MARIPOSA COUNTY RESOLUTION NO. 86-215

BE IT HEREBY RESOLVED by the Board of Supervisors of Mariposa County, a political subdivision of the State of California, that the Board of Supervisors hereby approved the following document: EXHIBITS "A through L", as attached hereto and incorporated herein, to be added to the Personnel Policies and Procedures Handbook.

PASSED AND ADOPTED by the Mariposa County Board of Supervisors this 24th day of June, 1986, by the following vote:

AYES: BARRICK, DALTON, ERICKSON, RADANOVICH, TABER
NOES: NONE
ABSENT: NONE
ABSTAINED: NONE

BEVERLY BARRICK, Chairman
Mariposa County Board of Supervisors

ATTEST:

GERALD MC CARTHY, County Clerk and Ex Officio Clerk of the Board

APPROVED AS TO FORM AND LEGAL SUFFICIENCY:

JEFFREY D. GREEN, County Counsel
AGREEMENT
PERSONAL SERVICE AGREEMENT

THIS AGREEMENT is entered into on the date or dates last below written by and between the County of Mariposa, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and ________________, hereinafter referred to as "CONTRACTOR", for services to be provided to the Mariposa County _____________ Department.

WITNESSETH:

WHEREAS, COUNTY is in need of services to be provided to the County _____________ Department, and

WHEREAS, CONTRACTOR is qualified and desires to provide services to the COUNTY _____________ Department.

NOW, THEREFORE, in consideration of the mutual covenants and conditions hereinafter contained, the Parties hereto agree as follows:

1. CONTRACTOR agrees to provide the services described in Paragraph 2 below, and to perform the tasks as set out therein, to COUNTY, commencing ____________, 19___ and terminating ____________, 19__. Said services and/or tasks shall be conducted at the direction of______________________, who shall be responsible for administering the terms of this

2. Services and/or tasks to be performed by CONTRACTOR:

__________________________________________________________________________________________

3. CONTRACTOR is an independent CONTRACTOR qualified to provide services to COUNTY in accordance with the services and tasks described above. CONTRACTOR is not an employee of COUNT and is solely responsible for all incidents of employment including, but not limited to, payment of Federal and State Income Taxes and Health Insurance.

4. CONTRACTOR shall not receive benefits, including, but not limited to, insurance, sick leave, vacation leave, or any other benefits which COUNTY employees receive.

5. CONTRACTOR (shall) (shall not) receive Worker's Compensation benefits.

6. COUNTY agrees to pay CONTRACTOR the sum of ______________________ ($__________) for services as described above for a period beginning ____________, 19___ through ____________, 19__. Payments will be made upon submission of a formal claim as follows:

__________________________________________________________________________________________

2
MARIPOSA COUNTY

PERSONNEL FORM

CHECK ONE:

_____ NOTICE OF EMPLOYMENT

_____ CHANGE OF CLASSIFICATION

NOTE: This form must be completed at the time of employment or change of classification and forwarded immediately to the Auditor's Office.

__________________________________________
DEPARTMENT

NAME OF EMPLOYEE:

(last) (first) (mi)

STREET ADDRESS:

(number) (street) (city) (zip)

MAILING ADDRESS IF DIFFERENT FROM ABOVE:

(P.O.Box, etc.) (city) (zip)

SOCIAL SECURITY NUMBER

DATE OF BIRTH:

(month) (date) (year)

DATE OF EMPLOYMENT:

ANNIVERSARY DATE:

CLASSIFICATION:

Payroll Line No. Position Title Range Step Salary Effective Date

_________________________ ___________________________ ___________ ___________ ___________ ___________

_________________________ ___________________________ ___________ ___________ ___________ ___________

_________________________ ___________________________ ___________ ___________ ___________ ___________

_________________________ ___________________________ ___________ ___________ ___________ ___________

Signature of Department Head:

Date:

6/86
Orig. - Auditor
Copy - Dept
MARIPOSA COUNTY

MONTHLY CLAIM FORM

DIRECTIONS: Claims must be properly itemized, giving name, date, particular services rendered, character of process served and upon whom, giving distances traveled, hereto and wherefrom, character of work done, number of days engaged, material furnished and quantity, and unit prices paid therefor. Govt. Code Section 29700. No claims can be audited or allowed unless or until these requirements have been complied with.

