
VIII. Forms

The following forms have been approved for use by the Baldwin County Commission:

- A. Application for Employment _____VIII-1
- B. Pre-Employment Physical and Drug Screen Waiver _____VIII-3
- C. Authorization For Background Investigation and Release of Information _____VIII-4
- D. Personnel Appraisal Form _____VIII-5
- E. ADA Reasonable Accommodation Request Form _____VIII-8
- F. Employee Counseling Form _____VIII-9
- G. Notice of Disciplinary Action Form _____VIII-10
- H. Grievance Appeal Form _____VIII-11
- I. Leave Request Form _____VIII-12
- J. Temporary Transitional Duty Agreement _____VIII-13
- K. Medical Treatment Waiver _____VIII-14
- L. Property Damage/Collision/Injury/Illness Investigation Report _____VIII-15
- M. Accident Injury Witness Report _____VIII-20
- N. Last Chance Assistance Agreement _____VIII-21



BALDWIN COUNTY COMMISSION APPLICATION FOR EMPLOYMENT



Baldwin County Commission is an equal opportunity employer. It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Position Desired
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary/Hourly Rate Desired
Date Available

EDUCATION

High School Graduate or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed.						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly/ Semester Hours	Other (Specify)			
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial Driver's License Class <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C			Endorsements:	
Languages Read, Written or Spoken Fluently Other Than English						

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
-------------------	---------------	-------------------

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

WORK EXPERIENCE (Most recent first)

Employer	Telephone Number			From (Month/Year)
Address (Mailing)	(City)	(State)	(Zip)	To (Month/Year)
Job Title	Reason for Leaving			Hours Worked Per Week
Specific Job Duties				Last Salary
				Supervisor
				May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number			From (Month/Year)
Address (Mailing)	(City)	(State)	(Zip)	To (Month/Year)
Job Title	Reason for Leaving			Hours Worked Per Week
Specific Job Duties				Last Salary
				Supervisor
				May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number			From (Month/Year)
Address (Mailing)	(City)	(State)	(Zip)	To (Month/Year)
Job Title	Reason for Leaving			Hours Worked Per Week
Specific Job Duties				Last Salary
				Supervisor
				May We Contact This Employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Employer	Telephone Number			From (Month/Year)
Address (Mailing)	(City)	(State)	(Zip)	To (Month/Year)
Job Title	Reason for Leaving			Hours Worked Per Week
Specific Job Duties				Last Salary
				Supervisor
				May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

If employed by the Baldwin County Commission, I agree to and review and abide by the Alabama Code of Ethics, Section 36-23-1 thru 20, Ala. Code 1975, as the same may be amended, and policies and procedures of the Baldwin County Commission, which includes the Baldwin County Commission's Anti-Harassment policy. I further understand that while in a probationary status, my employment can be terminated, with or without cause or notice, at any time, at the discretion of the Baldwin County Commission or myself. I further understand that no representative of the Baldwin County Commission other than the Personnel Director, Appointing Authority or Appointed Department Head has any authority to enter into any agreement, oral or written, on behalf of the Baldwin County Commission for a term of employment or to make any assurance or promise of continued employment, subject to approval by the Baldwin County Commission.

If employed by the Baldwin County Commission, I understand and agree that I may be required to take a pre-employment drug and alcohol screening test. I also consent to the release of the test results to the Baldwin County Commission for its use, and I understand that any positive drug or alcohol result may preclude my employment. The Baldwin County Commission may conduct a pre-employment background check, including, but not limited to, criminal, drivers' license, and reference checks.

By typing or signing my name in the following space, I certify the above statements to be true and correct, to the best of my knowledge, and I agree that this information can be used for the purpose of processing my employment application and information.

Signature of Applicant _____ Date _____



NEW HIRE CONSENT FORM FOR SUBSTANCE ABUSE SCREENING TEST PRE-EMPLOYMENT PHYSICAL EXAM

It is the policy of Baldwin County that all applicants, who either are likely to be offered employment or who have been extended an offer of employment, undergo a routine pre-employment physical exam.

