access to information or records shall be limited to those having an official need in order to perform their duties. All employees shall follow the policies on sharing of information or records with other agencies or individuals outside the Department. DHSS employees shall follow the policies on complying with and completing an Authorization for Disclosure of Consumer Medical/Health Information. Questions regarding routine requests for access to or release of information shall be referred to the employee's supervisor. For non-routine releases, a request for a legal opinion on release of information shall be submitted through administrative channels to the Department's Privacy Officer, Office of General Counsel. Requests may be sent directly to the Privacy Officer in situations requiring an immediate opinion.

2. Each DHSS employee shall be provided a copy of the DHSS confidentiality policies and required to sign a statement certifying knowledge of and agreement to comply with these policies. This statement shall be signed at the time of initial employment and renewed at least annually thereafter at the time of the employee's performance review. The employee shall receive a copy of each signed statement. A copy of the initial signed statement shall be filed in the employee's official personnel file. Subsequent signed statements shall be filed in the employee's unit personnel file.

3. Employees working in positions with responsibilities requiring access to information that is considered covered by the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164) shall review the requirements of the law as defined by the Department at the time of their annual review. The employee shall sign a statement stating they have been informed of the Department's privacy policies specific to the federal privacy law. The signed statement shall be filed in the employing unit's personnel file.



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4. An employee who reveals confidential information to unauthorized agencies or individuals, or who accesses confidential information without a business reason shall be subject to disciplinary actions. These actions may include release from employment, depending on the severity, and, when in violation of applicable state and federal laws, may be subject to fine and/or imprisonment. An individual whose employment terminates with the Department and reveals confidential information acquired as an employee shall be subject to legal action.

5. It is the employee’s responsibility to report policy violations or suspected violations to management as soon as the employee is aware of them. These reports should be in writing after making management aware of them verbally.

6. Breach of confidentiality or unauthorized destruction of confidential information/records shall result in disciplinary actions. These actions may include dismissal, depending on the severity of the offense, and possible legal action.

E. Non-Employees

Researchers:

Individuals granted access to Department records for research purposes shall include in the research protocol methods and assurances for maintaining confidentiality of information that identifies individuals. These assurances should include a statement that information that specifically identifies a client will not be subsequently disclosed without written permission of the Department. All research projects involving access to individually identified health information shall include in the research protocol how they will meet the requirements specified in the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164). Researchers shall comply with DHSS Institutional Review Board policies. Researchers shall be required to sign a statement certifying knowledge of and agreement to comply with the DHSS confidentiality policies.



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1. Volunteers and Unpaid Interns:

All volunteers shall sign a statement certifying knowledge of and agreement to comply with the DHSS confidentiality policies. Individuals allowed access to Department information covered under the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164) must receive orientation to the requirements of the law as it relates to their activities.

2. Contractors:

There shall be a clause in each contract that the contractor and the contractor’s employees shall maintain strict confidentiality of all patient or client information or records supplied to it by the Department or obtained as a result of contract activities. This clause shall include a statement to the effect that contractors shall be compliant with the requirements of the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164). There shall be a clause in each contract that the contracting agency assumes liability for all disclosures of confidential information by the contractor and/or the contractor’s employees.

Breach of confidentiality or unauthorized destruction of confidential information/records, depending on the severity of the offense, shall result in termination of agreements and contracts and possible legal action.

Prepared By:

Approved By:

Chair, DHSS HIPAA
Committee

Acting Director



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS)
STATEMENT OF AGREEMENT TO MAINTAIN CONFIDENTIALITY OF RECORDS AND
INFORMATION IN ACCORDANCE WITH DHSS POLICIES**

Code of Conduct

All DHSS employees, interns, contractors, and volunteers, whether paid or unpaid, shall follow the DHSS policies for sharing confidential information. Interns, contractors, and volunteers shall be held to the same standards as employees with respect to the DHSS confidentiality policies.

All information that identifies or can be used to readily identify individuals shall be considered confidential. Information specifically covered by HIPAA, the HIPAA Privacy Rule, the HIPAA Security Rule, and the Breach Notification Rule, or other applicable federal or Missouri confidentiality laws, including but not limited to the Missouri Breach Notification Law, shall be determined and individuals with responsibilities requiring access to the information shall be identified. All employees, interns, contractors and volunteers shall attend training and comply with DHSS policies relating to these laws.

Employees

As a DHSS employee, I agree to be knowledgeable of and comply with DHSS confidentiality policies.

Specifically, I agree to:

- ✓ Assure the confidentiality and security of all information by limiting access to those having an official need in order to perform their duties;
- ✓ Restrict disclosure of confidential information to other agencies or individuals outside DHSS. Disclosures shall be made in accordance with DHSS policies governing disclosures;
- ✓ Refrain from disclosing confidential personal information to any individual or entity without a business-related reason and proper authority to receive such information;
- ✓ Participate in training, as needed, on federal and state privacy laws;
- ✓ Make appropriate staff aware of potential DHSS confidentiality policy violations; and
- ✓ Sign an annual statement affirming agreement to comply with DHSS confidentiality policies.

Contractors

As a DHSS contractor, I agree to maintain strict confidentiality of all information that identifies or can be readily used to identify individuals that I have been provided access to by DHSS or obtained as a result of contract activities. I understand that there are potential legal penalties for breaches of confidentiality or unauthorized destruction or disclosure of confidential information or records.

Volunteers

As a volunteer, paid or unpaid, I agree to comply with the DHSS confidentiality policies. I understand that I am liable for all breaches or violations of confidentiality and may be subject to possible legal actions.



MAINTAINING CONFIDENTIALITY OF INFORMATION IN THE WORK ENVIRONMENT:

I agree to the following:

Work Areas

To remove information of a confidential nature from public view (e.g., place it in a desk or file) when away from my work station and another authorized employee is not available to assure security of the information.

To place information of a confidential nature in locked files or other secure places when my office or work unit is closed or left unattended.

To shred or otherwise destroy information to be discarded that identifies an individual, such as poor quality copies or purged file materials.

Information Exchange

To not release confidential personal information obtained in the performance of duties to individuals or entities who do not have a business-related reason and proper authority to receive such information.

To destroy informal records of telephone conversations containing information of a confidential nature unless the records are placed in official files.

To hold conferences and conversations in a manner to avoid confidential information being overheard by others.

To seal all documents containing information of a confidential nature inside an envelope addressed to a specific office or individual and marked "CONFIDENTIAL" when using conventional mail to send to other individuals, programs or agencies having an official need for the information.

To use a cover page containing a confidentiality statement approved by the DHSS Privacy Officer for all documents of a confidential nature transmitted by FAX machine to agencies and individuals with an official need to know.

To alert the receiver when the information is being transmitted via FAX and request immediate retrieval.

To include the DHSS approved statement of confidentiality on all electronic mail messages.

To not send confidential individually identifiable health information or other confidential information outside of the state domain using electronic mail, unless technology such as encryption or other technology approved by the department is employed.

Computers

To comply with policies and procedures relating to maintaining security and confidentiality of computer data.

To position my computer workstation screen to limit viewing by other employees or visitors.

To protect my sign-on and passwords to prevent others from using them.

To log out of the network when away from my work area for an extended period. For short periods of inactivity, I will activate a password-protected screen saver.

Penalties

I have been informed and understand that a violation of confidentiality, including improper access, use, or disclosure; an information security incident; a breach as defined by Policy 19.7; or unauthorized destruction of confidential records, shall be cause for disciplinary action, up to and including dismissal, depending on the severity of the offense, and possible legal action.

CERTIFICATION:

This is to certify that I have read and agree to comply with the provisions of the Department's policies.

Date: _____ Signature: _____

Please print name: _____

NOTE: A copy of the initial signed statement shall be filed in the employee's official personnel file. Subsequent signed statements shall be filed in the employee's unit personnel file.

DRUG-FREE WORKPLACE

I. PURPOSE:

The Department recognizes that alcohol and drug abuse adversely affects the health, safety, and well being of citizens in all aspects of life – in homes, schools, communities and the workplace. In the workplace it normally results in one or more of the following: substandard work performance, loss of productivity, errors, accidents, absenteeism or theft. This policy provides that the Department will maintain a drug-free workplace.

II. SCOPE:

Departmentwide

III. POLICY:

A. Alcoholic Beverages and Controlled Substances (Drugs) Prohibited

1. The unlawful* manufacture, distribution, dispensation, possession or use of alcoholic beverages or controlled substances (drugs) at any Department work site or in any state-owned vehicle is prohibited.
2. Reporting for duty in an intoxicated or impaired condition from use of alcohol or drugs is prohibited.
3. The Department maintains its right to conduct or request a law enforcement agency to conduct a search of any Department work site and Department property (desks, office, vehicles, etc.) if there is reasonable suspicion of possession of alcohol or drugs or any other misconduct by any employee involving substance use. Reasonable suspicion must arise directly from the employee's job performance and documented instances of behaviors that could be attributed to drug or alcohol use on the job.

Such searches must be authorized by the Department Director or designee. Any controlled substances found during such searches, which are not readily identifiable, as a prescribed medication will be turned over to the appropriate law enforcement agencies for follow-up and appropriate action.

4. It is not the intent of this policy to prohibit the possession or use of legally prescribed controlled substances for medical reasons by the individual for whom the medications are prescribed. However, it is the responsibility of the employee to inform the supervisor if such medication may temporarily impair the employee's ability to safely and satisfactorily perform duties.

* Lawful activities are those which are required as part of the employees official duties.

B. Criminal Drug Statute Convictions

The Drug Free Public Work Force Act requires that any Department employee who is convicted, pleads guilty or pleads nolo contendere for the first time under the laws of this state of any criminal offense involving the use of a controlled substance, marijuana or other dangerous drug as such substances are defined in Chapter 195 RSMo, shall be required to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency. The Missouri Drug-free Public Work Force Act requires the employee to show evidence of completion of a drug abuse treatment and education program certified by the state. Certified drug abuse treatment programs can be located by contacting the Department

of Mental Health, Division of Behavioral Health at 573-751-4942 or 800-575-7480 or at <http://dmh.mo.gov/ada/provider/certstds.htm>.

