

# SECTION 3:

# EMPLOYEE FORMS

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# TRINITY COUNTY

## APPLICATION FOR EMPLOYMENT

### AN EQUAL OPPORTUNITY EMPLOYER:

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. If you need assistance completing this application and/or with any testing required during the application process, please ask the staff in the Personnel Office so that assistance may be provided. A job description will be available for your review for each job posted.

### PLEASE PRINT IN INK

NAME (As it appears on Social Security Card / Work Permit Card)		Last	First	M.I.
SOCIAL SECURITY NUMBER				
ADDRESS				
CITY, STATE, ZIP				
HOME TELEPHONE		MESSAGE CONTACT: Name	Area Code	Number
DAYTIME TELEPHONE		ARE YOU AT LEAST 18 YEARS OLD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
OTHER NAMES YOU HAVE USED:				
POSITION APPLIED FOR:		DEPARTMENT:		
REFERRED FOR THIS POSITION BY:		DATE AVAILABLE:		
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? • NO • YES		WHEN?	DEPARTMENT:	
SUPERVISOR:		REASON FOR LEAVING:		
DO YOU HAVE A RELATIVE CURRENTLY WORKING FOR TRINITY COUNTY? <input type="checkbox"/> NO <input type="checkbox"/> YES				
IF YES, WHAT IS HIS OR HER NAME? _____				
WHAT IS YOUR RELATIONSHIP? _____				
IN WHAT DEPARTMENT DOES YOUR RELATIVE WORK? _____				
<p>HAVE YOU EVER BEEN CONVICTED, OR PLED GUILTY OR NO CONTEST TO, A FELONY OFFENSE? IF SO, PLEASE EXPLAIN. IMPORTANT: FOR PURPOSES OF EMPLOYMENT WITH TRINITY COUNTY, CONVICTIONS INCLUDE SENTENCED TO CONFINEMENT, PAID FINE, TIME SERVED, PLACED ON PROBATION INCLUDING DEFERRED ADJUDICATION AND COURT ORDERED RESTITUTION. A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.</p> <p>• NO • YES</p> <p>If Yes, Give location, date, charge and disposition of case(s) on a separate page</p>		<p>IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:</p> <p>I HAVE A VALID DRIVER'S LICENSE:</p> <p>• NO • YES</p> <p>TYPE: _____</p> <p>DRIVER'S LIC. # _____</p> <p>STATE: _____</p>		<p>CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?</p> <p>• NO • YES</p>

## U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

\_\_\_\_\_

Branch of Service

From: \_\_\_\_\_ To: \_\_\_\_\_

Dates Served Type of Discharge

### EDUCATION / SKILLS

#### EDUCATIONAL LEVEL

	NAME	CITY STATE	YRS COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL						
COMMUNITY or JUNIOR COLLEGE						
COMPLETED DEGREE MAJOR						
BUSINESS or TRADE SCHOOL						
COLLEGE or UNIVERSITY						
GRADUATE SCHOOL						

### COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software
Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

### LICENSES / CERTIFICATION / ORGANIZATIONS

PROFESSIONAL LICENSES AND CERTIFICATION (JOB RELATED)	TYPES OF LICENSES AND CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO/YR
PROFESSIONAL SCHOLASTIC AND OTHER ORGANIZATIONS (JOB RELATED)	NAME	DATE	NAME	DATE	

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status

### JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

## EMPLOYMENT HISTORY

PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.  
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

BASE SALARY \_\_\_\_\_ / \_\_\_\_\_ £MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

BASE SALARY \_\_\_\_\_ / \_\_\_\_\_ £MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

BASE SALARY \_\_\_\_\_ / \_\_\_\_\_ £MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

BASE SALARY \_\_\_\_\_ / \_\_\_\_\_ £MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

BASE SALARY \_\_\_\_\_ / \_\_\_\_\_ £MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
START FINAL

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

(ATTACH ADDITIONAL PAGE IF NECESSARY)

## EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

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(ATTACH ADDITIONAL PAGE IF NECESSARY)

## REFERENCES

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY,STATE,ZIP \_\_\_\_\_  
 DAYTIME PHONE \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
(No Relatives)

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY,STATE,ZIP \_\_\_\_\_  
 DAYTIME PHONE \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
(No Relatives)

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY,STATE,ZIP \_\_\_\_\_  
 DAYTIME PHONE \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
(No Relatives)

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY,STATE,ZIP \_\_\_\_\_  
 DAYTIME PHONE \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
(No Relatives)

## AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT: MY PRESENT EMPLOYER(S): • YES • NO    MY PAST EMPLOYERS: • YES • NO

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by a consumer reporting agency or County personnel to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a consumer reporting agency or County personnel may also conduct a check of criminal records. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as the name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer-reporting agency that compiled the report.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services. As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Personnel Director.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree to immediately notify Trinity County if I am convicted of, received deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust while my application is pending or during my period of employment, if hired. I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Texas Commission on Law Enforcement Officer Standards and Education or other equivalent agency as required by the State. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand and agree that, if required for the position, I will submit to a pre-employment driving record check and/or pre-employment physical, and in accordance with the County's adopted policies, I will submit to a pre-employment drug/alcohol screen as well as any other drug/alcohol screenings as required by the County's policy. I understand and agree that, if I refuse to submit to such physical, drug/alcohol screen, or driving record check, I will not be considered for employment with Trinity County. I also understand that, once employed, refusal to submit to such exams or a positive result on a drug/ alcohol screen will be grounds for disciplinary action, which may include termination.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

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

**AUTHORIZATION AGREEMENT NOTARIZATION**

STATE OF TEXAS §

COUNTY OF TRINITY §

BEFORE ME, the undersigned, a Notary Public in and for Trinity County, Texas, on this day personally appeared \_\_\_\_\_, known or proven to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

PLEASE NOTICE:

ONLY THOSE APPLICANTS SELECTED FOR INTERVIEWS  
WILL BE NOTIFIED OF THEIR SELECTION OR NONSELECTION  
FOR EMPLOYMENT WITH TRINITY COUNTY.

APPLICATIONS ARE KEPT ON FILE FOR ONE (1) YEAR,  
BUT ARE CONSIDERED CURRENT FOR SIX (6) MONTHS.

# FAIR CREDIT REPORTING ACT

## Disclosure and Authorization Statement

**To: All Applicants For Employment** *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

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Name (please print)

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Signature

Date Signed

*(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)*

## VOLUNTARY CONSENT TO PRE-EMPLOYEMENT DRUG TESTING

Applicant Name: \_\_\_\_\_  
(Please Print)

Trinity County has a vital interest in maintaining safe, healthful and efficient working conditions for its employees. Using or being under the influence of drugs may pose serious safety and health risks not only for the user but for his/her co-workers and the public, as well.

By signing this Notice, the applicant understands and voluntarily agrees to submit to pre-employment drug screening. The applicant further agrees to release Trinity County and its directors, officers, agents, employees, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of the pre-employment drug screening and any decision concerning employment made by Trinity County, in whole or in part, based upon the results of the pre-employment drug screen.

ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH TRINITY COUNTY. Refusal of any applicant to agree to pre-employment drug screening at this time does not preclude an applicant from applying for employment with Trinity County at some future time when the applicant will agree to conform to our policies.

I understand that my offer of employment with Trinity County is contingent upon my taking and passing a test for the presence of illegal drugs. I further understand and agree that I may be terminated from Trinity County should the results be positive for the presence of illegal drugs. I voluntarily consent to have a sample of my urine collected for the purpose of drug testing. In the event I should submit two or more samples for drug screening in connection with my application or employment, I understand that each sample must be negative for the presence of illegal drugs. The drug test will be conducted by a clinical, certified laboratory. I hereby authorize the results of this testing to be released to Trinity County. This consent is subject to revocation at any time upon written notice. I understand that I may receive a copy of this consent form upon written request.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

*(To be maintained on file with Employment Application)*



**\*\*\* VOLUNTARY AFFIRMATIVE ACTION INFORMATION \*\*\***

THE COUNTY OF TRINITY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. As an employer with an Equal Opportunity Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is OPTIONAL. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OF ANY DATE WILL NOT AFFECT ANY EMPLOYMENT DECISION.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ PHONE \_\_\_\_\_ M.I. \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SEX: MALE  FEMALE  BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AGE: \_\_\_\_\_  
MO. DAY YEAR

CHECK ALL THAT APPLY:

DISABLED  VETERAN  VIET-NAM ERA  VETERAN

YOUR RACE/ETHNIC GROUP – CHECK ONE:

AMERICAN INDIAN \_\_\_\_\_, (Indicate Tribal Affiliation) \_\_\_\_\_

ASIAN OR PACIFIC ISLANDER \_\_\_\_\_ BLACK \_\_\_\_\_ ALASKAN NATIVE \_\_\_\_\_

HISPANIC \_\_\_\_\_ WHITE (Non-Hispanic) \_\_\_\_\_ OTHER (Specify) \_\_\_\_\_

WHAT INFLUENCED YOU TO APPLY FOR EMPLOYMENT WITH THE COUNTY OF TRINITY? (CHECK ONE)

FRIEND/RELATIVE \_\_\_\_\_ NEWS MEDIA AD \_\_\_\_\_ PRIVATE EMPLOYMENT AGENCY \_\_\_\_\_ TRINITY COUNTY'S WEBSITE \_\_\_\_\_ STATE EMPLOYMENT REFERRAL \_\_\_\_\_ OTHER (Please Specify) \_\_\_\_\_

**\*\*\* NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY \*\*\***



# Trinity County

## Applicant Procedures

### Introduction

Thank you for applying for employment with Trinity County. We appreciate your interest in working for the County and for giving us this opportunity to learn of your qualifications. We also hope that this present application process will soon lead to the right job opportunity for you with the County. However, if it does not, we want you to feel that it has, nevertheless, been a pleasant experience and one that will encourage you to apply again at a later date.