**Hiring decisions may be based upon the results of medical tests conducted as part of this examination process.*

STATEMENT OF COUNTY POLICY

It is the policy of the County to maintain a safe work environment conducive to effective business operations. The County requires that personnel and operating practices be consistent with the highest standards of health and safety.

Selling, purchasing, using, possessing, or being under the influence of any illegal substance, without medical authorization, during the work day, on the County premises or while conducting county business is inconsistent with the County's business interests and will be grounds for disciplinary action, up to and including termination.

APPLICANT CONSENT

Re: Authorization to Perform the Urine and/or Breath Testing:

I, _____, understand that by accepting employment with Baldwin County Commission, I agree willingly to participate in the urine and/or breath testing program under the provisions set forth on the alcohol and controlled substance abuse policy.

I understand that if I decline to sign this consent and thereby decline to take the test, the medical examination will not be completed, and my employment offer will be rescinded.

If the test is confirmed as positive, the results will be reported to the Personnel Department. An exception will be made for the use of legally prescribed medications taken under the direction of a physician.

Re: Authorization to Perform the Medical Examinations:

I also hereby authorize and give my consent to a qualified medical representative and/or physician to conduct the above-mentioned physical examination to also include, without limitation, a drug screening urine analysis all as part of the pre-employment requirements of Baldwin County.

I understand that, submitting to such examinations does not guarantee employment with Baldwin County.

I understand that if I decline to sign this consent form and further decline to take the physical exam as has been requested, then the medical examination will not be completed, and an offer of employment will either not be extended or will be withdrawn, if previously made.

Re: Authorization to Release Sensitive Medical Information:

I further authorize Baldwin County's designated physician, medical personnel or testing facility to release to Baldwin County any and all results of such physical examination and testing along with any relevant medical information.

Signature: _____

Print Name: _____

Witness: _____

Date: _____



AUTHORIZATION FOR BACKGROUND INVESTIGATION AND RELEASE OF INFORMATION

Following a conditional offer of employment, and as part of the hiring and employment process and pursuant to its policies, the Baldwin County Commission (the “County”) will perform a public record information search and/or an investigative consumer report search on individuals seeking employment with the County. Such individuals will be required to maintain satisfactory criminal history records, pertinent to his or her position, as a condition of employment.

I, _____, hereby authorize and give consent for the Baldwin County Commission to obtain information pertaining to myself. This includes the following:

- Criminal Background Records/Information
- Sex Offender Registry Information
- Social Security Number Verification
- Drivers License Currency and Check
- Driving Record
- Credit History – if applicable to position
- Other Background Information Deemed Necessary by the County.

I understand that this information will be used, in part to determine my eligibility for employment. The records being checked are covered by the Fair Credit Reporting Act (FCRA). The FCRA gives me specific rights in dealing with agencies that provide these reports to the County. Before making any adverse employment action which is based on the information received from a criminal background check, the County will notify me in writing and will provide me with a copy of the report and “A Summary of Your Rights Under The Fair Credit Reporting Act”. If I am denied employment, either wholly or partly because of information contained in resulting reports, a disclosure will be made to me of the name and address of the consumer reporting agency making such report.

By signing this form, I authorize the Baldwin County Commission to periodically access and review state and federal criminal history records and make reasonable efforts to determine where I have been convicted of, or are pending indictment for, a crime that bears upon my fitness to be employed.

Date

Name of Applicant (Print)

Signature of Applicant

Date of Birth

Social Security Number

Driver’s Licenses # / Expiration

Position Applied for



BALDWIN COUNTY COMMISSION PERSONNEL APPRAISAL FORM



Name _____ Evaluation Month _____

Employee Number _____ Title _____ Grade/Step _____ Department _____

Employee performance based on the following scale:

1=UNACCEPTABLE

Employees performance on a specific job duty or in an overall rating does not meet the required standards of performance for the position.

2=NEEDS IMPROVEMENT

Employee that scores a two (2) in any single category or in an overall rating is not fulfilling the responsibilities of the job and needs to be counseled [with a written improvement plan] as to what actions he/she must take to bring their performance up to acceptable standards.

3=MEETS STANDARDS

Rating indicates that an employee has performed at a level that meets the requirements of the specific duties set forth in their job description in addition to the specific criteria listed on the performance review form as it relates to attendance, work habits and personal traits.

