Spokane County

WASHINGTON

Policy & Procedure Manual

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Welcome

Welcome to the Spokane County government team. It is the desire of the Board of County Commissioners that your employment as a County employee is a positive event in your life. As professionals, our friends and neighbors entrust us with the responsibility to provide the highest quality service at the lowest possible cost. The maximum level of performance and dedication can only be attained by employees of high moral character, who are respected and enjoy their work. We, your Commissioners, are dedicated to supporting all employees and creating an atmosphere that allows you to be professional ambassadors who will set the precedent for all other counties to follow.

The Board of County Commissioners
Spokane County,
Washington State

NOTICE

Application and Revision of Policies

.

THIS MANUAL IS NOT INTENDED TO BE, SHOULD NOT BE CONSTRUED AS, NOR DOES IT CONSTITUTE AN EMPLOYMENT CONTRACT OR A GUARANTEE OF EMPLOYMENT AND IT IS NOT INTENDED TO BE PART OF THE EMPLOYMENT RELATIONSHIP. THIS MANUAL IS INTENDED ONLY TO SET FORTH GENERAL STATEMENTS OF COUNTY POLICY. THE MANUAL IS INTENDED AS GUIDELINES FOR MANAGEMENT AND EMPLOYEES WHICH THE COUNTY MAY OR MAY NOT FOLLOW IN ITS SOLE DISCRETION. THIS MANUAL SHOULD NOT BE CONSIDERED AS THE TOTAL AND COMPLETE STATEMENT OF PERSONNEL POLICY FOR SPOKANE COUNTY.

NATURE OF EMPLOYMENT

UNLESS SPECIFIC RIGHTS ARE GRANTED IN EMPLOYMENT AGREEMENTS, LABOR AGREEMENTS, OR CIVIL SERVICE RULES, ALL EMPLOYEES OF THE COUNTY ARE CONSIDERED "AT-WILL."

As policies and benefits are revised, changes will be communicated to you through standard communication channels. Advance notice may not always be possible.

If you have any questions or wish to have further information about any particular guideline in this manual, please contact the Human Resources Department.

This policy manual supersedes all previous manuals, letters, memoranda, and understandings.

If a conflict occurs between this policy manual and a previously approved resolution, the Board of County Commissioners will review and decide on County policy. This manual will either be updated or the resolution will be rescinded.

The County recognizes the provisions and requirements of R.C.W. 41.56 with respect to wages, hours and working conditions. No County policy or procedure will add to, delete from or modify any valid and effective Collective Bargaining Agreement. Where any Collective Bargaining Agreement is silent, the County acknowledges the requirements of R.C.W. 41.56. Where the application of any County policy and procedure conflicts with applicable civil service rules, federal or state laws, regulation and/or rules, and/or Collective Bargaining Agreements, the rules, laws, regulations or labor agreements will govern.

EMPLOYEE ACKNOWLEDGEMENT

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO REVIEW AND BECOME FAMILIAR WITH THE SPOKANE COUNTY POLICY AND PROCEDURE MANUAL WHICH IS ACCESSIBLE ANYTIME WITHIN MY DEPARTMENT OR ON THE COUNTY'S COMPUTER NETWORK AND TO HAVE ANY QUESTIONS CLARIFIED WITH MY IMMEDIATE SUPERVISOR OR THE HUMAN RESOURCES DEPARTMENT REGARDING THE DISCLAIMERS OR THE MANUAL.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE DISCLAIMERS REGARDING THE SPOKANE COUNTY POLICY AND PROCEDURE MANUAL.

I UNDERSTAND THAT ALL SPOKANE COUNTY EQUIPMENT AND RESOURCES ARE PROPERTY OF THE COUNTY AND ARE TO BE USED FOR COUNTY BUSINESS ONLY. MANAGEMENT HAS THE ABSOLUTE RIGHT TO MONITOR AND ACCESS ALL FORMS OF COMMUNICATIONS OF COUNTY EQUIPMENT.

I UNDERSTAND THAT THIS MANUAL DOES NOT CONSTITUTE AN EMPLOYMENT CONTRACT.

_____ _____

Employee Signature Date

_____

Employee Name (Print)

000 – EMPLOYMENT

010 - DEFINITIONS OF EMPLOYMENT STATUS

I. PURPOSE

To help provide uniformity and equity in applying personnel policies and benefits.

II. SCOPE

These definitions apply to all locations in Spokane County. Some labor contracts may have varying definitions. See specific labor contracts.

III. POLICY

Spokane County maintains standard definitions of employment status and classifies employees for purposes of personnel administration and related payroll transactions according to the following definitions:

A. EMPLOYMENT DEFINITIONS:

At-will: Spokane County is an at-will employer County. This means either the employee or employer is free to terminate the employment relationship at any time, with or without reason, advance notice, or warning. This may vary depending on the labor contract agreement or Civil Service rule.

Exempt: Any position designated by Spokane County as exempt while using the Fair Labor Standards Act (FLSA) overtime provisions tests. These employees are not entitled to receive overtime compensation.

Non-exempt: Employees whose positions do not meet FLSA exemption tests and who are paid a multiple of their regular rate of pay for overtime, as required by federal and state law. Payment can be in compensatory time off or in cash payment.

Regular: Employees who have completed at least 1,040 hours of Review Period.

Full-time: Employees scheduled to work 37.5 hours or 40 hours per week, a full workweek.

Part-time: Employees scheduled to work less than 37.5 hours per week.

Review Period: A period of time in which employees who are newly hired, just promoted, or rehired will be continually evaluated for at least the first 1,040 non-overtime work hours (approximately 6 months). However, longer periods may be established for positions requiring technical, professional, specialized, unusual or unique skills or qualifications.

