Department of Human Resources Mary Jennings Mahon



PLEASE PRINT CLEARLY TODAY'S DATE: 08/04/2023	
FIRST NAME: Nicholas LAST NAME: LOPahe	
DEPARTMENT: Parks Recreation & Conservation LAST 4 DIGITS SOCIAL SECURITY #:	
Please check off the following and initial acknowledgements where noted:	
Code of Ethics	
Westchester County Drug-Free Workplace Policy and Procedures [initial acknowledgeme]  I understand I may be required to submit to an alcohol and/or drug test. I also understand to failure to comply with the policy and procedures is the basis for discipline.	
Executive Order No. 2 of 2009 Equal Employment Opportunity Policy and Execut Order No. 3 of 2009 Anti-Harassment and Discrimination Policy [initial acknowledgements I understand any employee who engages in conduct prohibited by these orders will be subject disciplinary action, up to and including discharge.	3]
I understand it is my obligation to refrain from engaging in harassing or discriminatory conduct of any kind.	luct and
Executive Order No. 11 of 2018 Sexual Harassment Prevention Policy [initial acknowled]  I have received a copy of the policy and understand I will complete training on the policy.	lgement]
Work Place Violence Prevention Program and Procedures Manual	
Retirement [mitial acknowledgements]  As an employee of the County of Westchester I was offered the option of enrolling in the I State and Local Employees' Retirement System pursuant to Section 45 of the New York Retirement and Social Security Law.	
I am already a member of the NYS Employees Retirement System.	
Earned Sick Leave (for Hourly employees only)	
Safe Time Leave (for Hourly / Per diem and Annually Paid Non-Represented emplonly)	loyees
I ACKNOWLEDGE THAT I AM IN RECEIPT OF A COPY OF THE ABOVE LISTED WESTCHESTER POLICIES AND PROCEDURES AND UNDERSTAND THAT IT IS MY RESPONSIBILITY TO READ FAMILIAR WITH THEIR CONTENT. I AGREE, WITHOUT RESERVATION, TO FOLLOW THE POLICE PROCEDURES A POWE	AND BE
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