

EMPLOYEE INFORMATION SHEET

Name:

Last

First

Middle

Social Security #: _____

Date of Birth: _____

Race/ethnic group: *(check one)*

- African American
- American Indian
- Alaska Native
- Black

- Asian
- Hispanic
- Latino
- Native Hawaiian

- Pacific Islander
- Two or more races
- White

Gender:

- Male
- Female

Home Address: _____

Phone Number: _____

Home Mobile

Other: _____

Email Address: _____

Spouse's Name: _____

Dependent(s) Name(s): _____

EMERGENCY CONTACT INFORMATION

#1) Name: _____

Relationship: _____

Address _____

- Same as Employee

Phone Number: _____

#2) Name: _____

Relationship: _____

Address: _____

- Same as Employee

Phone Number: _____

AUTHORIZATION FORM FOR DIRECT DEPOSIT

Rev. 8/15/2023

Name: _____

Payroll Check: Please fill out the information below to have your payroll checks direct deposited into your bank account.

Expense Reimbursements: Expense reimbursements will also be direct deposited into your Primary Account. Employee expense reimbursements are processed through Accounts Payable.

I hereby authorize Scott County to deposit my payroll checks and expense reimbursements directly into my checking or savings account(s) as indicated below. I also authorize my financial institution to accept my deposits and to credit the amounts to my account(s). This authority will remain in effect until Scott County Employee Relations has received written cancellation notice from me in such time and such manner as to afford Scott County a reasonable opportunity to process the change.

Signature _____

Date _____

If you are using a checking account, attach a voided check (or copy of a check) to this form. If you are using a savings account, attach a voided deposit slip to this form (if one is available). For savings accounts, please verify the federal routing number with your bank (it is not always the same number shown on the deposit slip).

Indicate one account as the Primary Account where 100% of your payroll check or 100% of the remaining amount of your payroll check will be deposited after flat amounts or percents are deposited to the Secondary Account(s).			
Checking or Savings (Check One)	9 Digit Federal Routing # <small>The first 9 digits on lower left corner of the check. If it is a savings account, ask your bank for the routing number.</small>	Bank Account # <small>Remaining digits after the routing number</small>	Flat Amount or Percentage To Be Deposited
Primary Account			
C S			100%
Secondary Account(s)			
C S			\$ or %
C S			\$ or %
C S			\$ or %
C S			\$ or %

If you have any questions regarding direct deposit of your payroll check, please contact Lisa Fettig (Ext 8106) or Sherri Dandurand (Ext 8789). If you have questions regarding your direct deposit of your expense reimbursement, please contact Colleen Franke (Ext 8189) in Accounting.

Return this form to Scott County Employee Relations

Office Use Only

AP10 Updated _____

Direct Deposit Payroll Start Date _____

Entered _____ By _____

SCOTT COUNTY TENNESSEN WARNING

Public Access:

In accordance with MS 13.04 Subd. 2 we must inform you of your rights as a subject of data. The data you give to us about yourself is needed to identify you and assist us in enrolling you in Scott County sponsored insurance benefits.

The information that we collect about you is classified as either Public or Private. Public means that it is available to anyone who asks to see it. Private means that the information is available only to the person the information is about and to the staff who must use it in the normal course of conducting Scott County business and as otherwise provided by law.

As a Scott County employee, only the following information about you will be public; it is available to anyone who asks to see it. All other data will be private as defined above.

1. Your name.
2. Your actual gross salary and salary range.
3. Your actual gross pension.
4. The value and nature of employer paid fringe benefits.
5. The basis for and the amount of any added remunerations, such as expense reimbursement, in addition to your salary.
6. Your job title and bargaining unit.
7. Your job description.
8. Your first and last dates of employment with Scott County.
9. The existence and status of any complaints or charges against you, regardless of whether the complaint or charge resulted in a disciplinary action.
10. The final disposition of any disciplinary action together with the specific reasons for the action and data documenting the basis of the action, excluding data that would identify confidential sources who are employees of Scott County.
11. The terms of any agreement, settling any dispute arising out of an employment relationship, including a buyout agreement as defined in section 123B.143, subdivision 2, paragraph (a); except that the agreement must include specific reasons for the agreement if it involves the payment of more than \$10,000 of public money.
12. Honors and awards received in connection with Scott County.
13. Payroll time sheets or other comparable data that only used to account for your work time for payroll purposes, except to the extent that release of time sheet data would reveal your reasons for the use of sick or other medical leave or other not public data.
14. Your education and training background.
15. Your previous work experience.
16. Your work location.
17. Your work telephone number.
18. Your badge number (if applicable).

Labor Organization Access:

Your data described under section 179A.07, Subd 8, must be disseminated to labor organizations to the extent necessary to conduct elections, investigate and process grievances, and implement the provisions of Chapters 179 and 179A.