Demand of: _______________________________
Address: ________________________________

, CA Zip: ______________________________

On the Treasurer of MARIPOSA COUNTY, State of CA

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<th>DATE</th>
<th>ITEMS/DESCRIPTION OF SERVICES</th>
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TOTAL CLAIM SUBMITTED: . . . . . . $ 

CAUTION: READ BEFORE SIGNING: YOUR ARE SIGNING UNDER PENALTY OF PERJURY.

STATE OF CALIFORNIA )
COUNTY OF MARIPOSA )ss.

I certify (or declare) under penalty of perjury that the foregoing claim and items as therein set out are true and correct; that no part thereof has been heretofore paid and that the amount is justly due; and that same is presented within one year after the last item has accrued.

Date: ___________________________ Signed: ________________________

(Signature of Claimant)

Expenditures Authorized & Approved By: ___________________________

(Signature of Department Head)

Account No. ___________________________ Department: ___________________________

6/86
Orig. - Auditor
Copy - Dept.
APPLICATION FOR EMPLOYMENT

PLEASE: Print neatly, or Type

Mail or Deliver completed
Application to:
County of Maricopa
Courthouse - 5888 Bullion St.
P. O. Box 784
Maricopa, CA 95318

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, or national origin. Public Law 90-282 prohibits discrimination because of age.

DIRECTIONS: Please complete all questions fully with the exception of Question No. 22 which is to be completed only by those applicants applying for officer positions within the Sheriff's Department.

PERSONAL INFORMATION:

Name: ___________________________  Last  First  M.  S.  J.  Date: ____________/__________/_________
Current Address: ___________________________  Telephone: ( ) ____________
City: ___________________________  State: ____________  Zip: ____________
Mailing Address, if different from above: ___________________________________________

Job Applied For: ___________________________

1. How many years have you lived at your current address: ____________  Years

2. Previous address: ____________________________________________

3. How many years did you live at that address: ____________  Years

4. Do you have any physical condition which may limit your ability to perform the job applied for?  Yes  No

   If yes, explain your work limitations: ___________________________________________

5. Have you had a serious illness in the past five years?  Yes  No  If yes, please describe: ___________________________

NOTICE: Offer of employment may be contingent upon applicant passing a physical examination.

6. Please provide the name of a person to be notified in case of an accident or emergency in the space below:

Name: ___________________________
Address: ___________________________
City: ___________________________  Telephone: L ____________

7. Are you over 21 years of age?  Yes  No  If no, employment is subject to verification that you are of minimum legal age.

8. Do you possess a valid California Driver's License?  Yes  No

   License No: ___________________________  Expiration Date: ___________________________

   Proof of a valid California Driver's License may be necessary if employed in positions requiring a California Driver's License.

9. If you are not a citizen of the United States, do you have the legal right to remain permanently in the United States?  Yes  No

   Do you intend to remain permanently in the United States?  Yes  No  If hired, an applicant may be required to submit proof of Citizenship.

10. Have you ever been bonded?  Yes  No  If yes, for what jobs: ___________________________

11. Have you ever been convicted of any crime?  Yes  No

   If yes, When: ___________________________  Where: ___________________________

   Disposition of case: ___________________________

12. Were you ever previously employed by Maricopa County?  Yes  No  If yes, give year(s) and position(s) held: ___________________________

13. Please list the names of all relatives working for Maricopa County and the Department where they work: ___________________________________________

14. How did you become aware of this job opening?  Newspaper Ad  Friend  Other: ___________________________

15. If applicable, are there any hours, shifts, or days you cannot work?  Yes  No

   If yes, please explain: ___________________________________________

16. Please indicate which types of employment you will accept:  Full Time  Extra Help

17. If hired, what date will you be available to start work? ___________________________

18. Have you ever been discharged, rejected during probation, or had to resign under pressure or unfavorable circumstances from any employment?  Yes  No  If yes, explain fully: ___________________________________________

19. PERSONAL REFERENCES: (Excluding former employers and/or relatives). Please give the names and addresses of these people.