Employees are required to notify their supervisor of any time when they are arrested and charged with a criminal offense involving the use of a controlled substance, marijuana or other dangerous drug as defined in Chapter 195 RSMo. Employees are required to keep their supervisors informed of developments in the prosecution of the case against them. In the event that the employee is convicted, education and treatment are required. The Department is not obligated to pay for the education and treatment.

If the employee is engaged in the performance of a federally funded grant or contract, the Department Director or designee will notify the appropriate grantor within 10 days after receiving notice of the conviction, including the disciplinary action, which has or will be taken.

C. Penalties

1. Violation of the provisions of Sections: III.A.1 and 2 and III.B.1 of this policy will result in disciplinary action up to and including termination of employment.
2. If the employee is not terminated, satisfactory participation in a drug abuse assistance or rehabilitation program may be required as a condition of continued employment.

D. Counseling and Rehabilitation

1. The Department supports the concept that alcohol or other drug abuse is a condition requiring medical or other appropriate treatment and provides its employees the services of the Employees Assistance Program (EAP).
2. Employees experiencing alcohol or other drug-related problems are encouraged to utilize Employees Assistance Program (EAP). Supervisors who identify performance deficiencies which may be related to alcohol or drug abuse shall ask the employee to seek assistance through Employees Assistance Program (EAP) in accordance with Section 14.1 of the Department Administrative Manual and consultation with the Office of Human Resources.
3. An employee involved in a treatment program for alcohol or other drug abuse as a result of a referral for deficiencies in work performance or a violation of the provisions of this policy may be required to provide access to results of random screening during the course of treatment.

E. Responsibility for Administration of this Policy

1. Managers and supervisors are responsible for monitoring compliance of this policy by employees under their supervision and reporting any incidents of non-compliance to the Office of Human Resources to determine action to be taken.
2. The Office of Human Resources shall consult with the appropriate supervisors, managers, the Chief Counsel and the Department Director or designee before proceeding with an investigation, search, or disciplinary action.

F. Dissemination of this Policy

Each new employee shall be provided a copy of this policy.



ADMINISTRATIVE MANUAL

<i>SUBJECT:</i> RULES OF PERSONAL CONDUCT AND RESPONSIBILITY Workplace Protection and Conduct	<i>Chapter:</i> 11
	<i>Section:</i> 11.16
<i>REFERENCES:</i>	<i>Page:</i> 1 of 4
	<i>Revised:</i> 2-28-2013

WORKPLACE PROTECTION AND CONDUCT

I. PURPOSE:

It is the policy of the Department to promote a safe environment for its employees. The Department is committed to working with its employees to maintain a work environment free from confrontational behavior, violence, threats of violence, harassment, intimidation, bullying, and other disruptive behavior.

The goal of this policy is to resolve issues at the lowest possible level in the Department and to prevent escalation to a point where disciplinary action or harm occurs.

II. SCOPE:

Departmentwide. This policy applies to all levels of Department employees and to all interactions between a Department employee and co-workers, supervisors, Department management, other state employees, clients of the Department and other members of the public encountered while performing the work of the Department.

III. DEFINITION:

For the purpose of this policy, the term “confrontational” is defined as behaviors that include, but are not limited to those that: personalize an issue; provoke another employee; are derogatory in nature; bully and/or dehumanize another; escalate an issue (to where disciplinary action or harm occurs); involve personal venting (unburdening feelings in a derogatory or disrespectful manner); or involve lack of courtesy to another.

Other unacceptable behaviors include, but are not limited to: intimidation through direct, conditional or veiled threats; any form of Electronic Harassment (E-Harassment); physically intimidating others; physical or verbal assault; abusive or bullying behavior such as name calling or obscene language; alcohol, drugs or weapons of any type carried into the workplace by an employee or non-employee; or other similar confrontational behavior.



ADMINISTRATIVE MANUAL

SUBJECT: RULES OF PERSONAL CONDUCT AND RESPONSIBILITY Workplace Protection and Conduct	<i>Chapter:</i> 11
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IV. AGENCY RESPONSIBILITY:

The Department will not tolerate confrontational or disruptive behavior in the workplace. The Department will respond to all reported incidents. Each incident will be treated seriously and a timely investigation will be conducted. The Department will investigate and assess the credibility and seriousness of the situation, take immediate and effective action to stop the inappropriate behavior, and take action against individuals who have violated this policy to include disciplinary action, arrest and prosecution depending upon the severity of the violation. The Department will also provide guidance to staff to recognize, appropriately manage and report these kinds of incidents when necessary.

V. EMPLOYEE RESPONSIBILITY:

Employees are prohibited from displaying behavior that is confrontational, intimidating, harassing, threatening, abusive, violent or disruptive to the workplace. Employees must not ignore confrontational, violent, threatening, harassing, intimidating or other disruptive behaviors which causes their work environment to become hostile or their safety to be threatened by a co-worker or customer. Employees must notify their supervisor of any verbal or written confrontational behavior or threat, such as those described in Section III, which they have witnessed, received, or have been told another person has witnessed or received. Employees should also report any behavior they have witnessed which they reasonably regard as confrontational, threatening, violent or harassing when that behavior is job related or in connection with state employment. Possession of a weapon in the workplace is prohibited, along with jokes or comments regarding threats and/or violence. These actions are subject to disciplinary action, up to and including dismissal.

When an employee feels that an issue (internal or external) has become confrontational and will not be resolved at his/her level, he/she shall immediately forward the issue to his/her supervisor for resolution. Once an employee has forwarded an issue to his/her supervisor for resolution, he/she will not discuss the issue unless directed to do so by his/her supervisor, who has been advised through the chain of command that it is okay to do so.



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If a situation involves the employee's immediate supervisor, the employee may present his/her concern or complaint to the next supervisor in the chain of command.

VI. SUPERVISOR RESPONSIBILITY:

Immediately upon receiving a report from an employee or personally observing an incident as outlined in Section V, the supervisor will make a written report to his/her respective Division management.

When a supervisor feels that an issue (internal or external) has become confrontational and will not be resolved at his/her level, he/she shall immediately forward the issue to his/her superior. Once a supervisor has forwarded an issue to his/her superior, he/she will not discuss the issue unless directed to do so by someone within his/her chain of command.

VII. SENIOR MANAGEMENT RESPONSIBILITY:

The Division director or designee, shall immediately forward a copy of the report to the Office of Human Resources. The facts of the situation will be fully and fairly investigated and corrective action will be taken if needed. The Office of Human Resources will assist with or conduct the investigation if requested by the division. Information will be shared only on a need-to-know basis.

All senior managers will assure that all managers and supervisors for whom they are responsible understand their responsibility in complying with all provisions of this policy.

Any manager or supervisor who is shown to be ignoring or failing to enforce the directives of this policy may receive disciplinary action up to and including dismissal.

The provisions of this policy shall not prevent a manager or supervisor from addressing performance or behavior problems with their employee in a direct and professional manner.



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Individuals who fail to comply with the provisions of this policy will be notified in writing of their violation and may face disciplinary action, up to and including dismissal.

Prepared By:

Approved By:

Chief, Office of Human Resources

Acting Director



ADMINISTRATIVE MANUAL

<i>SUBJECT:</i> GRIEVANCE AND COMPLAINT PROCEDURES Sexual and Other Harassment	<i>Chapter:</i> 12
	<i>Section:</i> 12.3
<i>REFERENCES:</i> Title VII, Civil Rights Act of 1964	<i>Page:</i> 1 of 6
	<i>Revised:</i> 12-21-10

SEXUAL AND OTHER HARASSMENT

I. PURPOSE:

To define sexual and other harassment and establish guidelines for employees and managers to manage complaints of sexual and other harassment.

II. SCOPE:

Departmentwide.

III. POLICY:

It is the policy of the Department to assure a workplace free of harassment for all employees and clients. The Department believes that all employees should feel free to work without fear of harassment or retaliation. Managers/supervisors must respond immediately to all complaints of harassment. All complaints of sexual or other harassment shall be handled in an expeditious manner and may be subject to an investigation. This policy applies to all levels of Department employees and to all interactions between a Department employee and co-workers, supervisors, department management, other state employees, clients of the Department and other members of the public. Any behavior that can be considered harassing in nature either sexually or otherwise is inappropriate and strictly prohibited.

IV. DEFINITIONS:

A. Sexual Harassment:

The Department shall consider unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature as constituting sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of employment;



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2. Submission to or rejection of such conduct by an individual is used as a basis for employment decisions; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

B. Other Harassment:

Any physical or verbal conduct or actions that are inappropriate in the workplace and that has the purpose or effect of unreasonably interfering with an individual's work performance or creating a hostile, intimidating or offensive work environment.

C. Power-differentiated Working Relationships:

Any supervisor-subordinate work relationship in which one employee supervises or manages (directly or indirectly) another employee or makes decisions concerning another employee's terms, conditions or privileges of employment. This definition is extended to include Department employees who, in the scope of their position, make decisions concerning other citizens which affect the citizens' livelihood. Examples include, but are not limited to, the issuing of contracts, licensing, and any inspections.

V. GUIDANCE:

A. Recognizing Sexual Harassment:

1. All employees of the Department shall participate in sexual harassment training.
2. Employees shall read and acknowledge acceptance of this policy by signing a verification provided by the Department.



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3. New employee orientation shall contain information relating to the Department's policy on sexual harassment.

B. Examples of Sexual Harassment:

The following list of examples is not meant to be inclusive and should not be viewed as the only prohibited behaviors. It is a list of examples of behavior, which are outside appropriate and acceptable work demeanor.

1. Verbal: Sexually suggestive language, comments, innuendoes, propositions, threats or jokes. This includes slang and curse words that are gender based and may include repeated references to others as "doll, honey, baby, sugar, little girl or boy" etc. These labels may be considered demeaning and are not appropriate in a professional work environment.
2. Nonverbal: Suggestive or insulting sounds, whistling, leering, obscene gestures, sexually suggestive body gestures, "catcalls," "smacking," and/or kissing noises.
3. Visual: Sexually suggestive written documents containing explicit language or graphic descriptions, pictures, pinups, or slogans. Anatomical descriptions or descriptions of articles of clothing in documents or cartoons are included.
4. Physical: Any sexually suggestive or unwanted physical contact including touching, unwelcome hugging, kissing, pinching, brushing of the body, coerced sexual intercourse or actual assault.
5. Electronic: any sexually and/or other harassing text message (known as "textual harassment") or "e-harassment" in the form of e-mail, social networking sites, or blogs, is prohibited.