We have prepared this information sheet, referred to as the “Applicant Procedure”, to help guide you through the process and steps of applying for and becoming an employee of the County. The County has adopted this procedure to ensure that all persons seeking employment are treated in a fair and consistent manner and that in every case; the better qualified applicant is selected for each open and listed job vacancy. In addition, it is the County’s purpose to make this process as convenient and expeditious as is practicable.

The County will provide you with information on its personnel policies and practices, its employee benefits, and its personnel. However, please feel free at any time to ask questions and/or inquire about the status of your application. While we will be gathering relevant information about you, we want you, at the same time, to have all of the information you need. The County will be available to assist you at any time with your questions. The information on how to contact us is listed below.

### Employment at Will

All employment with the County is “at will”. This means that if you become an employee of the County, no contract of employment, either specified or unspecified, will exist between you and the County for any duration, except as provided by state law. In other words, the County will have the right to terminate your employment for any legal reason, or no reason, at any time either with or without notice. Conversely, you will have the right to leave your employment at any time, for any reason, with or without notice.

Furthermore, the County will have the right to change your location for work, your salary and benefit programs, its personnel policies and any other privilege or condition of employment at any time and for any reason, with or without prior notice.

## **Equal Employment Opportunity**

The County is an Equal Opportunity Employer. It is the policy of the County to provide equal opportunity to all applicants for employment without discrimination in regard to race, color, religion, disability, national origin, sex or age. This policy extends to hiring, training, promotion, discipline, transfer, layoff, termination and all other terms and conditions of employment.

### **Definition of a Job Applicant**

Due to regulatory reasons, the County defines a "job applicant" to be a qualified person who applies for an open and listed job vacancy. This means that the County accepts applications only for listed job vacancies and only from applicants who possess the minimum job skills and qualifications that are required of the position.

In addition, a job applicant is further defined as someone who has completed, in its entirety, a Trinity County Employment Application form and other supplement(s), as applicable, and who submits the document(s), in person, to the Treasurer, Auditor or other designated department of the County.

Persons submitting resumes, solicited or unsolicited, will not be considered a job applicant of the County unless and until they meet all of the above requirements.

For an open and listed job vacancy where a large number of job applicants apply, the County reserves the right to accept only a limited number of job applicants; i.e., the first 5, 10, 25, etc. In that event, all remaining job applicants would be regarded as ineligible for that vacancy.

### **Job Applicant Resources' File**

If you are not hired for a present open and listed job vacancy, the County will retain your application in a "Job Applicant Resources' File" for six (6) months. At the end of that period, you may extend that time for another six (6) months by reapplying and completing a new application. In which event, the County will consider your new application in accordance with this procedure.

The County uses the Job Applicant Resources' File as one of its many sources for qualified employees but no preferential consideration is given in the hiring process to those applicants. Again, the County's policy is to hire the better-qualified applicant available for each open and listed job vacancy, regardless of the source by which he/she was recruited or applied.

### **Other Requirements for Employment**

All job offers are conditioned upon passing a pre-employment alcohol/drug test. Applicants for Road & Bridge Equipment Operator jobs who do not hold a valid Commercial Drivers' License ("CDL") will be required, in accordance with law, to obtain medical certification of eligibility for a CDL prior to beginning employment.

Other jobs that involve strenuous physical activities require a **post offer** pre-employment physical examination. You will be told if this requirement applies to the job for which you are applying.

The County arranges for all pre-employment tests and medical certifications, and the County pays for their costs.

### **Job Applicants with Disabilities**

All County facilities are wheelchair accessible. If you need other assistance, please contact the Human Resources Department. The County prohibits discrimination in employment against persons applying for employment who are qualified to perform the essential functions of the job, with or without reasonable accommodation.

### **How to Contact the County for Employment Application**

#### **Offices of the County Treasurer or Auditor**

**Location: Trinity County Courthouse**

**162 West First Street**

**P.O. Box 457**

**Groveton, TX 75845**

**Office Hours: 8:00AM - 5:00PM, Monday - Friday**

**To call: 936-642-1746 or 936-642-2233**

**To fax: 936-642-1046 or 936-642-0432**

**E-mail: Treasurer: [tct@co.trinity.tx.us](mailto:tct@co.trinity.tx.us)**

**Auditor: [bonnie.kennedy@co.trinity.tx.us](mailto:bonnie.kennedy@co.trinity.tx.us)**

**WEB Page: <http://www.co.trinity.tx.us>**



## TRINITY COUNTY Applicant Screening Form

This form is to be completed for each applicant for the position. Attach to Application Form.

Applicant Name: \_\_\_\_\_ Position.: \_\_\_\_\_  
Last First MI Department: \_\_\_\_\_

Applicant is ineligible for the following reason(s):

\_\_\_\_\_ Violation of nepotism policy.

\_\_\_\_\_ Applicant is a convicted felon and it has been less than 10 years since completion of sentence, which may disqualify applicants for certain County positions.

\_\_\_\_\_ Applicant is a former employee whose termination status is ineligible for rehire.

\_\_\_\_\_ Applicant is a retiree who is not eligible for employment consideration in accordance with Personnel Policy, "Retiree Rehires," Section 2A-17.

\_\_\_\_\_ Applicant does not meet minimum qualifications. Identify how applicant did not meet the minimum qualifications.

### Applicant's Experience and Qualification for Position: Please identify areas listed below.

Education

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

Experience

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

Supervisory Experience

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

Other - Credentials, Licenses, Training, Typing

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

Form Completed By:

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

Date (mm/dd/yyyy)

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

INTERVIEW SCHEDULE  
 APPLICANT LOG

APPLICANT NAME	DATE APPLICATION RECEIVED	DATE OF 1ST INTERVIEW OR CALL	INTERVIEWER	DATE OF 2ND INTERVIEW	INTERVIEWER	STATUS <sup>(1)</sup>	REASON

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

<sup>(1)</sup> Key for Status: Selected, IE - Ineligible, NS - Not Selected, WD - Withdraw, No Show, NQI (Does Not Meet Minimum Qualifications at Interview) DECL - Declined Position



PREEMPLOYMENT TELEPHONE REFERENCE CHECK

Name of Candidate: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Person Contacted: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title/Company: \_\_\_\_\_

1. Please verify dates of employment: \_\_\_\_\_
2. Please verify position(s) held: \_\_\_\_\_
3. How would you describe this candidate's quality of work? \_\_\_\_\_  
\_\_\_\_\_

4. Please give a specific example. \_\_\_\_\_  
\_\_\_\_\_

5. Please describe this candidate's relationships with other employees.  
\_\_\_\_\_  
\_\_\_\_\_

6. How did this candidate interact with his or her immediate supervisor?  
\_\_\_\_\_  
\_\_\_\_\_

7. What was this candidate's greatest accomplishment while he or she worked for you (your company)? \_\_\_\_\_  
\_\_\_\_\_

8. If you would work with this employee again what would you like to see him or her change or improve? \_\_\_\_\_  
\_\_\_\_\_

9. Is there anything else you would like to add that would help us to make our decision? \_\_\_\_\_  
\_\_\_\_\_

Name of Person Obtaining Reference: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Reference: \_\_\_\_\_



**TRINITY COUNTY TEXAS**

**INTERNSHIP APPLICATION FORM**

*Trinity County is an affirmative action/equal employment opportunity employer. Discrimination because of race, color, religion, sex, handicap, sexual orientation or national origin is prohibited.*

*In order to be considered for an internship, you must submit a signed and completed application form along with a cover letter and your resume. All application items must be submitted as a complete package. Incomplete applications will not be reviewed.*

**Name(s) of Internship(s) or Departments Applied For:**

---

---

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

**School Address:** \_\_\_\_\_

---

**Permanent Address:** \_\_\_\_\_

---

**School Telephone Number:** \_\_\_\_\_ **Permanent Telephone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Are you legally eligible to work in the U.S.?** \_\_\_\_\_

**If you are not a U.S. Citizen, are there any restrictions on your eligibility for employment?** \_\_\_\_\_

**Are you requesting that your college grant you credit hours for your internship?** \_\_\_\_\_

**Dates available to perform internship:** \_\_\_\_\_

**Do you have any relatives working for Trinity County? \_\_\_\_ If so, list name(s) and what position(s):**

---



**Education:**

TYPE OF SCHOOL	NAME AND LOCATION	DEGREE/DATE	MAJOR
High School	_____	_____	_____
College	_____	_____	_____
_____	_____	_____	_____

Scholastic Honors and/or Licenses: \_\_\_\_\_  
\_\_\_\_\_

**Employment History** *(Includes paid, volunteer, and intern positions)*

Most Recent Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Supervisor (Name & Title): \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position Title: \_\_\_\_\_

Description of duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Supervisor (Name & Title): \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position Title: \_\_\_\_\_

Description of duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_

Company/School: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_

Company/School: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_

Company/School: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_ Known how long: \_\_\_\_\_  
\_\_\_\_\_

Publications and Articles: \_\_\_\_\_  
\_\_\_\_\_

Community/professional organizations, honors and awards: \_\_\_\_\_  
\_\_\_\_\_

Activities relevant to the internship(s) for which you are applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why you would like to work as a Trinity County intern? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## INTERNSHIP PROGRAM INFORMATION

Trinity County's internship program is designed to provide students and recent graduates with an opportunity to learn about county government.

