

SUBJECT: Selection and Onboarding of

Contingent Workers

CATEGORY: Human Resources
ORIGINAL DATE: November 10, 1992
REVIEWED DATE: August 23, 2017
REVISION DATE: September 23,

2020July 24, 2024

I. POLICY:

Volunteers, interns, residents, fellows, and temporary staff are considered contingent workers and are utilized throughout the Lake County Health Department and Community Health Center (LCHD/CHC) to fulfill programmatic business needs. Collectively, these individuals are categorized as contingent workers.

II. SCOPE:

All LCHD/CHC employees and contingent workers.

III. PROCEDURE:

A. Temporary Staff:

- When requesting a contingent worker from a temporary employment agency, requests must be approved by a program's respective Business Manager prior to a contingent worker performing any work on behalf of LCHD/CHC.
- 2. When an individual is selected for a contingent assignment, the following must be received prior to a contingent worker performing any work on behalf of LCHD/CHC:
 - a. Resume
 - b. An authorization for a criminal background search, OR
 - i. A copy of a background search from our preferred vendor/partner list dated within the last 12 months, OR
 - ii. An attestation or proof of background clearance from the temporary employment agency.
 - c. Completion of additional background checks as required for the position.
 - d. An attestation or drug screen clearance from the temporary employment agency.
 - e. Relevant certifications, licenses, and proof of identity.
 - f. Proof of completion of any additional program specific requirements mandated by grant requirements, county policies, or law.

B. Interns, Residents & Fellows:

- When an individual is selected for a contingent assignment, the following must be received prior to a contingent worker performing any work on behalf of LCHD/CHC:
 - a. An authorization for a criminal background search, OR
 - i. A copy of a background search from our preferred vendor/partner list dated within the last 12 months, OR
 - ii. An attestation or proof of background clearance from the intern's school.
 - b. Completion of additional background checks as required for the position.



- a. Adhere to a drug screen and any program specific requirements mandated by grant requirements or law.
- c. Relevant certifications, licenses, and proof of identity.
- d. Any additional program specific requirements mandated by grant requirements, county policies, or law.
- e. Proof of completion of a 9-panel drug screen, as required, OR
 i. An attestation or proof of drug screen clearance from the school.
- f. If an LCHD/CHC affiliation agreement exists with the intern's school, the school must provide a course syllabus and/or practicum to ensure the placement will meet the goals of the educational requirements.
- g. All interns, residents, and fellows are required to furnish proof of insurance coverage from their educational institution.
- i.h. The length of internship is at the discretion of the program's Director and requirements of the educational need.

When an individual is selected for a contingent assignment, they are required to complete all required paperwork, and also complete the following actions:

- 1. Provide three (3) references from persons familiar with their work experience, work performance, and/or community activities, such as previous employers, professors or community leaders.
- 2. Submit an authorization for a criminal background search or provide a copy of a recent background search from our preferred vendor/partner list, if applicable. If the contingent worker is a student, a background clearance email or attestation form shall be submitted to Human Resources (HR) by the educational institution. If the contingent worker is from a temporary employment agency, a background clearance email shall be sent to HR by the agency. All background searches or clearances shall be approved by HR prior to a contingent worker performing any work on behalf of LCHD/CHC.
- B. In a situation where a contingent worker is an intern, an LCHD/CHC affiliation agreement must be executed with the intern's school, and the school must provide a course syllabus and/or practicum to ensure the placement will meet the goals of the educational requirements. The length of internship is at the discretion of the program's Director and requirements of the educational need. All interns are required to furnish proof of insurance coverage from their educational institution.
- C. When requesting a contingent worker from a temporary employment agency, a Contractor Request Form must be completed for each position and emailed to the appropriate Business Manager for approval. The Education Coordinator shall be copied before moving forward in the process.
- C. Volunteers:
 - 1. When an individual is selected for a contingent assignment, the following must be completed prior to a contingent worker performing any work on behalf of LCHD/CHC:
 - a. Volunteer application
 - b. An authorization for a criminal background search, OR
 - i. A copy of a background search from our preferred vendor/partner list dated within the last 12 months.
 - c. Relevant certifications, licenses, and proof of identity.



- d. Any additional program specific requirements mandated by grant requirements, county policies, or law.
- D. As needed, Human Resources (HR) may waive one or more of the requirements listed above based on the duration of assignment and nature of the work being performed.
- D.E. Contingent workers are not eligible for any employee benefits.
- E.F. The supervisor shallmust notify HR and the Health Informatics and Technology (HIT) Team via email of the contingent worker's last day of employment to ensure that building and/or system access is disabled, and there is a return of identification and/or security access cards all LCHD/CHC property and technology assets. See the Resignation policy for guidance on the return of LCHD/CHC property and technology assets.

III.IV. REFERENCES:

None Resignation Policy

IV.V. AUTHORS/REVIEWERS:

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, and Lake County Board of Health Personnel Committee.

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	Signature:	Date:



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Resignation Policy

V. AUTHORS/REVIEWERS:

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