

CHECK LIST FOR EXEMPT LIMITED TERM EMPLOYEES

Employee's First Name: _____ Last Name: _____

DOB: _____ 18 or Older: No Race: _____

Gender: M F Position Title & Grade: _____

Position #: _____ Hourly Rate: _____ Start Date: _____ Status: G E

Fund: _____ Cost Center: _____ IO#: _____

Veteran Status: Yes No Employee Email Address: _____

Site: _____ Hiring Mgr. Name: _____ Date: _____

Initial Hire Reemployment 2nd or 3rd Positions

Policy Statements given to All Seasonal Employees

- Violence in the Workplace Policy Statement; Diversity Statement; Sexual Harassment Policy; Standards of Conduct & Code of Ethics; Notice of Privacy; Stewardship Basics
- Mandatory Reporting of Child Abuse
- Policy and Procedure on Harassment Memo
- Vehicle Safety System – DriveCam

Forms sent to Park Authority HCDS

- This Form
- Federal Tax Form
- Virginia State Tax Form, DC Tax Form, Maryland Tax Form, West Virginia Tax Form
- Employment Eligibility Verification Form (EEV) – *Include copy of original unexpired documents*
- Copy of Original Social Security Card or Receipt for Duplicate
- Direct Deposit Form - *Include a voided check if possible*
- Terms of Employment Memo (Status G or E)
- Application Form
- Benefits Enrollment Form
- Reference Info Release Form
- Fingerprint Form
- Parental Consent to Perform Background Check for a Minor Applicant
- Driving Record Transcript Form
- Hepatitis B Declination Form (*Lifeguards & Skate Guards Only*)
- Employee Uniform Disbursement Form
- Mandatory Reporting of Child Abuse
- Policy Statement Summary
- Policy and Procedure on Harassment Memo
- Child Protective Services Form
- Pay Rate Calculation Forms

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

| | | | |
|---|---|-----------|--|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | ▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

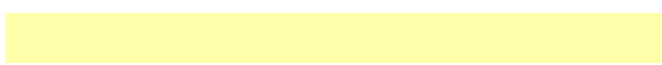
TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

| | | | |
|---|---|-------------|----------|
| Step 3: Claim Dependents | If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): | | |
| | Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ | | |
| | Multiply the number of other dependents by \$500 ▶ \$ _____ | | |
| | Add the amounts above and enter the total here | 3 | \$ _____ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ _____ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ _____ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(c) | \$ _____ |

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶  ▶ _____

Employee's signature (This form is not valid unless you sign it.) **Date**

| | | | |
|---------------------------|-----------------------------|--------------------------|--------------------------------------|
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) |
| | | | |

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6)
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

| | | |
|-----------------------------|-------|----------|
| Your Social Security Number | Name | |
| Street Address | | |
| City | State | Zip Code |

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act (check here)

Signature _____ Date _____
EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

| | | | | | | |
|---|---|--------------------------------|---------------------------|----------------|---------------------------------------|-------------------|
| Last Name <i>(Family Name)</i> | | First Name <i>(Given Name)</i> | | Middle Initial | Other Last Names Used <i>(if any)</i> | |
| Address <i>(Street Number and Name)</i> | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth <i>(mm/dd/yyyy)</i> | U.S. Social Security Number □□□□ - □□ - □□□□ | | Employee's E-mail Address | | Employee's Telephone Number | |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

| | |
|--|--|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> | |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> | |
| QR Code - Section 1 Do Not Write In This Space | |

| | |
|-----------------------|----------------------------------|
| Signature of Employee | Today's Date <i>(mm/dd/yyyy)</i> |
|-----------------------|----------------------------------|

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|---|--|----------------------------------|-------------------|
| Signature of Preparer or Translator | | Today's Date <i>(mm/dd/yyyy)</i> | |
| Last Name <i>(Family Name)</i> | | First Name <i>(Given Name)</i> | |
| Address <i>(Street Number and Name)</i> | | City or Town | State ZIP Code |

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|---------------------------------------|-----|--|
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any) (mm/dd/yyyy) | | Expiration Date (if any) (mm/dd/yyyy) | | Expiration Date (if any) (mm/dd/yyyy) |
| Document Title | | Additional Information | | QR Code - Sections 2 & 3 Do Not Write In This Space |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |

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

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

| | | | | |
|--|---|---------------------------|--|----------|
| Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) | Title of Employer or Authorized Representative | |
| Last Name of Employer or Authorized Representative | First Name of Employer or Authorized Representative | | Employer's Business or Organization Name | |
| Employer's Business or Organization Address (Street Number and Name) | | City or Town | State | ZIP Code |

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

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

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

| | | |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|



Department of Human Resources

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

The county provides electronic funds transfer (EFT) for direct deposit of your biweekly pay into your financial institution account. All new employees are required to participate in direct deposit. Incorrect or incomplete information may prevent/delay the direct deposit of your pay into your checking or savings account. If your payroll transmission fails, the county cannot issue your pay until the funds are returned by your financial institution.

INSTRUCTIONS: To enroll in direct deposit or make updates, complete this form and submit to the Department of Human Resources Payroll Division, Suite 270. Form may be faxed to 703-324-3444.

EMPLOYEE INFORMATION

Last Name _____ First _____ (M) _____ Last Four Digits of SSN _____ Personnel ID (PID) _____
Park Authority - C028
Department Name _____ Personnel Area _____ Phone Number _____

A dishonest or misleading response to where funds will be routed may be considered falsification of records under the Standard of Conduct. In order to comply with electronic payment provisions of the U.S. law and the Office of Foreign Assets Control (OFAC), please declare the following:

My entire direct deposit amount will be ultimately routed to a financial institution **outside the U.S.** **NO** **YES**

BANK ACCOUNT INFORMATION

Primary Bank Account

Effective Date: _____ (Beginning of next PP)

Action to Take: (select one)

Type of Account: (select one)

- Start Direct Deposit
 Change

- Checking
 Savings

Name of Bank: _____
Routing Number: _____
Account Number: _____

2nd Bank Account

Effective Date: _____ (Beginning of next PP)

Action to Take: (select one)

Type of Account: (select one)

- Cancel
 Add/Change

- Checking
 Savings

Name of Bank: _____
Routing Number: _____
Account Number: _____
Deposit Amount: _____

3rd Bank Account

Effective Date: _____ (Beginning of next PP)

Action to Take: (select one)

Type of Account: (select one)

- Cancel
 Add/Change

- Checking
 Savings

Name of Bank: _____
Routing Number: _____
Account Number: _____
Deposit Amount: _____

I authorize the County of Fairfax, Virginia and the Depository listed above to deposit my net pay automatically into my account each payday. If funds to which I am not entitled are deposited in my account, I authorized the County to direct the bank to return those funds.

