



LEWIS AND CLARK COUNTY POLICY STATEMENT OF UNDERSTANDING

I, _____, hereby acknowledge and declare that:
(Print Name)

(i) I am aware that Lewis and Clark County Human Resources' policies are available to me on the intranet, or upon request. It is my responsibility to familiarize myself with these policies.

(ii) In addition, by initialing next to each policy listed below, I confirm that I have read and understand the following:

- a. ____ 1.2.1 – General Personnel Policies, Policy Statements and Definitions
- b. ____ 1.2.2 – Personnel Policy Administration
- c. ____ 1.2.3 – Employment Status
- d. ____ 1.2.4 – Recruitment and Selection
- e. ____ 1.2.5 – Internal Hires, Promotions, Transfers, Temporary Assignments, Job Audits and Reorganizations
- f. ____ 1.2.6 – Demotions, Reductions in Force and Voluntary Resignations
- g. ____ 1.2.7 – Employee Benefits - General
- h. ____ 1.2.8 – Employee Benefits – Leave Provisions
- i. ____ 1.2.9 – Performance and Conduct
- j. ____ 1.2.10 – General Work Rules, Hours of Work, Overtime and Travel
- k. ____ 1.2.12 – Complaint Procedures: Employee Grievances and Unlawful Discrimination Complaints
- l. ____ 1.2.13 – Workplace Safety Program
- m. ____ 1.2.14 – Performance Review
- n. ____ 1.2.15 – Wellness Program

(iii) I understand that failure to follow these policies may result in disciplinary action up to and including discharge.

Signed: _____

Date: _____

Return signed form to Lewis and Clark County Human Resource Department, 316 N Park, Helena, Montana 59623, for placement in your permanent personnel record.