4=EXCEEDS STANDARDS

Rating indicates that an individual is performing at a level that is above the expected standards of their position which includes, but is not limited to, taking extra initiative, demonstrating an exemplary attitude, demonstrating an ability to think and perform beyond what the job duties and responsibilities call for, willing to take on additional tasks and assignments as requested.

5=EXCEPTIONAL

Rating includes all of the performance achievements specified in the exceeds standard category, with the inclusion of consistency in performance day in and day out at the elevated level.

Category	Rating	Comments
Technical Skills-Effectiveness with which the employee applies job knowledge and skill to job assignments. Job Knowledge Analyzes Problems Provides Suggestions for Work Improvement Employs Tools of the Job Competently Follows Proper Safety Procedures	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Quality of Work-Manner in which the employee completes job assignments. Accuracy or Precision Thoroughness/Neatness/Reliability Responsiveness to Requests Follow-Through/Follow-Up Judgment/Decision Making	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

<p>Interpersonal Skills-Effectiveness of the employee's interactions with others and as a team participant.</p> <p>With Co-workers With Supervisors With Other Staff/Community Team Contributions Commitment to Team Success</p>	<p>[] 1 [] 2 [] 3 [] 4 [] 5</p>	
<p>Approach to Work-Characteristics the employee demonstrates while performing job assignments</p> <p>Actively Seeks Ways to Streamline Processes, Open to New Ideas and Approaches, Shows Initiative Planning and Organization-Flexible/Adaptable Follows Instructions Seeks Additional Training and Development Attendance</p>	<p>[] 1 [] 2 [] 3 [] 4 [] 5</p>	
<p>Quantity of Work-Employee's success in producing the required amount of work.</p> <p>Priority Setting Amount of Work Completed Work Completed on Schedule</p>	<p>[] 1 [] 2 [] 3 [] 4 [] 5</p>	
<p>Supervisory Skills-Applies only to employee who is a Manager or Supervisor</p> <p>Trains and Develops Staff Properly Aligns Responsibility, Accountability, Authority Handles Performance Problems with Staff Instills Pride in Performance, Service, Innovation, and Quality Welcomes Constructive Criticism Sets Specific Goals for Staff</p>	<p>[] 1 [] 2 [] 3 [] 4 [] 5</p>	

Personnel Use Only:

Scoring:

- Section 1 - _____
- Section 2 - _____
- Section 3 - _____
- Section 4 - _____
- Section 5 - _____
- Section 6 - _____

Merit Score - _____

Comments:

Goals:

Employee Comments:

By signing below you agree that you have completely read and discussed your appraisal with your supervisor and have been given a copy of this evaluation. You have been given an opportunity to provide written comments to anything in this appraisal to be included in your personnel records. By signing this appraisal, it does not mean that you agree with this evaluation.

Employee Signature: _____ **Date:** _____

Rater Signature: _____ **Date:** _____

Dept Head Signature: _____ **Date:** _____

Co. Administrator Signature: _____ **Date:** _____

Public Official Signature: _____ **Date:** _____

REASONABLE ACCOMMODATION REQUEST FORM

A. Questions to clarify accommodation requested.

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? If yes, please explain.

Yes

No

Is your accommodation request time sensitive? If yes, please explain.

Yes

No

B. Questions to document the reason for accommodation request.

What, if any, job function are you having difficulty performing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same limitation?

Yes

No

If *yes*, how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

C. Other.

Please provide any additional information that might be useful in processing your accommodation request:

Signature

Date

Return this form to the Personnel Director



BALDWIN COUNTY COMMISSION EMPLOYEE COUNSELING



Employee Name: _____ Date of Notice: _____

Employee Number: _____ Department: _____

Details Regarding the Issue:

How the Issue Affects the Work Group:

Causes of the Issue:

Solutions to the Issue:

Actions to be Taken to Correct the Issue: Employee Suggestions

Follow-Up Date to Discuss Improvement:

SIGNING BELOW INDICATES ACKNOWLEDGEMENT OF THE ABOVE CONVERSATION.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Department Head Signature _____ Date _____

Elected Official Signature _____ Date _____



BALDWIN COUNTY COMMISSION NOTICE OF DISCIPLINARY ACTION



Employee Name: _____ Date of Notice: _____

Employee Number: _____ Department: _____

Type of Disciplinary: (Employees have the right to appeal a suspension without pay, termination or involuntary demotion. The employee has one (1) working day to request, in writing, a hearing. **The employee is placed on administrative leave with pay for the one (1) working day in order to decide on the pre-disciplinary hearing.** If the employee does not request a hearing, the proposed discipline will become effective at the end of the one (1) working day period.)