Employee Signature

Date



FAIRFAX COUNTY PARK AUTHORITY



M E M O R A N D U M

TO: _____

FROM: _____

SUBJECT: Terms and Conditions of Employment

DATE: ____/____/____

Congratulations on your appointment to an exempt service position with Fairfax County Government! As an exempt service employee, there are limits on the number of hours you may work in one calendar year, and other conditions you should know about your employment.

You have been hired as a **G** OR **E** Status Employee

In the Position and Grade of: _____

Your start date is: _____ and you will report to: _____

Your hourly rate of pay is: \$_____ and you should receive your first paycheck on ____/____/____

You must complete a Criminal background check by ____/____/____

Status G exempt-temporary employees may work a maximum of 900 hours per calendar year. If you work 900 hours before the end of the calendar year, you will be separated from employment for the balance of that year, but remain eligible for rehire beginning the next calendar year. Individuals in these positions are not eligible for employee benefits. **When returning the following year all rehire paper work with appropriate documents must be completed.**

If you are transferring to a G status position and you currently have coverage in a county sponsored plan, you must elect to cancel your coverage, due to the Affordable Care Act Regulations; it is NOT automatically cancelled. This action must be submitted before your 30-day anniversary of transferring to a G status position.

Status E exempt-benefits-eligible employees are scheduled to work between 1,040 and 1,560 hours per calendar year, and may not work in excess of 1,560 hours during the calendar year. Individuals in these positions are eligible for limited employee benefits, including medical, vision and dental insurance coverage, and participation in flexible spending programs, but are not eligible to earn leave or receive holiday pay. Questions about benefits should be directed to your supervisor or payroll contact, and your benefits enrollment forms should be delivered by you to HR Central staff in the main government center building, located at 12000 Government Center Parkway, Suite 270, Fairfax, VA 22035, **before your 30-day anniversary. After 30 days you will have to wait until open enrollment and your benefits will not go into effect until the following year. Should your status change and you are transferred to a G status position your hourly rate may decrease.**

Terms and Conditions of Employment (cont.)

You will be covered by the overtime provisions of the Fair Labor Standards Act. This means you will earn time and one half your regular rate of pay (or time and one half compensatory time) for all hours worked over 40 in a work week. In Fairfax County, the work week is Saturday through Friday, and there are two weeks in each pay period. Prior authorization from you supervisor will be require for all overtime hours worked.

All Fairfax County Government employees are required to have their paycheck directly deposited into a financial institution. Your supervisor or agency payroll contact can assist you with this requirement.


You are eligible to apply for merit job vacancies advertised as County promotional opportunities, as well as those vacancies which are open to persons not currently County employees.

The duration of your employment is contingent upon agency operational needs, budgetary constraints and your performance. We will attempt to give you a minimum of two weeks' notice prior to termination, but that may not be possible. The decision to terminate your employment is not appealable and does not have to be "for cause".

Your supervisor and this agency are glad you are joining our team. Fairfax County takes pride in the service delivered to our community and has high expectations of you and your performance in this position. All Fairfax County employees are expected to comply with County Standards of Conduct and Code of Ethics. Your supervisor will review this information with you shortly after your start date.

Again, welcome and congratulations on your appointment.

I have read and understand the terms and conditions of employment listed above.



Employee Signature

____/____/____
Date

Fairfax County Government Benefits Enrollment Change Form - Employee

Please send the completed and signed form to the Department of Human Resources at 12000 Government Center Parkway, Suite 270, Fairfax, VA 22035 or fax to 703-802-8795. If you fax the form, remember to keep a copy of your fax machine's transmission report as documentation that we received the form by the deadline. **Change forms received after the applicable deadline will not be accepted – 30 days from the date of the Qualified Event.**

| | | |
|---------------|-------------------------------------|---------------|
| EMPLOYEE NAME | SOCIAL SECURITY OR PERSONNEL NUMBER | HIRE DATE |
| HOME PHONE | WORK PHONE | E-MAIL |
| | | DATE OF EVENT |

Why I'm submitting this form (see FairfaxNet for more information):

- Newly eligible:** new employee or newly eligible for benefits.
- Change in enrollment status of employee or dependent that affects eligibility or cost of coverage:** termination or commencement of benefits-eligible employment or FMLA leave, spouse's open enrollment, etc.
- Change in number of dependents:** birth, adoption, guardianship, marriage, divorce, legal separation, court orders, termination or commencement of Medicaid or SCHIP, etc.
- Other:** Change in daycare providers or cost of daycare, LTD election/change.

For changes due to qualified events, only complete sections that are changing. (Documentation about the qualified event is required.)

| Section A. Medical and/or Dental Coverage – (Select the plan, level of coverage, and tell us about those who should be covered) | | | | | | |
|---|--------------------------|---|--|-------------------------------------|--|--|
| Medical/Dental | | | | | Waive Coverage | |
| County Medical Plan Managed by CIGNA | Individual | 2 Party | Family | HSA Amount | <input type="checkbox"/> Waive medical* | <input type="checkbox"/> Waive Dental* |
| <input type="checkbox"/> OAP 90% Coinsurance Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | Note: Only coverage in effect may be continued into retirement. | |
| <input type="checkbox"/> OAP 80% Coinsurance Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | | |
| <input type="checkbox"/> OAP My Choice CDHP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ per pay period | | |
| <input type="checkbox"/> HMO Managed by Kaiser | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | | |
| <input type="checkbox"/> Delta Dental PPO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | All medical plan enrollments automatically include vision benefits through Davis Vision. | |
| Enrollment Information – must be completed for each individual to be covered under health and/or dental coverage | | | | | | |
| Name (Last, First, MI) | Birthdate (MM/DD/YY) | Sex | Relationship: (child, stepchild, guardianship, etc.) | Social Security or Personnel Number | Enroll in Health Plan | Enroll in Dental Plan |
| | | | Employee | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Note: If adding spouse and/or dependent children, <u>you must forward the marriage certificate and/or birth certificates</u> to Benefits in the Department of Human Resources before your enrollment request will be processed. Dependents not listed above will not be covered. You must notify plan if you are to continue to be covered by a second health or dental plan so coordination of benefits may be arranged. | | | | | | |
| To Remove a Dependent | | Please remove the dependent listed below from the benefits indicated. | | | | |
| Dependent to be dropped: | Reason for Dropping | Date Occurred: | Drop from: | | | |
| | | | <input type="checkbox"/> Health | <input type="checkbox"/> Dental | <input type="checkbox"/> Both health and dental | |
| | | | <input type="checkbox"/> Health | <input type="checkbox"/> Dental | <input type="checkbox"/> Both health and dental | |
| | | | <input type="checkbox"/> Health | <input type="checkbox"/> Dental | <input type="checkbox"/> Both health and dental | |
| | | | <input type="checkbox"/> Health | <input type="checkbox"/> Dental | <input type="checkbox"/> Both health and dental | |