Extra-Help: Works to cover peak or emergency workloads and necessary vacation relief. Insofar as possible, extra help work will be offered to persons from eligible lists. Extra help personnel shall not be employed for more than five months in any 12-month period in the same department. A month of extra help employment is considered to be 70 or more hours. Extra help personnel who work less than 70 hours per month may work for an indefinite period. Except in unusual or emergency situations, extra help personnel must meet the minimum requirement of the applicable county job classification. Extra help personnel are not eligible for benefits. (Res. 95-0742, Res. 87-1184 4, 1987; Res. 74-817, 1974)

Seasonal: Works at specific times of year or on special projects to meet departmental needs. Time of employment generally exceeds five months but less than twelve months. Only retirement benefits are paid, unless labor agreements specify otherwise.

Limited Term: Any position with a starting and an ending date; includes benefits and must be applied for in the normal manner, and approved, if not already established by the Board of County Commissioners.

B. GENERAL DEFINITIONS:

Appointed: A position in which an Elected Official (EO) has authority to hire directly without using recruitment procedures (i.e. Department Heads, Deputies, etc.). The EO may use County recruitment procedures, if they desire. These positions are political appointments and serve at the will and pleasure of the Elected Official.

Certified Eligibility List: A list compiled by the Human Resources Department and sent to the hiring authority with the names of those eligible for hiring consideration for a specific job vacancy.

Classification: All positions having substantially the same duties and responsibilities, requiring substantially the same qualifications, to which the same descriptive title can fairly be applied and can properly be subject to the same salary range, shall be included in a single class.

Classified Service: All positions in the County service except Elected Officials.

Compensatory Time: Time off in lieu of cash payment for overtime.

Continuous Recruitment: Recruitment that continues until the position is filled. Cut-off date may be established for any Friday at 5:00 p.m. A final closing date must be established with notification to the public at least five (5) working days prior to the final closing date.

Delegation: Elected Official (EO), Department Head (DH), senior leaders and managers may delegate duties and responsibility to others in their department. However, each are ultimately responsible for the items delegated.

Demotion: A change of a regular employee from a position in one classification to a position in another classification having a lower maximum salary.

Department Head (DH): A non-elected, at-will, appointed employee who is responsible for the direction and operation of one or more departments of the County.

Departmental Recruitment: Recruitment in which a qualified pool of applicants is generated only from employees within the employing department; required for some union positions, optional for non-represented positions.

Elected Official (EO): An employee of the County who has been duly elected into a specific position by the voters of Spokane County. They are also department heads and responsible for the direction and operation of one or more departments of the County.

Eligible: An applicant whose name is on a certified eligibility list.

Emergency Appointment: An appointment, without competition, for emergency reasons. Requires Human Resources approval. Appointment shall not exceed 60 days, unless extended by Human Resources for up to 60 additional days. Persons appointed without competition to employment shall not attain regular status from such appointment.

Employee: Any person hired and working for Spokane County.

Examination: Examinations will include but are not limited to any combination of: the completed Spokane County application, resume, any and all supplemental applications, evaluations of training and experience, performance tests, written tests, oral appraisal boards, and reference checks. These exams help identify the best qualified and best match for the open position.

Hiring Authority: The individual who has authority to request recruitments, interview, test, and make a job offer on a vacant position.

Immediate Family: An employee's immediate family includes the employee's current spouse, child or stepchild, parent, brother or sister, in-laws (mother, father, son, daughter, brother or sister), grandparent, grandchildren or a relative if living as a member of the employee's household.

Interdepartmental Recruitment: Recruitment in which a qualified pool of applicants is generated only from employees within the County.

Internship/Work Study: Internships/work study opportunities may be used to provide a high school and/or college/university student with a short-term work experience in a County setting. The hiring authority in the participating department selects individuals for an internship/work study. Any wages to be paid are to be determined by the hiring authority in conjunction with Human Resources.

Job Family: A hierarchy of positions involving work of the same nature but requiring different levels of skill and responsibility. For example, associate accountant, accountant, senior accountant, etc.

Job Share: When two or more people share the duties, responsibilities and normal work hours of a single, full-time position.

Lateral Transfer: The movement of any regular County employee from one department to another department within the same class specification. Those employees requesting a lateral transfer are subject to the rules of Recruitment and Selection.

Minimum Requirements (MRs): The training, experience, and other qualifications established for a given classification and required of an applicant to compete for a job.

Out of Class Pay: When an employee, temporarily at the direction of the Elected Official, Department Head, or Chief Executive Officer is assigned all the essential functions of a job on an extended full-time basis and is responsible for the product/outcome, in a classification above that in which the employee is normally classified, the employee may be paid Out of Class pay. The employee shall be paid for such work at the rate assigned to the higher classified position that results in an increase in the regular rate of pay. If the period will exceed 90 days, prior Human Resources review and approval is needed. It is expected that the employee meet minimum requirements for the position.

Percentage Employee: An employee who does not work full-time. Benefits will be pro-rated (50%, 60% & 80%) based on the percentage of time the employee is working. Benefits will be rounded down, if necessary, to the approved pro-rated level. (Resolution # 96-0289)

Position: A group of responsibilities, duties and tasks within a classification normally assigned to an employee.

Position Analysis: Process to arrive at a rating to evaluate a position according to responsibilities and tasks.

Promotion: A promotion is a change in status for an employee to a higher-graded position (classification). For salary administration purposes, there are two types of promotions: those within the job family and those outside the job family.

Reassignment: To change specific tasks or duties of positions in a single classification within a department.