C. Complaints:

1. Any employee who believes they have experienced harassment in violation of this policy or who is aware of such harassment at work



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must immediately report the prohibited conduct to any one or more of the individuals listed below:

- a. Immediate supervisor
 - b. Other supervisor within the organization, preferably within the chain of command
 - c. Office of Human Resources (OHR)
2. If the accused harasser is the immediate supervisor, the employee is not required to report nor discuss the harassment with them. Employees are encouraged to discuss concerns relating to harassment with someone in their chain of command.
 3. It is important to describe, in writing, what has occurred and what has been done, providing any documentation and names of witnesses.

D. Management Responsibility:

1. All managers are responsible for immediate action in any incidents of harassment. Any member of management who observes or receives a complaint of harassment shall immediately advise the Human Relations Officer or Chief, Office of Human Resources.
2. Managers/supervisors are responsible for ensuring the workplace is free of harassment.
3. Managers/supervisors shall not participate in intimate, romantic or dating relationships with their subordinates or with employees involved in power-differentiated relationships.

E. Investigations:

1. Investigations of complaints of sexual harassment will be conducted by the Department's Human Relations Officer, or designee, in an expeditious manner. Complaints of other harassment requiring an



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investigation will be conducted by the Human Relations Officer or the appropriate staff person.

2. Investigation results will be reported to the Department Director or their designee. Information is maintained in a confidential manner and available only on a need-to-know basis.
3. Investigations of complaints of harassment are confidential, as are all witness interviews, documents gathered. Complaints may be communicated as discreetly as possible to other employees if necessary to the investigation. Copies of investigations and materials gathered during the course of an investigation will not be maintained in any employee personnel file unless it is materials involved in and supporting a disciplinary action.

F. Remedial Action:

1. Appropriate remedial action will be taken to remove all forms of harassment.
2. Penalties for violating this policy can involve reprimand, suspension, demotion, and dismissal.
3. Any employee who impedes an investigation or provides false information may be subject to disciplinary action.

G. Retaliation:

1. No employee shall experience retaliation for filing a complaint or otherwise utilizing this policy.
2. Witnesses are also protected from retaliation for participating in an investigation or reporting harassment under this policy.
3. Employees who feel they have experienced retaliation are required to report the activity to either their immediate supervisor, another supervisor within the chain of command, or the Human Relations Officer.



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H. False/Malicious Accusations/Complaints

1. Any employee who is found, through investigation or other means, to have made false and/or malicious accusations and/or complaints will be subject to immediate disciplinary action.
2. Disciplinary action can involve reprimands, suspensions, demotions and dismissal.

Prepared by:

Approved by:

Chief, Office of Human Resources

Deputy Department Director



MEMO

MEMORANDUM TO ALL DEPARTMENT EMPLOYEES

FROM: Peter Lyskowski, Acting Director
SUBJECT: Sexual and Other Harassment

A handwritten signature in black ink, appearing to be "PL", is written to the right of the "FROM" and "SUBJECT" lines.

Sexual or any other type of harassment in the workplace is an issue of critical importance for the Department. Its existence would indicate an insidious process at work that has potential to strike at the very heart of a caring, motivated, and united organization. As we strive to achieve excellence in our daily activities, we draw upon our common vision of healthy people in healthy communities. This guiding principle relies upon our collective wisdom, professional expertise and professional behavior in order to be fully realized. The realization of our vision is threatened by actions, behaviors, and practices that treat others in the workplace with a lack of respect or that create an atmosphere of discomfort and hostility.

Every employee must be able to work in an environment that is free of all types of harassment. This environment cannot include offensive language, inappropriate jokes, sexual comments or any conduct that is sexual in nature or that is unwelcome, intimidating, or coercive. In addition, any action (verbal, physical, or electronic) that is inappropriate in the workplace and has the purpose or effect of unreasonably interfering with a person's work performance or creating a hostile, intimidating, or offensive work environment will not be tolerated. Due to the serious nature of these transgressions, any behavior or actions that fall into these categories will consistently be met with disciplinary action. The nature of the disciplinary action will be evidence-based, swiftly and strictly applied, and strictly enforced. I believe that it is the responsibility of every member of our organization to assure a work environment that is free of sexual and other harassment and to assist in the development of a workplace environment that is built upon the framework of professional behavior and respect for co-workers.

All supervisors and managers are expected to act quickly and fairly in order to address sexual and other harassment. The responsibility of supervisors and managers extends beyond their own span of direct supervision to include any harassment that is observed. It is not necessary for a complaint from an employee or client to be voiced in order for action to be initiated. So important is this role that lack of action by supervisors or managers when they are in possession of such knowledge or facts is cause for discipline.

Department policy and procedure provides avenues for complaints by all employees. It is my expectation that all employees will be aware of this process and feel comfortable in voicing concerns and complaints of this nature to their immediate supervisor or to any manager in the Department. Retaliation against employees registering such complaints will not be tolerated and will result in disciplinary action.

I am committed to the creation of a caring, motivated, and united organization supported by a framework of mutual respect, professional expertise, and professional behavior. Both personal and organizational excellence is crucial to this process. Please join me in creating an environment that is comfortable and appropriate for all employees. Our united efforts will strengthen the Department, enhance our mission, and assure success in achieving our common vision.

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for Health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

NON-DISCRIMINATION IN EMPLOYMENT AND PROVISION OF SERVICES POLICY

It is the policy of the Missouri Department of Health and Senior Services to provide equal treatment in employment and provision of services to employees, applicants, and clients without regard to race, color, national origin, sex, religion, age, disability, genetic information, veteran status, ancestry, or sexual orientation; hereafter referred to as 'protected category'.

In accordance with the Affirmative Action Program, Governor's Executive Orders 94-03 and 10-24, applicable federal and state laws and regulations, and the principles of affirmative action and equal employment opportunity, the Missouri Department of Health and Senior Services shall provide equal opportunity for all in recruitment, hiring, training, promotion, transfer, compensation, and all other terms and conditions of employment without regard to protected category status.

It is the policy of the Missouri Department of Health and Senior Services to assure that no person will be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination for any services because of a protected category. No facility operated by the Department of Health and Senior Services may be used to promote any discriminatory practice nor shall the Department become a party to any agreement that permits any discriminatory practice. Appropriate interpretive services will be provided as required for persons with visual and/or hearing impairments and for persons with language barriers. The Department of Health and Senior Services shall not grant, deny or revoke a license, registration or certification on the basis of any protected category.

The Missouri Department of Health and Senior Services' commitment to Title VI, Title VII and Title IX of the Civil Rights Act of 1964 and its amendments, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and the Americans with Disabilities Amendment Act of 2008, the Genetic Information Non-Discrimination Act of 2008, the Missouri Public Accommodations Act, and Missouri Governor's Executive Orders 94-03 and 10-24 is hereby reaffirmed.

All staff and contractors of the agency (where applicable) shall adhere to this policy and the Department's Workforce Diversity Plan. Supervisory and management staff, in particular, shall assure that the intent as well as the stated requirements of the Methods of Administration is implemented. The application of this policy is the individual responsibility of all administrative and supervisory staff.

This policy shall be posted in all offices and facilities of the Missouri Department of Health and Senior Services.



Peter Lyskowski, Acting Director
Department of Health and Senior Services

11/2/15

Date



ADMINISTRATIVE MANUAL

SUBJECT WORKFORCE ISSUES Employee Obligation to Pay State Income Taxes	<i>Chapter:</i> 15
	<i>Section:</i> 15.6
REFERENCES: RSMo 105.2622 Right to Appeal to the Board Under Section 105.262 RSMo	<i>Page:</i> 1 of 2
	<i>Issued:</i> 04-08-10

EMPLOYEE OBLIGATION TO PAY STATE INCOME TAXES

I. PURPOSE:

To inform all Department employees of their obligation under the law to file state income tax returns and pay their state income taxes if owed or obtain an approved payment plan, and that failure to do so will result in their dismissal.

II. SCOPE:

Departmentwide.

III. POLICY:

RSMo 105.262 states in relevant part, “As a condition of continued employment with the state of Missouri, all persons employed full-time, part-time, or on a temporary or contracted basis by the executive, legislative, or judicial branch shall file all state income tax returns and pay all state income taxes owed.”

At least once per year the status of every employee in the Department will be checked against a database developed by the state director of revenue to determine if all state income tax returns have been filed and all state income taxes owed have been paid. The employee shall be notified if the database shows any state income tax return has not been filed or taxes are owed under that employee’s name or taxpayer number. Upon notification, the employee will have forty-five (45) days to satisfy the liability or provide the Chief, DHSS Office of Human Resources with a copy of a payment plan which has been approved by the State Director of Revenue.



ADMINISTRATIVE MANUAL

<i>SUBJECT</i> WORKFORCE ISSUES Employee Obligation to Pay State Income Taxes	<i>Chapter:</i> 15
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Failure to satisfy the liability or provide a copy of the payment plan within the forty-five (45) days will result in immediate dismissal of the employee from employment by the state. A dismissal of a regular status employee does not have the right to appeal to the Personnel Advisory Board.

Prepared By:

Approved By:

Chief, Office of Human Resources

Deputy Department Director



ADMINISTRATIVE MANUAL

SUBJECT: INFORMATION TECHNOLOGY Information Technology Use Policy, Guidelines and Processes	<i>Chapter:</i> 22
	<i>Section:</i> 22.1
REFERENCES: Administrative Policy 22.2 Security Policies and Rules	<i>Page:</i> Page 1 of 5
	<i>Revised:</i> 09/01/13

I. PURPOSE

To provide guidance on appropriate use of Department of Health and Senior Services (DHSS) information technology and to outline employees' responsibilities in that regard.

II. SCOPE

Department-wide.

III. POLICY

Information technologies are provided to conduct official business, unless otherwise allowed under this policy. Technologies include but are not limited to intranet or Internet pages, electronic mail, electronic facsimile, electronic files, electronic images or audio.

The use of information technology must be in accordance with acceptable conduct, communication, courtesy, security, and use of state property practices, and with any record-keeping requirements as outlined by DHSS or the State of Missouri. Any DHSS staff member who abuses information technology privileges will be subject to disciplinary action up to and including termination.