Section B. Group Term Life Insurance (See Fairfax Net for a description of changes that may be made. Coverage may be contingent on approval by the Life Insurance company.) **To elect a beneficiary other than your estate, complete and return a Beneficiary Election Form.**

Basic Coverage: Paid for in full by the County.

1x annual salary

Additional Optional Employee Coverage: Optional Coverage – paid for in full by the Employee. **Please select one:**

1x annual salary 2x annual salary 3x annual salary 4x annual salary

Waive or Cancel. **I DO NOT** wish to enroll for optional employee coverage or I am requesting cancellation of this coverage. I understand that once coverage is waived or cancelled, I will be required to furnish evidence of insurability if I wish to become insured at a later date.

Dependent Coverage Please select one:

\$10,000 spouse/\$5,000 children; or \$15,000 spouse/\$7,500 children

Waive or Cancel. **I DO NOT** wish to enroll my eligible dependents for life insurance coverage or I am requesting cancellation of this coverage. I understand that once coverage is waived or cancelled, I will be required to furnish evidence of insurability for eligible dependents if I wish to insure them at a later date.

Section C. Flexible Spending Account Programs (Indicate annual amount to be contributed or click the box to waive/cancel participation)

Medical Spending Account (\$2,550 maximum) – *This is not available if MyChoice CDHP health plan is elected.*

Contribute \$ _____ for calendar year _____. Waive or cancel participation in the Medical Spending Account.

Dependent Care Account (day care) (\$5,000 maximum)

Contribute \$ _____ for calendar year _____. Waive or cancel participation in the Dependent Care Spending Account.

Section D. Long Term Disability (No qualified event required. Enrollment after 30 days of eligibility contingent on approval by LTD provider.)

Enroll in Long Term Disability. Waive or cancel participation in the Long Term Disability
(Preexisting conditions during the 90 day period preceding the effective date of coverage are not covered.)

To Enroll, Change or Cancel Other Voluntary Benefits

Deferred Compensation

To enroll or change deferral amount, participants may visit rps.troweprice.com or call 888-457-5770.

Acceptance: I hereby apply or waive coverage on behalf of myself and each eligible dependent. I understand that coverage will be provided according to the terms and conditions of the contract between the insurance carrier(s) and my employer. I understand that I must submit my election within 30 days of becoming eligible and that this coverage is not in effect until my election has been accepted by Human Resources. I also understand that this election is made under the IRS Pre-Tax Rules and Regulations. The effective date for my enrollment as a newly-eligible employee shall be the first of the month after the event. I further understand that I cannot cancel or change this election unless I experience a Change-in-Status or am entitled to a Special Enrollment Right under HIPAA.

I understand that I must notify the **Benefits Office in Human Resources within 30 days of any change in status** which would cause any of my covered dependents to cease to be eligible for benefits under the County's health, dental or life insurance plans due to the dependent's death or loss of eligibility. If I fail to notify the Benefits Office in Human Resources by filing the appropriate forms, I will be responsible for any claims and/or premiums paid on behalf of any individual who ceased to be eligible for benefits under the policy. It is my responsibility to keep informed of any changes to the plan that might affect my or my dependent(s) eligibility. If I am requesting a change in my benefit election it must be necessitated by, and consistent with, the change in family status and the change must be acceptable under the IRS Pre-Tax Regulations. The effective date for the change and the documentation that must be submitted are described on the FairfaxNet Benefits web page.

I also certify that the dependents listed above are eligible to be covered as dependents as described on the FairfaxNet Benefits web page.

I hereby authorize any physician, hospital or other provider of service to furnish any information, reports or copies of records, related to care or services rendered to me or any of the dependents listed above to the insurance carrier(s) or other third parties who require such information to administer the plan. Such information is to be held confidential. I understand that by completing and signing this enrollment form, I am making a binding election with regard to my benefits and that I am authorizing my employer to make the deductions necessary to pay my share of the cost of coverage. I also authorize subsequent payroll deductions in future plan years unless I notify my employer of a change in my election. See the FairfaxNet Benefits web page for more information.

Employee Signature: _____ Date: _____

Mail completed form to: Department of Human Resources – Benefits Division
12000 Government Center Parkway, Suite 270
Fairfax, Virginia 22035
Or fax to: 703-802-8795

Fairfax County Park Authority
Employment Application
(for Non-Merit Positions)



* For Camp staff, two recommendations must be submitted with application.

Job applied for: _____ Site: _____ Date: _____

Name: _____
Last First MI

DOB: _____ Are you 18 or Older? Yes No

Address: _____

Phone: _____
Home Cell Work

Email: _____

*** Bring Original Social Security Card & Photo ID to your interview**

1. For the purpose of compliance with Section 40.1-11.1 of the Code of Virginia, titled "Employment of Illegal Immigrants," please state whether you are legally eligible for employment in the United States. You are eligible for employment if you are a United States Citizen, or if you have an appropriate permit to work in the United States issued by the U.S. Department of Justice or U. S. Department of Labor.

Yes No

2. Have you ever worked for Fairfax County? Yes No

If yes, which agency? _____ When? _____

3. Do you have any relatives who are presently employed by Fairfax County Government?

Yes No

If you have any relatives who are presently employed by the county, please list their names and the department(s) below:

4. Did you ever serve on active duty with the armed forces of the United States or reserve components thereof including the National Guard, as a result of which you received an honorable discharge as documented on a DD214?