Recall: Return to a former classification from layoff status.

Reclassification: Redesignation of a position from one classification to a different classification to recognize a significant change in the duties and responsibilities of a position.

Rehire: An employee returning to County employment, outside of layoff status.

Reinstatement: On layoff status and returned to County employment.

Recruitment: The process used to generate a pool of qualified applicants.

Salary Analysis: A process by which salary ranges are compared within the department and/or County hierarchical structure.

Salary Survey: A process by which salaries, classifications and/or job duties are compared on market data.

Separation: Ending the employment relationship with Spokane County.

Seniority: Length of continuous County service.

Transfer: The movement of an employee from one position to another position, within the same classification and department.

Termination: A voluntary or involuntary separation from employment.

Work Study: (see Internship)

Y-rate: A 'Y' rate is a special salary rate established by the pay plan which entitles a person to receive compensation at a rate higher than that provided for in the top step, monthly flat rate, per annum, daily, or hourly rate for the classification/position. The employee will ordinarily be considered ineligible for an increase in pay until an adjustment in the salary structure or a promotion to a classification with a higher salary range brings the employee's rate of pay within the established range for the position.

011 – RESIDENCY

RESIDENCY POLICY FOR CERTAIN NON-REPRESENTED MANAGEMENT POSITIONS APPOINTED BY BOARD OF COUNTY COMMISSIONERS

I. PURPOSE

RCW 36.32.440 authorizes the Board of County Commissioners to employ such staff as deemed appropriate to serve the Board directly in matters including, but not limited to purchasing, poverty and relief programs, parks and recreation, emergency services, budgetary preparations set forth in RCW 36.40.010-36.40.050, code enforcement and general administrative coordination. The intent of this policy is to set forth a continual residency requirement for certain non-represented management positions appointed by the Board of County Commissioners.

II. SCOPE

This policy applies to the following Spokane County non-represented management positions as well as other non-represented management positions that the Board of County Commissioners may add from time to time due to organizational changes:

Chief Budget Officer
Chief Executive Officer
Chief Operations Officer
County Engineer
Directors:
- *Building & Code Enforcement*
- *Community Services & Community Development*
- *Environmental Services*
- *Facilities*
- *Fair & Expo Center*
- *Human Resources*
- *Information Technology*
- *Parks, Rec., & Golf*
- *Planning*
- *Purchasing*
- *Regional Animal Protection*
- *Regional Emergency Communications*
- *Risk Management*
- *Veterans Services*

Hearing Examiner
Juvenile Court Administrator
Medical Examiner
Pre-Trial Services Manager
Public Policy & Communications Manager
Spokane Regional Law & Justice Administrator

III. POLICY

A. As a condition of continued employment by the Board of County Commissioners of Spokane County, persons appointed to those positions identified under Paragraph II herein above, shall within a reasonable time frame of being appointed to his/her position, not to exceed six (6) months, reside within Spokane County and continue to reside within Spokane County during their term of their appointment. Provided, however, this condition shall not apply to any person who, at the time of being considered for appointment to a position identified under Paragraph II, is a present Spokane County employee so long as his/her residency outside Spokane County does not interfere with the job duties/responsibilities identified in the Class Specification for the position which is the subject of the appointment. The terminology "present employee of Spokane County" shall mean an individual whose salary is set in whole or part by the Board of County Commissioners. The County CEO shall determine prior to the appointment of any County employee to a position identified in Paragraph II whether or not his/her non-residency will interfere with the job duties/responsibilities in the Class Specification for the position which is the subject of the appointment. The decision of the CEO shall be final and binding. The CEO's decision shall be communicated to the employee being considered for appointment prior to offering the appointment to the individual.

B. Persons holding those positions identified under Paragraph II herein above are required to provide the County CEO with their current residency address and any changes thereto during their course of appointment by the Board of County Commissioners. All changes in residency shall be reported to the CEO within five (5) working days.

018 – APPLICANT TRAVEL

I. PURPOSE
To establish guidelines to provide for travel arrangements for applicants traveling to Spokane County for job interviews.

II. SCOPE
This policy applies to Director level positions and above.

III. POLICY
Spokane County recognizes the need to provide travel assistance to Director level applicants during the interview process in order to stay competitive in the market. Lodging and transportation is provided to applicants living more than 100 miles from Spokane County. Hiring departments should have the funds available in their budget to pay for these expenses. Items disallowed under this policy:

Early Boarding	Room Service
Baggage Fees	Alcohol
Airline Convenience Items	Parking
Car Rental	Meals

IV. PROCEDURE

A. Prior to arranging any travel, hiring departments will email the CEO or their designee the Request for Applicant Travel Form
B. CEO or their designee responds with approval, denial or modification to the department's request.
C. Hiring department emails applicant;
   a. Policy and detail of travel expenses to be paid by the County.
   b. W-9 form to be completed by applicant as required for reimbursement.
D. Transportation to Spokane County (Airfare OR Mileage);
   a. Airfare is booked and paid for by the County, using most direct and efficient times.
   b. Every effort should be made to meet the applicant at the airport for transportation to the County and lodging. Same effort shall be made for the return flight home.
   c. Applicant may drive their personal vehicle to Spokane County but any reimbursement will be made only if a cost comparison shows driving is less than the cost of the airfare.
      i. Mileage is calculated from the applicants' home address to the County Courthouse and paid at the current IRS mileage rate.
      ii. Prepayment of mileage is not allowed.
E. Lodging
   a. County reserves the hotel room.
   b. Applicant pays for the hotel room and is reimbursed up to the current GSA rate plus applicable taxes.
      i. Detailed receipt is required.
      ii. No incidentals or convenience items allowed (i.e. room service, parking).
F. Payment to Applicant by hiring department
   a. Process W-9
   b. Applicant is reimbursed by warrant for allowed expenses.