Information technologies available to DHSS may create electronic records that are easily saved, copied, forwarded, retrieved, monitored, reviewed, and used for litigation. All electronic records are the property of DHSS and can be accessed and used by management.

DHSS may disclose electronic information to law enforcement officials or others without notice to the staff members who may have sent or received the communications or created the records.

As part of standard computing practices, the Office of Administration Information Technology Services Division (OA-ITSD) backs up electronic files for DHSS to prevent loss of data. Although OA-ITSD monitors network activity for cost analysis and performance issues, reports on or access to the content of a staff member's active or backed up records would occur only after an appropriate request from DHSS managers. Refer to section VI of this policy for information on locking accounts and requesting reports.



ADMINISTRATIVE MANUAL

SUBJECT: INFORMATION TECHNOLOGY Information Technology Use Policy, Guidelines and Processes	<i>Chapter:</i> 22
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REFERENCES: Administrative Policy 22.2 Security Policies and Rules	<i>Page:</i> Page 2 of 5
	<i>Revised:</i> 09/01/13

IV. USE GUIDELINES

- A. Appropriate Internet/Intranet Use: Staff members are encouraged to use information technologies efficiently and effectively in pursuit of DHSS goals and objectives and in accordance with the security rules outlined in Administrative Manual policy 22.2.
1. Material (newsletters, forms, minutes, schedules and calendars, directories, guidelines and standards, resources lists, etc.) should only be placed on the Intranet if it is for the benefit of DHSS and/or local public health agencies.
 2. Internet/Intranet Web Pages - The Office of Public Information must approve information posted on or web pages linked to the DHSS Internet page. Intranet web pages should have a designated web master responsible for keeping information updated.
 3. Personal use of the Internet is limited to employee's breaks and/or lunch periods so long as employees abide by the standards identified within this policy, and all referenced policies, and all other applicable DHSS policies. The employee must close all Internet applications promptly at the end of the break and/or lunch period. Use of Internet applications before and after work is prohibited.
- B. Unacceptable Use: No information technology may be used for:
1. Illegal, fraudulent, or malicious acts.
 2. Personal financial gain or commercial activities (Reference Administrative Manual policies 11.1, 11.2, 11.11 and 11.12).
 3. Religious activities, such as creating church bulletins or distributing materials of a religious nature.
 4. Political activities (Reference Administrative Manual policy 11.8).
 5. Sexually explicit materials (Reference Administrative Manual policies 11.16 and 12.3).
 6. Racist or violent acts (Reference Administrative Manual policy 11.16).
 7. Harassment (Reference Administrative Manual policies 11.16 and 12.3).
 8. Distribution of unsolicited advertising material.
 9. Streaming audio.



ADMINISTRATIVE MANUAL

SUBJECT: INFORMATION TECHNOLOGY Information Technology Use Policy, Guidelines and Processes	<i>Chapter:</i> 22
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10. Posting comments on blogs, unless otherwise approved by the Department.
 11. Gambling or maintaining betting pools.
 12. Activities that are inconsistent with other DHSS policies and rules pertaining to personal or professional conduct (examples: Reference Administrative Manual policies 11.6, 15.3, 17.2, 17.3).
 13. Personal use that interferes with staff member's productivity or preempts DHSS-related activity.
- C. Inappropriate Use of E-mail: Employees should exercise caution because of the potential for misunderstanding.
1. Do not send communications that you would not put in a formal memo or letter.
 2. Do not send what you wish you could say, but only what you would say if the person were in front of you (be respectful).
 3. Do not send a group message unless it is appropriate for all recipients (it is not appropriate if it does not pertain to official business or if an individual does not need to know).
 4. Electronic communications sent to all DHSS staff must be approved by division management and the DHSS Director as outlined in Administrative Manual policy 11.23.
 5. Do not use "Reply to All" without viewing the distribution list.
 6. Do not transmit copyrighted materials except with proper permission.
 7. Do not distribute computer games.
 8. Do not use another individual's e-mail account to either send or receive messages. If there is need to read another's mail (while they are away on vacation, for instance), proxy, message forwarding, or other facilities must be used.
 9. E-mail is accessible through the Internet and can be accessed by non-DHSS equipment; however, attachments or DHSS documents should not be saved to non-DHSS equipment.



ADMINISTRATIVE MANUAL

SUBJECT: INFORMATION TECHNOLOGY Information Technology Use Policy, Guidelines and Processes	<i>Chapter:</i> 22
	<i>Section:</i> 22.1
REFERENCES: Administrative Policy 22.2 Security Policies and Rules	<i>Page:</i> Page 4 of 5
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V. RESPONSIBILITIES

- A. Electronic Communications Users:
 1. Read and follow these policies, guidelines, and procedures.
 2. If issues are unclear, get clarification from your supervisor.

- B. Supervisors:
 1. Keep staff members advised of this policy and any changes or additions to this policy.
 2. Monitor staff member's compliance with this policy.
 3. Follow procedures in section VI when there is need to access staff member's electronic records.
 4. Report suspected excessive use or abuse to managers on a timely basis.
 5. If issues are unclear, get clarification from your manager.

- C. Managers:
 1. Resolve reports of suspected excessive use or abuse in a timely manner.
 2. When necessary, initiate investigation requests of a staff member's use of information technology with the regional manager, division director, or DHSS department management following the procedures outlined in section VI.

- D. Division Directors or Department Management:
 1. Approve or decline investigation requests and forward approved requests to the Office of Human Resources following the procedures outlined in section VI.
 2. Review results of investigations and work with supervisor to determine disciplinary action when necessary.

VI. LOCKING ACCOUNTS AND REQUESTING USAGE REPORTS

- A. Requests to lock a staff member's current information technology resource account should be made to division management. Emergency contact can be by telephone but each request must be documented with an Automated Security Access Program request (ASAP). Locking a staff member's account disallows



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the staff member use of the specified electronic communication. The request must include:

1. The name of the staff member whose account is to be locked.
 2. The period of time for which the account is to be locked.
 3. What accounts, records or access should be locked.
- B. Requests to access a staff member's information technology records (electronic mail, Internet usage reports, and/or files on a specific computer/drive) should be addressed to the DHSS Office of Human Resources' Human Relations Officer or Chief. The written request must include:
1. the name of the staff member whose records are to be accessed,
 2. the period of time for which the records are to be accessed,
 3. the type of access (see below), and
 4. the reason for the access.
- C. The types of access and investigation could include:
1. To review Internet use by a specific personal computer.
 2. To recover files or documents stored on a specific computer or an employee's personal H:/drive.
 3. To recover e-mail communications for review.

Approved By:

Acting Director



ADMINISTRATIVE MANUAL

SUBJECT: MISCELLANEOUS Language Services	<i>Chapter:</i> 30
	<i>Section:</i> 30.20
REFERENCES Title VI of the Civil Rights Act Of 1964, as amended, and its implementing regulations; Presidential Executive Order 13166 of August 11, 2000; and the Genetic Information Non-Discrimination Act of 2008 (GINA) Public law 110-233	<i>Page:</i> 1 of 4
	<i>Revised:</i> 10/03/14

LANGUAGE SERVICES

I. PURPOSE:

It is the policy of the Department of Health and Senior Services (DHSS) to provide services on a nondiscriminatory basis based on national origin, race, sex, age, disability, color, religion, or genetic information.

Language barriers may interfere with the provision of services to clients, leading to misunderstandings and impacting program effectiveness. Effective language services can help prevent these problems.

II. POLICY:

It is the intent of DHSS to:

- establish systems and procedures for the provision of services to any Limited English Proficiency (LEP) individual, particularly those who cannot communicate in spoken or written English;
- improve customer relations between DHSS and the people we serve;
- assure quality translation and interpretation services by obtaining feedback on the performance of translators and interpreters; and
- provide technical support to all DHSS programs.

III. DEFINITIONS

COMMUNICATION: The transfer and understanding of a message from one person to another by means of speaking, writing (including Braille), sign language or illustration.

INTERPRETATION: Spoken transfer and understanding of a message from one language to another.

TRANSLATION: Written transfer and understanding of a message.

LIMITED ENGLISH PROFICIENCY (LEP) INDIVIDUAL: An individual whose primary language is not English and who cannot speak, read, write or understand the English language at the level necessary for effective communication.



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<p><i>SUBJECT:</i> MISCELLANEOUS Language Services</p>	<p><i>Chapter:</i> 30</p>
<p><i>REFERENCES</i> Title VI of the Civil Rights Act Of 1964, as amended, and its implementing regulations; Presidential Executive Order 13166 of August 11, 2000; and the Genetic Information Non-Discrimination Act of 2008 (GINA) Public law 110-233</p>	<p><i>Section:</i> 30.20</p>
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METHODS OF ADMINISTRATION: Document signed by DHSS and provided to the U.S. Department of Health and Human Services (USDHHS) specifying methods DHSS will use to implement and assure compliance with Title VI of the Civil Rights Act of 1964 as amended (42 USC 2000d et seq); the Rehabilitation Act of 1973 (29USC 794), hereinafter referred to as Section 504; and the regulations issued there under by USDHHS (45 CFR Parts 80 and 84). It is essential to communicate information in a language other than English when and as required by federal regulations (see Administrative Manual Section 3.2).

IV. COMPONENTS:

A. Responsibilities:

1. All DHSS employees and programs shall utilize the state contracts for providing interpretation and translation services. Guidance and information on what contracts are currently being used by DHSS will be available through the Office of Human Resources or obtained through the contract search listing available on the Office of Administration’s web site.
2. All DHSS employees and programs will make reasonable efforts to offer interpretation and translation services when contact has been made with an individual of limited English proficiency. Contact should be recorded by the employee and the LEP Data Form (Attachment A), can be used for convenience in recording said contract. A copy of the recording should be kept in the client’s work file.
3. Each DHSS program will determine which materials and forms used by the public will be translated based on an assessment of the population in the services area.
4. Translation materials shall be linguistically and culturally appropriate to the client population.
5. DHSS will strive to provide visual and audio information in the appropriate language to LEP clients. Medically or legally complex materials may be contracted with a vendor for translation.
6. DHSS programs having state or federal funding cannot discriminate in the provision of services under Title VI. The Missouri Constitution, Article I, Section 34 of the Bill of Rights, which states English to be the official language in the state, does not affect Title VI expectations for provision of services.