Written Suspension: From _____ To _____

Type of Problem or Violation:

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Poor Work Performance | Violation Date: _____ |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Safety/Carelessness | Violation Time: _____ |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Violation of Company Policy | Place violation Occurred: _____ |
| <input type="checkbox"/> Other: _____ | | |

Details of Occurrence: (Use additional paper if necessary.)

Expected Improvement: (Use additional paper if necessary. Include a clear statement as to the consequences of failing to improve.)

Employee's Statement: (Use additional paper if necessary.)

List All Previous Warnings or Suspensions (when and by whom):

Previous Warning:	1 st Warning	2 nd Warning	3 rd Warning
Date: _____	Date: _____	Date: _____	Date: _____
Written: _____	Written: _____	Written: _____	Written: _____
Suspension: _____	Suspension: _____	Suspension: _____	Suspension: _____

I ACKNOWLEDGE RECEIPT OF THIS DISCIPLINARY ACTION AND THAT ITS CONTENTS HAVE BEEN DISCUSSED WITH ME. I UNDERSTAND THAT MY SIGNATURE DOES NOT NECESSARILY INDICATE AGREEMENT.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Department Head Signature _____ Date _____

Elected Official Signature _____ Date _____

Personnel Representative _____ Date _____

Original: Personnel Copy: Department and Employee

On this date, _____, I hereby appeal to the Personnel Board my:

_____ Dismissal

_____ Suspension

_____ Demotion

I, ___ admit the charge/charges brought against me.

_____ deny the charge/charges brought against me.

_____ Other _____

The disciplinary action taken against me should not become effective because of the following reasons:

_____ The action is too severe

_____ I am not guilty of the charges brought against me

_____ Other _____

The relief I seek is: _____

Signature

Department/Classification

Mailing Address (Home)

City, State, Zip Telephone

Please attach any previous discussions by supervisor or department head that relates to this request.

**BALDWIN COUNTY COMMISSION
LEAVE REQUEST**

Name _____ **Date** _____

Department _____ **Employee Number** _____

Date(s) Requested _____

Type of Leave Requested:

Annual Leave _____

Sick Leave _____

Personal Leave _____

Other - Specify _____

It is requested that you provide an explanation for the use of all sick leave.

Employee's Signature _____

Supervisor's Signature _____

Department Head's Signature _____

**Baldwin County Personnel Department
Acknowledgement of Temporary Transitional Duty Assignment**

I have been advised of the physical limitations outlined by the attending physician/medical provider and understand my work restrictions. I further understand that it is my responsibility not to violate these restrictions without specific medical authorization. I further agree that if management asks that I perform duties, which would violate these work restrictions, I will immediately advise my assigned supervisor and/or other management, if necessary, of my physical limitations concerning the requested duties. I understand that these accommodations are temporary and that they may be canceled at any time by the Baldwin County Commission or their designated representative.

I HAVE RECEIVED A COPY OF THE TRANSITIONAL DUTY POLICY, AND AS A PARTICIPANT IN THIS PROGRAM, I WILL ADHERE TO ALL POLICIES AND PROCEDURES.

Restrictions:

This is in effect until the next doctor's appointment on: _____

Injured Employee Signature / Date

Print Injured Employee Name

Direct Supervisor Signature / Date

Safety Coordinator Signature/ Date

Risk Manager Signature / Date

Personnel Director Signature / Date

Appointed Dept. Director Signature / Date

Baldwin County Personnel Department Medical Treatment Waiver

Baldwin County Commission is concerned with every employee's well-being. In the event you elect not to seek medical attention for this alleged Worker's Compensation Injury, we need to document that the Baldwin County Commission has not influenced, in any way, your decision to not seek treatment.