**Internship Positions Available:** Internship opportunities are available in most areas of the company. A list of specific internships available at Trinity County may be viewed on Trinity County's web site, or picked up from Human Resources located at 162 W. 1<sup>st</sup> Street, 3<sup>rd</sup> Floor, Groveton, TX between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday.

**Eligibility:** A candidate must be actively enrolled in school to be considered for an internship; a junior or senior high school student; a graduate student; an undergraduate student; or have graduated from college within 12 months of beginning the internship.

**General Information:** Internships are offered during the Summer. Interns are expected to work between 20 and 40 hours a week during an 8 to 12-week internship period. Interns may receive academic credit if an agreement is made between the Trinity County Human Resources Department and the intern's school, college or university. All interns are subject to the applicable Trinity County employee policies and procedures. Interns within certain departments may be subject to a background check and surety bond.

**Application Procedures:** Candidates must complete an application form and submit it with their cover letter and resume. Some internship positions may require additional application items, such as a writing sample. All application items must be submitted as a complete package. Incomplete applications will not be reviewed.

**Application Deadlines:** Summer program: Applications must be received by March 31<sup>st</sup>

**Mail or Fax Applications to: Trinity County**

Human Resources Manager – Internship Program  
162 West 1<sup>st</sup> Street  
P.O. Box 1030  
Groveton, TX 75845  
Fax - 936-642-0432

**Where to Go for Further Information:** Trinity County's web site – [www.co.trinity.tx.us](http://www.co.trinity.tx.us)  
Trinity County Human Resources Manager  
936-642-2233

*Trinity County is an Equal Opportunity Employer.*



## VOLUNTARY SELF-IDENTIFICATION FORM

Trinity County has an affirmative action program to ensure equal employment opportunity. We ask you to voluntarily help us measure the effectiveness of this program by answering the questions below.

The information we collect is used for statistical purposes only. This form is kept separate from the employment application, and is only accessible to staff members in the Human Resources Department.

Answers on this form do not bar you in any way from employment consideration.

Position(s) Applied For: \_\_\_\_\_

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

Your city, state, and zip code: \_\_\_\_\_

Today's Date: Date of Birth: \_\_\_\_\_

How did you find out about the position for which you are applying?

Advertisement \_\_\_\_\_ Where? \_\_\_\_\_

Conference \_\_\_\_\_ Which One? \_\_\_\_\_

Job Fair \_\_\_\_\_ Where? \_\_\_\_\_

Trinity County Employee \_\_\_\_\_

Trinity County Web Site \_\_\_\_\_

School \_\_\_\_\_ Which school? \_\_\_\_\_

Walk-In \_\_\_\_\_

Other \_\_\_\_\_

Sex: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

Check Any of the Following Which Apply to You: \_\_\_\_\_

Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Handicapped \_\_\_\_\_



## TRINITY COUNTY TEXAS

### DEPARTMENT INTERN REQUEST FORM

---

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Interns must be currently enrolled in an accredited school, college, or university**

Worksite Location/s: \_\_\_\_\_ # of Interns: \_\_\_\_\_

H.S. \_\_\_\_\_ College (Undergraduate): \_\_\_\_\_ College (Graduate School): \_\_\_\_\_

Dates for Summer Internship: \_\_\_\_\_ Number of Work Days and Hours \_\_\_\_\_

Internship Project Name and/or Assignment:

\_\_\_\_\_

Project and/or Assignment Description:

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

Intern's Job Description:

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

Qualifications:

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



**TRINITY COUNTY**

**ACCIDENT INFORMATION EXCHANGE SHEET**

Trinity County Employee/Official: Please complete the bottom half of this form and give to the other party. Have the other party complete the top half of this form and give to you.

**Other Vehicle Information:**

Drivers' Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Driver License No./State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Work Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Owner's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Type of Vehicle (Pass. Car, Truck, etc.) \_\_\_\_\_ Mileage \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

Number of Occupants \_\_\_\_\_

Names and Addresses of Passengers/Witnesses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

**Trinity County Driver/Vehicle Information**

Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Driver License No./State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Type of Vehicle (Pass. Car, Truck, etc.) \_\_\_\_\_ Mileage \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_



# Travel Request for Reimbursement

## TRINITY COUNTY

Reason for travel: \_\_\_\_\_

\_\_\_\_\_

Travel date(s): \_\_\_\_\_

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

Title: \_\_\_\_\_

Department: \_\_\_\_\_

### EXPENSES

All receipts must be attached

Claimant's Personal Auto: @ __. __ per mile	
Airfare:	
Meals:	
Lodging:	
Parking:	
Other:	
Total Expenses	
<b>Total Travel Reimbursement Requested:</b>	

I certify that:

1. The expenses listed were incurred personally by me for the purpose stated;
2. I have not been reimburse from any other source for any of the expenses listed; and
3. This request is correct to the best of my knowledge.

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



## General Request for Reimbursement TRINITY COUNTY

Reason for  
Reimbursement:

---

---

Date(s):

---

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

Title: \_\_\_\_\_

Department: \_\_\_\_\_

### EXPENSES

All receipts must be attached

Description	Amount

I certify that:

1. The expenses listed were incurred personally by me for the purpose stated;
2. I have not been reimburse from *any* other source for any of the expenses listed; and
3. This request is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





# TRINITY COUNTY

## MISSING RECEIPT AFFIDAVIT

Local Government Code §113 provides that the County Auditor is required to review all supporting documentation before a claim against the County can be approved for payment. In the event that original documentation has been lost or otherwise unavailable and all measures to obtain a copy have been exhausted the County Auditor, as provided by §113.064c, requires the following affidavit to be completed and submitted in support of the claim. It should be signed by the employee and the employee's supervisor and submitted to the County Auditor in a timely manner.

I am missing a receipt for: \_\_\_\_\_  
*Goods/Services Procured*

I incurred this expense at: \_\_\_\_\_ on: \_\_\_\_\_ for: \_\_\_\_\_  
*Business Name Date Expense Amount*

The receipt was (check applicable):

Lost                       Never Received                       Other \_\_\_\_\_

The form of payment I used (check applicable):

County Check                       Personal Check                       County Credit Card  
 Personal Credit Card                       Cash                       Other \_\_\_\_\_

Business Purpose of Transaction:

\_\_\_\_\_

Person(s) involved (if expense is related to travel or entertainment):

\_\_\_\_\_

I understand that a Missing Receipt Affidavit should be used on rare occasions and may not be used on a routine basis. I further understand that excessive use of a Missing Receipt Affidavit may revoke the privilege of providing a declaration in lieu of a receipt.

I certify that the amount shown is the amount I actually paid; that I have not and will not submit a duplicate claim; and that I have not and will not seek a claim for these expenses from any other source.