In addition, within 20 calendar days of the date of hire of a bargaining unit employee, Scott County must provide the following contact information to an exclusive representative of the bargaining unit:

1. Your name.
2. Your job title.
3. Your work location, including location within a facility (if applicable).
4. Your home address.
5. Your work telephone number.
6. Your home and personal cell phone numbers on file.
7. Your date of hire.
8. Your work email address and personal email address on file with Scott County.

Employee Name (print)

Employee Signature

Date

NON-DISCLOSURE NOTICE AND SYSTEMS ACCEPTABLE USE AGREEMENT

FOR SCOTT COUNTY EMPLOYEES AND CONTRACTORS WITH ACCESS TO PROTECTED DATA AND COUNTY SYSTEMS

In your employment/contract with Scott County your duties may require that you work with records containing private or confidential information. You may also have special access to restricted work areas, computer files, or proprietary material. All county materials and information is protected by law, policy, or agreements about disclosure both at work and outside of the office. The following sections explain the nature of these restrictions, the procedures for access to County information, and the ownership of such materials. Your signature confirms your understanding of the restrictions and access procedures and also identifies your agreement to honor these information handling requirements.

DATA PRIVACY AND CONFIDENTIALITY RESPONSIBILITIES

During my employment/contract with Scott County, I may obtain and work with information about other persons or businesses which is "private" or "confidential" data. The release of such data is regulated by Federal and State laws and County policies. It may be released only as provided in the laws and regulations.

I will refer all data inquiries from anyone other than an authorized Scott County employee to my supervisor unless I have authority from the supervisor to provide the requested information. I understand that my restriction on the release and dissemination of data prohibits using such information in any manner not consistent with the scope of my specific duties with the County. The restrictions also prohibit the discussion of "private" or "confidential" data with unauthorized individuals during nonworking hours. In addition, Minnesota Statutes, Sections 13.08 - 13.09 provides for employee disciplinary action and civil and criminal penalties for unlawful dissemination of data.

PURCHASED SOFTWARE AND SYSTEM SECURITY

Much of the computer software used by Scott County is proprietary, which means that it belongs to the County or a software vendor and is subject to licensing agreements or other restrictions. Therefore, any employee or contractor who has access to, or uses such software, is also subject to these restrictions and controls governing system use.

These restrictions include prohibitions on:

1. Copying the software for purposes other than use on the specific computer(s) for which it was licensed;
2. Disclosure of any technical information about the software to anyone other than those who have authorization to use the software or the technical information;
3. Reproducing the software or related documentation and making it available to unauthorized persons;
4. Altering the software in any way;

5. Operating or accessing data and/or applications/ systems outside the scope of assigned work.

USE OF SOFTWARE AND COUNTY SYSTEMS

Use of the software and County systems shall be for purposes directly related to my employment with Scott County. Personal use of email and the Internet will be limited.

COMPUTER CRIME

Minnesota Statutes, Sections 609.87 - 609.89 define two types of computer crime. The first is intentional unauthorized physical damage or alteration of computer hardware, computer software, stored data, or a computer network. The second type is the unauthorized access to a computer or computer network, or unauthorized possession of computer hardware, software, or data from a computer. Penalties, for both types of crime, range up to ten years imprisonment, and/or \$50,000 in fines.

STATEMENT OF UNDERSTANDING

I acknowledge that I have read and understand the conditions stated in this Nondisclosure Notice and Systems Acceptable Use Agreement. My signature below indicates this understanding, and my intent to follow these conditions. I understand that violation of the above conditions shall make me subject to disciplinary action up to and including termination of my employment/contract with Scott County, subject to the grievance procedure applicable to me in County policy or the appropriate labor agreement. I further understand that the system is monitored and that my use may be randomly audited.

I further understand that if I willfully and intentionally violate these conditions, I will also be subject to civil penalties, as well as prosecution under the provisions of Minnesota Statutes, Section 609.87 - 609.89 relating to computer theft, and Minn. Stat., Section 13.01 - 13.69 relating to data privacy.

SIGNATURE:

Employee/Contractor Signature

Date

Employee/Contractor Name (PLEASE PRINT)

ATTEST:

Supervisor Signature

Date



SCOTT COUNTY EMPLOYEE RELATIONS

GOVERNMENT CENTER EAST • 200 FOURTH AVENUE WEST • SHAKOPEE, MN 55379-1220
(952) 496-8103 • Fax: (952) 496-8446 • www.scottcountymn.gov

UNITED STATES MILITARY

Are you a Military Veteran of the United States of America? Yes No

Name: _____ Date: _____
Employee's Signature

Employee's Name Printed

Department: _____

If yes, please provide a copy of your DD214, if you have not already done so.