Yes No

5. If required, I understand I need to be prepared to provide proof of current licenses, certifications, or degrees for the position for which I am applying.

Yes No

Applicant signature

6. Fairfax County is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will **NOT** affect your opportunity for employment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

What is your ethnic origin (as defined by the U.S Equal Employment Opportunity Commission)?

- American Indian or Alaskan Native recognition
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- Hispanic/Latino
- White
- Two or More Races

7. Fairfax County is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants to voluntarily self-identify their gender. Submission of this information is voluntary and refusal to provide it will **NOT** affect your opportunity for employment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Gender? Female Male

Please help us measure the effectiveness of our outreach by telling us how you learned of this job opportunity:

Education

Highest level of education: G.E.D High School Post-Secondary Education

Name and location of current or last school you attended: _____

List any relevant qualifications/skills: (Ex. foreign languages, professional licenses, certifications, etc.)

I certify that all of the statements made on 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 employing me or for dismissing me after I have begun work.

Applicant's Signature

Date

It is the policy of Fairfax County Government to prohibit discrimination on the basis of race, sex, color, national origin, religion, age, veteran status, political affiliation, genetics, or disability in the recruitment, selection, and hiring of its workforce.

Reasonable accommodations are available to persons with disabilities during application and/or interview processes per the Americans with Disabilities Act. Contact 703-324-4900 for assistance. TTY 703-222-7314. EEO/AA/TTY.

To be Completed by Hiring Department:

| | |
|-----------------------|----------------------------------|
| Applicant Name: _____ | Hiring Dept.: <u>FCPA - C028</u> |
| Position Title: _____ | Requisition No: _____ |


To be Completed by Applicant at Time of Interview:

APPLICANT RELEASE OF INFORMATION FORM

(Reference, Employment and Education Checks)

I, _____, hereby authorize my present and former employers to provide references and/or release of any personal information and/or records concerning my employment history to the above-listed department. Such information may include, but is not limited to: employment dates, position(s) held, job performance, attendance, eligibility for rehire with a former employer, conduct and character. Records of relevant trade/educational institutions or facilities to verify appropriate licenses/certifications may also be checked.

I understand that it is in the interest of the public that all relevant information concerning my employment history be disclosed for the purposes of evaluating my eligibility and qualifications to hold the position for which I have applied.

| | | |
|---|---------------------|------------------|
|  | _____ | _____/_____/____ |
| Applicant Written Signature | Printed Name | Date |

| |
|--|
| Prior Employment with Fairfax County Government: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please supply Fairfax County Employee ID# (EIN) _____, or the last four digits of your Social Security Number: XXX/ XX/ _____ |



**Fairfax County Government
Employment and Volunteer
Appointee Background Form**

State Licensed Facility
Under Age 18

SECTION A: COMPLETED BY THE HIRING DEPARTMENT

| Requisition No. | Position/Volunteer Title | Position # <small>(enter 000s for volunteers)</small> |
|---|---|--|
| | | |
| Check All That Apply: | | |
| <input type="checkbox"/> First-Time Applicant | <input type="checkbox"/> Current Employee | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Rehire | | |
| Department | Department Contact Name & Email Address | Phone No. |
| FCPA - C028 | regina.eagle@fairfaxcounty.gov ; mary.youngs@fairfaxcounty.gov | 703-324-8792 |

SECTION B: COMPLETED BY APPOINTEE

Complete *all* information requested. Falsification of information on this form will void your application for employment or a volunteer position. This form, together with any attachments, is the property of Fairfax County Government.

| If you are/were required to register for the Selective Services, have you done so? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
|--|--|----------------------|--|
| LAST NAME | FIRST NAME | MIDDLE NAME | MAIDEN NAME |
| | | | |
| DATE OF BIRTH: mm/dd/yyyy | ALL FORMER NAMES USED | DRIVER'S LICENSE NO. | STATE |
| / / | | | |
| Have you ever been convicted of a felony or a misdemeanor? A conviction does not automatically mean that you may not be employed by the County. This question does not seek the disclosure of any information concerning any arrest, criminal charge, or conviction related to a violation of Va. Code § 18.2-250.1 (possession of marijuana) including any violation charged under Va. Code § 18.2-250.1 that was deferred and dismissed pursuant to Va. Code § 18.2-251. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain. | | | |
| Have you ever been convicted of a traffic violation (other than speeding violations or parking tickets)? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain. | | | |

List all locations where you have lived during the last 7 years, **beginning with your current residence.**

| FROM: | TO: | CITY | STATE | COUNTY |
|-------|-------|------|-------|--------|
| / / | / / | | | |
| / / | / / | | | |
| / / | / / | | | |
| / / | / / | | | |

I give Fairfax County Government and its agents permission to investigate my background for criminal history and sex offender records, license verification, and present and former employment history, as a condition of employment or volunteerism. I authorize law enforcement entities or security vendors contracted by Fairfax County Government or its agents to furnish information related to my criminal history and to release such information to Fairfax County Government and its agents. I release Fairfax County Government and the law enforcement entities and vendors from liability resulting from providing criminal background findings to Fairfax County Government. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge.

| APPOINTEE SIGNATURE | DATE |
|---------------------|------|
| | / / |

Schedule your background check by calling 703-324-3311. The Security Office is located at 12000 Government Center Parkway, Suite 150, Fairfax, VA 22035.

INFORMATION LAWS AND PRACTICES: With few exceptions, you are entitled to be informed about the information Fairfax County Government collects about you.

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant's Rights: Your fingerprints will be used to check the criminal history records of the FBI and the Central Criminal Records Exchange (CCRE) of the Virginia State Police. You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) You may obtain a copy of your Virginia Criminal History by submitting form SP-167, available at http://www.vsp.state.va.us/CJIS_Criminal_Record_Check.shtm, to the CCRE. You may challenge the accuracy or completeness of a Virginia criminal history record through the CCRE Expungement/Record Challenge Section, which can be reached at (804) 674-6723 for further information about this process.