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

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

\_\_\_\_\_  
*Employee Name (Printed)*

\_\_\_\_\_  
*Supervisor Name (Printed)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*



**TRINITY COUNTY**  
**RENTAL VEHICLE JUSTIFICATION FORM**

Date of Request \_\_\_\_\_ Date of Trip \_\_\_\_\_

Number of Days \_\_\_\_\_ Destination \_\_\_\_\_

Type of Vehicle \_\_\_\_\_ Number of Occupants \_\_\_\_\_

Rate \_\_\_\_\_ Rate Verification \_\_\_\_\_

Justification \_\_\_\_\_

\_\_\_\_\_

Requestor \_\_\_\_\_ Department \_\_\_\_\_

County Auditor \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Comments \_\_\_\_\_

# PURCHASE ORDER

Date: \_\_\_\_\_

Purchase Order No: \_\_\_\_\_

**BILL TO:**  
 TRINITY COUNTY  
 PO BOX 1030  
 GROVETON, TX 75845  
 (936) 642-2233  
[deanna.withers@co.trinity.tx.us](mailto:deanna.withers@co.trinity.tx.us)

**SHIP TO:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Vendor: \_\_\_\_\_  
 Customer number: \_\_\_\_\_

QTY	Item #	Description	UOM	Unit Price	Line Total
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
				<b>SHIPPING</b>	

**Total \$** \_\_\_\_\_

Ordered by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date \_\_\_\_\_

Budget Account Charged: \_\_\_\_\_

Special Delivery Instructions: \_\_\_\_\_



DISTRIBUTION LIST:  
 County Judge  
Date: \_\_\_\_\_  
 County Auditor  
Date: \_\_\_\_\_  
 Other: \_\_\_\_\_  
Date: \_\_\_\_\_

## TRINITY COUNTY GRANT REQUEST FORM

*(Attach a copy of the application and budget)*

TARGET COURT DATE: \_\_\_\_\_

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

CONTACT NAME: \_\_\_\_\_ APPLICATION DUE DATE: \_\_\_\_\_

FUNDING AGENCY AND PROGRAM TITLE: \_\_\_\_\_

AGENCY CONTACT: \_\_\_\_\_

SOURCE:      FEDERAL - CFDA# \_\_\_\_\_      STATE

DETCOG - PROGRAM: \_\_\_\_\_      OTHER: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> NEW                  | <input type="checkbox"/> DISCRETIONARY |
| <input type="checkbox"/> RENEWAL              | <input type="checkbox"/> FORMULA       |
| <input type="checkbox"/> ADJUSTMENT           | <input type="checkbox"/> RENEWABLE     |
| <input type="checkbox"/> ONE TIME/SINGLE YEAR | <input type="checkbox"/> MULTI-YEAR    |

AMOUNT REQUESTED: \_\_\_\_\_

GRANT PERIOD: START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

IS MATCH REQUIRED:  NO    YES   AMOUNT: \_\_\_\_\_

TYPE OF MATCH:  CASH    IN-KIND     SOURCE OF MATCH: \_\_\_\_\_

REQUIREMENT TO CONTINUE PROGRAM AFTER GRANT END?  NO    YES   HOW LONG: \_\_\_\_\_

OTHER COSTS: (Fuel, Maintenance, Engineering, etc)? \_\_\_\_\_

DESCRIBE ANY SPECIAL PROGRAM REQUIREMENTS OR EXPECTATIONS: \_\_\_\_\_

PROVIDE A BRIEF DESCRIPTION OF THE PROJECT AND THE BENEFITS TO THE DEPARTMENT OR THE COUNTY OR ANY ADDITIONAL INFORMATION NECESSARY: \_\_\_\_\_

DEPARTMENT HEAD: Initials: _____	Date: _____
COUNTY JUDGE REVIEW: _____	Date: _____
AUDITOR REVIEW: _____	Date: _____



# Monthly Time Sheets

Name \_\_\_\_\_

Position \_\_\_\_\_

Month / Year \_\_\_\_\_

Month	Dates	Hours Worked	Vacation	Comp. Time	Sick Leave	Holiday	Approved Time Off	Total
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							
	11							
	12							
	13							
	14							
	15							
	16							
	17							
	18							
	19							
	20							
	21							
	22							
	23							
	24							
	25							
	26							
	27							
	28							
	29							
	30							
	31							
<b>TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

I certify the above record of my hours are true and correct according to the best of my knowledge and belief.  
 I also understand that intentional misrepresentation on my timesheet would be falsification of a government document.

Signature \_\_\_\_\_

Approved by: \_\_\_\_\_

	Hours Used
	-
Vacation	
Sick Leave	
Comp. Time	

# TRINITY COUNTY SHERIFF'S OFFICE EMPLOYEE TIME SHEET

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date	Day of the Week	Time In	Time Out	Hours Worked	Comp. Time Used	Vacation Used	Sick Time Used	Personal or Holiday Earned/Used	If Overtime Incurred... List Reason For Overtime Below:
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								

FOR ADMINISTRATIVE USE ONLY

TOTALS								
--------	--	--	--	--	--	--	--	--

Hours Worked: \_\_\_\_\_  
 Comp. Time Used: \_\_\_\_\_  
 Vacation Time Used: \_\_\_\_\_  
 Sick Time Used: \_\_\_\_\_  
 Personal/Holiday Used/Earned: \_\_\_\_\_  
 Total: \_\_\_\_\_

I herby certify I have worked all hours reported and this time sheet is true and correct. Employee Signature: \_\_\_\_\_

I have reviewed and approved all hours reported on this timesheet. Sheriff W. Wallace \_\_\_\_\_

# DIRECT DEPOSIT

Simple. Safe. Secure.

## Direct Deposit Authorization Form

- Please complete this form and return it to the **Treasurer's Office**.
- Be sure to include a voided (Cancelled) check from your checking account and/or a deposit slip. The details from the check / deposit slip will be used to verify the account details.
- You also have the option to deposit a part of your net pay into a secondary account, such as savings or credit union account. Please specify the dollar amount from your net pay that should be deposited in your secondary account.

<b>Name:</b>	<b>Your Bank / Financial Institution:</b>
<b>Bank Routing Number:</b>	<b>City/State</b>

<b>Primary Account Number</b>	<b>Secondary Account Number</b>
<b>Please check the applicable option:</b> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Pay Card <input type="checkbox"/>	<b>Dollar Amount \$</b> _____ <b>Please check the applicable option:</b> Checking <input type="checkbox"/> Savings <input type="checkbox"/>

I authorize TRINITY COUNTY and the above Financial Institution to deposit my net pay and/or flat amount automatically into my account(s) each payday, and to initiate any necessary adjustments for entries made in error to my account.

\_\_\_\_\_  
(Signature) (Date)

Attach Voided Check(s) / Deposit slip here.

# Form W-4 (2017)

**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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't 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 2017. 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](http://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're single and have only one job; or   
 • You're married, have only one job, and your spouse doesn't 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** \_\_\_\_\_  
 (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ 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 <b>2017</b>	
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 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had <b>no tax liability, and</b> • This year I expect a refund of all federal income tax withheld because I expect to have <b>no tax liability</b> . 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 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2017 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 2017 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2017 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 2017. 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 2017. 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 <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 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 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 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 - 95,000	10	140,001 and over	10				
95,001 - 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.



**TRINITY COUNTY**

**PERFORMANCE APPRAISAL - ANNUAL REVIEW FORM**

**INSTRUCTIONS**

In completing this review, the following sequence should be followed:

1. Review Job Description. Notify Human Resource Manager of any changes/additions to the Job Description.
2. Complete the following pages by circling the most appropriate numerical value in each section.
3. To determine the Overall Performance Rating: add the numerical values together and divide by eight. Note: If the employee has supervisory responsibilities, then complete the supervisory section as well. The divisor will then be eleven.
4. Complete Personnel Action Form, if applicable, for salary change or job title changes.
5. Discuss Annual Review with the employee. Have the employee sign and date the Job Description and Annual Review Form.
6. Once you discuss the review with the employee and obtain their signatures, provide copies to the employee and return the original forms to Human Resource Manager.

**Annual Review Form**

REVIEW PERIOD: \_\_\_\_\_ to \_\_\_\_\_ DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_ DEPT: \_\_\_\_\_  
TITLE: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_  
DATE STARTED IN MOST RECENT POSITION: \_\_\_\_\_

### **JOB KNOWLEDGE**

Knowledge of products, policies and procedures; OR knowledge of techniques, skills, equipment, procedures, and materials.

- 5 Expert in job, has thorough grasp of all phases of job.
- 4 Very well informed, seldom requires assistance and instruction
- 3 Satisfactory job knowledge; understands and performs most phases of job well, occasionally requires assistance or instruction.
- 2 Limited knowledge of job, further training required, frequently requires assistance or instruction.
- 1 Lacks knowledge to perform job properly.

### **QUALITY OF WORK**

Freedom from errors and mistakes. Accuracy, quality of work in general.

- 5 Highest quality possible, final job virtually perfect.
- 4 Quality above average with very few errors and mistakes.
- 3 Quality very satisfactory; usually produces error free work.
- 2 Room for improvement, frequent errors, work requires checking and re-doing.
- 1 Excessive errors and mistakes, very poor quality.

### **QUANTITY OF WORK**

Work output of the employee.

- 5 High volume producer; always does more than is expected or required.
- 4 Produces more than most, above average.
- 3 Handles a satisfactory volume of work, occasionally does more than is required.
- 2 Barely acceptable, low output, below average.
- 1 Extremely low output, not acceptable.

### RELIABILITY

The extent to which the employee can be depended upon to be available for work, do it properly, and complete it on time. The degree to which the employee is reliable, trustworthy, and persistent.

- 5 Highly persistent, always gets the job done on time.
- 4 Very reliable, above average, usually persists in spite of difficulties.
- 3 Usually gets the job done on time, works well under pressure.
- 2 Sometimes unreliable, will avoid responsibility, satisfied to do the bare minimum.
- 1 Usually unreliable, does not accept responsibility, gives up easily.

