

**Southern Nevada Health District - Human Resources
Acknowledgements-Interns NOT on Payroll**

Receipt of the SNHD Policies & Procedures and Personnel Code

I have been informed that the District's Administrative Policies and Procedures and Personnel Code are located on the intranet. I understand that it is my responsibility to read the Policies and Procedures and Code, and that I will be given the opportunity to discuss Policy & Procedure and Code provisions with appropriate supervisory or administrative personnel upon request. I understand that I must follow the Policies & Procedures and Code provisions during the term of my internship.

Interns Initials _____ Date _____

Receipt of SNHD Zero Tolerance Harassment Policy and Handbook

I hereby acknowledge that I have received the CCHD Zero Tolerance Harassment Policy Handbook. I understand that I am required to read this handbook, follow the principles and guidelines established.

Interns Initials _____ Date _____

Required Use of Personal Vehicles

Interns in certain divisions must travel in order to visit facilities, make home visits, and/or conduct other business related to their duties. These Interns must provide their own appropriate transportation in the form of an automobile or similar vehicle. Acceptance of appointment as an Intern in a classification that requires use of a personal vehicle constitutes agreement with this policy. The State of Nevada, by Statute, requires that all vehicle owners maintain in full force and effect, a vehicle insurance policy with coverage for general liability, property damage and medical expenses. The SNHD requires that any Intern using a vehicle for official business be in compliance with all statutory requirements whether or not the Intern owns the vehicle. The failure of an Intern to conform to statutory requirements shall be adequate grounds for termination of Internship.

Interns Initials _____ Date _____

Certification: My signature below certifies I have read and agreed to the above conditions of Internship.

Print Name: _____

Sign Here: _____

Date _____

Witnessed By: _____

Witness Signature: _____

Date _____



Southern Nevada Health District
HUMAN RESOURCES
Confidential Student/Intern Data

Contact Information (please print or type)

Name (Last name first)				Male / Female	
Social Security Number	Driver's License Number	State	Expiration Date	Birth Date	
Mailing Address					
City, State, ZIP					
Home phone number ()			Alternate phone number ()		
If married, name of spouse (Last name first)					
Address					
City, State, ZIP					
Spouse's Work Phone ()			Alternate Phone number ()		
Emergency Notification – In case of emergency whom SNHD should notify (Last name first)					
Address					
City, State, ZIP					
Emergency contact phone number ()			Alternate phone number ()		

I voluntarily and knowingly authorize for verification purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, and employment records, worker's compensation claims (including from the state of MN), general reputation, character, or any other information requested to Southern Nevada Health District and/or its agents or representatives. I understand that my consent will apply throughout my tenure unless I revoke or cancel it by sending a signed letter to Southern Nevada Health District Human Resources office.

Certification: *My signature below certifies the accuracy of the above.*

PRINT NAME: _____

SIGN HERE _____ Date _____

WITNESSED BY: _____ Print Name _____ Date _____

The information on this form is confidential and is restricted to Human Resources.



Southern Nevada Health District STUDENT/INTERN APPLICATION

Contact Information (please print or type)

Name	
Signature	
Mailing Address	
City, State, ZIP	
Home phone number ()	Alternate phone number ()

Please check one:

- Medical Student
 P.A. Student
 Mentor
 MS/MPH
 Resident
 Pharmacy Student
 Nursing Student
 EH Intern
 Leadership
 BA/BS
 Other _____

Sponsoring Institution: _____

Nature of work: _____

FOR SOUTHERN NEVADA HEALTH DISTRICT USE ONLY

Supervisor: _____ Division/Section: _____

Assignment Start Date: _____ Assignment End Date: _____

Please check all that apply:

- Badge
 Parking Sticker
 Orientation

Work Station: Work station access times: _____

IT Access: IT Access level/Entry access times: _____
 Information System Acceptable Use Policy

Work hours: _____ Work Location: _____

Director Approval: _____ Date: _____

Human Resources Approval: _____ Date: _____

Administrative Services Approval: _____ Date: _____

Affiliation agreement current



Southern Nevada Health District Student-Intern Statement of Compliance with Vaccinations

Contact Information (please print or type)

Name
Signature
Date

The student named above has been found to be in compliance with the following vaccinations:

- Two-step Tuberculin (PPD) Varicella Measles/Mumps/Rubella (MMR)
 Hepatitis B (series of 3) Tetanus (Diphtheria (TD) Hepatitis A

Sponsoring Institution: _____

Print Name: _____

Signature: _____

The above named student agrees to release this information to the Southern Nevada Health District for the purposes of clinical assignment, rotation, or internship as appropriate.

FOR SOUTHERN NEVADA HEALTH DISTRICT USE ONLY

Supervisor: _____ Division/Section: _____

Assignment Start Date: _____ Assignment End Date: _____

Date received by SNHD: _____

Southern Nevada Health District- Human Resources Information Systems Acceptable Use Policy-Interns

Southern Nevada Health district information systems include, but are not limited to, central computers, computer accounts, microcomputers, printers, networks, software, electronic mail, web pages, video, telephones, and telephone voicemail accounts. District information systems are to be used only for District approved purposes and programs. Use of such resources is subject to monitoring for security and/or network management. All information contained in such systems is considered to be District property.