Employee Name: _____

Date of Injury: _____

Description of Accident: _____

Description of Injury: _____

My signature confirms that I have voluntarily waived medical care due to the injury indicated above. Should it later be determined that I require medical care, I will consult with my Supervisor prior to seeking treatment for this injury, unless emergency treatment is required.

Direct Supervisor Signature / Date

Safety Coordinator Signature/ Date

Appointed Dept. Director Signature / Date

Employee Signature / Date

Risk Manager Signature / Date

Personnel Director Signature / Date

43.) Type of Collision:

Other Vehicle Fixed Object Bicyclist Pedestrian Animal Train Off Road Equipment

44.) If a Non County Owned Vehicle was involved, please complete the following information:(If more than two vehicle, please use an additional sheet for their information)

Name of Driver _____ Phone # _____
 Address _____
 Date of Birth: _____ Sex: M F Drivers Lic. #: _____ Lic. State: _____
 # Of Occupants: _____ Year: _____ Color: _____ Make/Model: _____
 VIN Number: _____ Tag Number: _____ Tag State: _____
 Was Vehicle Towed: Yes No By Whom: _____
 Insurance Company: _____
 Owner of Vehicle (if Different from Driver): _____
 Phone #: _____ Address: _____

45.) Damage Information: (County Equipment is V1 and other equipment is V2)

Indicate damage on County Vehicle (V1):

2 3 4
Front 1 5 Rear
 8 7 6

0 = None
 9 = Top
 10 = Under carriage
 11 = Totaled
 12 = Other

Indicate damage on Other Vehicle (V2):

2 3 4
Front 1 5 Rear
 8 7 6

0 = None
 9 = Top
 10 = Under carriage
 11 = Totaled
 12 = Other

46.) Pre-Incident Movement: (Please X all that apply)

V1	V2/OV		V1	V2/OV	
		Going Straight Ahead			Exiting Vehicle
		Making Right Turn			Entering Vehicle
		Making Right on Red			Slowing or Stopping
		Making Left Turn			Stopped at Traffic
		Making U Turn			Parked
		Changing Lanes			Avoided Object in Road
		Passing			Vehicle Lights On
		Merging			Vehicle Lights Off
		Backing			Emergency Flashers / Strobes Lights Activated
		Other			Left Turn Signal On
		Vehicle was parked			Right Turn Signal Off

Posted Speed Limit

Estimated Speed

Direction of Travel

V1 = _____ MPH
 V2 = _____ MPH

V1 = _____ MPH
 V2 = _____ MPH

V1 = N S E W
 V2 = N S E W

Pedestrian / Bicyclist Action

<input type="checkbox"/>	Crossing with signal
<input type="checkbox"/>	Crossing no signal or crosswalk
<input type="checkbox"/>	Crossing against signal
<input type="checkbox"/>	Crossing no signal or marked crosswalk
<input type="checkbox"/>	Going to/from stopped bus
<input type="checkbox"/>	Other



<input type="checkbox"/>	Riding/walking along highway with traffic
<input type="checkbox"/>	Riding/walking along highway against traffic
<input type="checkbox"/>	Emerging from in front/behind parked vehicle
<input type="checkbox"/>	Getting in/out of vehicle (Not Bus)
<input type="checkbox"/>	Pushing/working on vehicle
<input type="checkbox"/>	Working on roadway

Collision Type

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Backing | <input type="checkbox"/> Merging | <input type="checkbox"/> Sideswipe |
| <input type="checkbox"/> Head-On | <input type="checkbox"/> Right Angle | <input type="checkbox"/> Passing |
| <input type="checkbox"/> Rear-ends Vehicle | <input type="checkbox"/> Vehicle Rear-ends Bus | <input type="checkbox"/> Sudden Stop |
| <input type="checkbox"/> Right Mirror | <input type="checkbox"/> Left Mirror | <input type="checkbox"/> Ran off Road |
| <input type="checkbox"/> Wheelchair Lift Operations | <input type="checkbox"/> Door Operation | <input type="checkbox"/> Other _____ |