### INITIATIVE AND CREATIVITY

The ability to plan work and to go ahead with a task without being told every detail and the ability to make constructive suggestions.

- 5 Displays unusual drive and perseverance, anticipates needed actions, frequently suggests better ways of doing things.
- 4 Self-starter; proceeds on own with little or no direction, progressive, makes some suggestions for improvement.
- 3 Very good performance, shows initiative in completing tasks.
- 2 Does not proceed on own, waits for direction, routine worker.
- 1 Lacks initiative, less than satisfactory performance.

### JUDGEMENT

The extent to which the employee makes decisions which are sound. Ability to base decisions on fact rather than emotion.

- 5 Uses exceptionally good judgment when analyzing facts and solving problems.
- 4 Above average judgment, thinking is very mature and sound.
- 3 Handles most situations very well and makes sound decisions under normal circumstances
- 2 Uses questionable judgment at times, room for improvement.
- 1 Uses poor judgment when dealing with people and situations.

## COOPERATION

Willingness to work harmoniously with others in getting job done. Readiness to respond positively to instructions and procedures.

- 5 Extremely cooperative, stimulates teamwork and good attitude with others.
- 4 Goes out of the way to cooperate and get along.
- 3 Cooperative, gets along well with others.
- 2 Indifferent, makes little effort to cooperate or is disruptive to the overall group or department.
- 1 Negative and difficult to get along with.

## ATTENDANCE

Faithfulness in coming to work daily and conforming to scheduled work hours.

- 5 Always regular and prompt, perfect attendance, absent only in rare emergency.
- 4 Very prompt and regular in attendance, above average, pre-planned absences.
- 3 Usually present and on time, normally pre-planned absences.
- 2 Lax in attendance and/or reporting on time, improvement needed to meet required standards.
- 1 Often absent without sufficient reason and/or frequently reports to work late or leaves early.

## COMPLETE THIS SECTION FOR SUPERVISORY/DEPARTMENT HEAD PERSONNEL ONLY

## PLANNING AND ORGANIZING

The ability to analyze work, set goals, develop plans of action, utilize time. Consider amount of supervision required and extent to which you can trust employee to carry out assignments conscientiously.

- 5 Exceptionally good planning and organizing skills. Conscientious
- 4 Above average planning and organizing. Usually carries out assignments conscientiously.
- 3 Average planning and organizing. Occasionally requires assistance.
- 2 Room for improvement. Frequently requires assistance.
- 1 Unacceptable planning and organizing skills.

**DIRECTING AND CONTROLLING**

The ability to create a motivating climate, achieve teamwork, train and develop, measure work in progress, take corrective action.

- 5 Exceptional leader, others look up to this employee.
- 4 Above average. Usually, but not always motivational.
- 3 Average. Sometimes needs to be reminded of leadership role.
- 2 Needs to improve motivational and teamwork skills.
- 1 Unacceptable directing and controlling skills.

**DECISION MAKING**

The ability to make decisions and the quality and timeliness of those decisions.

- 5 Exceptional decision making abilities. Decisions are made in a timely manner.
- 4 Above average decision making abilities. Usually makes sound and timely decisions.
- 3 Average. Sometimes requires assistance in making decisions.
- 2 Needs to improve decision making and/or timeliness of decisions.
- 1 Unacceptable decisions and/or timeliness.

\*\*\*\*\*

**COMMENTS**

Noteworthy strong areas of present performance:

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Areas requiring improvement in job performance:

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What has the employee done to improve performance from the previous review?:

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Developmental Plans:

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To what extent have previous plans been carried out?

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*(Add all numerical values from each category) then divide by 8 (or 11, if supervisor section was completed)*

Overall Performance Rating: \_\_\_\_\_

#### PERFORMANCE RATING DEFINITIONS

##### **DISTINGUISHED (5)**

Outstanding performance that results in extraordinary and exceptional accomplishments with significant contributions to objectives of the department, group or County.

##### **COMMENDABLE (4)**

Consistently generates results above those expected of the position. Contributes in an above average manner to innovations both technical and functional.

##### **FULLY SATISFACTORY (3)**

Satisfactory performance with incumbent fulfilling all position requirements and may on occasion generate results above those expected of the position.

##### **NEEDS IMPROVEMENT (2)**

Performance leaves room for improvement. This performance level may be the result of new or inexperienced incumbent on the job or an incumbent not responding favorably to instruction.

##### **MARGINAL (1)**

Lowest performance level which is clearly less than acceptable, and which is obviously well below minimum position requirements. Situation requires immediate review and action. Possible separation or reassignment is in order without significant and immediate performance improvement.

**EMPLOYEE COMMENTS:**

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**SIGNATURES:** Signatures acknowledge that this form was discussed and reviewed.

Received by:

Prepared by:

Approved by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee

County Official/Department Head

Secondary Reviewer

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

*\* Copy to the employee. Return the original forms to Human Resource Manager.*





TRINITY COUNTY, TEXAS  
MERIT SALARY INCREASE FORM

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
Date of Performance Evaluation: \_\_\_\_\_ Overall Numerical Rating: \_\_\_\_\_  
Current Full-Time/Part-Time Salary: \$ \_\_\_\_\_ Increase as Percentage \_\_\_\_\_ %  
New Full-Time/ Part-Time Salary \$ \_\_\_\_\_  
Effective Date: \_\_\_\_\_

---

**Give precise description of performance warranting consideration of merit pay increase. Attach current annual/performance evaluation and all supporting documentation. Use additional sheet if necessary.**

**Recommended by:**

**Approved by Commissioners' Court:**

\_\_\_\_\_  
County Official/Department Head      Date

\_\_\_\_\_  
Date

***Personal Action Form (PAF) must be submitted to Treasurer for Payroll Changes.***



# EMPLOYEE NOTICE OF DISCIPLINE

Employee Name	Department/Work Location:	Date of Discipline Action Given
Date of Occurrence	Official/Dept. Head Issuing Action	

## Violations

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Attendance             | <input type="checkbox"/> Vile, Foul or Abusive Language    | <input type="checkbox"/> Violation of County Policy: |
| <input type="checkbox"/> Unauthorized Absence   | <input type="checkbox"/> Safety/Carelessness               | (indicate policy)                                    |
| <input type="checkbox"/> Tardiness              | <input type="checkbox"/> Willful Damage to County Property |  |
| <input type="checkbox"/> Insubordination        | <input type="checkbox"/> Harassment                        |  |
| <input type="checkbox"/> Conduct                | <input type="checkbox"/> Falsification of Documentation    |  |
| <input type="checkbox"/> Endangerment to others | <input type="checkbox"/> Other                             |  |

## Violation Statement (attach any supporting documentation)

Date of Violation: \_\_\_\_\_

Place of Violation: \_\_\_\_\_

Statement of Violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed by Official Issuing Action	Date	Position
-----------------------------------	------	----------

## Disciplinary Action

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Oral Reprimand                    | <input type="checkbox"/> Written Reprimand | <input type="checkbox"/> Sent Home w/out Pay        |
| <input type="checkbox"/> Suspension without pay _____ days |  | <input type="checkbox"/> Administrative Leave w/Pay |
| <input type="checkbox"/> Recommendation for Termination    |  |   |

## Corrective Actions to be Taken

Corrective Actions/Timeframe: \_\_\_\_\_

\_\_\_\_\_

I have read this Notice of Discipline and understand it. (Employee needs to sign each page of supporting documentation also to verify they have been made aware of that)

Employee refused to sign this form and all attached documentation

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

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

The above disciplinary action has been noted and this form will be made part of the above employee's permanent file, as of this date.

County Official	Date	Department Head	Date
-----------------	------	-----------------	------

Strive to provide disciplinary action to be positive and corrective in nature, whenever possible. The severity of the discipline administered shall be no greater than necessary to achieve the desired result.

Types of disciplinary action:

Oral Reprimand – An oral discussion with the employee during which the County Official/Department Head notifies him/her of the nature of the violation, the corrective action necessary, and the consequences of future violations, and obtains the employee's commitment to corrective action. An oral reprimand is to be documented.

Written Reprimand – A written reprimand is written notification to the employee concerning unacceptable performance or conduct, the corrective action necessary, the consequences of failure to bring about corrective action. This is usually the second step for a minor violation.

Suspension – Suspension is a written notice given by the County Official/Department Head to the employee suspending him/her for up to three days per infraction without pay. This is usually the third step involving a minor infraction, the second step for a more serious offense, and the first step for an even more serious offense.

Sent Home without Pay – A County Official/Department Head has the ability to send an employee home immediately without pay for the remaining shift due to inappropriate actions.

Termination – Termination is taken by the County Official/Department Head to terminate an employee's employment with the county. A recommendation for termination is usually the fourth step involving offenses of a minor nature, the third or second step in more serious offenses, and the first step in flagrant violations.



## EMPLOYEE WRITTEN WARNING

Employee	Work Location	Date of Discipline Action Given
Date of Occurrence	Official/Dept. Head Issuing Action	

This shall serve as a written warning for above employee.