   Name/Occupation: ___________________________  Address: ___________________________

   Phone No.: ___________________________

   1. ___________________________

   2. ___________________________

   3. ___________________________

Orig. - Auditor (of Applicant hired for position)
MARIPOSA COUNTY

PERSONNEL FORM

ACKNOWLEDGEMENT RECEIPT FOR
A PERSONAL COPY OF THE
MARIPOSA COUNTY PERSONNEL
POLICIES AND PROCEDURES HANDBOOK

I, ____________________________________________

HEREBY ACKNOWLEDGE RECEIVING A COPY OF THE
MARIPOSA COUNTY PERSONNEL POLICIES AND PRO-
CEDURES HANDBOOK.

SIGNED: _______________________________________

DATE: _________________________________________

6/86
Orig. - County Counsel
Copy - Dept.
MARIPOSA COUNTY

PERSONNEL FORM

SAFETY PLEDGE

This certifies that I have received, read, and will be guided by the Fleet Safety Program as set forth in the MARIPOSA COUNTY POLICIES AND PROCEDURES FOR THE OPERATION OF COUNTY VEHICLES.

I further certify that it is my sincere intention to observe all safety rules with regard to vehicle operation and do my utmost at all times to protect the safety of myself and that of my fellow worker and the general public.

And, I further authorize the County of Mariposa to obtain a copy of my driving record from the California Department of Motor Vehicles.

Date: ___________________________  By: ___________________________
(Signature)

(Printed Name)

DEPARTMENT: ___________________________

CALIFORNIA DRIVER'S LICENSE NUMBER: ___________________________

6/86
Orig.- County Counsel
Copy - Dept.
PERSONAL EVALUATION
Annual Work Performance Review
(date prepared)

(employee's name)

(supervisor's name)

for period of / / / from / to /

Vocabulary:
Employee's: Attitude; judgment; loyalty, job skills; learning ability on the job; knowledge of job duties; promotability; health; accident record; fulfillment of job duties.

Supervisor's: Personal counseling; evaluation of employee work skills; knowledge of job duties and fulfillment of job duties; review of work habits; analysis of sick leave and accident record; instructions on job skill development, self-improvement and job advancement.

Definition: Please review vocabulary and technical definition on reverse side of this sheet.

Constructive Evaluation of Employee's Work:

Recommendation for Employee Development and/or Improvement:

MERIT RAISE INCREASE RECOMMENDED YES NO

Signature of Department Head / date

Signature of Supervisor / date

Signature of Employee / Initial

(Date of employee meeting Supervisor's being signed by both supervisor and department head.)

DEFINITION

Employee

Ability: Competence or skill as determined by training and present development.

Attitude: State of mind, behavior, or conduct regarding some matter.

Judgment: The decision or opinion reached through judging; the faculty of judging; ability to judge wisely.

Learn: To acquire knowledge or of skill in by study, instruction, practice, etc.

Promote: To contribute to the progress, development, or growth of; further; encourage.

Skill: Proficiency or technical ability in any art, science, handicraft, etc., demonstrated by ease or expertness in performance, application, etc.

Supervisor

Analysis: The separation of a whole into its parts or elements.

Counsel: Mutual exchange of advice, opinions, etc.; consultation; advice given as the result of consultation; opinion on what to do; guidance.

Evaluate: To find or determine the amount, worth, etc., of; appraise.

Knowledge: A result or product of knowing; information or understanding, acquired through experience, practical ability, or skill.

Improve: The act of making better, or the state of becoming better.

Instruction: The act of instructing or teaching; directions or orders.
CONFIDENTIAL EMPLOYEE STATEMENT

EMPLOYEE recognizes that in the scope of employment with Mariposa County, EMPLOYEE will observe and obtain certain confidential information. EMPLOYEE agrees not to discuss, release, or in any way allow such confidential information to be obtained or viewed by any person or persons not specifically entitled to such confidential information. EMPLOYEE further agrees to seek direction from Employee's Department Head or Supervisor if there is any question as to whether or not any information is confidential.

EMPLOYEE understands that any violation regarding the confidentiality of such information will immediately subject EMPLOYEE to disciplinary action, including termination of employment.

CAUTION: READ BEFORE SIGNING:
YOU ARE SIGNING UNDER PENALTY OF PERJURY

State of California )ss.
County of Mariposa

I certify (or declare) under penalty of perjury that I have read the foregoing statement, understand the contents and intent of said statement and hereby agree to adhere to the stipulations contained therein.