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B. Contracts for Translation or Interpretation:

If vendors are contracted to provide interpretive services and/or perform the translation of materials to other languages, the program will be responsible for associated costs.

C. Contractors:

1. The contractors shall comply with all applicable provisions of the Civil Rights Act (45 CFR 80), the Rehabilitation Act of 1973 (45 CFR 84), and all other federal and state laws and regulations relating to nondiscrimination. The contractors shall assure that no person eligible for services shall on the ground of race, color, religion, national origin (this includes individuals of limited English proficiency), sex, disability, veteran status, age, or genetic information be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination for any service provided by the contract. The contractors shall, within resources available, ensure minority health issues are addressed in the delivery of services where disparities in health status exist between minority and majority Missourians.

D. Clients of DHSS:

1. No client, applicant or their representative will be required to provide or pay for the services of a translator or interpreter.
2. For LEP clients, DHSS employees will identify and document on client records the primary language/dialect of the client and need for translation or interpretation services.
3. A family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violate the client's confidentiality, and the client is advised that a free interpreter is available. The family member or friend must be 18 years of age or older.

E. Responsibility for coordination of this policy is assigned to the DHSS Office of Human Resources.



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Prepared By:

Approved By:

Chief, Office of Human Resources

Director



ADMINISTRATIVE MANUAL

<i>SUBJECT:</i> RULES OF PERSONAL CONDUCT AND RESPONSIBILITY Conflict of Interest	<i>Chapter:</i> 11
	<i>Section:</i> 11.11
<i>REFERENCES:</i> Office of Administration SP-13 Statewide Policy for Employee Code of Conduct	<i>Page:</i> 1 of 10
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CONFLICT OF INTEREST

I. PURPOSE:

To establish the procedures for identifying and managing conflict of interest in the workplace, and to provide employees of the Department with the guidance and tools necessary to recognize and avoid potential conflicts of interest. Independent judgment and expertise is critical to the Department's ability to fulfill its mission of protecting public health.

This conflict of interest policy is intended to prevent or eliminate certain potentially compromising situations from arising, thereby protecting both the employee and the agency from being placed in a situation where others could reasonably question or discount the work of the employee or agency simply because of the perception of potential or actual conflicting interests.

II. SCOPE:

Department-wide.

III. DEFINITIONS:

- A. Conflict of interest: A conflict of interest can occur when Departmental employees' duties give them the potential for private gain or the opportunity to secure unfair advantages for themselves or others; or when a reasonable third party could conclude that there is an appearance of a potential or actual opportunity for the foregoing. This includes the potential or actual abuse of privileged information, potential or actual abuse of influence, and other potential or actual abuse of the public trust.



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- B. Entities involving a potential conflict of interest: Conflicts of interest, potential or actual, may arise between a Departmental employee, and any person or agency who:
1. Is seeking official action by the Department;
 2. Does business or seeks to do business with the Department;
 3. Conducts activities regulated by the Department;
 4. Has interests that may be substantially affected by performance or nonperformance of the employee's official duties; or
 5. Is an organization a majority of whose members are described in one or more of the above four (4) points.
- C. Immediate family: For purposes of this policy immediate family member is defined as: spouse, parent, parents of the spouse, minor or adult child by birth or adoption, minor or adult stepchild, stepparent, grandparent, grandchild, sibling of the employee, or spouse of any immediate family member specified herein.
- D. Procuring goods and services: The authority to purchase or approve purchases for DHSS; determine or assist to determine the award of a contract; administer contracts; develop proposal or bid specifications or requirements; or have access to confidential proposal/bid information.

IV. POLICY:

These policies are based on or are in addition to requirements contained in state law governing state employees, Sections 105.450, et seq. RSMo, and OA, Code of Conduct policy SP-13.



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A. General Prohibitions

1. Except as provided by the state or noted below, an employee shall not knowingly receive directly or indirectly any money, compensation, gifts, or other valuable thing or benefit for the performance or nonperformance of duties. Employees shall report to their immediate supervisor any attempt by an individual, firm or organization to influence official actions by the offering of personal benefits or favors (see D.1 below).
2. An employee shall not use his/her position to secure program benefits, special privileges, exemptions or compensation for him/herself, any member of his/her immediate family, partner, or an organization that employs or is about to employ any such party.
3. An employee shall not receive or solicit any compensation from any other source other than the state, that would impair the independence of judgment, for services as a state employee.
4. An employee shall not accept or solicit other employment that would impair independence of judgment in the performance of duties. (See also Policy 11.7, Outside Employment/Activities)
5. An employee shall not sell, rent or lease products or services to the agency as an individual or through any company in which the employee or any immediate family member has a substantial financial interest.
6. An employee shall not use confidential information for personal gain for him/herself, any member of their immediate family, or an organization that employs or is about to employ any such party. (See also Policy 11.6, Code of Conduct-Confidential Information)



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7. Supervisors shall not enter into personal or financial relationships with subordinates. (Expressly, supervisors shall not borrow or loan a substantial amount of money (i.e., greater than \$25) from subordinate employees.)

B. Potential Conflicts of Interest

1. All employees are expected to be aware of the appearance of a conflict of interest from relationships and personal interactions, including intimate relationships, with any customer or contractor of the Department (including Department of Corrections' work release personnel, per Policy 15.1/Work Release Personnel). If an employee is uncertain about the propriety of a relationship or invitation that could cause the work of the employee or the Department to be called into question or discounted, that employee shall inform his/her supervisor who may consult with others up the chain of command, as appropriate.
2. Employees shall not use their position/official capacity to solicit donations of money, goods, or services from any person or entity seeking official action from, doing business with, or conducting activities regulated by the Department. This includes solicitations for Departmental events. (See also Financial Policy 2.5/Accepting Gifts, Donations and Bequests on Behalf of the Department)

Exception: If the Department determines that solicitation of donations of money, goods, or services benefits the Department and its mission, the Department may decide to direct employees to solicit donations. Such direction will be communicated to the employee in writing. For example, in the event of a disaster affecting the state or persons coming into



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the state, the Department may direct employees to solicit donations of money, goods, or services from regulated agencies to assist those in need.

3. Employees shall not accept unsolicited gifts from persons or agencies except as noted below:
 - a) At the discretion of his/her supervisor, an employee may accept unsolicited gifts having an aggregate market value of (twenty-five dollars) \$25 or less per source per occasion, provided that the aggregate market value of individual gifts received from any one person under the authority of this paragraph does not exceed fifty dollars (\$50) in a calendar year. This exception does not apply to gifts of cash or of investment interests. Thus, for example, an employee may accept a token "gift" for presenting at a conference, but may not accept a cash payment of any amount.
 - b) Employees shall not have business dealings with clients and shall not sell to nor buy items from clients. This includes things such as household items, jewelry, vehicles, etc. It is not intended to preclude small things of minimal value such as eggs and fresh produce.
 - c) When an employee is assigned to participate as a speaker or panel participant or otherwise to present information on behalf of the Department at a conference or other event, the acceptance of free attendance at the event is permissible when provided by the sponsor of the event. The participant may also accept a meal, if the meal is a part of the event and, as such, available to those paying to attend the conference or event. Other activities, such as golf, tennis, use of special facilities, etc., may not be accepted.



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- d) At the discretion of his/her supervisor and in lieu of Department reimbursement, acceptance of travel expenses from the organization, association or governmental agency requesting the employee's attendance for a job-related activity is allowed.
4. Prior to doing business with the Department, employees who have a substantial financial or ownership interest in that business, shall request and receive a determination by the Department that there is no conflict of interest.
5. Employees procuring goods and services on behalf of the department must understand a conflict of interest or the appearance of a conflict of interest would arise if the employee, any member of the employee's immediate family, partner, or an organization that employs or is about to employ any such parties, has a financial or other interest in the firm selected for a purchase or award.
6. Unless Department policies are more stringent, all employees who perform regulatory functions (e.g., surveys, inspections, licensing functions), must adhere to any and all relevant federal requirements related to conflict of interest (e.g., 42 CFR 488.314 dealing with surveyors of certified skilled nursing facilities).
7. Employees performing regulatory functions are disqualified from regulating specific facilities or entities in any of the following circumstances:
 - a) The regulator currently works, or, within the last two (2) years, has worked as an employee, as employment agency staff at the entity, or as an officer, consultant or agent for the specific entity to be regulated. (In extraordinary



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circumstances, such as a hotline investigation of a report alleging life threatening circumstances, a supervisor, on a case-by-case basis, may allow an employee to begin an investigation if there are insufficient staff to initiate that investigation.)

- b) The regulator has any financial interest or any ownership interest in the entity regulated.
 - c) The regulator has an immediate family member who has a relationship with a regulated entity described by 7.a) or 7.b) above.
 - d) Surveyors, when surveying long term care facilities, hospitals, ambulatory surgery centers, or other department regulated facilities, may not survey a facility in which he/she has an immediate family member who is a resident/patient in the facility at the time of the survey.
 - e) Surveyors, when surveying child care facilities, may not survey a child care facility in which he/she, or any member of his/her immediate family, has a child who is attending the facility at the time of the survey.
8. In addition to the above potential conflicts of interest, employees performing regulatory functions (e.g., surveys, inspections, licensing functions) must consider all relevant circumstances that may contribute to an apparent or perceived conflict of interest. Situations that may reasonably be considered a conflict of interest such that it could influence an employee's judgment must be reported to the employee's supervisor. The employee has the responsibility to identify and report these situations. Examples include:



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- a) An employee who may not currently have a child in a child care facility or member of his/her immediate family in a long term care facility but may have recently had one residing in a regulated entity who the regulating employee considers to have received poor or inadequate care.
 - b) Participation by the employee in ownership of a regulated entity within the State.
 - c) Any other situation where one's judgment could be reasonably called into question as a result of some previous relationship to the facility being regulated, particular staff of a facility being regulated, or to the industry as a whole or in part.
- C. Examples of Allowable Activities That Do Not Constitute a Conflict of Interest
1. Acceptance of outside employment as provided under Policy 11.7/Outside Employment/Activities when approved through the supervisory chain.
 2. Acceptance of an honorarium for services which are not a part of, or could not reasonably be expected to be part of, the employee's official Department duties, provided the employee is on approved annual leave, compensatory time or leave without pay and provided there is no conflict of interest as determined by the Department Director or designee. Examples of acceptable activities for an honorarium are guest lecturing, serving on national committees or reviewing grant proposals when such activities are not a part of the official duties. A request to accept an honorarium shall be submitted through administrative channels to the Department Director.