020 - RECRUITING AND SELECTION

I. PURPOSE

To establish the authority and responsibility of Spokane County personnel in recruiting and selecting employees; to maximize Spokane County's efforts and resources in selecting the best employees available. (Also see Policy No. 021, Equal Employment Opportunity.)

II. SCOPE

This policy applies to recruiting and selecting of employees for all positions, except those in elected positions, their Chief Deputies, and other non-represented management positions set forth in Policy No. 011.

III. POLICY

When a personnel vacancy occurs, the appropriate supervisor, manager, or Elected Official/Department Head and the Human Resources Director will conduct a joint recruiting and selection process designed to identify the most suitable individual for the position.

Recruiting is coordinated by Human Resources solely based on ability, merit, qualifications, competence, job fit and/or seniority, without regard to race, color, national origin, religion, creed, sex, age, marital status (employment only), veteran with disability status (employment only), Vietnam era veteran status (employment only), or disability.
NOTE: For more detailed information see Spokane County's Recruitment and Selection Manual.

IV. PROCEDURE

The following steps govern the recruiting and selection process:

A. <u>The supervisor, manager, or Elected Official/Department Head will</u>:

1. Review the class specification for accuracy, providing Human Resources with a current job description, including essential responsibilities and minimum job requirements. (Attached - Posting Request Form)

2. Review labor agreement, where applicable.

3. Interview candidates on certified eligibility lists and conduct valid, job-related employment selection examinations. For each applicant, determine whether there is:

a) No further interest;
b) Possible further interest: hold pending interviews with other candidates; or
c) Definite interest: schedule interviews with appropriate department managers and others on selection panel.

4 . Identify the best candidate and conduct reference checks.

5 . Consult with Human Resources on the appropriate starting salary and pre-employment physical. Then, make a job offer to the successful applicant.

6 . Confirm oral job offer in writing (attached – written job offer letter) and arrange for beginning work, including conducting a department new hire orientation on their first day of employment and schedule the County's New hire Orientation with HR.

7. Notify all non-selected candidates who were interviewed.

8. Return the signed certified eligibility list, all applications and all other examination materials to Human Resources for processing and filing.

B. Human Resources will:

1. Upon receipt of the posting request form, discuss with the Department.
   a. The need for the position.
   b. The class specification and recruitment.
   c. All possibilities of promotion or transfer from within the organization.

2. Make sure labor agreements have been followed, when applicable.

3. Prepare and distribute job postings.

4. Activate appropriate outside recruiting source(s).

5. Screen applications to identify qualified candidates who meet the minimum requirements. May conduct examinations including written exams.

6. Prepare a certified eligibility list and forward with qualified applications to the Department.

7. Conduct the New Hire Orientation.

8. Request that the hired applicant furnish:
   a. Proof of eligibility to work in the U.S.
   b. Complete the I-9 form within 3 business days from date of hire; and
   c. Supply certified copies of college transcripts, certificates or credentials, if required, for the position.

9. Applications and related material including interview notes for all interviewed candidates will be maintained in Human Resources for 3 years.

V. GENERAL INFORMATION:

A. Each applicant shall complete and sign an application form before being considered for any position. (See attached employment application.)

B. Any false or misleading information supplied by an applicant or employee will be justification for immediate termination.

C. The Human Resources Department is responsible for recruitment and examinations for all non-Civil Service County positions (including but not limited to full-time or part-time, temporary, seasonal, limited-term, extra-help or regular). Pre-employment steps may consist of the completed Spokane County application, resume, any and all supplemental applications, evaluation of training and experience, performance tests, written tests, oral appraisal boards, or any combination of the above.

   1. Examinations may be given as frequently as the needs of County Government may require or justify. Candidates who have taken a written examination may not take the same examination until six (6) months have elapsed from the original examination date.

   2. Recruitments may be posted:
      a. First in the department or union; and/or
      b. Offered interdepartmental, County wide; and/or
      c. To the public.

D. Residency within Spokane County shall not be a condition of employment with the exception of certain classifications. (See Policy No. 11).

E. Applicants for positions in which the applicant is expected to operate a motor vehicle must be at least 18 years old and will be required to present and maintain a valid driver's license with any necessary endorsements. Applicants who are required to drive may have their driving record checked. Applicants with poor driving records, as determined by the County, may be disqualified for County employment in positions requiring driving. Certain positions may require a Commercial Driver’s License (CDL). In those instances, the CDL may be required as a condition of employment.

F. After an offer of employment has been made and before commencement of employment, the County may require persons selected for employment to:

1. Have a background investigation.

2. Provide proof of education or equivalent work experience taking the place of education.

3. Successfully pass a medical examination, which may include testing for alcohol and controlled substances. The purpose of the examination is to determine if the individual is physically able to perform the essential duties of the job and to ensure that their physical condition will not endanger the health, safety or well being of other employees or the public. The offer of employment shall be conditioned on the results of the examination. (See Safety/Loss Policy Manual for further information.)

Entered in TRAC	SPOKANE COUNTY HUMAN RESOURCES	Job Number:
___/___/___	**Posting Request Form**	
	477-5750 FAX 477-5642	

Instructions: *To initiate a recruitment, please fill out all non-shaded areas, have Department Head sign and send (or FAX) this information to Human Resources for processing. This information will be verified by telephone.*

Requests for a Monday public recruitment should be in Human Resources by the previous Wednesday.