Statement of Violation(s):

Was Oral Warning Given Prior To This Occurrence? [ ] Yes [ ] No

Date of Oral Warning: \_\_\_\_\_

Corrective Actions needed to take place by employee:

Amount of time allowed for improvement:

I understand the above violations and have discussed them with my supervisor/department head/county official and agree to take steps to meet the corrective actions in a timely manner.

Employee refused to sign this form and all attached documentation

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

Date \_\_\_\_\_

Official/Dept. Head Signature \_\_\_\_\_

Date \_\_\_\_\_

# PERSONNEL ACTION FORM

TO: COUNTY TREASURER

FROM: \_\_\_\_\_

(Employee Name)

(D.O.B.)

(Social Security Number)

(Street Address)

(City)

(State)

(Zip)

(Phone)

Spouse / Next of Kin; \_\_\_\_\_

Emergency Telephone # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Effective Date: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> NEW HIRE - (Please specify classification below)<br><input type="checkbox"/> RE-HIRE<br><input type="checkbox"/> PROMOTION<br><input type="checkbox"/> DEMOTION<br><input type="checkbox"/> TRANSFER<br><input type="checkbox"/> MERIT INCREASE<br><input type="checkbox"/> COST-OF-LIVING INCREASE<br><input type="checkbox"/> INITIATE/CHANGE CERTIFICATE PAY | <input type="checkbox"/> CHANGE IN NAME/ADDRESS/PHONE/ETC.<br><input type="checkbox"/> RECLASSIFICATION OF JOB<br><input type="checkbox"/> SEPARATION (Eligible for Re-hire?) Yes <input type="checkbox"/> No <input type="checkbox"/><br><input type="checkbox"/> RESIGNATION<br><input type="checkbox"/> RETIREMENT<br><input type="checkbox"/> LAY OFF<br><input type="checkbox"/> DISMISSAL<br><input type="checkbox"/> OTHER _____ |
|--|---|

**PRESENT STATUS**

**NEW STATUS (after this change)**

<b>Category</b> – (F/T, P/T – (Regular, Temporary, Intern, Seasonal, etc.) <i>Please Circle Classification</i>	<b>Category</b> : (F/T, P/T – (Regular, Temporary, Intern, Seasonal, etc.) <i>Please Circle Classification</i>
Title:	Title:
Projected Number of Hours Each Week:	Projected Number of Hours Each Week:
Salary:	Salary:
Fund:	Fund:
Department:	Department:

REMARKS:

PRIOR SERVICE:

\* *I verify that I have reviewed the foregoing information and have found such action to be in compliance with the County's Policy & Procedure and with this Department's Budget.*

Supervisor's Signature

Date

\* *I verify that I have reviewed the foregoing information and find that sufficient departmental funds  ARE  ARE NOT remaining for this change for the current fiscal year, subject to verification of appropriately budgeted funds.*

County Auditor

Date

\* *Appropriately budgeted funds  ARE  ARE NOT available for this change and if available;*

County Judge

Date

\*  *The above change was approved by Commissioners Court during regular budget hearings and requires no additional approval.*  
*The above change  IS  IS NOT approved by the Commissioners Court.*

**(Submit original to Treasurer's Office; copy to Auditor's Office; retain copy for your records)**



## TRINITY COUNTY EMPLOYEE EXIT INTERVIEW CHECKLIST

Name of Employee: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Department Head or Official: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_

Actual Termination Date (if difference than last day worked): \_\_\_\_\_

Exit Interview is: ( ) Face to Face ( ) By Telephone

Written Resignation Received: ( ) Yes ( ) No ( ) Eligible for Rehire

### Items To Return

County Property:	Issued to Employee	Identification Number	Receipt Acknowledged Initial of County Supervisor/Official
Office Keys			
Vehicle/Keys			
Fuel Card / Fuel Key			
Cellular Phone			
Uniforms			
Tools			
Computer/Software			
Other			

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

Department Head/Official Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

### This Section For Payroll Department

Final payroll check: Employee paid through \_\_\_\_\_

Vacation Pay Due: \_\_\_\_\_ Comp Time Due: \_\_\_\_\_

Deductions should be made for: \_\_\_\_\_

Cancel Deductions: ( ) Insurance ( ) Retirement

Final Check: Issued according to Texas State Law. \_\_\_\_\_



**TRINITY COUNTY  
EMPLOYEE RESIGNATION FORM**

*To be completed by Employee*

*If you would like to talk to Human Resources Manager before completing this form, please contact  
Bonnie Kennedy at 936-642-2233*

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Department

\_\_\_\_\_  
Resignation Date

\_\_\_\_\_  
Last Day of Work

I certify that this resignation is executed by me voluntarily and of my own free will. I resign from my employment with Trinity County for the following reasons(s):

- To accept other employment
- Unsatisfactory working hours
- Return to school

- Spouse transferred
- Job dissatisfaction
- Other (explain in space below)

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

I understand that I am responsible for notifying Trinity County of any future address changes that may occur within this calendar year. Trinity County will use the last known address to mail my W-2 form.

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

\_\_\_\_\_  
Date

***To be completed by Department Official***

The employee has returned, in good condition (check those that are applicable):

- Keys
- Credit Card
- Confidential materials
- Lap top
- Clothing/Uniform
- Passwords
- Tools/Machinery
- Cell Phone
- Other

\_\_\_\_\_  
County Official/Department Head

\_\_\_\_\_  
Date

***To be completed by Payroll Department***

PAF Received

Final Check issued to employee \_\_\_\_\_

Date: \_\_\_\_\_

Final Check sent to employee \_\_\_\_\_

Date: \_\_\_\_\_



## TRINITY COUNTY SICK LEAVE POOL

### MEMBERSHIP APPLICATION

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Social Security No.

I hereby apply for membership to participate in the Trinity County Sick Leave Pool.

I believe that I meet the eligibility requirements of being a full-time regular employee who has successfully passed the probationary period, will have at least the required minimum of 48 hours of sick leave remaining after I contribute the required minimum number of 8 hours to the pool.

Please accept my application and as part of membership, I hereby contribute \_\_\_\_\_ hours to the pool. I understand that these hours become the property of the pool and will no longer be credited to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
**DO NOT WRITE IN THIS SPACE -for Sick Leave Pool administration purposes**

#### PAYROLL VERIFICATION

Employee Status \_\_\_ OK   Length of Employment \_\_\_ OK   Number of Sick Hours \_\_\_ OK

TREASURER \_\_\_ Accepted into Membership   **Date** \_\_\_\_\_

\_\_\_ Rejected -Reason \_\_\_\_\_

\_\_\_\_\_  
**Treasurer's Signature**

\_\_\_\_\_  
**Date**





## TRINITY COUNTY SICK LEAVE POOL

### WITHDRAWAL APPLICATION

\_\_\_\_\_  
Employee Name                                  Department                                  Social Security No.

I hereby request Sick Pool Administrative Committee approval for this withdrawal of --,-- hours from the Sick Leave Pool. I affirm that I am a member of the Sick Leave Pool in good standing. I have been a Trinity County employee since \_\_\_\_\_.

My amount of sick leave hours at the beginning of this illness/injury was \_\_\_\_\_.

#### **Credited Time Statements:**

I affirm that my accrued sick leave and vacation time is exhausted or will be exhausted *as* of the \_\_\_\_\_ day of \_\_\_\_\_  
Date                  Month                  Year

I further affirm that I have no compensatory time or other accumulated time credited to me for my use during this period of need.

#### **Statement of Need Requirement:**

The reason for this request of withdrawal of pool time, and for the amount specified is:

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

See attached Statement from Physician

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

\_\_\_\_\_  
Date



## TRINITY COUNTY SICK LEAVE POOL

### STATEMENT OF ILLNESS/INJURY

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Social Security No.

I hereby authorize my physician or any other licensed practitioner to provide full medical information about my medical condition to Trinity County.

\_\_\_\_\_  
Employee/Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

--TO BE COMPLETED BY PHYSICIAN OR OTHER LICENSED PRACTITIONER--

Date of onset of illness or injury \_\_\_\_\_. Date patient was first unable to work due to this illness or injury \_\_\_\_\_.

If surgery was required, give date: \_\_\_\_\_ Describe illness or injury (describe surgical procedure, if applicable)

Prognosis: \_\_\_\_\_

Estimated date this employee may be able to return to work: \_\_\_ (If appropriate, furnish Physician with job description)

Restrictions upon return (if any) \_\_\_\_\_

\_\_\_\_\_  
**Physician's Name**  
(Please Print or Type)

\_\_\_\_\_  
**Address**  
(Street, City, State, Zip Code)

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
Signature-Physician/Other Practitioner

\_\_\_\_\_  
Date

**THIS FORM MUST ACCOMPANY APPLICATIONS FOR WITHDRAWAL OF POOL SICK LEAVE,**



**TRINITY COUNTY SICK LEAVE POOL**

**COMMITTEE DISPOSITION OF APPLICATION FOR WITHDRAWAL**

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Department

\_\_\_\_\_  
Social Security No.