Software

Approved software is District supplied. Personal software and/or any software not specifically licensed and approved by District computer staff must not be downloaded or installed on District computers. Any specialty software used by interns, whether purchased by the District or given to the District by an outside agency, grantor, consultant, or business partner, must first be reviewed and evaluated by District computer staff. District computer staff will assure compatibility and compliance with licensure requirements.

Electronic Mail

The electronic mail (E-mail) is to be used for work related purposes only. Interns with approved E-mail privileges are advised that E-mail is not private mail. The District has and will maintain unrestricted access to E-mail communications.

Internet Connection

The Internet connection is to be used for work related purposes only. Interns with Internet connection privileges are advised that unauthorized or improper use of the Districts Internet connection will not be tolerated.

Violation of any of these policies may be grounds for disciplinary action up to and including termination of Intern status.

Certification: My signature below certifies I have read and agreed to the above conditions with Southern Nevada Health District.

Print Name: _____

Sign Here: _____ Date _____

Witnessed By: _____

Witness Signature: _____ Date _____

SOUTHERN NEVADA HEALTH DISTRICT
CONFIDENTIAL INFORMATION POLICY-INTERN

Interns of the Southern Nevada Health District will receive and have access to information that is confidential and proprietary in nature to the organization, its customers, clients, and vendors. Some Interns will also have access to confidential employee or District information in the areas of Human Resources, Finance, Medical Records and or Information Technology in the course of work. Interns are not to disclose any such confidential information to (a) any other person in the organization unless there is a legitimate business reason for doing so; or (b) any person outside the organization unless management has expressly stated that the information can be disclosed to that person. This obligation exists even after the Intern leaves the organization.

The Southern Nevada Health District has developed certain proprietary products and processes that are unique to the organization. The organization protects proprietary and confidential information by restricting nonemployees and visitors access to certain designated areas and by restricting access to confidential documents to only those who have business reasons to view them.

If someone asks you for information and you are concerned about the appropriateness of giving them certain information, you are not required to answer. Instead, as politely as possible, refer the request to your supervisor.

No one is permitted to remove from SNHD premises, or make copies of any SNHD records, reports or electronic media documents without prior management approval.

Violation of any of these policies may be grounds for termination of Internship.

Certification: *My signature below certifies I have read and agreed to the above conditions.*

PRINT NAME: _____

SIGN HERE: _____ Date _____

WITNESSED BY: _____

WITNESS SIGNATURE: _____ Date _____



**ZERO TOLERANCE FOR
HARASSMENT POLICY**

AP - 018

**SOUTHERN NEVADA HEALTH DISTRICT
ZERO TOLERANCE FOR HARASSMENT POLICY
Effective Date: 3/17/05**

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ZERO TOLERANCE FOR HARASSMENT POLICY

I. Purpose

The purpose of this policy is to clearly and emphatically state the Southern Nevada Health District's position prohibiting harassment and harassing conduct in the workplace. Further, its purpose is to establish the steps for implementing and enforcing this policy.

II. Policy Statement

It is the policy of the Southern Nevada Health District that each and every employee has the right to work in an environment free from all forms of discrimination.

The District has zero tolerance for harassment. It is this agency's policy to maintain a work environment that is free from harassment based on race, color, religion, sex (whether or not of a sexual nature), national origin, age, disability, marital status, sexual orientation, and from retaliatory harassment based on opposition to discrimination or participation in discrimination complaint proceedings.

The District will not tolerate such conduct and will take disciplinary action, including dismissal, if necessary, to prevent or remedy harassment. As an employer, the District recognizes the detrimental effects that unlawful harassment can have on employees and the public. When there is an allegation and/or evidence that such harassment has occurred, an immediate and thorough investigation of the incident will be undertaken by Health District Administration.

In addition, it is the policy of the District that no retaliation will be tolerated against any employee for reporting harassment under this or any other policy or procedure, or for assisting in any investigation about such a report.

III. The Law

Harassment is a violation of federal and state law. Title VII of the 1964 Civil Rights Act specifically prohibits employment discrimination based on religion, color, national origin, race, and sex. The Nevada Revised Statute 613.330 prohibits employment discrimination based on race, color, religion, sex, sexual orientation, age, disability or national origin; interference with aid or appliance for disability; refusal to permit service animal at place of employment.

The Equal Employment Opportunity Commission (EEOC), a federal agency, enforces harassment provisions through the State's Nevada Equal Rights Commission (NERC), which oversees the state's equal rights program, handling discrimination complaints relating to race, national origin, color, religion, sex (gender and/or orientation), age (over 40) and disability.

IV. Definition of Harassment

e For the purpose of this Policy, harassment is defined as any unwelcome verbal or physical conduct based on race, color, religion, sex (whether or not of a sexual nature), national origin, age, disability, sexual orientation, or retaliation when:

- The conduct can reasonably be considered to adversely affect the work environment, or
- The conduct can reasonably be considered to undermine the professional basis of an employment relationship, or
- An employment decision affecting the employee is based on the employee's acceptance or rejection of such conduct.

