



## Pima County Attorney's Office

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[www.pcao.pima.gov](http://www.pcao.pima.gov)

**Barbara LaWall**  
Pima County Attorney

### **New Hire Packet Checklist Existing County Employees**

**(All Documents are required for New Hire Orientation)**

1. [Name Verification Form](#)  
(\*Hyperlink – Direct link to document)
2. Terms and Conditions of Employment
  - a. Probationary Appointment
  - b. Unclassified Appointment
3. [I-9 Employment Eligibility Verification](#)  
(\*Hyperlink – Direct link to document)
4. [Pima County Board of Supervisors Policy C 3.1- Computer Use](#)  
(\*Hyperlink – Direct link to document)
5. Pima County Government Policy Statement & Drug Free Workplace and Agreement
6. Preventing Workplace Harassment Acknowledgement
7. Pima County Equal Employment Opportunity (EEO) Form
8. Pima County Attorney's Office Emergency Contact Information
9. Pima County Attorney's Office Confidentiality Agreement
10. Pima County Outside Employment Permission Form

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

PIMA COUNTY  
INITIAL PROBATIONARY APPOINTMENT  
TERMS AND CONDITIONS OF EMPLOYMENT

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

- 1) I understand I am an at- will employee and I may be terminated at anytime during my initial probation without cause and without recourse to the Pima County Merit System, except in cases of alleged unlawful discrimination.
- 2) I am aware the Pima County Government operates under a merit system.
- 3) I have been made aware that all County employees must observe the basic work rule principles as set forth in Personnel Policies, and I will abide by these provisions.
- 4) I will be required to sign a State of Arizona Loyalty Oath.
- 5) I am required to serve an initial probation of 12 months, according to the provisions of the Pima County Merit System Rules.
- 6) The change from an at- will employee to a regular classified employee is at the discretion of the appointing authority.
- 7) In accepting employment I understand all other applications I have submitted for classifications of the same or lower salary grade will be removed from the Employment Services Application Files.
- 8) I understand that annual leave accrued during initial probation may be used after completion of 6 months of continuous service. Sick leave may be used after completion of 3 months of continuous service. Both annual and sick leave may be used anytime in conjunction with a job-related injury.
- 9) It is mandatory that \_\_\_\_\_% of my gross County salary (on pre-tax dollars) will be withheld each pay period and paid into my account in the Arizona State Retirement system as required by Arizona State Statute.
- 10) In accepting employment, I understand and agree that I will read, be familiar with and comply with the Pima County Merit System Rules and Personnel Polices, which can be found on the County website at [www.pima.gov/hr/meritrules.html](http://www.pima.gov/hr/meritrules.html).

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

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature of Department Head Date



# ADMINISTRATIVE PROCEDURES

Procedure Number: 23-42

Effective Date: 10/14/2009

Revision Date: 05/25/2011

*C. D. Deibel*

County Administrator

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SUBJECT: **UNCLASSIFIED EMPLOYMENT TERMS AND CONDITIONS**

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

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## I. PURPOSE

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

## II. PROCEDURES

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

## III. RESPONSIBILITY

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

Attachment A

**PIMA COUNTY  
UNCLASSIFIED POSITION  
TERMS AND CONDITIONS OF EMPLOYMENT**

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

- 1) I understand that in accepting this unclassified position I am employed at will and I may be terminated at anytime during my unclassified employment with Pima County, without cause and without recourse to the Pima County Merit System, except in cases of alleged unlawful discrimination.
- 2) I am aware that Pima County Government operates under a merit system and as an unclassified employee I am not subject to nor do I have protection under these rules. If I accept an unclassified position after having served in a different classified position, I acknowledge, fully understand and agree that the Pima County Merit System Rules no longer will apply to me, which includes my right to grieve or appeal employment actions except for alleged acts of discrimination.
- 3) I have been made aware that all Pima County employees must observe the basic work rule principles as set forth in the Pima County Personnel Policies, Board of Supervisors Policies, Pima County Administrative Procedures and departmental procedures.
- 4) I understand and agree to sign a State of Arizona Loyalty Oath, if one is not already on file.
- 5) I understand and agree that to change my employment status from an at-will employee to a regular classified employee shall require a competitive process pursuant to Merit System Rule 4.
- 6) In accepting this offer of employment, or if already employed, this change in employment status, I understand that all job applications I have submitted for classified employment will be removed from the Human Resources application files unless I submit a written request to the Human Resources Director for those applications to remain in an active status for the remainder of their eligibility period pursuant to Merit System 6.1.
- 7) I understand that annual and sick leave accruals and usage are set forth in Personnel Policies 8-105 and 8-106 respectively, unless I am already a County employee with rights to use my leave banks.
- 8) It is mandatory that a percent of my gross County salary (on pre-tax dollars) will be withheld each pay period and paid into my account in the Arizona State Retirement System as required by Arizona State Statute.
- 9) I understand and agree that I will read, be familiar with and comply with the Pima County Personnel Policies, Board of Supervisors Policies, Administrative Procedures and departmental procedures, where applicable.