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3. Acceptance of items of little or no monetary value which are provided or available for general distribution by individuals or firms for informational or promotional purposes; e.g., exhibitors at conventions (see Policy 11.12/Solicitation, limiting solicitation and distribution in Department facilities).
4. Discounts or similar benefits, which are made available to all employees of the Department. For example, this would include discounts for admission to sports events at the University of Missouri which are available to all employees as payroll notices.
5. Awards of non-cash value, by an outside organization, association or by a governmental agency or this department in recognition of job-related achievements.

D. Employee Actions

1. Employees shall immediately report any potential conflict of interest or any situation which is questionable to their supervisor. If the employee is unsure as to whether or not a particular situation may constitute a potential conflict of interest, he/she should discuss the situation with his/her supervisor. Supervisors of employees procuring goods and services on behalf of the department must also inform the Procurement Manager in the Division of Administration, Bureau of Financial Services if the employee discovers they may have a conflict of interest or the appearance of a conflict of interest with any procurement transaction.
2. All employees will complete a Statement of No Conflict of Interest form (Attachment 11.11A) upon employment by the Department and update that form at least annually at the time of the employee's performance evaluation, or more often, as necessary. The initial



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signed copy is sent to the Office of Human Resources for the official personnel file, and subsequent copies are maintained in the unit files. If the employee marked he/she has a potential conflict of interest, please forward a copy through the chain of command for review and decision.

- Supervisors will, through the chain of command, resolve questions involving possible or potential conflicts of interest and will not assign persons they supervise to situations deemed inappropriate.

Prepared by:

Approved by:

Chief, Office of Human Resources

Deputy Department Director

MEMO

Administrative Policy 11.11

Attachment A

DEPARTMENT OF HEALTH AND SENIOR SERVICES STATEMENT OF NO CONFLICT OF INTEREST

I have read the Department of Health and Senior Services Conflict of Interest policy (11.11) and have had the opportunity to ask questions concerning the meaning, intent, and application of this policy.

I agree to abide by this policy and to inform my supervisor whenever there is a questionable situation that might constitute the perception of a possible or actual conflict of interest.

Check one of the following:

- As of the date of my signature, there are possible or actual conflicts of interest between myself or any immediate family member, and customers or providers of the department as specified in this policy, except as described below.
- As of the date of my signature, there are no possible or actual conflicts of interest between myself or any immediate family member, and customers or providers of the department as specified in this policy, except as described below.

If there are any possible or actual conflicts of interest, explain in the space provided below (additional pages may be added).

With my signature, I hereby certify that the information supplied on this document is true, correct and complete to the best of my knowledge and belief.

Employee Signature

Employee's Printed Name

Date

Employee's Position/Title

Employee's Work Unit

If the employee marked a potential conflict, the form must be forwarded through the chain of command for review and decision.

Immediate Supervisor Initials and Action to be Taken: _____

Successive Supervisor Initials and Comments: _____

Successive Supervisor Initials and Comments: _____

Division Director's Initials and Comments: _____

Distribution: The initial signed copy is sent to the Office of Human Resources for the official personnel file, and subsequent copies are maintained in the unit files.

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for Health,

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

Revised 03.20.2012



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS)
STATEMENT OF AGREEMENT TO MAINTAIN CONFIDENTIALITY OF RECORDS AND
INFORMATION IN ACCORDANCE WITH DHSS POLICIES**

Code of Conduct

All DHSS employees, interns, contractors, and volunteers, whether paid or unpaid, shall follow the DHSS policies for sharing confidential information. Interns, contractors, and volunteers shall be held to the same standards as employees with respect to the DHSS confidentiality policies.

All information that identifies or can be used to readily identify individuals shall be considered confidential. Information specifically covered by HIPAA, the HIPAA Privacy Rule, the HIPAA Security Rule, and the Breach Notification Rule, or other applicable federal or Missouri confidentiality laws, including but not limited to the Missouri Breach Notification Law, shall be determined and individuals with responsibilities requiring access to the information shall be identified. All employees, interns, contractors and volunteers shall attend training and comply with DHSS policies relating to these laws.

Employees

As a DHSS employee, I agree to be knowledgeable of and comply with DHSS confidentiality policies.

Specifically, I agree to:

- ✓ Assure the confidentiality and security of all information by limiting access to those having an official need in order to perform their duties;
- ✓ Restrict disclosure of confidential information to other agencies or individuals outside DHSS. Disclosures shall be made in accordance with DHSS policies governing disclosures;
- ✓ Refrain from disclosing confidential personal information to any individual or entity without a business-related reason and proper authority to receive such information;
- ✓ Participate in training, as needed, on federal and state privacy laws;
- ✓ Make appropriate staff aware of potential DHSS confidentiality policy violations; and
- ✓ Sign an annual statement affirming agreement to comply with DHSS confidentiality policies.

Contractors

As a DHSS contractor, I agree to maintain strict confidentiality of all information that identifies or can be readily used to identify individuals that I have been provided access to by DHSS or obtained as a result of contract activities. I understand that there are potential legal penalties for breaches of confidentiality or unauthorized destruction or disclosure of confidential information or records.

Volunteers

As a volunteer, paid or unpaid, I agree to comply with the DHSS confidentiality policies. I understand that I am liable for all breaches or violations of confidentiality and may be subject to possible legal actions.



MAINTAINING CONFIDENTIALITY OF INFORMATION IN THE WORK ENVIRONMENT:

I agree to the following:

Work Areas

To remove information of a confidential nature from public view (e.g., place it in a desk or file) when away from my work station and another authorized employee is not available to assure security of the information.

To place information of a confidential nature in locked files or other secure places when my office or work unit is closed or left unattended.

To shred or otherwise destroy information to be discarded that identifies an individual, such as poor quality copies or purged file materials.

Information Exchange

To not release confidential personal information obtained in the performance of duties to individuals or entities who do not have a business-related reason and proper authority to receive such information.

To destroy informal records of telephone conversations containing information of a confidential nature unless the records are placed in official files.

To hold conferences and conversations in a manner to avoid confidential information being overheard by others.

To seal all documents containing information of a confidential nature inside an envelope addressed to a specific office or individual and marked "CONFIDENTIAL" when using conventional mail to send to other individuals, programs or agencies having an official need for the information.

To use a cover page containing a confidentiality statement approved by the DHSS Privacy Officer for all documents of a confidential nature transmitted by FAX machine to agencies and individuals with an official need to know.

To alert the receiver when the information is being transmitted via FAX and request immediate retrieval.

To include the DHSS approved statement of confidentiality on all electronic mail messages.

To not send confidential individually identifiable health information or other confidential information outside of the state domain using electronic mail, unless technology such as encryption or other technology approved by the department is employed.

Computers

To comply with policies and procedures relating to maintaining security and confidentiality of computer data.

To position my computer workstation screen to limit viewing by other employees or visitors.

To protect my sign-on and passwords to prevent others from using them.

To log out of the network when away from my work area for an extended period. For short periods of inactivity, I will activate a password-protected screen saver.

Penalties

I have been informed and understand that a violation of confidentiality, including improper access, use, or disclosure; an information security incident; a breach as defined by Policy 19.7; or unauthorized destruction of confidential records, shall be cause for disciplinary action, up to and including dismissal, depending on the severity of the offense, and possible legal action.

CERTIFICATION:

This is to certify that I have read and agree to comply with the provisions of the Department's policies.

Date: _____ Signature: _____

Please print name: _____

NOTE: A copy of the initial signed statement shall be filed in the employee's official personnel file. Subsequent signed statements shall be filed in the employee's unit personnel file.

Department of Health and Senior Services
Office of Human Resources
Employee Information Update

Reset Form

Email Form

Please complete all information below, which will be used in case of an emergency, for COOP planning, and for Human Resources.
Employees are responsible for keeping their supervisor informed of changes to their contact information. A copy should be sent to Office of Human Resources and the original kept in the unit file.
In addition to this form, other places needing updated information are the Department Skills Assessment and OA Division of Personnel EASe application.

LAST NAME

FIRST NAME

UNIT

HOME ADDRESS (STREET OR P.O. BOX)

CITY

STATE

ZIP CODE

HOME TELEPHONE

() -

CELL PHONE

() -

ABLE TO SEND/RECEIVE TEXT
MESSAGES? YES NO

EMERGENCY CONTACT #1

NAME

RELATION TO EMPLOYEE

HOME TELEPHONE

() -

WORK TELEPHONE

() -

CELL PHONE

() -

EMERGENCY CONTACT #2

NAME

RELATION TO EMPLOYEE

HOME TELEPHONE

() -

WORK TELEPHONE

() -

CELL PHONE

() -

SIGNATURE

DATE

Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6059 FAX: 573-526-5521
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

LAST NAME

FIRST NAME

MI

- BIRTHDATE (MM/DD/YYYY): _____
- MARITAL STATUS: () MARRIED () SINGLE
- RACE/ETHNICITY: (Due to the limitations of the payroll data system, you may only choose one.)
() WHITE () BLACK () HISPANIC () ASIAN/PACIFIC ISLANDER () NATIVE AMERICAN
- GENDER: () MALE () FEMALE
- COUNTY YOU LIVE IN _____
- DO YOU WANT YOUR HOME ADDRESS USED FOR PUBLIC RELEASE? () YES () NO

To receive credit for previous state tenure, please complete Section A, Section B, or both if applicable:

A) List previous State Agencies (Department name and complete dates of service in mm/dd/yy):

B) List if you have worked at any of the following Missouri Courts, Colleges, Universities, or other agencies with leave reciprocity listed below (include dates of service in mm/dd/yy):

House of Representatives
 Joint Committee on Legislative Research
 Lincoln University
 Linn State Technical College
 Missouri Consolidated Health Care Plan
 Missouri State Court System
 Missouri State Employees Retirement System
 Northwest Missouri State University