**Fairfax County Government
Employment and Volunteer
Appointee Background Form**

State Licensed Facility
Under Age 18

SECTION A: COMPLETED BY THE HIRING DEPARTMENT

| Requisition No. | Position/Volunteer Title | Position # <small>(enter 000s for volunteers)</small> |
|---|---|--|
| | | |
| Check All That Apply: | | |
| <input type="checkbox"/> First-Time Applicant | <input type="checkbox"/> Current Employee | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Rehire | | |
| Department | Department Contact Name & Email Address | Phone No. |
| FCPA - C028 | regina.eagle@fairfaxcounty.gov ; mary.youngs@fairfaxcounty.gov | 703-324-8792 |

SECTION B: COMPLETED BY APPOINTEE

Complete *all* information requested. Falsification of information on this form will void your application for employment or a volunteer position. This form, together with any attachments, is the property of Fairfax County Government.

| If you are/were required to register for the Selective Services, have you done so? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
|--|--|----------------------|--|
| LAST NAME | FIRST NAME | MIDDLE NAME | MAIDEN NAME |
| | | | |
| DATE OF BIRTH: mm/dd/yyyy | ALL FORMER NAMES USED | DRIVER'S LICENSE NO. | STATE |
| / / | | | |
| Have you ever been convicted of a felony or a misdemeanor? A conviction does not automatically mean that you may not be employed by the County. This question does not seek the disclosure of any information concerning any arrest, criminal charge, or conviction related to a violation of Va. Code § 18.2-250.1 (possession of marijuana) including any violation charged under Va. Code § 18.2-250.1 that was deferred and dismissed pursuant to Va. Code § 18.2-251. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain. | | | |
| Have you ever been convicted of a traffic violation (other than speeding violations or parking tickets)? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain. | | | |

List all locations where you have lived during the last 7 years, **beginning with your current residence.**

| FROM: | TO: | CITY | STATE | COUNTY |
|-------|-------|------|-------|--------|
| / / | / / | | | |
| / / | / / | | | |
| / / | / / | | | |
| / / | / / | | | |

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| APPOINTEE SIGNATURE | DATE |
|--|------|
|  | / / |

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FAIRFAX COUNTY PARK AUTHORITY

12055 Government Center Parkway, Suite 927 • Fairfax, VA 22035-5500
703-324-8700 • Fax: 703-324-3974 • www.fairfaxcounty.gov/parks

TO: Parent or Legal Guardian of
FROM: Human Capital and Development Services
DATE:
SUBJECT: Consent to Perform Background Check for a Minor Applicant

Fairfax County has a proud history of providing area youth with meaningful work and volunteer experiences. We are pleased to extend your child a conditional offer of employment with the Fairfax County Park Authority. County management recognizes that for many young applicants, this is their first exposure to a structured work environment and we strive to ensure your child has a positive experience. We care about the wellbeing of our employees and those we serve – and that means ensuring employees and volunteers are well qualified, and their backgrounds are suitable for the role they have been offered.

Conducting criminal background screenings is part of our standard process for many paid positions and volunteer roles (regardless of age) in the County. While such practices were uncommon in past decades, today, most major employers complete some variation of this process. Additionally, it is important to note that a criminal conviction does not automatically exclude an individual from employment or volunteer work with Fairfax County Government. This process is managed by senior county staff, law enforcement personnel, and third party security vendors and results are strictly managed to ensure confidential handling of sensitive information.

Completing these background checks is required by Fairfax County Code and The Code of Virginia; your child will be eligible to start after completing this check. A legal guardian or parent must authorize this check for applicants under the age of 18 who are offered employment in a sensitive position.

Please review the following and sign below to authorize this background check.

I authorize Fairfax County Government and its agents to investigate my child’s criminal history record as a condition of employment or volunteerism. I authorize law enforcement entities or security vendors contracted by Fairfax County Government to obtain and release such information to Fairfax County Government. I release Fairfax County Government, and the law enforcement entities and vendors used to obtain this information from liability resulting from providing criminal background findings to Fairfax County Government.

Last Name of Minor Child (Print)

First Name of Minor Child (Print)

Name of Parent/Legal Guardian (Print)

Signature of Parent or Legal Guardian

Date

Questions regarding this process should be directed to the Fairfax County Park Authority Human Capital and Development Services at 703-324-8792



FAIRFAX COUNTY PARK AUTHORITY

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First Name of Minor Child (Print)

Name of Parent/Legal Guardian (Print)

Signature of Parent or Legal Guardian

Date

Questions regarding this process should be directed to the Fairfax County Park Authority Human Capital and Development Services at 703-324-8792



FAIRFAX COUNTY PARK AUTHORITY



M E M O R A N D U M

TO: _____

FROM: Robert Johnson
Safety Analyst, HCDS

SUBJECT: Employee Annual Driving Record Review:

DATE: ____ / ____ / ____

It is the policy of Fairfax County that only County employees who hold a valid state driver's license and maintain a good driving record are authorized to operate County vehicles or non-County owned vehicles (personal, leased or rented) on behalf of the County. The purpose of this policy is to promote employee and public safety in conjunction with reducing the County's exposure to financial loss.

Employees who drive a County vehicle, ***regardless of frequency***, must either provide his or her supervisor with a ***certified*** copy of their Department of Motor Vehicles (DMV) Driving Transcript at their cost, or authorize the County to obtain their driving record at no cost to them. ***This policy also includes those who may drive their personal vehicles while conducting County business, whether or not mileage is reimbursed or an allowance is paid for that operation.***

To ensure we are following this policy, and for record keeping purposes, please check the appropriate section below and return this memorandum to me by the due date. It should be noted that new County employees are not allowed to drive a County vehicle until they have been cleared by Risk Management.

- The above named employee does not drive a County vehicle or non-County owned vehicle (personal, leased or rented) on behalf of the County; therefore, a DMV driving record is not required. (If you check this box, the Employee Driving Record Transcript Authorization Form on the reverse side does not need to be completed).
- The above named employee is affected by this policy. The Employee Driving Record Transcript Authorization Form on the reverse side has been completed and signed by the employee, and his/her supervisor has witnessed the signature on the document. Please obtain the employee's DMV Record through approved County policy.
- The above named employee is affected by this policy and will provide his/her supervisor with a certified copy of his/her driving record within ten working days in lieu of the County obtaining the transcript.

If you have any questions about this policy, please call me at (703) 324-8707.

PLEASE RETURN THIS FORM TO FCPA SAFETY OFFICE BY _____.



