



North Carolina State Employees' Safety and Health Handbook

Please read the following sections for employment with Temporary Solutions: “North Carolina State Government Safety and Health Rules” and “Office Safety” (website <http://www.oshr.nc.gov/Support/Safety/safetyhandbook.pdf>). For those who will be driving a state vehicle, please read the section on “Motor Vehicles”. I understand that it is available for further review in the reception area of Temporary Solutions at any time. I understand that it is my responsibility to become familiar with and abide by these instructions, insofar as they apply to the duties that I shall perform for State Government. I understand that in the event of an accident while I am on an assignment through Temporary Solutions, it is my responsibility to immediately report it to my immediate supervisor of the agency in which I am working. I understand that all necessary medical, surgical, hospital treatment and rehabilitative services to effect a cure are provided in addition to compensation benefits and that I shall accept medical treatment provided by the agency. (A copy of this certification will be filed with the employee’s personnel records.)

Responsibilities Regarding Confidentiality and Information Processing System

The job to which you are assigned may give you access to information processing systems and/or sensitive information which is confidential in nature and, as such, subject to various state and federal privacy laws. As an employee of Temporary Solutions it is expected that the information to which you are given access is only to be used for conducting authorized activities. Any unauthorized use of information processing systems and software or disclosure of confidential information will result in immediate removal from the assignment and will affect any future assignment from Temporary Solutions.

This is to certify that I have read and understand all of the above information.

Employee’s Signature

_____ Date _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT THE FOLLOWING PERSON:

Name/Relationship: _____

Phone Number: _____

Address: _____

City, State, Zip: _____

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