Additional terms/conditions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of the Appointing Authority

\_\_\_\_\_  
 Date

Original – Official Personnel File  
 (Attached to PAF)

Copy – Department

Copy – Employee

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

PL100-690:

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

- (1) Each County employee shall be notified that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in any County workplace and action will be taken against County employees for violation of such prohibition;
- (2) The Pima County Drug-Free Awareness Program informs County employees about:
  - the dangers of drug abuse in the workplace;
  - the County's policy of maintaining a drug-free workplace;
  - any available drug counseling, rehabilitation and employee assistance programs available to County employees; and
  - the penalties that will be imposed upon County employees for drug abuse violations occurring in the workplace;
- (3) Pima County Government will provide all employees engaged in the performance of their duties with a copy of this policy statement;
- (4) As a condition of continued employment with the County, all employees will:
  - abide by the terms of the statement of policy; and
  - notify Pima County Government of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;
- (5) Pima County Government agrees to notify the grantor within ten (10) days after receiving notice of a drug statute conviction from a County employee;
- (6) Pima County Appointing Authorities will, within thirty (30) days after receiving notice of a conviction, impose the following sanctions or remedial measures on any employee who is convicted of drug abuse in the workplace:
  - take appropriate personnel action against such employee up to and including termination; or
  - require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health agency, law enforcement agency or other appropriate agency; and
- (7) Pima County Government will make a good faith effort to maintain a drug-free workplace through implementation of these policies.



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

AGREEMENT

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Department

\_\_\_\_\_  
Division/ Unit

\_\_\_\_\_  
Date



# Preventing Workplace Harassment Acknowledgment

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department

\_\_\_\_\_  
Employee ID Number

Issued By:

\_\_\_\_\_  
Department Representative

\_\_\_\_\_  
Date





# EMERGENCY CONTACT INFORMATION

To: ALL PIMA COUNTY ATTORNEY EMPLOYEES

From: Paula Johnson, Personnel Coordinator

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Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Land Line Number: \_\_\_\_\_

Personal Cell Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

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## In Case of Emergency

Contact Person #1:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

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

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

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

Contact Person #2:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

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

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

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



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**Barbara LaWall**  
Pima County Attorney

### Pima County Attorney's Office Confidentiality Agreement

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

\_\_\_\_\_  
*Signature*

The above signature was acknowledged before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary

My Commission Expires:

**PIMA COUNTY OUTSIDE EMPLOYMENT PERMISSION FORM\***

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

EIN: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ DIVISION: \_\_\_\_\_

I am requesting permission to engage in outside employment (OE) with the following organization/individual: \_\_\_\_\_

OE Supervisor's Name: \_\_\_\_\_ OE Supervisor's Phone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position: \_\_\_\_\_

I will be performing the following type of work: \_\_\_\_\_

On the following days and hours: \_\_\_\_\_  
*[Limited to a maximum of twenty (20) hours per week\*\*]*

The total number of hours per week will be: \_\_\_\_\_

By signing below I agree to:

- follow all expectations and parameters as outlined in Personnel Policy 8-111 – Outside Employment,
- immediately report any changes in the information provided on this form or status of my outside employment to my Supervisor or Appointing Authority,
- immediately report injuries sustained during outside employment to my Supervisor or Appointing Authority, and
- obtain specific additional approval to engage in outside employment while I am on sick leave, FMLA or industrial compensation time from the County.

By signing below I further acknowledge that my Appointing Authority or designee has my permission, at any time, to contact my outside employer to verify days and hours worked and type of work performed. I understand that failure to comply with Personnel Policy 8-111 may result in withdrawal of permission for outside employment.

\_\_\_\_\_  
Employee's Signature

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

\_\_\_\_\_  
Supervisor's Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature / Date

( ) APPROVED ( ) DENIED

\_\_\_\_\_  
Appointing Authority's Signature / Date

**Original: Department File**  
**Copy: Employee**

\* Permission for outside employment must be renewed annually by calendar year  
\*\*County employees may work up to 24 hours a week in outside employment with the written permission of the County Administrator (P.P. 8-111B)