The Sick Pool Administrative Committee met on \_\_\_\_\_ and took the following action on this request.  
Date

APPROVED:            Yes \_\_\_\_            No \_\_\_\_

Number of Hours \_\_\_\_\_            Starting on \_\_\_\_\_  
Date

DENIED:            Yes \_\_\_\_            No \_\_\_\_

Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**RECORD of VOTE**

Signature	Aye	Nay
Committee member: _____	_____	_____
Committee member: _____	_____	_____
Committee member: _____	_____	_____
Committee member: _____	_____	_____
Committee member: _____	_____	_____



## TRINITY COUNTY

### NON-MEMBER SICK LEAVE DONATION FORM

Only employees with 12 or more months of continuous employment with the county or precinct will be allowed to contribute at least one day but no more than five days each year during open enrollment.

Name of Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Department: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Department Head/Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Accumulated Leave (Hours)      A/L \_\_\_\_\_ S/L \_\_\_\_\_ C/T \_\_\_\_\_

I have read the Sick Leave Pool Policy concerning the Extended Sick Leave Pool and wish to contribute by donating 1 2 3 4 5 (circle #) of my accrued sick leave days. I understand that these days, once donated, will be subtracted from my sick leave days and cannot be returned.

I authorize the Trinity County Sick Pool Administrator to place \_\_\_\_\_ sick leave days in the Trinity County Sick Leave Pool. I understand that these days will be subtracted from my accrued sick leave days.

Employee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

---

*Human Resource Department Use Only:*

Employee has met all requirements \_\_\_\_\_

\_\_\_\_\_  
Signature of Approval - Pool Administrator

\_\_\_\_\_  
Date

\*\*\*\*\*RETURN TO TREASURER'S OFFICE\*\*\*\*\*



## TRINITY COUNTY SICK LEAVE POOL

### CANCELLATION OF MEMBERSHIP

If a member cancels membership in the pool, regardless of reason, all hours that employee contributed remains property of the pool. Cancellation of membership must be in writing. If at a later date this individual wishes to rejoin the pool, they may do so by again donating a minimum of 16 hours of accrued sick leave during the January enrollment period.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Social Security No.

I hereby authorize the Sick Pool Administrative Committee to cancel my enrollment to the Trinity County Sick Pool.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treasurer's Signature

\_\_\_\_\_  
Date

# **CDL FORMS**

**DRUGS OF ABUSE/Uses and Effects**  
U.S. Department of Justice, Drug Enforcement Administration

Drugs/ CSA Schedules	Trade or Other Names	Medical Uses	Physical Dependence	Psychological Dependence	Tolerance	Duration (Hours)	Usual Method	Possible Effects	Effects of Overdose	Withdrawal Syndrome
<b>Narcotics</b>										
Heroin Substance I	Diamorphine, Horse, Smack, Black tar, <i>Chiva</i> , <i>Negra</i> ( <i>black tar</i> )	None in U.S., Analgesic, Antitussive	High	High	Yes	3-4	Injected, snorted, smoked	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, chills and sweating
Morphine Substance II	MS-Contin, Roxanol, Oramorph SR, MSIR	Analgesic	High	High	Yes	3-12	Oral, injected			
Hydrocodone Substance II, Product III, V	Hydrocodone w/ Acetaminophen, Vicodin, Vicoprofen, Tussionex, Lortab	Analgesic, Antitussive	High	High	Yes	3-6	Oral			
Hydro-morphone Substance II	Dilaudid	Analgesic	High	High	Yes	3-4	Oral, injected			
Oxycodone Substance II	Roxicet, Oxycodone w/ Acetaminophen, OxyContin, Endocet, Percocet, Percodan	Analgesic	High	High	Yes	3-12	Oral			
Codeine Substance II, Products III, V	Acetaminophen, Guafenesin or Promethazine w/Codeine, Fiorinal, Fioricet or Tylenol w/Codeine	Analgesic, Antitussive	Moderate	Moderate	Yes	3-4	Oral, injected			
Other Narcotics Substance II, III, IV	Fentanyl, Demerol, Methadone, Darvon, Stadol, Talwin, Paregoric, Buprenex	Analgesic, Antidiarrheal, Antitussive	High-Low	High-Low	Yes	Variable	Oral, injected, snorted, smoked			
<b>Depressants</b>										
<i>gamma</i> Hydroxybutyric Acid Substance I, Product III	GHB, Liquid Ecstasy, Liquid X, Sodium Oxybate, Xyrem®	None in U.S., Anesthetic	Moderate	Moderate	Yes	3-6	Oral	Slurred speech, disorientation, drunken behavior without odor of alcohol, impaired memory of events, interacts with alcohol	Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death
Benzodiazepines Substance IV	Valium, Xanax, Halcion, Ativan, Restoril, Rohypnol (Roofies, R- 2), Klonopin	Antianxiety, Sedative, Anti- convulsant, Hypnotic, Muscle Relaxant	Moderate	Moderate	Yes	1-8	Oral, injected			
Other Depressants Substance I, II, III, IV	Ambien, Sonata, Meprobarbame, Chloral Hydrate, Barbiturates, Methaqualone (Quaalude)	Antianxiety, Sedative, Hypnotic	Moderate	Moderate	Yes	2-6	Oral			
<b>Stimulants</b>										
Cocaine Substance II	Coke, Flake, Snow, Crack, <i>Coca</i> , <i>Bianca</i> , <i>Perrico</i> , <i>Nieve</i> , Soda	Local anesthetic	Possible	High	Yes	1-2	Snorted, smoked, injected	Increased alertness, excitation, euphoria, increased pulse rate & blood pressure, insomnia, loss of appetite	Agitation, increased body temperature, hallucinations, convulsions, possible death	Apathy, long periods of sleep, irritability, depression, disorientation
Amphetamine/ Meth-amphetamine Substance II	Crank, Ice, Cristal, Krystal Meth, Speed, Adderall, Dexedrine, Desoxyn	Attention deficit/ hyperactivity disorder, narcolepsy, weight control	Possible	High	Yes	2-4	Oral, injected, smoked			
Methylphenidate Substance II	Ritalin (Illy's), Concerta, Focalin, Metadate	Attention deficit/ hyperactivity disorder	Possible	High	Yes	2-4	Oral, injected, snorted, smoked			
Other Stimulants Substance III, IV	Adipex P, Ionamin, Prelu-2, Didrex, Provigil	Vaso-constriction	Possible	Moderate	Yes	2-4	Oral			

Drugs/ CSA Schedules	Trade or Other Names	Medical Uses	Physical Dependence	Psychological Dependence	Tolerance	Duration (Hours)	Usual Method	Possible Effects	Effects of Overdose	Withdrawal Syndrome
<b>Hallucinogens</b>										
MDMA and Analogs Substance I	(Ecstasy, XTC, Adam), MDA (Love Drug), MDEA (Eve), MBDB	None	None	Moderate	Yes	4-6	Oral, snorted, smoked	Heightened senses, teeth grinding and dehydration	Increased body temperature, electrolyte imbalance, cardiac arrest	Muscle aches, drowsiness, depression, acne
LSD Substance I	Acid, Microdot, Sunshine, Boomers	None	None	Unknown	Yes	8-12	Oral	Illusions and hallucinations, altered perception of time and distance	(LSD) Longer, more intense "trip" episodes	None
Phencyclidine and Analogs Substance I, II, III	PCP, Angel Dust, Hog, Loveboat, Ketamine (Special K), PCE, PCPy, TCP	Anesthetic (Ketamine)	Possible	High	Yes	1-12	Smoked, oral, injected, snorted	Unable to direct movement, feel pain, or remember	Drug seeking behavior	*Not regulated
Other Hallucinogens Substance I	Psilocybe mushrooms, Mescaline, Peyote Cactus, Ayahuasca, DMT, Dextro-methorphan* (DXM)	None	None	None	Possible	4-8	Oral			
<b>Cannabis</b>										
Marijuana Substance I	Pot, Grass, Sinsemilla, Blunts, Mota, Yerba, Grifa	None	Unknown	Moderate	Yes	2-4	Smoked, oral	Euphoria, relaxed inhibitions, increased appetite, disorientation	Fatigue, paranoia, possible psychosis	Occasional reports of insomnia, hyperactivity, decreased appetite
Tetrahydro-cannabinol Substance I, Product III	THC, Marinol	Antinauseant, Appetite stimulant	Yes	Moderate	Yes	2-4	Smoked, oral			
Hashish and Hashish Oil/Substance I	Hash, Hash oil	None	Unknown	Moderate	Yes	2-4	Smoked, oral			
<b>Anabolic Steroids</b>										
Testosterone Substance III	Depo Testosterone, Sustanon, Sten, Cyp	Hypogonadism	Unknown	Unknown	Unknown	14-28 days	Injected	Virilization, edema, testicular atrophy, gynecomastia, acne, aggressive behavior	Unknown	Possible depression
Other Anabolic Steroids Substance III	Parabolan, Winstrol, Equipoise, Anadrol, Dianabol, Primabolin-Depo, D-Ball	Anemia, Breast cancer	Unknown	Yes	Unknown	Variable	Oral, injected			
<b>Inhalants</b>										
Amyl and Butyl Nitrite	Pearls, Poppers, Rush, Locker Room	Angina (Amyl)	Unknown	Unknown	No	1	Inhaled	Flushing, hypotension, headache	Methemoglobinemia	Agitation
Nitrous Oxide	Laughing gas, balloons, Whippets	Anesthetic	Unknown	Low	No	0.5	Inhaled	Impaired memory, slurred speech, drunken behavior, slow onset vitamin deficiency, organ damage	Vomiting, respiratory depression, loss of consciousness, possible death	Trembling, anxiety, insomnia, vitamin deficiency, confusion, hallucinations, convulsions
Other Inhalants	Adhesives, spray paint, hair spray, dry cleaning fluid, spot remover, lighter fluid	None	Unknown	High	No	0.5-2	Inhaled			
Alcohol	Beer, wine, liquor	None	High	High	Yes	1-3	Oral			

