

**THE CITY OF MAUMEE PRIVACY POLICY-EMPLOYEE
ACKNOWLEDGEMENT (6.2)**

I, _____, have read the City of Maumee Privacy Policy. I have also asked appropriate city personnel any question(s) that I may have had. Having read the policy and having had the opportunity to ask any question(s), I acknowledge that I understand: That as an employee of the City of Maumee, I must comply with a number of State and Federal laws which regulate the handling of confidential and personal information regarding customers, clients, citizens and other employees of the City of Maumee.

The city's privacy requires, that as an employee I must minimize the exposure of nonpublic information that I may have access to in the course of my job requirements, and I cannot disclose in any form or fashion the information that I obtain from my job responsibilities to anyone inside or outside the city who does not need to know the information. I cannot disclose or in any other way convey any nonpublic information, and that there are consequences for failure to adhere to the city's privacy policy, up to and including termination from employment.

Employee Name _____

Date _____

**THE CITY OF MAUMEE ACKNOWLEDGEMENT OF RECEIPT OF AUDITOR
OF STATE FRAUD REPORTING SYSTEM INFORMATION (6.3)**

Pursuant to Ohio Revised Code 117.103(B)(1) as amended, a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information. The City of Maumee has chosen to notify all current employees as well.

By signing below, you are acknowledging that the City of Maumee provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud reporting system.

I _____, have read the information provided by my employer, the City of Maumee, regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

Print Name

Print Title

Print Department

Signature

Date

HANDBOOK RECEIPT AND ACKNOWLEDGMENT FORM (6.4)

I understand that it is my responsibility to read and understand the contents of the City of Maumee's Employee Handbook and that any policy or benefit described herein is subject to change at the sole discretion of the city at any time. I understand that this Handbook does not supersede any current labor agreement for city employees represented by unions.

At-Will Employment

I further understand that my employment with the city is at-will, unless specified by an employment contract. I am free to terminate my employment with the city at any time, with or without reason. Likewise, the city has the right to terminate my employment, or otherwise change my employment status at any time, with or without reason, at the sole discretion of the city. I acknowledge and understand my duty to return any City owned property to the City immediately upon termination of employment, including access cards, computers, cell phones, keys or any records in my possession. I also acknowledge and understand that upon termination of employment that I will not access any City owned computer systems and will not retain or transfer emails, records or other documents.

Information Technology Usage Policy

I have read and understand the city's Information Technology Usage Policy and agree to function within the limits of this policy and to act in the best interests of the city. By signing this declaration, I am stating that:

- I have received a complete copy of this policy which is on pages 26 through 28 of this Handbook.
- I acknowledge that I have read this policy.
- I agree to actively seek from the city the appropriate training and/or assistance required in fulfilling the obligations of this policy.
- I agree to function within the limits established by this policy and to act in the best interest of the city.
- I declare that I fully understand this policy and the consequences for violating this policy.
- I agree not to disclose or convey any identification or password for use on any city owned or operated system.
- I understand that the city's Information Systems are to be used mainly for business purposes. Limited personal use of the internet is permitted during break periods. Guidelines for appropriate use of the internet must be followed.

Use of the phone, computer systems, and software provided by the city is conditional upon my understanding and agreement of this policy. I have read and agree to adhere to the policies referred to in this acknowledgment.

Employee's Printed Name

Date

Employee's Signature