Office of the Attorney General
 Office of the Senate Administrator
 Office of the State Auditor
 Office of the State Treasurer
 Secretary of State
 State Court Administration
 State Juvenile Courts

Employee Signature	Date
--------------------	------

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ 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.		OMB No. 1545-0074 2016	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code			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. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____	
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had 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 _____	
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.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details 1 \$ _____

2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____

3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____

4 Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.) 5 \$ _____

6 Enter an estimate of your 2016 nonwage income (such as dividends or interest) 6 \$ _____

7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____

8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet 4 _____

5 Enter the number from line 1 of this worksheet 5 _____

6 **Subtract** line 5 from line 4 6 _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____

9 Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Missouri Department of Revenue
Employee's Withholding Allowance Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Employee	Full Name	Social Security Number	Filing Status Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household <input type="checkbox"/>	
	Home Address (Number and Street or Rural Route)	City or Town	State	Zip Code
	1. Allowance For Yourself: Enter 1 for yourself if your filing status is single, married, or head of household.....	1		
	2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter 0. If no, enter 1 for your spouse	2		
	3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form MO W-4.....	3		
	4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim.	4		
	5. Total Number Of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here.....	5		
	6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here.....	6	\$	
	7. Exempt Status: If you had a right to a refund of all of your Missouri income tax withheld last year because you had no tax liability and this year you expect a refund of all Missouri income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below.....	7		
	8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability, write "Exempt" on line 8. See information below.	8		

Signature	Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.	
	Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY) / /

Employer	Employer's Name	Employer's Address		
	City	State	Zip Code	
	Date Services for Pay First Performed by Employee (MM/DD/YYYY) / /	Federal Employer I.D. Number	Missouri Tax Identification Number	

Notice To Employer: Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079.

Employee Information — You Do Not Pay Missouri Income Tax on all of the Income You Earn!

Visit <http://www.dort.mo.gov/tax/calculators/withhold/> to try our online withholding calculator.

Form MO W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Missouri when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Missouri adjusted gross income will not be taxed by the state of Missouri when you file your individual income tax return.

Single	Married Filing Combined	Head of Household
\$2,100 — personal exemption	\$ 4,200 — personal exemption	\$ 3,500 — personal exemption
\$6,300 — standard deduction	\$12,600 — standard deduction	\$ 9,300 — standard deduction
\$8,400 — Total	\$16,800 — Combined Total (For both spouses)	\$12,800 — Total
+ \$1,200 for each dependent	+ \$1,200 for each dependent	+ \$1,200 for each dependent
+ up to \$5,000 for federal tax	+ up to \$10,000 for federal tax	+ up to \$5,000 for federal tax

Items to Remember:

- If your filing status is married filing combined and your spouse works, do not claim an exemption on Form MO W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form MO W-4. If both spouses claim the dependents as an allowance on Form MO W-4, it may cause you to owe additional Missouri income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form MO W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Missouri may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.

Form MO W-4 (Revised 12-2015)

Mail to: Taxation Division
P.O. Box 3340
Jefferson City, MO 65105-3340

Phone: (573) 751-8750
Fax: (573) 526-8079

Visit
<http://dss.mo.gov/child-support/employers/new-hire-reporting.htm>
for additional information regarding new hire reporting.

Local City Taxes

Under Section 32 of the Kansas City Code and Chapter 145 of the Revised Code of the City of Saint Louis employees that live or work in the City of Kansas City or in Saint Louis City are required to pay city earnings tax in the amount of one percent of gross wages earned within a calendar year.

Name: _____

Address: _____

Because of my home address I am subject to the city tax withholding as follows. Check one box below.

- Kansas City St. Louis City Not Applicable

Because of my work address I am subject to the city tax withholding as follows. Check one box below.

- 1410 Genesse, Kansas City MO 64102 4411 Newstead, St. Louis MO 63115
 815 Olive Street, St. Louis MO 63101 220 South Jefferson, St. Louis MO 63103
 Not Applicable

Current employees who are no longer required to pay a local city tax will need to submit a revised form to the Office of Human Resources.

- Change of Status

Reason for change of Status:

Failure to have the appropriate taxes withheld does not relieve you of your tax liability. I understand that I am responsible for assuring applicable local city taxes are withheld from my wages.

Name

Date



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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		E-mail Address			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):

- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ . Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

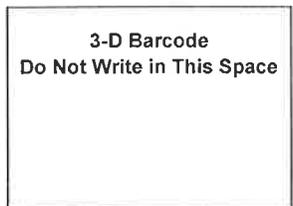
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)



Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

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

Signature of Preparer or Translator:		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



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
			DHSS	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
PO Box 570		Jefferson City	MO	65102

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

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		
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		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF ACCOUNTING

PAYROLL & EMPLOYEE REIMBURSEMENT DIRECT DEPOSIT APPLICATION

Sections A, B, and C are to be completed by the employee.

Section D is to be completed by the agency after reviewing the application and supporting documentation.

SECTION A – TYPE OF ACTION AND EMPLOYEE NAME. Form must be printed using a ball point pen, typed or completed online. Provide all requested information. See reverse side for instructions.

<input type="checkbox"/> ESTABLISH NEW DIRECT DEPOSIT	<input type="checkbox"/> CHANGE EXISTING DIRECT DEPOSIT	<input type="checkbox"/> CANCEL BANKING EFT (PAY CARD CAN'T BE CANCELLED)	<input type="checkbox"/> EMPLOYEE TRANSFER IN CONTINUE EXISTING DIR DEP
SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	MIDDLE IN

SECTION B – EMPLOYEE CHOICE FOR DIRECT DEPOSIT

OPTION ONE: PROVIDE BANKING INFORMATION

SELECT ONE: CHECKING ACCOUNT SAVINGS ACCOUNT

THE FOLLOWING 4 FIELDS MUST BE COMPLETED FOR OPTION 1

ROUTING NUMBER (MUST BE 9 DIGITS)	ACCOUNT NUMBER (AS FINANCIAL INSTITUTION REQUIRES FOR ACH)
FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION TELEPHONE NUMBER ()

ATTACH A VOIDED CHECK OR SIGNED BANK LETTER VERIFICATION FOR NEW OR CHANGED ACCOUNTS.

OPTION TWO: PROVIDE PAY CARD INFORMATION

The pay card merchant will verify the information provided to identify the employee. The rules and applicable fees are in the terms and conditions of the pay card merchant. Central Bank and UMB terms and conditions can be found at <http://oa.mo.gov/acct/directdeposit.htm>. The pay card is for direct deposit of payroll funds and other deposits may be refused by the bank. By signing here, you – the employee – agree to abide by the cardholder terms and conditions.

Signature of employee choosing pay card option:

SELECT ONE: UMB PAY CARD CENTRAL BANK PAY CARD

THE FOLLOWING 4 FIELDS MUST BE COMPLETED FOR OPTION 2

EMPLOYEE ADDRESS (NUMBER, STREET NAME, APT #) NO PO BOXES

CITY	STATE	ZIP	EMPLOYEE TELEPHONE NUMBER ()	DATE OF BIRTH (m/d/yyyy)
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IF PROVIDING A COPY OF A VOIDED CHECK, ATTACH HERE.

SECTION C – EMPLOYEE CERTIFICATION AND SIGNATURE

I hereby authorize the Office of Administration to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdrawals) or adjustments for any credit entries made in error to my account designated above.

I understand that the Office of Administration may terminate my enrollment in the program if the State is legally obligated to withhold part of my wages for any reason or I no longer meet the eligibility requirements.

I understand as a condition of employment I am to maintain an active account for direct deposits (1 CSR 10-8.010)

I declare the forgoing to be true and complete to the best of my knowledge. Any misrepresentations or omission of fact may be cause for cancellation or termination of employment for violation of 1 CSR 10-8.010.

SIGNATURE OF EMPLOYEE	DATE (m/d/yyyy)
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SECTION D – TO BE COMPLETED BY AGENCY AFTER REVIEWING APPLICATION AND SUPPORTING DOCUMENTATION

AGENCY NAME, NUMBER AND ORG CODE	ESMT/HIRE DATE FOR NEW OR TRANSFER
SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE	AGENCY TELEPHONE NUMBER DATE

INSTRUCTIONS FOR COMPLETING PAYROLL AND EMPLOYEE REIMBURSEMENT DIRECT DEPOSIT APPLICATION

SECTION A – PURPOSE OF FORM AND EMPLOYEE IDENTIFYING INFORMATION

Select the purpose of the form:

ESTABLISH NEW – This is a new application; you do not currently have direct deposit.

CHANGE EXISTING – You currently have direct deposit but are changing where your pay and reimbursements will be deposited.

CANCEL BANKING EFT – You currently have direct deposit established with a financial institution but are cancelling that direct deposit. You cannot cancel your state-offered Pay Card without changing to a financial institution.

EMPLOYEE TRANSFER IN – You have transferred to a different agency and will continue your existing direct deposit.

SOCIAL SECURITY NUMBER: Enter your 9-digit social security number

NAME: Enter your full name

SECTION B – EMPLOYEE CHOICE FOR DIRECT DEPOSIT

You must provide information for **OPTION 1 – BANK ACCOUNT OR OPTION 2 – PAY CARD**

NOTE: Non-state-offered pay cards are only accepted if they provide the state with legal recourse to recover payments made in error and provide contact information. This determination is made on a case-by-case basis. Enter the routing number and account number in Option 1.

OPTION 1: BANK, CREDIT UNION, SAVINGS AND LOAN

Select whether the account is a **CHECKING** or **SAVINGS** account.

ROUTING NUMBER: Enter the first 9-digit number printed on the bottom left-hand portion of personal check.

ACCOUNT NUMBER: Enter the series of numbers (excluding the check number) following the routing number. The check number may be printed before or after the account number. **NOTE:** The check number is not included in the account number. **SEE EXAMPLES BELOW FOR IDENTIFYING YOUR ROUTING AND ACCOUNT NUMBER.**

NOTE ABOUT CREDIT UNIONS: Credit Unions and Savings and Loan Associations may differ from the examples below regarding routing and account numbers. Please verify your depositor account number and electronic routing number with your financial institution – obtain the format they require for processing an ACH transaction.

FINANCIAL INSTITUTION NAME: Enter the name of your Financial Institution.

