

Minnesota  
Department of  
Employee  
Relations

000278

**COPY**

State of Minnesota, Employer of Choice

RECEIVED

January 21, 2000

Ms. Carol C. Johnson  
State Treasurer  
MINNESOTA STATE TREASURER  
303 Administration Building  
50 Sherburne Avenue  
St. Paul, MN 55155

LEGISLATIVE REFERENCE LIBRARY  
STATE OFFICE BUILDING  
ST. PAUL, MN 55155

MAY 08 2000

*as requested*

Dear Ms. Johnson:

Congratulations! Our office is pleased to notify you that we have approved your agency's 2000 - 2002 affirmative action plan. Your agency has a good plan that should advance affirmative action efforts in state service during the next two years. We look forward to working with you on the implementation of your plan.

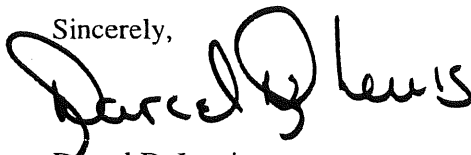
Upon receipt of this letter, please forward a clean copy of the plan to our office and an additional copy to the Legislative Reference Library at:

State Office Building, Sixth Floor  
100 Constitution Avenue  
St. Paul, MN 55115

Your next affirmative action plan is scheduled for submission on or before January 31, 2002. If you require additional assistance, please do not hesitate to contact our office.

Thank you for your continued cooperation in this matter.

Sincerely,



Darcel D. Lewis  
Director, Office of Diversity and Equal Opportunity  
(651) 296-8272/V or (651) 297-2003/TTY

Enclosure

Cc: Mr. Richard Pietz, Chief Aide

DDL:ajm/2-480



## Affirmative Action Plan

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January 1, 2000



CAROL C. JOHNSON  
Minnesota State Treasurer

STATEMENT OF COMMITMENT

The Office of the State Treasurer is committed to the State of Minnesota's Equal Employment Opportunity Policies and Statewide Affirmative Action for its employees and the public it serves.


I affirm my personal and official support to these policies, which provide:

- That all employees and potential employees are to be treated equally and that all personnel actions are to be carried out without regard to race, religion, creed, color, age, national origin, sex, sexual orientation, disability, marital status, status with regard to public assistance, and membership or activity in a local commission.
- That the Office of the State Treasurer will further strive to ensure equal access and opportunity in the services it provides to the public.
- That the Office of the State Treasurer will continue to actively promote a program of affirmative action, wherever minorities, women, and persons with disabilities are underrepresented in the workforce. When the Office of the State Treasurer has a vacancy and is underrepresented for females, minorities, or persons with disabilities, the Office of the State Treasurer will make an effort to recruit protected group members.

Managers and supervisors will be held accountable for ensuring that Affirmative Action Programs are implemented since these are the individuals who can ultimately make the most impact on this program. Each manager and supervisor shall have a statement in his/her position description on their affirmative action responsibilities.

In order to administer the plan most effectively, I have delegated this responsibility to the Affirmative Action Designee, Jerry R. Engebretson, who will act as the agency's Affirmative Action Officer and is responsible for monitoring the day-to-day activities of the program.

Anyone interested in reviewing the agency's Affirmative Action Plan or who has concerns about affirmative action or equal opportunity issues, may contact our Affirmative Action Officer. A copy of the plan will be located on the agency's official bulletin board.

  
\_\_\_\_\_  
Carol C. Johnson  
State Treasurer

January 20, 2000  
\_\_\_\_\_  
Date

## Affirmative Action

### INTERNAL DISCRIMINATION/HARASSMENT COMPLAINT PROCEDURE

The Office of the State Treasurer has established the following discrimination/harassment complaint procedure to be used by all employees. This procedure is designed as an attempt to resolve problems internally before seeking redress from an outside authority. We urge employees to use this internal procedure before filing a charge with the Department of Human Rights or other agencies. Anyone filing a complaint, or serving as a witness, under this procedure shall do so without fear of coercion, reprisal or intimidation.

#### Responsibility of Employees

All employees shall respond promptly to any and all requests by the Affirmative Action Officer(AAO)/Designee for information and for access to data and records for the purpose of enabling the AAO/Designee to carry out his/her responsibilities under this complaint procedure. The failure of any employee to comply with the requests of the AAO/Designee shall be reported to his/her manager and/or the State Treasurer.

#### Who May File

Any employee of the Office of the State Treasurer, applicant or eligible who believes that they have been discriminated against by reason of race, creed, color, sex, sexual orientation, age, national origin, religion, status with regard to public assistance, marital status, disability, or membership or activity in a local commission may file a complaint. Employees who are terminated must file their complaint prior to their actual separation.

#### Complaint Procedure

The complaint must be filed with the AAO/Designee within seven (7) working days of the occurrence. In the event that the respondent is the AAO/Designee, the complaint may be filed with the State Treasurer.

#### Filing Procedures

1. The employee completes the "Complaint of Discrimination Form" (*see Attachment "A"*) provided by the AAO/Designee. The AAO/Designee will, if requested, provide assistance in filling out the form.
2. The AAO/Designee determines, within 10 (ten) working days, if the complaint falls within the area of affirmative action, i.e., the complainant is alleging a violation of his/her right to equal employment on the basis of race, creed, color, sex, sexual orientation, age, national origin, religion, status with regard to public assistance,

marital status, disability, or membership or activity in a local commission.

- A. If it is determined that the complaint is not related to affirmative action but rather to general personnel concerns, the AAO/Designee will, within 10 (ten) working days, inform the complainant, and refer the complainant to the appropriate Division Manager to handle the complaint.
  - B. If the complaint is related to affirmative action, the AAO/Designee will, within 10 (ten) working days of the receipt of the complaint, send a copy of the complaint to all parties named as respondents. The copy shall be accompanied by a letter outlining the basic facts of the complaint and requesting a response to the allegations from the respondent(s) within a specific period of time.
3. The Respondent(s) shall report to the AAO/Designee in writing, within the time period specified by the letter, setting forth his/her understanding of the situation or causes giving rise to the complaint. If the respondent(s) fail to provide the answer within the specified time period, the allegations contained in the complaint will be considered to be denied by the respondent(s) and the AAO/Designee shall proceed to investigate the case.
  4. All data collected may at some point become evidence in civil or criminal legal proceedings against the respondent pursuant to state or federal statutes. A thorough investigation may include, but not be limited to, the following types of data:
    - A. Interviews or written interrogatories with all parties involved in the complaint; complainant, respondent, their respective witnesses, officials having pertinent records or files, etc.
    - B. All records pertaining to the case i.e., written, recorded, filmed, or in any other form.
  5. At the conclusion of the investigation, the AAO/Designee shall review the findings and, if there is sufficient evidence supporting the complaint, shall notify the State Treasurer by letter. This letter shall include a complaint summary, the AAO/Designee's determination and recommendation(s) for corrective action. The State Treasurer shall accept, modify or reject the AAO/Designee's recommendation(s) and shall take such actions as deemed appropriate, and notify all parties (e.g., complainant, respondent(s), and the AAO/Designee).

6. If the AAO/Designee believes there is insufficient evidence to support the complaint, a letter written by the AAO Officer will be sent to complainant, the respondent(s), and the State Treasurer dismissing the complaint.
7. The AAO/Designee shall maintain records of all complaints and any pertinent information or data for three years after the case is closed.
8. The entire complaint procedure should be completed within sixty (60) working days of the filing of the formal complaint.
9. Dispensation of the complaint will be filed with the Commissioner of the Department of Employee Relations within thirty (30) working days of final determination.
10. All documentation associated with a complaint shall be considered confidential information during the course of an investigation. The status of the complaint, however, is public. After an investigation is completed, all documentation becomes public information, in accordance with the Data Privacy Act.

## REASONABLE ACCOMMODATION POLICY

### Policy

The Office of the State Treasurer is committed to encouraging the employment of people with disabilities. The Office of the State Treasurer will make reasonable accommodations for a qualified applicant, an employee seeking promotion, or current employee with a disability, unless the accommodation would impose an undue hardship on the agency.

Accommodations will be provided to qualified individuals, whether an employee, an employee seeking promotion or job applicant, when such accommodations are directly related to performing a job or competing for a job. Accommodations will not be provided for non-job related personal needs, such as transportation to and from work.

An individual with a disability is defined as:

- A person who has a physical or mental impairment that substantially limits one of more major life activities.
- A person who has a record of such impairment; or
- A person who is regarded as having such an impairment.

### Examples of Reasonable Accommodation May Include, But Are Not Limited To:

1. Modification of equipment or assistive devices. Purchase of or modification to existing equipment such as special telephone equipment, talking calculators, one-handed typewriters, and/or specifically designed desk and files.
2. Job site modifications. Modifications may include adjustments to equipment height, addition of electrical outlets, relocation of job site to an accessible area, special parking facilities or other types of similar modifications.
3. Job restructuring. This may include modification of work hours and/or changing job duties while retaining the basic job functions.
4. Support services. Services such as interpreters for hearing impaired individuals, readers for the blind or special attendants.

Requests for Reasonable Accommodations for Employees and Employees Seeking Promotion:

The steps to request a reasonable accommodation are:

1. The supervisor and the person with a disability discuss the need for the accommodation and discuss alternatives such as job restructuring, job site modification and accessible devices.
2. The Supervisor must inform the AAO/Designee of the request and submit a Request for Accommodation form (*see Attachment "B"*) (copy can be obtained from Affirmative Action Officer). The request will include a justification for the request including a statement of the limitation, the suggested accommodation, approximate cost, and any other pertinent information. The supervisor will forward the request from and supporting information to the AAO/Designee within 7 (seven) working days upon receiving the request.
3. AAO/Designee will make the decision, with the assistance of the supervisor.
4. Upon approval by AAO/Designee, he/she will assist the Supervisor in making the accommodation. A "Reasonable Accommodation Agreement" (*see Attachment "C"*) will be completed and signed by all parties.
5. If the accommodation will cost a significant amount (\$500.00), the AAO/Designee will forward it along with his/her recommendation to the State Treasurer within three (3) working days.
6. The decision will be provided in writing to the supervisor, manager and employee within five (5) working days after the determination is made by the State Treasurer.
7. The AAO/Designee will maintain all documents pertaining to the accommodation.

Funding for Reasonable Accommodation

Funding will be provided for reasonable accommodations. The availability of funds varies with each agency. The expenditure of funds for the accommodations over (\$500.00) must be approved by the State Treasurer. When determining whether or not to make the accommodation without imposing a hardship or undue burden on the organization the following factors must be considered:

- The size of the organization's budget.
- The nature and cost of the accommodation.
- The ability to finance the accommodation in relationship to the site(s) where there may be a need.
- Documented good faith effort to explore a less restrictive or less expensive alternative.

Request for Reasonable Accommodations for Job Applicants and Employees Seeking Promotion:



- 1 All initial communication between a job applicant and a supervisor or personnel officer regarding a position in the agency shall indicate the willingness of the agency to make a reasonable accommodation upon request, prior to the job interview.
2. The supervisor or personnel officer shall contact the AAO/Designee immediately to indicate that an accommodation is needed. In order to ensure the accommodation is provided at the interview, requests shall be handled in a timely manner.
3. The affirmative action officer shall contact the applicant to discuss the needed accommodation and discuss possible alternatives as necessary.
4. The agreed upon accommodation shall be provided if the cost does not cause an undue hardship on the agency.
5. If approved, the AAO/Designee shall take the necessary steps to see that the accommodation is provided.

#### Denial of Accommodations

All denials of requests for accommodation will be documented and kept on file by the AAO/Designee. The AAO/Designee shall notify the employee of their right to file an appeal with the State Treasurer for review, and advise the employee of the right to file a complaint with the Minnesota Department of Human Rights or the U.S. Equal Employment Opportunity Commission.

If the requested accommodation made by a job applicant is denied, the AAO/Designee shall notify the job applicant of the decision and advise them of the right to file a complaint with the Minnesota Department of Human Rights or the U.S. Equal Employment Opportunity Commission.

## Minnesota Supported Employment Program

### Statement of Policy

It is the policy of the Office of State Treasurer to seek opportunities to hire staff using the Supported Employment Program through an assessment of the vacant positions and determination of positions appropriate for Supported Employment Workers.

### Plan of Implementation

1. The AAO/Designee, in consultation with the hiring supervisor, will determine whether the job tasks are appropriate for a Supported Employment Worker. If this is the case, a position description will be written, with assistance provided by the ADA coordinator and Human Resources Director. In addition, assistance will be sought from the local job placement agency that assists people with disabilities in obtaining employment.
2. Once the position description has been established in the job classification of Supported Employment Worker, a "Request to Employ" form (*see Attachment "D"*) will be completed and submitted to the Department of Employee Relation's Applicant Services Division, as well as a copy to the State ADA/Disability Program Coordinator.
3. Applicant Services will provide a list of eligible Supported Employment Worker candidates, who will be contacted for interview(s).
4. Once hired, the AAO/Designee will work directly with the Supported Employment Worker's supervisor and the identified vocational rehabilitation or education job coach who will be working with the Supported Employment Worker to assure the employee has adequate support for the job responsibilities. Once a start date has been established, a 700-House Program Appointment Agreement form (*see Attachment "E"*) will be completed to determine compensation options.
5. The Supported Employment Worker's supervisor and the AAO/Designee, along with the vocational rehabilitation or education job coach will monitor the progress of the worker. The supervisor and the AAO/Designee will decide how long the on-the-job test will last, up to a maximum of 700 hours.
6. If necessary, the vocational rehabilitation or education job coach will be requested to conduct awareness/sensitivity training for State Treasury staff prior to the Supported Employment Worker's start date.

## HARASSMENT POLICY

It is the policy of the Office of the State Treasurer to prohibit verbal and physical harassment of its employees based on race, creed, color, sex, sexual orientation, age, national origin, religion, status with regard to public assistance, marital status, disability, or membership or activity in a local commission. This prohibition with respect to sexual harassment includes both overt acts as defined by EEOC and those acts which create a negative work environment. Any employee, applicant or eligible subjected to discriminatory harassment should file a complaint with the agency's AAO/Designee. Any intentional or deliberate violation of this policy by an employee will be cause for appropriate disciplinary action.

Each manager is responsible for the application of this policy. This includes initiating and supporting programs and practices designed to develop understanding, acceptance, commitment, and compliance within the framework of this policy. All employees must be informed that harassment is unacceptable behavior, and each supervisor will be responsible for orienting the staff to our agency's policy. The AAO/Designee will be expected to keep the organization apprised of any changes in the law or its interpretation regarding this form of discrimination. More specifically, each manager will be responsible for:

1. Making certain that each individual in his/her division who makes or recommends employment and other personnel decisions is fully aware of and comply with this policy.
2. Notify all employees within the division and orienting each new employee who is hired of this policy.
3. Informing all employees in the division of the complaint procedure and ensuring that all complaints will be investigated promptly and carefully.

### Definitions

Harassment is any behavior, which is not welcome, which is personally offensive, which, therefore, may effect morale and interfere with the employee's ability to perform. When the basis of harassment is on race, color, religion, sex or national origin, it is illegal. For example, harassment based on national origin has been defined by the United States Equal Employment Opportunity Commission as "Ethnic slurs and other verbal or physical conduct relating to an individual's national origin."

Sexual harassment has also been specifically defined by the Equal Employment Opportunity Commission. "Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; (2) submission to or rejection of such conduct by an individual is used as the basis for

employment decisions affecting such individual; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment."

Sexual harassment may include, but is not limited to, such actions as:

1. sex-oriented verbal kidding, or abuse;
2. subtle or overt pressure for sexual activity;
3. physical contacts such as patting, pinching, or constant brushing against another's body;
4. demands for sexual favors, which affect an individual's employment status or consideration.

Finally, it is possible for harassment to occur within two different levels of employee relationship:

1) among peers or co-workers, or 2) between supervisors and subordinates. Employees who experience harassment from co-workers should, if they feel comfortable, make it clear that such behavior is offensive to them or bring the matter to the attention of their supervisors or the agency AAO/Designee. In fulfilling our obligation to maintain a positive and productive work environment, the supervisors are expected to halt such harassment between co-workers through appropriate disciplinary action based on the seriousness of the incident. They are also expected to protect a harassed employee who initiates a complaint from reprisal. Individuals who instigate any type of harassment are subject to disciplinary action up to and including suspension, demotion, transfer, or termination.

### Procedure

Any employee of the Office of the State Treasurer who believes that he/she has been harassed based on his/her race, national origin, religion, sex or disability may file a complaint.

Complaints of harassment should be filed using the internal discrimination complaint procedure included in our agency's Affirmative Action Plan.

## **WEATHER EMERGENCIES**

All employees will be notified as outlined in the Department of Employee Relations Weather Emergencies Procedures.

All employees who are deaf, hard of hearing or speech impaired will receive notification as follows:

- a. If at work, by the supervisor or designed backup staff in the case of an emergency.
- B. If not at work and uses TTY for telephone communication, the supervisor will contact them through the Minnesota Relay Service (MRS) at 1-800-627-3526 to inform them of the emergency.

## **BUILDING EVACUATION**

The Office of the State Treasurer has established an evacuation procedure, including procedures for employees who are mobility or sensory impaired.

**COMPLAINT OF DISCRIMINATION**

PLEASE READ BEFORE COMPLETION OF FORM

Any complaint of discrimination is considered confidential data under Minnesota Statute 13.39, \Subd. 1 And 2. You are not legally required to provide this information, but without it, an investigation cannot be conducted. This information may only be released to the Affirmative Action Officer, the complainant, the respondent, appropriate supervisory personnel and the Commissioner of Employee Relations.

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**COMPLAINANT (YOU)**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Agency: \_\_\_\_\_ Division: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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**RESPONDENT (PERSON WHO DISCRIMINATED AGAINST YOU)**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Agency: \_\_\_\_\_ Division: \_\_\_\_\_

Supervisor: \_\_\_\_\_

---

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**THE COMPLAINT**

Basis of Complaint ("X" all that apply):

- Race     Color     Sex     Sexual Orientation  
 Age     Marital Status     Religion     Creed  
 Disability     National Origin     Status with Regard to Public Assistance  
 Membership or activity in local commission

Date most recent act of discrimination took place: \_\_\_\_\_

If you filed this complaint with another agency, list agency: \_\_\_\_\_

Describe how you have been discriminated against: (names, dates, places, etc.):

# Employee Request For Reasonable Accommodation

Give completed form to ADA Coordinator.

Please Print or Type

Employee Name:	Job Title:	Date Requested:								
Division/Unit:	<b>Note: Continue on back if you need more room for any of the following questions</b>									
<p>1. Please describe the nature of your medical condition for which you are requesting an accommodation. Describe how it substantially limits any major life activities.</p>										
<p>2. How does it affect your ability to perform your job?</p>										
<p>3. Type of accommodation requested:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Making facilities readily accessible</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Modification of equipment or devices</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Job restructuring</td> <td style="border: none;"><input type="checkbox"/> Qualified reader or interpreter</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Part-time or modified work schedule</td> <td style="border: none;"><input type="checkbox"/> Other (specify): _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Acquisition of equipment or devices</td> <td></td> </tr> </table>			<input type="checkbox"/> Making facilities readily accessible	<input type="checkbox"/> Modification of equipment or devices	<input type="checkbox"/> Job restructuring	<input type="checkbox"/> Qualified reader or interpreter	<input type="checkbox"/> Part-time or modified work schedule	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Acquisition of equipment or devices	
<input type="checkbox"/> Making facilities readily accessible	<input type="checkbox"/> Modification of equipment or devices									
<input type="checkbox"/> Job restructuring	<input type="checkbox"/> Qualified reader or interpreter									
<input type="checkbox"/> Part-time or modified work schedule	<input type="checkbox"/> Other (specify): _____									
<input type="checkbox"/> Acquisition of equipment or devices										
<p>Please describe in detail the accommodation you are requesting:</p>										
<p>4. Has your medical provider recommended the accommodation?                      Yes                      No</p>										
<p>5. How will the requested accommodation be effective in allowing performance of the essential job function(s)?</p>										
<p>6. Has your job been altered? When was it altered? Please describe how and why it has altered:</p>										
<p>Additional Comments:</p>										
Signature of Employee:		DATE:								

Distribution:    Employee  
                       Supervisor  
                       Division Head  
                       ADA Coordinator's file  
                       Office of Diversity

For Office Use Only:  
 ADA Qualifying  
 non ADA  
 Date: \_\_\_\_\_

**REASONABLE ACCOMMODATIONS AGREEMENT**

This form is to be completed by the Department's Affirmative Action Officer after the reasonable accommodation decision has been made. The signatures on the bottom of this form indicate an agreement between the employee and the Office of the State Treasurer to the specific accommodation.

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

Name of Manager \_\_\_\_\_

The request for reasonable accommodation to the needs of the above disabled employee was:

\_\_\_\_\_ Accepted          \_\_\_\_\_ Denied

If the request was denied, explain the justification for the decision (indicate specific factors considered):

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If reasonable accommodation was approved, was the employee's suggestion accepted?  
\_\_\_\_\_ yes          \_\_\_\_\_ no          \_\_\_\_\_ partially

REASON: (If "no" or "partially" was checked)

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DESCRIBE specific accommodations to be made:

COST ESTIMATE: \$ \_\_\_\_\_

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I have read the employee request for reasonable accommodation. I understand that all tangible accommodations purchased by the Office of the State Treasurer will become the property of the state of Minnesota.

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

State Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

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



# Request To Employ Form

Minnesota Department of Employee Relations **REQUEST TO EMPLOY**

Requester \_\_\_\_\_ Agency Name \_\_\_\_\_ Signature of Appointing Authority \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Department Code \_\_\_\_\_ Division Code \_\_\_\_\_ Requisition # \_\_\_\_\_

Position Title/Option \_\_\_\_\_ / \_\_\_\_\_ Job Code \_\_\_\_\_

List Type L B D X A W S C R T Work Location \_\_\_\_\_ Location Code \_\_\_\_\_

Barg Unit \_\_\_\_\_ % Full Time \_\_\_\_\_ Position Number \_\_\_\_\_

Employment Condition \_\_\_\_\_ Shift \_\_\_\_\_ Travel Required Y or N

- 041 Intermittent (on call as needed)
- 042 Permanent, full-time
- 043 Permanent, part-time
- 044 Temporary, full-time
- 045 Temporary, part-time
- 046 Seasonal, full-time
- 047 Seasonal, part-time
- 048 Day shift
- 049 Evening shift
- 050 Night shift
- 051 Rotating shift

Request Resumes Y or N  
Skill or License Requirements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIRMATIVE ACTION:**

Goal Unit \_\_\_\_\_

Disparities M D F

Check box if applicable

No disparity

No goals set

**REMARKS**

Minnesota

Department of

Employee

Relations

700-Hour Program Appointment Agreement

State of Minnesota: Employer of Choice

I, \_\_\_\_\_, agree to participate in an on-the-job trial work experience program which may continue for up to 700 hours. This work experience is conducted in lieu of the standard examination process, as an accommodation for my disability, for the position of \_\_\_\_\_ at \_\_\_\_\_ (Agency) beginning on \_\_\_\_\_ at a wage of \$\_\_\_\_\_.

Option 1: I understand that I may elect to be unpaid during my on-the-job trial work experience. I have determined that due to the potential loss of benefits, it is in my best interest not to receive a wage during my on-the-job test procedure, and agree to participate in the examining process without wage. \_\_\_\_\_ Signature (if applicable) \_\_\_\_\_ Date

Option 2: I understand that I may elect to be unpaid during my on-the-job trial work period. I elect to waive this option and receive the wage listed above during this period. \_\_\_\_\_ Signature (if applicable) \_\_\_\_\_ Date

I understand that my participation in this program does not guarantee an offer of a permanent position, but that upon successful completion of my trial work period and upon verification by my employer that I have successfully completed my examination, the Commissioner of Employee Relations will approve an appointment to the classified service.

\_\_\_\_\_ Signature (if applicable) \_\_\_\_\_ Date

Original: Agency Personnel Office

This document is available in alternative formats to individuals with disabilities by calling (651) 296-4600 / Voice or (651) 297-2003 / TTY.