Chart from *Drugs of Abuse*, 2005 ed., US Department of Justice, Drug Enforcement Administration



**APPENDIX B  
EMPLOYEE NOTIFICATION LETTER  
FOR REQUIRED C.D.L. HOLDERS**

I certify that I have received a copy of, and have read the above County Policy on Alcohol and Drug Testing Procedures. I understand that as a condition of employment as a driver, I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a problem with alcohol or drug abuse during my employment with Trinity County, I will seek assistance through the current Alcohol and Drug Testing Program Administrator.

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

\_\_\_\_\_  
Date



# APPENDIX D

## OBSERVED BEHAVIOR REASONABLE SUSPICION

Personnel Office Use Only

Employee Number: \_\_\_\_\_  
Location: \_\_\_\_\_  
Incident Number: \_\_\_\_\_

Driver's Name \_\_\_\_\_ Date Observed \_\_\_\_\_

Address of Incident:  
Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Time Observed: From \_\_\_\_\_ a.m. p.m.  
To \_\_\_\_\_ a.m. p.m.

Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. According to 49 CFR §382.307 (Reasonable Suspicion Testing) the employer shall require their driver to submit to a controlled substance or alcohol test if a supervisor or county representative who is trained in accordance with §382.603 determines that reasonable suspicion exists.

Reasonable Suspicion determined for: \_\_\_\_\_ Alcohol \_\_\_\_\_ Controlled Substance

1. Appearance: \_\_\_\_\_ Normal \_\_\_\_\_ Sleepy \_\_\_\_\_ Tremors \_\_\_\_\_ Clothing \_\_\_\_\_ Cleanliness

Description: \_\_\_\_\_  
\_\_\_\_\_

2. Behavior: \_\_\_\_\_ Normal \_\_\_\_\_ Erratic \_\_\_\_\_ Inappropriate gaiety \_\_\_\_\_ Mood swings \_\_\_\_\_ Lethargic

Description: \_\_\_\_\_  
\_\_\_\_\_

3. Speech:

Description: \_\_\_\_\_  
\_\_\_\_\_

4. Body Odors:

5. Indications of the chronic and withdrawal effects of controlled substances: \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_  
\_\_\_\_\_

6. Other observations of reasonable suspicion:

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

\_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_ Preparation Date \_\_\_\_\_ Time \_\_\_\_\_ A.M. P.M.

\_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_ Preparation Date \_\_\_\_\_ Time \_\_\_\_\_ A.M. P.M.

The alcohol test must be administered within eight (8) hours following a reasonable suspicion determined. Employer retain in employee's confidential file.

## APPENDIX D REASONABLE SUSPICION TEST

When an employee begins to show a pattern of deterioration job performance, the supervisor will take a series of steps over a period of time, each of which requires full documentation. Substance abuse can affect an employee's job performance in many ways and supervisors must be aware of them. Supervisors need to alert for and document the following if they appear as part of a pattern and not as isolated incidents.

### **General Trends:**

- Excessive absenteeism; peculiar excuses for absences.
- Excessive use of sick leave, particularly for minor illness such as colds, flu or stomach problems.
- Frequent absences on Fridays, Mondays, pay days or after holidays.
- Excessive tardiness, especially at lunch time.
- Long breaks; frequent trips to the bathroom, break area or parking lot and frequent early departures from work.
- Higher than normal accident rates, both on- and off-the-job.
- Complaints from co-workers.
- Overreacts to real or imagined criticism.
- Changes in appearance, such as flushed face, red or bleary eyes, carelessness in dress or appearance; hand tremors.
- Makes untrue statements.
- Tracking or needle marks on the arms.

### **Performance-related Trends:**

- Inconsistent work patterns or disruption of work patterns.
- Misses deadlines.
- Decreasing reliability; procrastination; or memory gaps.
- Tendency to neglect details formerly not neglected.
- Friction with co-workers; placing blame on others.
- Errors due to inattention or poor judgment.
- Making consistently bad decisions; missing deadlines.
- Requesting different job assignments.
- Seeking loans from co-workers.
- Wasting office supplies or materials due to errors.
- Poor service to public; complaints from the public.
- Lack of cooperation; confusion.
- Decreased productivity or quality of work.
- Morale problems; unacceptable behavior.

### **Specific Examples of Behavior:**

- Accidents involving injury and/or property damage.
- Slurred speech.
- Alcohol odor on breath.
- Unsteady walking and movement.
- Physical disputes.
- Verbal altercations.
- Unusual behavior.
- Possession of alcohol and/or drugs.
- Information obtained from a reliable person with personal knowledge that the employee is under the influence of drugs and/or alcohol.

Obviously there are other explanations for such trends, and supervisors should be cognizant of this. Supervisors are not to jump to conclusions and should use good judgment.

**APPENDIX E  
ALCOHOL AND CONTROLLED SUBSTANCE  
EMPLOYEE'S CERTIFIED RECEIPT**

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Department

This is to certify that I have been provided educational materials that explain the requirements of §382.601 and my employer's policies and procedures with respect to meeting the requirements. The materials include detailed discussion of the following checked (v) items:

- \_\_\_\_\_ 1. The designated person to answer questions about the materials.
- \_\_\_\_\_ 2. The categories of drivers subject to Part 382.
- \_\_\_\_\_ 3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
- \_\_\_\_\_ 4. Specific information concerning prohibited driver conduct.
- \_\_\_\_\_ 5. Circumstances under which a driver will be tested.
- \_\_\_\_\_ 6. Test procedures, driver protection and integrity of the testing processes, and safeguarding the validity of the test.
- \_\_\_\_\_ 7. The requirement that tests are administered in accordance with Part 382.
- \_\_\_\_\_ 8. An explanation of what will be considered a refusal to submit to a test and the consequences.
- \_\_\_\_\_ 9. The consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and §382.605 procedures.
- \_\_\_\_\_ 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- \_\_\_\_\_ 11. Information on the affect of alcohol and controlled substances use on:  
\*An individual health    \*Signs and symptoms of a problem    \*Work  
\*Available methods of intervening when a problem is suspected  
\*Personal life
- \_\_\_\_\_ 12. Optional information:

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

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Employer Representative

\_\_\_\_\_  
Date

Retain in employee's confidential file

**APPENDIX F**  
**REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON**  
**ALCOHOL AND CONTROLLED SUBSTANCES TESTING**  
**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

(Print name) \_\_\_\_\_  
 First, M.I., Last \_\_\_\_\_ Social Security Number \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
 Street: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Street: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

This is in compliance with §382.405(f) and (h), which state:  
 (f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.  
 (h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.  
 §382.413(a)(b)(c)(e)(f) further state:  
 (a) An employer may obtain, pursuant to a driver's written consent, any of the information concerning the driver which is maintained under this part by the driver's previous employers.  
 (b) An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.104 or greater, positive controlled substances test results, and refusals to be tested, within the preceding two years, which are maintained by the driver's previous employers under §382.401(b)(1)(i) through (iii).  
 (c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 calendar days after the first time a driver performs safety-sensitive functions for an employer.  
 (e) The prospective employer must provide to each of the driver's employers with the two preceding years the driver's specific written authorization for release of the information in paragraph (b).  
 (f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**COMPLETE THIS SECTION AS IT PERTAINS TO PART 382. SEE SEC. §382.413(b), ABOVE.**

1. Has this person ever tested positive for a controlled substance in the last two years? \_\_\_\_ Yes \_\_\_\_ No
  2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years? \_\_\_\_ Yes \_\_\_\_ No
  3. Has this person ever refused a required test for drugs or alcohol in the last two years? \_\_\_\_ Yes \_\_\_\_ No
- If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 2 completed by (signature): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one) \_\_\_\_ Faxed to previous employer. \_\_\_\_ Mailed. Date: \_\_\_\_\_  
 Complete below when information was obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: \_\_\_\_ Fax \_\_\_\_ Mail \_\_\_\_ Phone

Date: \_\_\_\_\_ Personal interview

PREVIOUS EMPLOYER  
 COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER