		PETER			HARDIN
STATE OF CALIFORNIA COUNTY OF ORANGE	1	FIRST NAME	MIDDLE NAM	/E	LAST NAME
	}s.s.		DISTRICT	ATTORN	EY
			D	EPARTMENT	
I, PETER HARDIN , do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.					
apon mion ram as	out to officer	Western	fin		
		.,, .	SIGNATU	HE	
Subscribed and	sworn to bet	fore me this $\_$	2.	4TH	day
ofOCTOB	ER	_, 20 <u>14</u>	•		
		TOM-DA	LY, County Cler	k-Recorder	
		Ву 🦯	VIII A	da	
● .F402-38.2 (R11/85)			Deputy County Cle	erk-Recorder	

# County of Orange Employee Code of Conduct April 2006

I acknowledge that I have receive dated April 2006.	ed the County of Orange, Employee Code of Conduct
Employee Name (Please Print)	Teter Hartin
Job Classification	DDA III
Agency/Department	DA.
Employée Signature	- /P/J4/14) Date

# Orange County District Attorney Policy and Procedure Manual

## V. ACKNOWLEDGMENT:

I have received my copy of the Office Policy Manual that outlines the policies, and procedures of the District Attorney's Office. I have read and I understand the information contained in the manual. The manual contains brief summaries of various provisions of the Memorandum of Understanding (MOU) and the Personnel Policies and Regulations.

Since the information in this manual are subject to change as situations warrant, it is understood that changes in the manual may supercede, revise, or eliminate one or more of the policies in this manual. These changes will be communicated to me by my supervisor or through official notification. I accept responsibility for keeping informed of these changes.

Peter Harvin	10/24/14
Employee Name (print)	Date /

Employee Signature

### **5 ACKNOWLEDGEMENT**

If you violate security policies, standards, or procedures, you can be subject to County and agency-specific disciplinary action up to and including discharge.

By signing this document, I acknowledge that I have read, understand and will comply with this County of Orange Information Technology Usage Policy. I understand that the complete Information Technology Usage Policy is available for me to review on the County's intranet. I also may request a copy from the County Service Desk, my agency's Help Desk, or my agency's Local Security Administrator.

Vorkforce Member Name (please print):	Her Harris
Vorkforce Member Signature:	Withands
Agency/Department:	DA DA
Date:	10/34/14



# **MEMO**

## OFFICE OF THE DISTRICT ATTORNEY

DATE:

July 22, 2013

TO:

All District Attorney Employees

FROM:

子ony Rackauckas

SUBJECT:

**COUNTY OF ORANGE EEO POLICY & PROCEDURE** 

Attached is a copy of the recently updated *County of Orange EEO Policy & Procedure* for your review. This comprehensive new policy ensures County compliance with federal/state law and court decisions, and promotes a productive, stable, and harmonious work environment. I strongly support this policy and look to all District Attorney employees to assist me in this effort.

Please sign the acknowledgment below and return an original copy to Human Resources by
\_\_\_\_\_\_. The original signed acknowledgment will be retained in your personnel file. If you have any questions, please contact Paula Gallegos, Human Resources Manager at (714) 347-8440.

Thank you.

I acknowledge receipt of the attached *County of Orange EEO Policy & Procedure* and have read and understand its content.

Print Your Name

Signature

Date

10/24/14)

C: Personnel File

# Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name Peter HARdIN	Employee ID # 0831-98
Employer Name DEARICH AHORNEY	Employer ID#

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

#### **Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, "Windfall Elimination Provision."

#### **Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security, \$500 - \$400 = \$100. Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to the Social Security publication, "Government Pension Offset."

#### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee

Form SSA-1945 (11-2004) (Expires January, 2006)

# **IRC Section 415 Notice** Calendar Year 2013

TO ALL PERSONS WHO FIRST BECOME A MEMBER OF THE ORANGE

The Orange County Employees Retirement System

I acknowledge that I have read and been give a copy of this notice:		
Attack -	10/24/14	
Émployee Signature	Date	
Pater Hardin		
Print Name Clearly		

limitations imposed on public retirement systems by the Internal Revenue Code.

Revised: 01/23/2013



JIM TANIZAKI SENIOR ASSISTANT D.A. VERTICAL PROSECUTIONS/ VIOLENT CRIMES

MARY ANNE MCCAULEY SENIOR ASSISTANT D.A. BRANCH COURT OPERATIONS

JOSEPH D'AGOSTINO SENIOR ASSISTANT D.A. GENERAL FELONIES/ ECONOMIC CRIMES

MICHAEL LUBINSKI SENIOR ASSISTANT D.A SPECIAL PROJECTS

CRAIG HUNTER CHIEF

CHIEF BUREAU OF INVESTIGATION

LISA BOHAN - JOHNSTON DIRECTOR ADMINISTRATIVE SERVICES

SUSAN KANG SCHROEDER

October 22, 2014

Peter Hardin

Dear Mr. Hardin:

This letter represents a conditional job offer for the position of **Deputy District Attorney III / AB 109 Public Safety Realignment (Limited-Term) effective October 24, 2014**. Your hourly rate shall be \$52.80 per hour, which equates to approximately \$109,824 annually.

This position is covered by the Memorandum of Understanding (MOU) between the County of Orange and the Orange County Attorney's Association for the Attorney Unit and is therefore subject to all terms and conditions negotiated by these parties. The MOU is available to view on the County's Human Resources Web site at: <a href="https://www.ocgov.com/hr">www.ocgov.com/hr</a>.

For more information regarding your employee benefits, please refer to the County of Orange's Web site: <a href="https://www.ocaov.com/hr/employeebenefits">www.ocaov.com/hr/employeebenefits</a>:

<u>Medical Plans</u>: A choice of four medical plans is available effective the first of the month following completion of 30 days employment.

<u>Dental Insurance</u>: Administered by the Orange County's Attorney's Association. For more information, visit <u>www\_ochanet</u>.

Annual Leave: During the first three years of employment, you will earn seven (7) hours and twenty-five (25) minutes of annual leave during each 80-hour pay period, approximately one hundred and ninety-two (192) hours per year. A pro-rated amount will be determined for less than 80 hours. After you have been paid for six thousand two-hundred and forty regularly scheduled hours, approximately three years, you shall earn nine (9) hours and fifty-two (52) minutes of annual leave during each eighty (80) hour pay period, approximately two-hundred and fifty-six (256) hours per year.

Holidays: 12 paid holidays each calendar year.

Retirement: County employees do not pay into Social Security; therefore, you will be a participant in the Orange County Employees' Retirement System (OCERS) under the 1937 Act. For more information, visit <a href="https://www.ocers.org">www.ocers.org</a>.

If you have any questions on this matter, please contact me at (714) 347-8441.

We are looking forward to working with you.

Sincerely,

Maurice Sebastian
Human Resources Generalist

I, Authoria , accept the terms and conditions outlined in the above job offer letter and I understand the requirements I must meet in order to maintain my employment with the Office.

Candidate Signature: Date: /pla//4