County of Fairfax, Virginia

Employee Driving Record Transcript Authorization Form

Pursuant to the Virginia Privacy Protection Act of 1976, you are hereby notified that you are not legally required to provide the information requested on this form, however, unless you provide the information requested on this form you will not be allowed to operate any County vehicle. If your job requires you to drive a County vehicle or personal vehicles on behalf of the County, and you are not allowed to operate a vehicle on behalf of the County because of your failure to provide this information, you will be subject to transfer or discipline, which could include termination of employment. The information you provide on this form will not be provided to any entity outside of Fairfax County Government, except that the information will be provided to the Virginia Department of Motor Vehicles, or its equivalent in the state in which you are licensed, in order to obtain information about your driving record.

Name: _____ State Issuing Driver's License: _____
Date of Birth: _____ Driver's License Number: _____

I currently have a valid driver's license Yes No Don't Know
I currently have less than six (6) demerits * Yes No Don't Know
I am unaware of any medical condition that would impede my ability to operate a vehicle Yes No Don't Know

Agency: Fairfax County Park Authority
Agency Contact: _____ Phone Number: 324-8707

I, _____ hereby certify that all information contained herein is true and correct. I further understand that, knowingly making false statements or misrepresentations on this form is grounds for dismissal. I hereby authorize Fairfax County to obtain a transcript of my driving record from the Division of Motor Vehicles for verification of the above information, annually throughout my employment or whenever the Agency Head or their designated representative deems appropriate.

In addition, per County policy LP-04 (Driving Record Review Policy), I recognize it is my responsibility to not operate a vehicle if my driver's license is suspended or revoked, and to immediately inform my Department Director upon the suspension or revocation of my driver's license or upon the accrual of six or more demerit points on my driving record.

Signature: _____ Date: _____

Witnessed By: _____ Date: _____

* This is the threshold in Virginia. Demerit thresholds may vary in neighboring states of Maryland, West Virginia and the District of Columbia.

FAIRFAX COUNTY PARK AUTHORITY
Bloodborne Pathogens Exposure Control Plan

APPENDIX A-2

Mandatory Hepatitis B Vaccination Declination Form

- I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

OR

- I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However I decline hepatitis B vaccination at this time because:
- Employee has received hepatitis B vaccination series
 - Employee is immune to hepatitis B virus (proof of immunity attached)

Position: _____ Site: _____

Printed Name: _____ Date: ____ / ____ / ____

Signature: _____

FAIRFAX COUNTY PARK AUTHORITY EMPLOYEE UNIFORM DISBURSEMENT

Issue Date: _____

Employee Name: _____ **EIN:** _____

Items Issued:

| Item Description | Quantity | Value (ea.) | Total Value |
|------------------|----------|-------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I acknowledge receipt of the above item(s) and I understand, per IRS regulations, that the value of uniform apparel is considered taxable income. Fairfax County will report value of the above item(s) to the IRS and it will appear as taxable income and be subject to the appropriate withholding from employee pay.

Employee Name – Printed

Signature

Supervisor Name – Printed

Signature

Please use schedule below to deduct over number of Pay Periods for each staff:
Clothing Value: Up to \$100: 1 PP * \$101-\$200: 2 PP * \$201-\$300: 3 PP * Over \$300: 4 PP



FAIRFAX COUNTY PARK AUTHORITY

12055 Government Center Parkway, Suite 927 • Fairfax, VA 22035-5500
703-324-8700 • Fax: 703-324-3974 • www.fairfaxcounty.gov/parks

TO: All FCPA Employees, Contractors and Volunteers

FROM: Fairfax County Park Authority
Human Capital and Development Services

DATE:

SUBJECT: New Legislation for Public Organizations

Effective July 1, 2012, new legislation passed under HB1237 amending the Code of Virginia § 63.2-1509 law on reporting suspected child abuse and neglect. You are receiving this information because you are an employee, volunteer or contractor of the Fairfax County Park Authority and are required to report suspected child abuse and neglect to the Department of Social Services or Child Protective Services within 24 hours.

HB1237 Mandatory reporting of child abuse penalty. Adds to the list of individuals required to report suspected child abuse or neglect: individuals who are 18 years of age or older and who are associated with or employed by any public organization responsible for the care, custody, or control of children, any person employed by a public or private institution of higher education, and any other person with responsibility for the care, control, or custody of children to the list of individuals required to report suspected child abuse or neglect. The bill increases the penalty for failure of a person required to make a mandatory report of suspected child abuse or neglect from \$500 for the first failure and not less than \$100 nor more than \$1,000 for any subsequent failures to a Class 1 misdemeanor, except that in cases involving sexual abuse or that result in serious bodily injury to or death of a child, the individual is guilty of a Class 6 felony. The bill also provides that any individual who suffers a loss as a result of the failure of a person required to make a mandatory report to make the required report shall be entitled to a civil action to recover damages, attorney fees, and court costs.

What is an abused or neglected child?

The Code of Virginia § 63.2-100 defines an abused or neglected child as any child under 18 years of age whose parent or any person responsible for his or her care:

- Causes or threatens to cause a non-accidental physical or mental injury;
- Has a child present during the manufacture of a controlled substance or during the unlawful sale of such substance where such activity would constitute a felony violation;
- Neglects or refuses to provide adequate food, clothing, shelter, emotional nurturing or health care;
- Abandons the child;
- Neglects or refuses to provide adequate supervision in relation to a child's age and level of development;
- Knowingly leaves a child alone in the same dwelling with a person, not related by blood or marriage, who has been convicted of an offense against a minor for which registration is required as a violent sexual offender; or
- Commits or allows to be committed any illegal sexual act upon a child, including incest, rape, indecent exposure, prostitution, or allows a child to be used in any sexually explicit visual material.

Where should FCPA Employees, Contractors and Volunteers report suspected child abuse and neglect?

If you suspect child abuse or neglect, you are required to report the matter as soon as possible, but no longer than 24 hours after having reason to suspect a reportable offense. The Park Authority would like you to inform your FCPA supervisor or liaison if you are making a report concerning a child in an FCPA program. Below are the contact numbers for reporting suspected abuse or neglect. If you have questions or need additional information, refer to the mandated reporter training found on the DSS website. FCPA strongly recommends everyone take the time to review the information which also covers process after a report is made.