Police Investigated: Yes No Police Department: _____
 Officer Name (Badge #): _____ Report Number: _____
 Citation/ Arrest: None issued Operator 1 Operator 2 Bicyclist Pedestrian

47.) Collision Diagram

 Indicate North by Arrow																<p>Please draw a diagram of the roadway or streets where the crash occurred, indicating the vehicles involved and direction of travel using the following symbols:</p> <p>→ = Direction 1 = Vehicle 1 (Your Vehicle) 2 = Vehicle 2 O = Pedestrian/Non-motorist  = North</p> <p>Select one of the following if the crash did not occur on a public way:</p> <p><input type="checkbox"/> Off-street parking lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/shopping center <input type="checkbox"/> Other private way</p>

(A) Use solid line to show path of each vehicle before collision
 (B) Use dotted line to show path of vehicle after collision.

48.) Please explain any **other** unsafe act(s) or hazardous condition(s) that could have contributed to this incident (give details):

49.) List any corrective action suggested, or any action to be taken: ****NOTE** It is the overall responsibility, of the Appointed Department Director to complete or deny Corrective Actions as suggested.**

50.) Person and Position Title to whom corrective action was assigned:
51.) Date corrective action to be completed:
52.) Comments:

Direct Supervisor Signature / Date

Injured Employee Signature / Date

Safety Coordinator Signature/ Date

Risk Manager Signature / Date

Personnel Director Signature / Date

Appointed Dept. Director Signature / Date

County Commission Chairman Signature / Date

Baldwin County Personnel Department Witness Incident/Injury Report

1. Witness Name	
2. Employee Identification	
3. Today's Date	
4. Injured Employee Name	
5. Date of Injury	
6. When did you first observe the incident/injury?	
7. Where were you at the time?	
8. In what part of the body did the injured employee say there was pain?	
9. Did the injured employee continue to work despite the pain?	
10. Has the injured employee ever mentioned this pain before?	
11. Did you see anything strike the injured employee?	
12. Did you see anyone slip or trip?	
13. Was there a sudden stress or strain?	
14. Describe anything unusual that happened or any other comments.	
15. If lifting was involved, please describe the lifting procedure used.	
16. List names of other witnesses.	
17. Was the incident/injury immediately reported to a supervisor? (If so, who?)	
18. In your own words, describe the incident/injury that you saw. Please give as many details as possible and include where the incident occurred. You may provide a sketch as part of your explanation. Please use the back or another sheet of paper if needed for your explanation.	

Please complete this report before you leave the workplace and sign below.

Safety Representative Signature / Date

Witness Signature/ Date

The witness to the incident should fill out this form. If more than one witness, please have each fill out a separate form.

Last Chance Assistance Agreement

I, _____, hereby voluntarily execute this Last Chance Assistance Agreement (Agreement) with Baldwin County in compliance with the Baldwin County Personnel Handbook (the Handbook).

I understand that, pursuant to the applicable provisions of the Handbook, my continuation as a County employee is conditioned upon my signing this Agreement, upon a drug test conducted before returning to work, upon the recommendation of the MRO and Personnel Director, and upon certification by a physician or licensed counselor that I am able to perform the essential functions of my job.

By this Agreement, I represent that I have voluntarily submitted to the Counseling and/or Rehabilitation for which I requested leave.

I acknowledge and reaffirm that I am now subject to drug testing, which may be required before I return to work from leave and at any time(s) thereafter for a period of two years. This period of drug testing shall not in any manner prevent or otherwise limit the County from the application of other drug testing policies that may be applicable now and following the subject two-year period.

I acknowledge and agree that my violation of the Agreement shall be sufficient grounds for termination.

_____/_____
Employee Signature /Date

State of Alabama)
County of Baldwin)

I, _____, a Notary Public in and for said County, in said State, hereby certify that _____, is the individual whose name is signed to the foregoing Agreement, and who is known to me, acknowledged before me on this day that, being informed of the contents of the Agreement, he/she executed the same voluntarily and personally.

Given under my hand and official seal, this the _____ day of _____, 20 _____.

Notary Public

SEAL

My Commission Expires: _____