



State Hospital Conditions Of Employment Agreement

The following KDADS policies address conditions of employment:

- 3-1 Discrimination and Harassment
- 3-1-C Sexual Harassment
- 3-1-D Complaints of Harassment and Discrimination
- 3-8 Employee Conduct¹²
- 3-8-E Workplace Violence Policy
- 3-8-F Abuse, Neglect, or Exploitation
- 3-8-H Criminal Acts
- 3-8-I Substance Abuse Policy
- 3-9 Professional and Other Licensure/Registration and Certification
- 3-10 Health Examinations
- 3-11 Employee Oath
- 4-8 Use of Computer Equipment, Fax Machines and Telephones³
- 8-3 Nepotism
- 8-9 Security Clearance

I have read these policies in their entirety and been provided with the opportunity to ask questions. I understand these policies and my responsibility to seek clarification from my supervisor if at any time I am unclear about the requirements.

I understand and will comply with the self-reporting requirement of KDADS policy 8-9 Security Clearance to report any instance or instances of being charged with or convicted of a prohibited crime. I also understand and will comply with any reporting requirements of KDADS policies 3-1 Discrimination and Harassment, 3-1-C Sexual Harassment, 3-1-D Complaints of Harassment and Discrimination, 3-8 Employee Conduct, 3-8-E Workplace Violence, 3-8-F Abuse, Neglect, or Exploitation; 3-8-H Criminal Acts; 3-8-I Substance Abuse Policy, 3-9 Professional and Other Licensure/Registration and Certification, 3-10 Health Examinations, 3-11 Employee Oath, 4-8 Use of Computer Equipment, Fax Machines and Telephones and 8-3 Nepotism. In addition, I will keep all client information confidential. I will not disclose any information regarding persons who have applied for or received benefits or services from KDADS to any unauthorized groups or individual, or for any purpose

¹ Within the Employee's Performance Review Form may be referred to as the "Standards of Conduct"

² Within the Employee's Performance Review Form may be referred to as the "Workplace Behavior"

³ Within the Employee's Performance Review Form may be referred to as the "Use of Computer Equipment"

other than the administration of the KDADS programs. I will protect all information available to me through interfaces with other agencies, whether the information is on the KDADS systems via direct access; from hard copy documents; or other means of communication. This includes but is not limited to information from the Kansas Health Policy Authority (KHPA) Internal Revenue Service (IRS), the Social Security Administration (SSA) and other state agencies and their contractors.

I will use equipment only for those specific functions and locations for which I have been authorized. This includes using only approved software and hardware; use of other software and hardware must be approved by my supervisor and local ITS staff. Furthermore, I understand:

- Will not change computer configurations unless specifically approved to do so.
- Will not disable or alter anti-virus or firewall software.
- Will accept accountability for all activities associated with the use of my access privileges.
- Will comply with KDADS, Kansas and federal statutory and regulatory requirements.

I will ensure my password(s) are confidential, used only by myself, changed as required and not written down or programmed into a programmable function (PF) key. I will immediately report to my supervisor, if I suspect anyone else has knowledge of my password. I will immediately change my password at that time. I will sign off or invoke a password protected screen saver when I leave my workstation.

I fully understand and accept these as conditions of continuing employment. I understand any violation may result in disciplinary action which may include dismissal. Furthermore, knowing and intentional use of any KDADS systems or any other agency(s) systems for fraudulent purposes may result in prosecution.

Print Name: _____ Email Address (if applicable): _____

Function/Job Title: _____ Phone Number: _____

Signature of Employee: _____ Date: _____

Office Location: _____

Signature of Witness/Supervisor: _____ Email Address: _____

Job Title: _____ Phone Number: _____

Office Location: _____ Date: _____

Original filed in Official Personnel File

cc: Employee
Supervisor