**PURPOSE:** To set forth the process to conduct a Desk Audit.

**AREAS/EMPLOYEES AFFECTED:** This Policy applies to all Departments and all Employees. If any provision in this Policy conflicts with a specific provision in any CBA, the provision in the CBA shall govern provided it does not permit or involve the use of any Unlawful Political Contact or Unlawful Political Discrimination. If any provision in this Policy conflicts with a specific provision in the Plan, the provision in the Plan shall govern.

**POLICY AND PROCEDURE:** The Chief of Human Resources or his or her designee will conduct a Desk Audit in connection with a request for Reclassification in compliance with the following:

No Political Reasons or Factors. All Desk Audits must be done in accordance with this Policy, the CCHHS Personnel Rules, and the Plan, as and if applicable. No Employment Action relating to a Desk Audit or affecting an Employee holding a Position may be based on any Political Reasons or Factors.

**Desk Audit Procedure.** Upon the approval of a Reclassification Request by the Chief or DHR or his or her designee, a Desk Audit will be conducted by the Chief of DHR or is or her designee. A Position shall not be subject to a Desk Audit more than once in any 12-month period.

**Performance of Desk Audit.** Only trained human resource professionals who are Employees in the DHR shall conduct Desk Audits. The following shall be considered in any Desk Audit: (1) Job description (2) current job responsibilities, (3) the nature and variety of work performed, (4) authority and autonomy, (5) Position interdependence, (6) required qualifications, (7) originality of work produced, and/or (8) guidance and supervision. The identity and performance of the person(s) holding the Position shall not be considered.

**NPCC.** All Employees conducting Desk Audits must sign a NPCC certifying that no Political Reasons or Factors were considered when conducting the Desk Audit.
DESK AUDIT FORM
Policy Number: 02.01.19
NPCC CERTIFICATION
(To be used with Desk Audit, Layoff or Recall Policies)

☐ Desk Audit        ☐ Layoff        ☐ Recall

I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of CCHHS employment or hiring upon or because of any political reason or factors as defined in the Employment Plan or knowingly inducing, aiding, abetting, participating in, cooperating with or threatening any act which is so prohibited. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any Employment Actions taken with respect to the above identified process or any related Employment Action. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination, and may subject me to criminal prosecution.

Signed: ___________________________        Print name: ___________________________
Title: ___________________________        Date: ___________________________

Note: This form should be used by Human Resources Personnel who participate in conducting a Desk Audit, the Layoff process or Recall process. Please check the process, identified above, that applies to the current Employment Action.