POSTING INFORMATION

Department:		Job Title:	
Requester:		Phone:	FAX:
Class. Specification No.: Union No.:	Salary Range:	Non-Exempt Hourly Amt: Exempt Monthly Amt:	Hours per week:
Reason for vacancy: **Promotion**		Incumbent:	No. of Vacancies:
Vacant Position No.		Estimated date of hire:	**LIST NUMBER:** _____ **Vet. Pref.: Yes No**
Special Requirements/Comments:			

CLASS SPECIFICATION

Is there a position analysis on file? ☐ Yes ☐ No

☐ New position

☐ Class specification appears to be accurate

☐ Class specification needs a few changes

☐ Extensive changes are needed to the classification

REQUESTED APPLICANT INFORMATION

☐ Supplemental Application

☐ Resume

☐ Cover Letter

☐ References

☐ Other (Specify)

POSTING DATES

OPEN: CLOSE: **5:00 P.M.**

WHERE:

Departmental

Reemployment List

Union or County Departments

COMMENTS

ADVERTISING

Do you want to approve ad copy before publication? ☐ Yes ☐ No
(Cost for supplemental ads to be paid by your department)

Do you want the County logo at the top of your ad? ☐ Yes ☐ No
(Cost for the logo adds approximately $10 to the ad.)

Ad dates:

☐ *Spokesman-Review ($1.71/line)* ☐ *Seattle Times ($15.83/line)* ☐ *Portland Oregonian ($8.97/line)*

☐ *Jobs Available (contact H.R. for rate)* ☐ Professional Journals/Publications/Other: (Specify)

SELECTION/EXAMINATION PROCESS (Check all that apply)

Human Resource Action	**Department Action**
Screen for minimum requirements	Screen for minimum requirements *(H.R. must screen final candidate for minimum requirements **before** job offer is made)*
☐ Conduct training & experience supplemental examination	☐ Evaluate application materials and rank
☐ Conduct written examination	☐ Conduct performance exercise(s)
☐ Conduct performance examination	☐ Conduct interview
☐ Conduct oral board examination	☐ Polygraph
☐ Other (Specify) :	☐ Other (Specify):

Department Head/Division Head Signature only Date

Department

Head/Division Head Signature only Date

Example Employment Application

EMPLOYMENT APPLICATION

SPOKANE COUNTY

RETURN BY MAIL TO:
Spokane County
Human Resources Dept.
1229 W. Mallon Ave.
Spokane, WA 99260-0230
or fax to (509) 477-5642

EQUAL OPPORTUNITY EMPLOYER - DRUG-FREE WORK ENVIRONMENT

PLEASE READ: Read the complete job posting before filling out this application. Type or print legibly in ink. This application must be completed in full. **A resume does not replace any section of this application**. All statements are subject to verification. Keep a copy of your completed application and attachments as they will not be returned. **DEADLINES FOR SUBMITTING APPLICATIONS:** All application materials must be received by the Human Resources Department **by 4:30 p.m.** on the closing date of the recruitment. No additional materials will be accepted after the closing date. No postmarks will be accepted.

APPLICATION FOR

Title of Position:	Posting No.:

APPLICANT INFORMATION *(Social Security information is optional)*

Last Name:	First:	M.I.:	Social Security #:
Mailing Address:	City:	State:	Zip Code:
Home Phone: ( )	Daytime Phone: ( )		Email:
Are you under 18 years of age? ☐ Yes ☐ No	Do you possess a valid driver's license? (only if required for position) ☐ Yes ☐ No	Issuing State:	

PREVIOUS EMPLOYMENT

Have you previously been employed by Spokane County? ☐ Yes ☐ No Dates: Title:

RELATIVES EMPLOYED BY SPOKANE COUNTY

(Information used for nepotism policy only)

Name Dept.

WORK AVAILABILITY

Will you accept? ☐ Regular ☐ Extra Help ☐ Seasonal

Will you accept? ☐ Full Time ☐ Part Time ☐ On Call

Shifts you will accept? ☐ Day ☐ Swing ☐ Graveyard

CRIMINAL CONVICTIONS (A non-job related conviction does not necessarily bar you from employment - WAC 162.12.140)

Have you been convicted by a court of law within the past ten years? ☐ Yes ☐ No **If yes, please explain:**

LICENSES AND CERTIFICATES (List professional or trade licenses that are related to the position, i.e. ICBO, ICC, CDL)

Description	Issued By	Expiration Date

EDUCATION

Circle highest grade completed: 8 9 10 11 12 GED ☐ College 1 2 3 4 Grad Work? Yes ☐ No ☐

POST-HIGH SCHOOL EDUCATION/TRAINING NAME AND LOCATION	ACADEMIC MAJOR, SKILL OR TRADE	CREDITS EARNED SEM	QTR	DEGREE LEVEL (BA//BS, AA/AAS)

If you need accommodation in order to complete or participate in the process because of an impairment or disability, please notify Human Resources at 509/477-5750.

EMPLOYMENT HISTORY: Respond completely to the information requested. Attempt to cover all the requirements listed in the job posting. List your most recent employment first. List all experience, paid and voluntary, related to the position for which you are applying. Include months, days, and years. Failure to provide all information required may result in rejection of application. **Supplemental pages may be used to expand on work history and/or education using the application format. Because resumes may contain unfair pre-employment inquiry information, resumes will not be accepted in place of completing this application**.