Hotline Services for Reporting:

- Department of Social Services, Virginia 1-800-552-7096
- Fairfax County Child Protective Services 703-324-7400

Resources:

- Code of VA Law: <http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+63.2-1509>
- Mandated Reporter Training: http://www.dss.virginia.gov/family/cps/mandated_reporters/cws5692/CWS5692%206.21.12.htm

Name: _____

Signature: _____

Date: _____



FAIRFAX COUNTY PARK AUTHORITY

12055 Government Center Parkway, Suite 927
Fairfax, VA 22035-1118



Fairfax County Park Authority Mission and Vision

To set aside public spaces for and assist citizens in the protection and enhancement of environmental values, diversity of natural habitats and cultural heritage to guarantee that these resources will be available to both present and future generations. To create and sustain quality facilities and services which offer citizens opportunities for recreation, improvement of their physical and mental well-being, and enhancement of their quality of life. The FCPA strives to inspire and sustain a passion for parks and leisure experiences that enhance our community's quality of life.

Diversity Policy

You have a right to work free of discrimination. This means that your employer cannot make job decisions because of your race, color, religion, sex, national origin, disability, or age. This right applies to all types of job decisions, including hiring, firing, promotions, training, wages and benefits. You have a right to complain about treatment that you believe is illegal job discrimination. Your employer cannot punish you, treat you differently or harass you if you report job discrimination or help someone else report job discrimination, even if it turns out the conduct was not illegal.

Workplace Violence

Fairfax County is committed to promoting and ensuring the health and safety of its employees, and in pursuit of that goal has adopted a Zero Tolerance Policy for workplace violence. Workplace violence in any form will not be permitted nor condoned by the County.

Sexual Harassment Policy

Fairfax County agencies will abide by the law and supervisors will, when appropriate, take firm disciplinary actions in accordance with this policy to ensure our agency meets its responsibilities to employees. By definition, Sexual Harassment consists of unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when: (1) submission is made either explicitly or implicitly a term or condition of an individual's employment or (2) submission to or rejection of such conduct by an individual is used on the basis for employment decisions affecting such an individual or (3) such conduct has the purpose or effect unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Standards and Conduct/ Code of Ethics

All employees, regardless of grade, title or length of county service are expected to adhere to the Standards of Conduct. Violation of the Standards of Conduct is grounds for disciplinary action up to and including dismissal.

Notice of Privacy

The County is committed to protecting the privacy of its employees and does not sell employee information to anyone. Records maintained by the County are protected as provided by federal and state laws. The County will collect, maintain, use and disseminate only that personal information required by law necessary to accomplish a business need.

Stewardship Basics

Stewardship is the careful and responsible management of the natural and cultural resources entrusted to us by the citizens of the County in order to ensure their integrity for present and future generations. Employees can promote stewardship in many ways outlined in the Stewardship Basics handbook.

Mandated Reporting of Child Abuse

As outlined in the Code of VA, employees of a public organization are required to report suspected child abuse or neglect to their supervisor immediately, who will then report it to Child Protective Services within 24 hours. A person who knowingly and intentionally fails to make the required report shall be guilty of a Class 1 misdemeanor.

Vehicle Safety System - DriveCam

The Park Authority is committed to the safety of its staff, the community, and its fleet assets. All staff who drive or ride in a Park Authority vehicle have the potential to be video and/or audio recorded by the video event recorder (DriveCam) installed in each Park Authority vehicle. By driving or riding as a passenger in a Park Authority vehicle, you are acknowledging that you are aware of this potential and consent to following the procedures associated with the vehicle safety system.

I have read and understand these policy statements and agree to uphold them, ensuring an equitable and enjoyable workplace for everyone. I also understand that I can read these policies in their entirety by following this link:

<http://www.fairfaxcounty.gov/parks/employment/policystatements.htm>, and if I do not have access to the internet, I can ask my supervisor to provide me with the printed version.

Name: _____

Signature: _____



Date: _____



FAIRFAX COUNTY PARK AUTHORITY

12055 Government Center Parkway, Suite 927
Fairfax, VA 22035-1118



Fairfax County Park Authority Mission and Vision

To set aside public spaces for and assist citizens in the protection and enhancement of environmental values, diversity of natural habitats and cultural heritage to guarantee that these resources will be available to both present and future generations. To create and sustain quality facilities and services which offer citizens opportunities for recreation, improvement of their physical and mental well-being, and enhancement of their quality of life. The FCPA strives to inspire and sustain a passion for parks and leisure experiences that enhance our community's quality of life.

Diversity Policy

You have a right to work free of discrimination. This means that your employer cannot make job decisions because of your race, color, religion, sex, national origin, disability, or age. This right applies to all types of job decisions, including hiring, firing, promotions, training, wages and benefits. You have a right to complain about treatment that you believe is illegal job discrimination. Your employer cannot punish you, treat you differently or harass you if you report job discrimination or help someone else report job discrimination, even if it turns out the conduct was not illegal.

Workplace Violence

Fairfax County is committed to promoting and ensuring the health and safety of its employees, and in pursuit of that goal has adopted a Zero Tolerance Policy for workplace violence. Workplace violence in any form will not be permitted nor condoned by the County.

Sexual Harassment Policy

Fairfax County agencies will abide by the law and supervisors will, when appropriate, take firm disciplinary actions in accordance with this policy to ensure our agency meets its responsibilities to employees. By definition, Sexual Harassment consists of unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when: (1) submission is made either explicitly or implicitly a term or condition of an individual's employment or (2) submission to or rejection of such conduct by an individual is used on the basis for employment decisions affecting such an individual or (3) such conduct has the purpose or effect unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Standards and Conduct/ Code of Ethics

All employees, regardless of grade, title or length of county service are expected to adhere to the Standards of Conduct. Violation of the Standards of Conduct is grounds for disciplinary action up to and including dismissal.

Notice of Privacy

The County is committed to protecting the privacy of its employees and does not sell employee information to anyone. Records maintained by the County are protected as provided by federal and state laws. The County will collect, maintain, use and disseminate only that personal information required by law necessary to accomplish a business need.

Stewardship Basics

Stewardship is the careful and responsible management of the natural and cultural resources entrusted to us by the citizens of the County in order to ensure their integrity for present and future generations. Employees can promote stewardship in many ways outlined in the Stewardship Basics handbook.

Mandated Reporting of Child Abuse

As outlined in the Code of VA, employees of a public organization are required to report suspected child abuse or neglect to their supervisor immediately, who will then report it to Child Protective Services within 24 hours. A person who knowingly and intentionally fails to make the required report shall be guilty of a Class 1 misdemeanor.