Examples of harassment include, but are not limited to:

- Pressure for dates;
- Making offensive remarks about appearance, clothing, or body parts, including weight;
- Touching in a way that may make an employee feel uncomfortable;
- Telling sexual jokes, hanging sexually suggestive posters, etc;
- The use of racially derogatory words, phrases or epithets
- Demonstrations of a racial or ethnic nature such as the use of gestures, pictures or drawings which would offend a particular racial or ethnic group;
- Comments about an individual's skin color or other racial/ethnic characteristics;
- Negative comments about an employee's religious beliefs;
- Negative remarks regarding an employee's birthplace or ancestry;
- Negative comments regarding an employee's age; and
- Derogatory or intimidating references to an employee's mental or physical impairment.

V. Enforcement of this policy

All District staff are responsible for implementing the District's anti-harassment policy and for cooperating fully in its enforcement.

- First and foremost, employees must not engage in harassing conduct.

- Employees who are subjected to harassment should promptly utilize the procedures in this Policy to bring the matter to the attention of management. All employees must fully cooperate in any investigation. Failure to cooperate may be a separate disciplinary offense.
- Supervisors and other management officials must act promptly and effectively to prevent harassment from occurring in the workplace and to correct any harassment that does occur.

The Chief Health Officer of the District, or designee, is responsible for the overall administration of this policy. The Human Resources Manager is responsible for the direct administration of this policy, and will:

- Disseminate this Policy to all employees and be responsible for the development and delivery of a training program to assure that all District employees know what conduct is prohibited, understand their rights and responsibilities, and are familiar with the proper procedures to follow in connection with reports of harassment;
- Receive reports of harassment and be responsible for further investigations into such reports when necessary;
- Provide oversight, technical assistance and support to District staff to assure compliance with this Policy;
- Maintain a written record of all reports of harassment, as well as of the findings and actions taken;
- Annually prepare and distribute to all employees a report detailing the activities taken pursuant to this Policy, including an aggregate analysis of the reports of harassment received and their resolution.

VI. Complaint Report and Investigation Procedure

1. Any employee who believes that he or she has been the subject of harassment in violation of this policy is to report the matter to his or her Supervisor or Division Director, the District Human Resources Manager, the Director of Administrative Services, or the Chief Health Officer. Complaints may be filed verbally or in writing. All Information will be maintained on a confidential basis among involved parties.
2. Employees who know of harassing conduct directed at others may also report the harassment to any of the officials listed above.
3. A Supervisor or Manager who receives a report of harassment shall immediately notify the Human Resources Manager. The Human Resources Manager will:
 - a. conduct a preliminary investigation into whether harassment has occurred
 - b. take action to stop any harassing conduct; and

- c. notify the Division Director of the report
4. A Supervisor or Manager who witnesses harassment of an employee who is not subordinate in the chain of command to that Supervisor or Manager should immediately notify the Human Resources Manager, who will ensure that the above preliminary steps are taken.
5. If warranted, an investigation will be completed within thirty (30) days and referred to the Chief Health Officer, or designee, with conclusions and proposed solutions.
6. If, based on the investigation, it is determined that harassment, as defined in this Policy, has occurred, the Human Resources Manager and District administration will consult to determine appropriate corrective action, as well as whether any disciplinary action is warranted. A written report will be made by the Human Resources Manager outlining the findings and any actions taken as a result of the investigation.
7. Results of the investigation will be reported to the complainant and/or affected parties in within ten (10) working days of the written report.
8. Division Directors, section Managers and Supervisors will be responsible for assuring that their sections are in full compliance with requirements of this Policy. In addition, following a report of harassment they are responsible for monitoring the situation to assure there are no further incidents of harassment or of retaliation against individual(s) who have reported harassment or participated in investigations.

VII. Statutory and Collective Bargaining Claims

Though all District employees are encouraged to avail themselves of this procedure, it is understood that they may at any time during the process or at its completion, seek relief in accordance with provisions of applicable federal or state statutes, as well as with provisions of the Collective Bargaining Agreement.

This policy is in addition to statutory and collective bargaining prohibitions against harassment and the procedures and remedies they provide for addressing unlawful harassment. Filing a report under this policy does not satisfy the requirements to initiate those procedures and obtain remedies pursuant to them, nor does it delay the time limits for initiating those procedures. An employee who chooses to pursue statutory or collective bargaining remedies for unlawful harassment must:

- For a NERC/EEO complaint pursuant to the regulations (available for all claims of harassment other than those based on sexual orientation), contact a NERC/EEO counselor within 180 days from the date of the alleged harassment (or personnel action if one is involved), or
- For a collective bargaining claim, file a written grievance in accordance with the provisions of the Collective Bargaining Agreement.

VIII. Inquiries

Any person wanting further information concerning this Policy may contact the Human Resources Manager at (702) 759-1101.

IX. Distribution

This Policy shall be distributed to all employees upon issuance and revision, and upon request. It shall also be distributed to all new employees as part of their orientation on their first day of work.