TELEPHONE NUMBER: Enter the telephone number of your Financial Institution.

REQUIRED ATTACHMENTS: Attach a voided personal check or signed bank verification to the application form. Your name must be pre-printed on the check; starter or counter checks are not acceptable. A bank verification must be signed by the bank and include your name as well as complete electronic routing and depositor account numbers. Deposit slips are not acceptable; they may include internal routing numbers and not the Federal Reserve routing number required for a direct deposit.

CHECK ROUTING AND ACCOUNT NUMBER EXAMPLES:

YOUR NAME PRE-PRINTED		CHECK NO. 4444
HOMETOWN USA		
PAY TO THE ORDER OF:		
121456789	8765432109812	4444

↑
Routing No.

↑
Account No.

↑
Ck. No.

YOUR NAME PRE-PRINTED		CHECK NO. 4444
HOMETOWN USA		
PAY TO THE ORDER OF:		
121456789	4444	8765432109812

↑
Routing No.

↑
Ck. No.

↑
Account No.

OPTION 2: PAY CARD

SIGNATURE OF EMPLOYEE CHOOSING PAY CARD OPTION: By signing, you agree to abide by the terms and conditions of the pay card provider and understand that the pay card provider must be able to verify the identifying information you provide. Terms and conditions can be found at <http://oa.mo.gov/acct/directdeposit.htm>.

Select UMB PAY CARD or CENTRAL BANK PAY CARD: You should review the terms and conditions of the cards, be aware of the fee structures and also be aware of locations where the card will be honored to provide the easiest access to your pay.

EMPLOYEE ADDRESS: Enter the street address where the pay card is to be delivered. PO Boxes are not acceptable.

CITY, STATE, ZIP: Enter the City, State, and Zip Code for the street address.

TELEPHONE NUMBER: Enter a telephone number where you can be reached.

DATE OF BIRTH: Enter your date of birth.

SECTION C – EMPLOYEE CERTIFICATION AND SIGNATURE

You must review the statements provided and sign the application. The statements may not be altered in any way.

SECTION D – TO BE COMPLETED BY AGENCY

The Agency must review the documentation provided by the employee to ensure all required information is being provided with the application. By signing, the Agency is indicating they have reviewed the application and it is ready for final processing by OA/Accounting. Applications must be signed by the Agency.



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
OFFICE OF HUMAN RESOURCES
APPLICATION FOR EMPLOYMENT**

INSTRUCTIONS

- Please TYPE or PRINT LEGIBLY.
- Complete entire application. Attach additional sheets if necessary. Resumes ARE NOT accepted in lieu of completed application. Purpose for requesting social security number is to process personnel actions.

IDENTIFICATION AND PERSONAL DATA

1. LAST NAME	FIRST	MIDDLE	JR/SR/ETC.	SOCIAL SECURITY NUMBER
2. HOME ADDRESS – STREET		CITY		STATE ZIP CODE
3. TELEPHONE NUMBER – HOME		BUSINESS	ALTERNATE	
4. Have you worked for Missouri State Government previously? If yes, indicate which agencies, dates, and if you worked under a different name.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If applicable to your profession, give association or licensing authority and the certification, registration or license number.				
6. Can you travel if position requires it?				<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been convicted of, or pled guilty or nolo contendere, or received a suspended imposition of sentence in a criminal prosecution under the laws of any state or the United States (regardless of whether incarceration actually occurred)? <i>(Driving while intoxicated (DWI) charges are not considered minor traffic violations.) If yes, this does not necessarily exclude you from employment consideration, but falsification or omission of this information will disqualify you for employment or result in disciplinary action for current employees, which may include dismissal. If yes, give full explanation and dates and locations (city and state) of all convictions, pleas of guilty or nolo contendere, whether convictions were misdemeanors or felonies; and state if you are on or have been on supervised or unsupervised probation. Use additional pages if necessary.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever had a professional license disciplined? If yes, please state when, what type of discipline, and the reason(s) for the discipline.				<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been disciplined as a licensed day care, foster home, or residential care facility? If yes, state when, type of discipline, and the reason(s) for the discipline.				<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been placed on the Employment Disqualification List? If yes, please state when, what type of discipline, and the reason(s) for the discipline.				<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been terminated from employment or asked to resign by an employer? If yes, provide company name and details.				<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION – GIVE YOUR COMPLETE EDUCATIONAL HISTORY BELOW – ATTACH COPY OF COLLEGE TRANSCRIPTS, IF APPLICABLE

12. Do you have either a high school diploma or GED?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. HIGHER EDUCATION					
NAME AND LOCATION	DATES OF ATTENDANCE	MAJOR AND RELATED SUBJECTS	SEMESTER HOURS IN THOSE SUBJECTS	TOTAL SEMESTER HOURS IN ALL SUBJECTS	DEGREE EARNED

PROFESSIONAL REFERENCES -- OTHER THAN FAMILY MEMBERS OR PREVIOUS SUPERVISORS LISTED IN EMPLOYMENT RECORD SECTION

14. NAME	RELATIONSHIP	PLACE OF WORK AND TELEPHONE NUMBER

RELATIVES WORKING FOR THE DEPARTMENT OF HEALTH AND SENIOR SERVICES. Relative is defined as: Spouse, Parents, Children, Grandparents, Grandchildren, Siblings, First Cousins, In-Laws, Aunts, Uncles, Nephews, Nieces (To Include All Blood, Step, and Foster Relationships).

15. NAME	RELATIONSHIP	PLACE OF WORK

EMPLOYMENT RECORD

Describe, in detail, all positions that you have held during the last ten (10) years. Start with your present employment, or if unemployed your most recent employment and list your employment history from most recent back. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Be sure to indicate where this record of your experience may be verified (i.e. supervisor contact). Use continuation page if necessary. All fields of the employment record must be completed. Description of duties may be included on attached resume.

16. NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM			TO			DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	DAY	YR	MO	DAY	YR		
	TITLE OF POSITION HELD							
NAME OF SUPERVISOR	SUPERVISOR'S PHONE NUMBER							HOURS PER WEEK
17. NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM			TO			DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	DAY	YR	MO	DAY	YR		
	TITLE OF POSITION HELD							
NAME OF SUPERVISOR	SUPERVISOR'S PHONE NUMBER							HOURS PER WEEK
18. NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM			TO			DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	DAY	YR	MO	DAY	YR		
	TITLE OF POSITION HELD							
NAME OF SUPERVISOR	SUPERVISOR'S PHONE NUMBER							HOURS PER WEEK
19. NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM			TO			DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	DAY	YR	MO	DAY	YR		
	TITLE OF POSITION HELD							
NAME OF SUPERVISOR	SUPERVISOR'S PHONE NUMBER							HOURS PER WEEK

Please attach continuation sheet if needed.

The Department is unable to sponsor employees in their application for work visas through INS. For questions, please contact the Chief, Office of Human Resources.

THIS APPLICATION IS NOT VALID UNLESS SIGNED. READ VERY CAREFULLY BEFORE SIGNING.

Pursuant to state and federal law, your social security number may be used for the following purposes: (1) To conduct criminal record checks, (2) To verify information provided in your application, (3) For identification purposes in disciplinary databases. If you fail or refuse to provide your social security number, you will not be considered for employment.

The Department of Health and Senior Services (DHSS) conducts background checks on all prospective employees as a condition of employment. Background checks include but may not be limited to: Employment history and references; professional certifications and educational requirements; criminal records maintained by the Missouri Uniform Law Enforcement System and any other criminal databases; the DHSS Employee Disqualification List; and the Federal Excluded Parties list for debarment or suspension. I authorize DHSS to investigate, obtain, and compile said information.

I hereby certify that this application contains no misrepresentation or falsification and that the 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 such misrepresentation, falsification, or concealment as to a material fact, it will be sufficient ground for rejection of my application and/or removal from employment.

SIGNATURE 	DATE
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INSTRUCTIONS: Employees must complete this form to request approval for outside employment or to report changes in conditions of outside employment/volunteer activity and submit it to their immediate supervisors. Information provided will be used to determine whether the approval will create an actual or potential conflict of interest.

EMPLOYEE NAME		DATE
DIVISION AND LOCATION	WORKING TITLE OF CURRENT DHSS POSITION	
OUTSIDE EMPLOYER/ACTIVITY NAME AND ADDRESS		
NAME AND TITLE OF INDIVIDUAL FROM OUTSIDE EMPLOYER/ACTIVITY DHSS MAY CONTACT		PHONE NUMBER
TITLE OF POSITION REQUESTED	OUTSIDE WORK SCHEDULE	NO. OF HOURS/WEEK

IS EMPLOYER CONTRACTED, LICENSED, REGULATED OR AUDITED BY DHSS? YES NO
 IF YES, EXPLAIN:

DUTIES OF POSITION

CLIENTS SERVED

By signing this form, I acknowledge, understand and agree to the provisions of DHSS Administrative Policy 11.7/Outside Employment.

EMPLOYEE SIGNATURE	DATE
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CHANGES IN OUTSIDE EMPLOYMENT

EMPLOYEES SHOULD COMPLETE THIS SECTION AND SUBMIT TO IMMEDIATE SUPERVISORS WHEN CHANGES OCCUR IN OUTSIDE EMPLOYMENT.

Outside employment/activity ended on _____ (date).

Major changes in outside employer's type of business, client or services
 Explain:

SUPERVISOR COMPLETES AND FORWARDS THROUGH DIVISION CHANNELS

IMMEDIATE SUPERVISOR SIGNATURE	DATE	RECOMMENDATION <input type="checkbox"/> Conflict <input type="checkbox"/> NO Conflict
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COMMENTS

SUCCESSIVE SUPERVISOR SIGNATURE	DATE	RECOMMENDATION <input type="checkbox"/> Conflict <input type="checkbox"/> NO Conflict
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COMMENTS

SUCCESSIVE SUPERVISOR SIGNATURE	DATE	RECOMMENDATION <input type="checkbox"/> Conflict <input type="checkbox"/> NO Conflict
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COMMENTS

DIVISION DIRECTOR / DESIGNEE SIGNATURE	DATE	RECOMMENDATION <input type="checkbox"/> Conflict <input type="checkbox"/> NO Conflict
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COMMENTS