Vehicle Safety System - DriveCam

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Name: _____

Signature: _____

Date: _____



FAIRFAX COUNTY PARK AUTHORITY

12055 Government Center Parkway, Suite 927 • Fairfax, VA 22035-5500
703-324-8700 • Fax: 703-324-3974 • www.fairfaxcounty.gov/parks

TO: All Staff
FROM: Fairfax County Park Authority
Human Capital and Development Services
DATE: 12/31/2019
SUBJECT: Procedural Memorandum 39-06: Fairfax County’s Policy and Procedure on Harassment

Fairfax County Government strictly prohibits all forms of harassment and discrimination by County employees, volunteers, and vendors on the basis of an individual’s race, sex, color, national origin, creed, age, religion, disability, political affiliation, union affiliation, marital status, veteran’s status, disabled veteran’s status, and genetic information.

Fairfax County Government also strictly prohibits retaliation against an individual who has reported or complained of harassment or discrimination, or participated in an investigation of a harassment or discrimination complaint.

Fairfax County Government has zero tolerance for any form of harassment, discrimination, or retaliation, even if not prohibited under Title VII of the Civil Rights Act of 1964, as amended. The County will take immediate and appropriate action to correct the harassment, discrimination, or retaliation.

Violation of this policy by any employee or volunteer constitutes an act of serious misconduct that can result in disciplinary action, up to and including dismissal for the employee and disqualification from volunteer work for the County volunteer.

This policy is intended to be consistent with, and to further enforcement of, the provisions of all applicable state and federal laws, the County Code, and the County’s Personnel Regulations, including its Standards of Conduct. This is in addition to, and not in derogation of, these laws, regulations, and policies.

I have read and understand this policy statement and agree to uphold it, ensuring an equitable and enjoyable workplace for everyone. I also understand that I can read this policy in its entirety by following this link: http://fairfaxnet.fairfaxcounty.gov/Dept/OHREP/Agency%20Documents/PP39-06_Harassment.pdf, and if I do not have access to the internet, I can ask my supervisor to provide me with the printed version.

Name: _____ Signature: Date: _____



FAIRFAX COUNTY PARK AUTHORITY

12055 Government Center Parkway, Suite 927 • Fairfax, VA 22035-5500
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Name: _____ Signature:  Date: _____



Vehicle Safety System – DriveCam: Ten Important Points to Know

1. The Park Authority is committed to the safety of its staff, the community, and its fleet assets. All staff who drive or ride in a Park Authority vehicle have the potential to be video and/or audio recorded by the video event recorder (DriveCam) installed in each Park Authority vehicle.
2. DriveCam is a palm-sized digital video event recorder (VER) mounted on the windshield of every Park Authority vehicle.
3. The VER records continually, but saves only 12 seconds of video and audio clips when activated as described in 4.
4. The VER cannot be activated except by movement of the vehicle beyond the G-force parameters established, such as sharp braking, a sharp turn, and quick acceleration; or manually by the driver using the manual activation button on the unit.
5. The VER records both outside and inside the vehicle (there are two lenses) when activated.
6. The VER is also equipped with GPS tracking capability so your manager and the Fleet Manager can locate your vehicle.
7. Captured clips are assessed by vendor traffic experts after being uploaded to the vendor's secure database. The clip is made available to your manager or coach on a website if risky driving behavior is identified. You and your manager or coach will collaborate on the cause of the event and any necessary change in driving behavior if needed.
8. You can manually activate the VER in 12 second increments under certain conditions as an added safety feature (see your manager or coach for the list of conditions). Please let your manager or coach know if you manually activate the VER.
9. You may not tamper with or damage the VER unit in the vehicle. Park Authority and county policies on driving behavior and on property use apply to the DriveCam VER and are identified in the DriveCam Procedure provided to you.
10. Your manager or coach will provide additional information and can answer questions for you, or can direct you to someone who can provide those answers.

Search Fee \$10.00

Purpose of Search, Check one: Adam Walsh Law Adoptive Parent Babysitter/Family Day Care
 CASA Children’s Residential Facility Custody Evaluation Day Care Center Foster Parent
 Institutional Employee Other Employment School Personnel Volunteer Other

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

| | | | | | |
|---|--|--|--|--|--|
| Name | | | Payment/FIPS Code (Use only if assigned by OBI-CRU) | | |
| Address | | | B00682 | | |
| City State Zip | | | | | |
| Contact Name Tel.# Ext | | | | | |
| Contact E-Mail | | | | | |
| Mandatory if agency code has been assigned | | | | | |

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

| | | | | | |
|--|--|--|--|---|--|
| Last Name | | First Name | | Full Middle Name – (given at birth) - No initials (if middle name is an initial, indicate "Initial Only") | |
| Maiden Name (last name before marriage) | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth (MM/DD/YYYY) | |
| Driver’s License Number or ID # | | Social Security Number | | Other names used; nicknames, legal names (refer to instruction page) | |
| Current Address (Include Street # and Apt #) | | | | City | |
| | | | | State | |
| | | | | Zip | |

Applicant’s Prior Addresses

| Include Street # and Apt # | City | State | Zip | Start Date (MM/YY) | End Date (MM/YY) |
|----------------------------|------|-------|-----|--------------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Marital Status Single Married Divorced Widowed Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

| Last Name | First Name | Full Middle Name (given at birth) | Maiden Name | Race | Sex | Date of Birth (MM/DD/YYYY) |
|-----------|------------|--------------------------------------|-------------|------|---|-------------------------------|
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

| Last Name | First Name | Full Middle Name (given at birth) | Relationship | Sex | Date of Birth (MM/DD/YYYY) |
|-----------|------------|--------------------------------------|--------------|---|-------------------------------|
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |



Search Fee \$10.00

PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature of person whose name is being searched
(Sign in presence of Notary)

Parent or Guardian signature required for minor
children under the age of 18

PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____
Commonwealth/State of _____
Acknowledged before me this ____ day of _____, year _____

Notary Seal

Notary Public Signature

Notary Number

My Commission Expires: _____

PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

Worker: _____ Date: _____

2. ____ Based on information provided by the Local Department of Social Services, we have determined that _____ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

_____ Dept. of Social Services in reference to referral _____ phone# _____

_____ Dept. of Social Services in reference to referral _____ phone# _____

3. ____ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry of Child Abuse/Neglect.

Signature of worker completing search: _____ Date: _____

OBI Staff Only