

# COLLEGE OF CHARLESTON

## Classified Employees

### **AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYMENT**

The College/University of Charleston does not discriminate on the basis of race, color, religion, sex, national origin, age, or disability.

### **DUAL EMPLOYMENT/SECONDARY EMPLOYMENT**

In the event that another South Carolina state agency offers me secondary employment while I am simultaneously employed by the College of Charleston, approval for this dual employment must be rendered prior to actually starting the assignment.

Any secondary employment must not interfere with my normal working hours at the College of Charleston.

### **EMPLOYMENT STATUS**

I understand that I am employed on a twelve (12) month appointment and that continuance of employment beyond that period is contingent upon completion of twelve (12) months of satisfactory service.

### **ETHICS ACTS**

#### **Nepotism**

In accordance with Section 707.02 of the South Carolina State Personnel Rules Manual, the following statement is provided:

“No public official, public member, or public employee may cause the employment, appointment, promotion, transfer, or advancement of a family member to a state or local office or position in which the public official, public member, or public employee supervises or manages. Family member means an individual who is (a) the spouse, parent, brother, sister, child, mother-in-law, grandparent, grandchild; or (b) a member of the individual’s immediate family; or (c) a person being claimed as a dependent for income tax purposes.”

#### **Gifts and Gratuities**

Furthermore, no gifts and/or gratuities may be accepted from vendors or those who might be considered potential vendors to the State of South Carolina.

### **WORKERS’ COMPENSATION**

In the event that I am injured during my working hours at the College/University of Charleston, I understand it is my responsibility to advise my immediate supervisor and/or department head of this injury before leaving work on the day of the injury.

It is then my supervisor’s responsibility to contact the Office Of Human Resources accordingly prior to conclusion of work on that day. My failure to follow these guidelines may result in my being personally liable to all medical expenses.

**SHOULD YOU HAVE ANY QUESTIONS, PLEASE REFER TO HUMAN RESOURCES, 953-5512.**

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**Signature**

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**Date**