EMPLOYEE:

(Signature)

(Printed name)

Job Title:

Department:

Date:

6/86
Orig. - Auditor
Copy - Dept.
INVENTORY STATEMENT

I, ______________________, hereby acknowledge that the following items of equipment/material, have been issued to me for the performance of my duties as an employee of the ______________________ Department, County of Mariposa. I further acknowledge the fact that I have the responsibility of returning all of these items upon separation of employment with the above-mentioned Department of the County of Mariposa.

Description of items received:
(Please use serial numbers, any identifying marks, size, amount, and/or specific data, etc.)

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<th>Description</th>
<th>Date Received</th>
<th>Date Returned</th>
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Signed: ______________________
(Employee)

Date: ______________________

Signed: ______________________
(Department head)

Date: ______________________

NOTE: When items are returned, the supervisor in charge must initial each line item returned or fill in the comments section below relative to the disposition of the property involved.

COMMENTS:

________________________
________________________
________________________

Signed: ______________________
Date: ______________________

6/96
Orig. - Auditor
Copy - Dept.
# Overtime Certification

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<th>Number of hours earned</th>
<th>Total Hours Time &amp; a Half</th>
<th>Number of Hours Taken</th>
<th>Accrued Overtime</th>
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Please pay ( ) hours @ ( ) per hour.

STATE OF CALIFORNIA)ss.
COUNTY OF MARIPOSA

I certify (or declare) under penalty of perjury that the foregoing claim as therein set out are true and correct; that no part thereof has been here-tofore paid and that the amount is justly due.

Date: ___________________________  Signed ___________________________

(Signature of Employee)

Expenditures Authorized & Approved By: ___________________________

(Signature of Department Head)

Account No. ___________________________ Department ___________________________ Date ___________________________

6/86
Orig. - Auditor
Copy - Dept.
MARIPOSA COUNTY  
PERSONNEL FORM  

NOTICE OF GRIEVANCE  

1. NAME OF EMPLOYEE:  

2. DEPARTMENT OF EMPLOYMENT:  

3. JOB CLASSIFICATION:  

4. DATE OF DECISION OR ACTION GIVING RISE TO GRIEVANCE:  

5. DESCRIPTION OF DECISION OR ACTION GIVING RISE TO GRIEVANCE:  
(Be as specific as possible. Attach a separate sheet if additional space is needed).  

6. REMEDY DESIRED BY EMPLOYEE:  

7. NOTICE: THIS FORM MUST BE FILED NOT LATER THAN TWENTY (20) DAYS FROM THE DATE OF DECISION OR ACTION GIVING RISE TO THE GRIEVANCE OR YOUR GRIEVANCE PROCEDURE SHALL BE DEEMED WAIVED. (COUNTY OF MARIPOSA PERSONNEL POLICIES AND PROCEDURES HANDBOOK, SECTION 13.01).  

EMPLOYEE'S SIGNATURE  

DATE  

GERALD MCCARTHY, EX OFFICIO CLERK  
OF THE BOARD OF SUPERVISORS  

DATE RECEIVED  

8. DATE OF MEDIATION MEETING:  

9. THE UNDERSIGNED HEREBY WAIVE THE THIRTY (30) DAY TIME PERIOD WITHIN WHICH A MEDIATION MEETING MUST BE HELD PURSUANT TO COUNTY OF MARIPOSA PERSONNEL POLICIES AND PROCEDURES HANDBOOK, SECTION 13.02(1).  

EMPLOYEE'S SIGNATURE  

DATE  

GERALD MCCARTHY, EX OFFICIO CLERK  
OF THE BOARD OF SUPERVISORS  

DATE NOTICE OF TERMINATION OF MEDIATION PROCESS RECEIVED  

Notice of Grievance (cont.)  

DEPARTMENT HEAD OR SUPERVISOR  

DATE  

GERALD MCCARTHY, EX OFFICIO CLERK  
OF THE BOARD OF SUPERVISORS  

DATE RECEIVED  

10. TERMINATION OF MEDIATION PROCESS:  

DATE  

GERALD MCCARTHY, EX OFFICIO CLERK  
OF THE BOARD OF SUPERVISORS  

DATE NOTICE OF TERMINATION OF MEDIATION PROCESS RECEIVED  

6/86  
Orig.-Clerk of the Board
Notice of Request for Grievance Hearing (cont.)

DEPARTMENT HEAD

GERALD MCCARTHY, EX OFFICIO CLERK
OF THE BOARD OF SUPERVISORS

6/86
(Clerk of the Board)