

Cabinet for Health and Family Services

WAIVER AGREEMENT AND STATEMENT

Pursuant to the 900 KAR 1:009, to be employed with the Cabinet for Health and Family Services (CHFS) in a position with access to federal tax information, this form must be completed and signed by every applicant, current employee, and contractor, for whom fingerprint-based criminal history records are requested by CHFS.

I, the undersigned, hereby authorize CHFS to request submission of a set of my fingerprints to Kentucky State Police (KSP) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. By signing this Waiver Agreement and Statement, it is my intent to authorize the dissemination of any Kentucky and national criminal history record that may pertain to me to the Cabinet for Health and Family Services (CHFS), Office of Human Resource Management (OHRM), for the purpose of determining whether I am eligible to be employed, to maintain my employment, or to work as a contractor under 900 KAR 1:009.

I understand that upon written request to OHRM, I will be provided with a copy, if any, of a KSP or FBI criminal history report received on me. I understand that OHRM will only provide to me my criminal history report by certified mail, restricted delivery service. To receive my criminal history report from the local post office, I understand that I must show proof of identity and provide my signature. I also understand that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made about my status as an employee or contractor.

If I do not exercise my right to challenge the accuracy and completeness of any information contained in my criminal history report, I agree to hold harmless KSP and its employees from any claim for damages arising from the dissemination of inaccurate information. I also release CHFS and OHRM, its officers, agents, and employees, from any liability or damages as a result of actions taken in good faith to comply with 900 KAR 1:009, including my disqualification as an applicant, employee or contractor on the basis of a disqualifying offense.

I am a (check one): Applicant Employee Contractor

Signature: _____ Date: _____

Printed Name: _____

Date of Birth: _____ Last four digits of SSN: _____

Home Address: _____

KEEP A COPY FOR YOUR RECORDS

Applicant, Employee and Contractor Rights

You may: (1) challenge the accuracy and completeness of any information contained in your criminal history report, (2) challenge the finding that you are the true subject on an abuse registry.

Challenge Requests

Pursuant to Kentucky's Criminal History Record Information User Agreement, Section 6.12, a copy of the KSP and/or FBI rap sheet may be provided to you upon completion of the initial fitness determination. A written request for the rap sheet must be submitted to OHRM at the following address:

Designated Appointing Authority
Cabinet for Health and Family Services
Office of Human Resource Management
275 East Main Street, 5C-D
Frankfort, Kentucky 40621

Upon receipt of the request, OHRM will send a copy of your rap sheet by certified mail, restricted delivery service. You must show proof of identity and sign for the certified mail to obtain your rap sheet from the local post office.

Request to Challenge a KSP rap sheet: If you believe that the information contained in your KSP rap sheet is incomplete or inaccurate, you may contact the Kentucky State Police, Criminal Records Dissemination Section, at (502) 227-8700.

Request to Challenge an FBI rap sheet: In accordance with 28 C.F.R. 16.34, if you believe that any information contained in your FBI rap sheet is incomplete or inaccurate, you may direct your challenge regarding the accuracy or completeness of any entry on your record to:

FBI, Criminal Justice Information Services (CJIS) Division
ATTN: SCU, Mod. D-2
1000 Custer Hollow Road
Clarksburg, WV 26306

Applicant and Employee Additional Rights

Pursuant to 900 KAR 1:009, only an applicant or employee may request review of the Not Eligible for employment finding as the result of a State and FBI criminal history check in accordance with the following instructions:

Request for Rehabilitation Review

Certain criminal offenses found upon completion of a State and FBI criminal background check are eligible for consideration under the rehabilitation review process. The Rehabilitation Review process allows an applicant or employee the opportunity to demonstrate that he or she is rehabilitated and not likely to repeat the conduct that led to the disqualifying offense.

A request for Rehabilitation Review shall be made as follows:

1. A written request must be signed, dated, and mailed to OHRM at the following address:

Designated Appointing Authority
Cabinet for Health and Family Services
Office of Human Resource Management
275 East Main Street, 5C-D
Frankfort, Kentucky 40621

2. Be mailed no later than fourteen (14) calendar days from the date of notice of the disqualifying offense; and
3. Be accompanied by a written explanation of each disqualifying criminal offense, including:
 - A description of the events related to the disqualifying criminal offense;
 - The number of years since the occurrence of the offense;
 - Your age at the time of the offense;
 - Evidence that you have pursued or achieved rehabilitation with regard to the disqualifying offense;
 - Any other circumstances surrounding the offense;
 - If applicable, official documentation showing all fines, including court-imposed fines or restitution, have been paid or documentation showing adherence to a payment schedule;
 - If applicable, the date probation or parole was satisfactorily completed; and
 - Written statements from employment and character references, and any other evidence demonstrating the ability of you to perform the employment responsibilities and duties competently.

III. Request for Appeal and Administrative Hearing

You may appeal a Rehabilitation Review denial by submitting a request to the KY Personnel Board at the address provided below. The request must be made using the Personnel Board's attached Appeal Form and submitted within thirty (30) calendar days of notice of the Rehabilitation Review decision.

The request form to an appeal and administrative hearing must be signed, dated, and sent to:

KY Personnel Board
1025 Capital Center Dr., Suite 105
Frankfort, KY 40601
Fax# (502) 695-5799

CLASSIFIED, ELIGIBLE OR APPLICANT, PREPARE THIS SECTION

The following is a short, plain, and concise statement of the facts which relate to the action I am appealing:

UNCLASSIFIED EMPLOYEE, PREPARE THIS SECTION

The following is a short, plain, and concise statement of reason or cause given for dismissal or other penalization:

DATE OF RECEIPT OF NOTICE OF APPEALED ACTION: (Attach a copy of any written notice which you received relating to this Appeal.) _____

SIGNATURE

DATE

ATTORNEY'S SIGNATURE (if any)

DATE

For Official Use Only

THIS FORM IS TO BE MAILED OR DELIVERED TO:

KENTUCKY PERSONNEL BOARD
1025 CAPITAL CENTER DRIVE, SUITE 105
FRANKFORT, KENTUCKY 40601
PHONE #: (502) 564-7830
FAX #: (502) 695-5799