COMPANY NAME:	DATES EMPLOYED (Mo/Day/Yr)	JOB TITLE:	NO. EMPLOYEES SUPERVISED:
ADDRESS:	**FROM:**	SPECIFY DUTIES:	
PHONE:	**TO :**		
SUPERVISOR NAME:	AVERAGE HOURS WORKED/		
REASON FOR LEAVING:			
MAY WE CONTACT THIS EMPLOYER: ☐ Yes ☐ No	FINAL SALARY: $_____		
COMPANY NAME:	DATES EMPLOYED (Mo/Day/Yr)	JOB TITLE:	NO. EMPLOYEES SUPERVISED:
ADDRESS:	**FROM:**	SPECIFY DUTIES:	
PHONE:	**TO :**		
SUPERVISOR NAME:			
REASON FOR LEAVING:			
MAY WE CONTACT THIS EMPLOYER: ☐ Yes ☐ No	FINAL SALARY: $_____		
COMPANY NAME:	DATES EMPLOYED (Mo/Day/Yr)	JOB TITLE:	NO. EMPLOYEES SUPERVISED:
ADDRESS:	**FROM:**	SPECIFY DUTIES:	
PHONE:	**TO :**		
SUPERVISOR NAME:	AVERAGE HOURS WORKED/		
REASON FOR LEAVING:	_		
MAY WE CONTACT THIS EMPLOYER: ☐ Yes ☐ No	FINAL SALARY: $_____		
	Example Employment Application **(Page #1)**	Example Employment Application **(Page #1)**	

ADDRESS:	**FROM:**	SPECIFY DUTIES:
PHONE:	**TO :**	
SUPERVISOR NAME:	AVERAGE HOURS WORKED/	
REASON FOR LEAVING:	_____	
MAY WE CONTACT THIS EMPLOYER: ☐ Yes ☐ No	FINAL SALARY: $_____	

List further job duties and employment history on additional sheets using application format.

ADDITIONAL INFORMATION You may include any comments that may show further qualifications for this position.

_____

_____

_____

AGREEMENT: All of the information I have provided in this application and in any attachments or supporting documents is true, correct, and complete. I understand that if I have provided false or incomplete statements, it will be justification for termination or refusal of employment. I understand that reference checks and/or job-related background checks may occur and I release the County of Spokane, all employers, all those that provide background information and all references (except as noted above) from any and all liability and/or damages for receiving or releasing information. If a conditional job offer is made, I agree I may be requested to undergo job-related medical examinations, inquiries and/or a drug/alcohol screening test, and understand that employment is contingent upon satisfactory outcome of those examinations and inquiries.

_____

Signature Date

EXAMPLE EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYMENT INFORMATION

(This information is voluntary and in no way affects the outcome of your application.)

Spokane County is an Equal Opportunity Employer. We are required by the state and federal governments to maintain certain statistical information on our job applicants and employees. We appreciate your *voluntary* cooperation in answering the questions on both sides of this questionnaire. *This form will be detached from your application and will be kept separate and confidential.*

Name:_____Position applying for:_____Posting No.:_____Sex:

☐ Female ☐ Male Disabled veteran status: ☐ Yes ☐ No Vietnam Era ☐ Are you disabled? ☐ Yes ☐ No

Birth Date:_____/_____/_____

Ethnic Origin:

☐ White - persons of European descent.
☐ Black - persons of African descent as well as Jamaican, Trinidadian and West Indian.
☐ Hispanic - persons of Mexican, Puerto Rican, Cuban, Latin American or Spanish descent.
☐ Asian American - persons of Japanese, Chinese, Korean, Filipino, Malayan, Thai, Vietnamese, Polynesian, Pakistani or East Indian descent.
☐ Native American - persons who identify themselves as American Indian, Aleuts, Eskimos.

HOW DID YOU HEAR ABOUT THIS JOB?

(Please fill this out for statistical purposes)

☐ Phone contact - walk in
☐ Job Interest Card
☐ Job Fair
☐ Job Line
☐ Advertisement (newspaper/periodical)
☐ Informed/referred by a Spokane County employee
☐ Internet
☐ Other:_____

DEADLINES FOR SUBMITTING APPLICATIONS: Must be received by the Human Resources Department by 5:00 p.m. on the closing date or postmarked by the closing date, unless otherwise indicated on the posting. No additional materials will be accepted after the closing date.

SPOKANE COUNTY HUMAN RESOURCES
1229 WEST MALLON
SPOKANE, WA 99260-0230
(509) 456-5750 (TDD AVAILABLE) JOB HOTLINE: (509) 328-0590 www.spokanecounty,org

(This form is in compliance with and has been approved by the Washington State Human Rights Commission, 9/96)

EXAMPLE JOB OFFER LETTER

_____(Date)

_____(Name & Address)
_____
_____

Dear _____,

I am pleased to make this formal job offer to you. I would be glad for you to join Spokane County's _____(Orgn) as a _____(Job Title). This will be effective on _____ (Start Date).

As an "at will" exempt/non-exempt (Pick the one that applies) employee, you work at the pleasure of the Elected Official. You are being offered a valuable position, assisting in_____(explain some key duties). It is a position that requires trust, attention to detail, and confidentiality..

The starting salary for a_____(Job Title) is $ per month. This is at Step 1 of the current salary range . After successfully completing the six-month review period, you will get a pay increase to Step 2.

I am very pleased to have you part of the_____(Organization) staff.

_____
(Name/Title of EO, DH or Division Leader)

I accept/decline the position of_____(Job Title).

_____ _____
(Typed Name) DATE

CC: HR (personnel file)

SPOKANE COUNTY NEW EMPLOYEE CHECKLIST

Employee _____ SSN _____

Department _____ Position _____

Hire Date _____

_____ *Extra-help* _____*Regular* _____*Seasonal*

Human Resources Paperwork

_____ W-4

_____ I-9 (Verify 2 Pieces of Identification)

_____ Medical/Dental Insurance

_____ Life Insurance

_____ Retirement

_____ Percentage Agreement

_____ Confirmation of Extra-help Status

_____ Background (if required)

_____ Statement of Understanding (if required)

Date for Benefits Orientation _____

Date for Worker's Comp. Orientation _____

Date for Sexual Harassment Training _____

Safety/Loss Control Paperwork

_____ Medical Examination Authorization Form (Occ. Health Unit/OMA)

_____ Request For Service

_____ Medical Questionnaire

_____ Drug Screen (w/booklet) (if req.)

_____ TB Test (w/booklet) (if req.)

****EXTRA-HELP ONLY****

NOTE: Each Extra-help employee should be provided a copy of the Drug/Alcohol Policy and Accident Reporting Policy. They should be instructed to read through each policy and its contents and sign off on this sheet that they have received them.

I_____, have read, understand and will comply with the Drug/Alcohol and Accident Reporting policies and have been instructed to read each prior to my beginning work for Spokane County.

_____
Signature

21 - EQUAL EMPLOYMENT OPPORTUNITY

I. PURPOSE

To preserve an employment environment free from illegal discrimination.

II. SCOPE

This policy applies to all employees and applicants for employment of Spokane County.

III. POLICY

Spokane County maintains a policy of non-discrimination with employees and applicants for employment. No aspect of employment within Spokane County will be influenced in any manner by race, color, religion, sex, age, national origin, veteran status, mental or physical disability, or any other basis prohibited by statute.

Spokane County is an equal employment opportunity employer. The County employs, trains, retains, promotes, terminates, and otherwise treats all employees and job applicants based on merit, qualifications, and competence.

22 - AMERICANS WITH DISABILITIES ACT

I. PURPOSE

To comply with the Americans with Disabilities Act.

II. SCOPE

This policy applies to all employees and applicants for employment of Spokane County.

III. POLICY

Spokane County's policy and practice is to comply with the Americans with Disabilities Act and ensure equal employment opportunity for all qualified persons with disabilities.

“Disability” includes a physical or mental impairment that substantially limits one or more life activities, a record of such impairment, or being regarded as having such an impairment. “Physical or mental impairment” includes orthopedic disorders, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, HIV infection, cancer, heart disease, mental retardation, emotional illness, specific learning disabilities, drug addiction, and alcoholism.

Spokane County is committed to ensuring non-discrimination in all terms, conditions and privileges of employment. Reasonable accommodation is available to all employees and applicants, including work site accessibility, as long as the accommodation doesn't cause undue hardship on the County. Individuals should contact their supervisor, manager, Elected Official/Department Head or Human Resources concerning an accommodation. All final approvals for accommodations will be jointly approved by the Department and Human Resources.

It is the policy of Spokane County to provide reasonable accommodation for qualified individuals for services, programs or employment. Spokane County will adhere to all applicable federal, state and local laws, regulations and guidelines with respect to providing reasonable accommodations as required to afford equal opportunity to qualified individuals with disabilities. See ADA Attachment.

ADA ATTACHMENT

THE REASONABLE ACCOMMODATION OBLIGATION

Overview of Legal Obligations

- An employer must provide a reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless it can be shown that the accommodation would impose an undue hardship on the business.
- Reasonable accommodation is any modification or adjustment to a job, an employment practice, or the work environment that makes it possible for an individual with a disability to enjoy an equal employment opportunity.
- The obligation to provide a reasonable accommodation applies to all aspects of employment. This duty is ongoing and may arise any time that a person's disability or job changes.
- An employer cannot deny an employment opportunity to a qualified applicant or employee because of the need to provide reasonable accommodation, unless it would cause an undue hardship.
- An employer does not have to make an accommodation for an individual who is not otherwise qualified for a position.
- Generally, it is the obligation of an individual with a disability to request a reasonable accommodation.
- A qualified individual with a disability has the right to refuse an accommodation. However, if the individual cannot perform the essential functions of the job without the accommodation, s/he may not be qualified for the job.
- If the cost of an accommodation would impose an undue hardship on the employer, the individual with a disability should be given the option of providing the accommodation or paying that portion of the cost which would constitute an undue hardship.

SOME EXAMPLES OF REASONABLE ACCOMMODATION

- making facilities readily accessible to and usable by an individual with a disability;
- restructuring a job by reallocating or redistributing marginal job functions;
- altering when or how an essential job function is performed;
- providing part-time or modified work schedules;
- obtaining or modifying equipment or devices;
- modifying examinations, training materials or policies;
- providing qualified readers and interpreters;
- reassignment to a vacant position;
- permitting use of accrued paid leave or unpaid leave for necessary treatment;
- providing reserved parking for a person with a mobility impairment;
- allowing an employee to provide equipment or devices that an employer is not required to provide.

EVALUATIONS, DISCIPLINE AND DISCHARGE AND THE ADA

- An employer can hold employees with disabilities to the same standards of production/performance as:
- Other similarly situated employees without disabilities for performing essential job functions (with or without reasonable accommodation).
- Other employees regarding marginal job functions, unless the disability affects the ability to perform the marginal functions. If the ability to perform marginal functions is affected by the disability, the employer must provide some type of reasonable accommodation such as job restructuring (unless to do so would be an undue hardship).

- A disabled employee who needs an accommodation (that is not an undue hardship for an employer) in order to perform a job function should not be evaluated on his/her ability to perform the function without the accommodation, and should not be downgraded because such an accommodation is needed to perform the function.
- An employer should not give employees with disabilities "special treatment." They should not be evaluated on a lower standard or disciplined less severely than any other employee. This is not equal employment opportunity.

- An employer must provide an employee with a disability with reasonable accommodation necessary to enable the employee to participate in the evaluation process (for example, counseling or an interpreter).
- If an employee with a disability is not performing well, an employer may require medical and other professional inquiries that are job-related and consistent with business necessity to discover whether the disability is causing the poor performance, and whether any reasonable accommodation or additional accommodation is needed.
- An employer may take the same disciplinary action against employees with disabilities as it takes against other similarly situated employees, if the illegal use of drugs or alcohol use affects job performance and/or attendance.
- An employer may not discipline or terminate an employee with a disability if the employer has refused to provide a requested reasonable accommodation that did not constitute an undue hardship, and the reason for unsatisfactory performance was the lack of accommodation.

REASONABLE ACCOMMODATION FORM

NAME:_____WK PHONE:_____HM PHONE:_____

ADDRESS:_____

SERVICE OR PROGRAM DESIRED: _____

POSITION APPLIED FOR OR CURRENTLY OCCUPYING:_____

I am an applicant/employee for/in the service, program or position named above and may require "Reasonable Accommodation." I hereby request that Human Resources contact me regarding reasonable accommodation and authorize Human Resources to verify this request.

_____ _____

Applicant Signature Date

DESCRIBE BELOW THE ACCOMMODATION YOU MAY NEED:

Attachments:

PLEASE PROVIDE A MEDICAL STATEMENT DESCRIBING THE DISABILITY, APPLICABLE LIMITATIONS AND WHAT SPECIAL NEEDS ARE MEDICALLY NECESSARY:

VERIFICATION CONTACT: _____

TITLE: _____

AGENCY: _____

PHONE NUMBER: _____

For parking requests, please provide a Washington State approved disabled person parking placard/proof of plate.

FOR REASONABLE ACCOMMODATION COMMITTEE USE ONLY

APPROVED **Δ NOT NEEDED** **ΔDENIED**

COMMENTS:

_____

_____

_____

_____ _____

SIGNATURE: DATE:

23 - EMPLOYMENT OF RELATIVES (Nepotism)

I. PURPOSE

To prevent problems of supervision, safety, security and morale.

II. SCOPE

This policy applies to all employees.

III. POLICY

Employment applications of close family relatives may be considered with other qualified applicants when personnel vacancies occur. Some restrictions in job placement may apply, to prevent problems of supervision, safety, security and morale.

IV. DEFINITION

"Close family relatives" include an employee's parents, child, current spouse, brother, sister, in-laws, and step relationships.

V. PROCEDURE

A. It is the policy of the county to avoid the practice of nepotism in employment. The identity or status of a relative must be given no weight at all in the employment decision unless the business necessity exception applies. Close relatives or spouses of current Spokane County employees shall not be employed by the Board of County Commissioners or their department heads where one of the following business necessities applies:
   1. Where one relative or spouse would have the authority or practical power to supervise, appoint, remove or discipline the other;
   2. Where one relative or spouse would be responsible for auditing the work of the other;
   3. Where other circumstances exist which would place the relative or spouse in a situation of actual or reasonable foreseeable conflict between the employer's interest and their own;
   4. Where, in order to avoid the reality or appearance of improper influence or favor, or to protect its confidentiality, the County must limit the employment of spouses or close relatives.

a. Where one of the above business necessities requires the limitation of employment opportunities for relatives or spouses, the exclusion should be limited to the job, work crew, shop, or unit where the reason for the exclusion exists, and should not bar the person from the whole work force, unless the reason applies to the whole work force.

b. It is further desired by the Board of County Commissioners that the above policy be applied by all other elected officials. (Res. 85-0394 Attachment A, 1985; Res. 77-595, 1977; Res. 76-700, 1977)

B. If employees become related after employment and a conflict of interest or management problems of supervision, safety, security or morale result; or, if a reorganization creates such conflict, reasonable time shall be provided to resolve the matter.

24 - EMPLOYMENT OF MINORS

I. PURPOSE

To establish guidelines to occasionally hire minors during school breaks, at peak work periods, or on an internship basis.

II. SCOPE

This policy applies to all positions in Spokane County.

III. POLICY

As a general rule, employees of the County must be 18 years of age or older. Occasionally, we may hire students or others who are 16 or 17 years old, but this is done only under special conditions and must be approved by Human Resources.

A. Number of Hours Worked.

1. Minors who are high school graduates or have a certificate of high school proficiency may work the same hours as adults.

2. Minors who have not graduated or achieved a certificate of high school proficiency may work up to eight hours per day and 48 hours per week, when school is not in session. When school is in session, they may work up to four hours per day, unless they have received written permission from school authorities to work up to eight hours in addition to school time on any day immediately prior to a non-school day.

B. Spread of Hours. Work must be performed between 5:00 a.m. and 10:00 p.m. However, if enrolled in a work experience program, a minor may work up to 12:30 a.m. on any evening.

C. Wages. Regardless of age, minors will be paid at least minimum wage. If working the same hours as an adult, high school graduates or minors with a certificate of high school proficiency must be paid the same rates as an adult.

25 - REHIRES

I. PURPOSE

To establish guidelines to rehire former employees.

II. SCOPE

This policy applies to all former employees of the County. (Labor agreements may vary. See specific labor agreements in reference to specific represented employees.)

III. POLICY

When former employees apply to be rehired, they will be evaluated on the same basis as other applicants. However, consideration will be given to past job performance, the circumstances surrounding termination of previous employment, and the former employee's knowledge of the County's procedures and functions.

IV. PROCEDURES

A. REHIRES NOT RETURNING FROM LAY OFF

1. The rehiring of any employee must be approved by the Department and Human Resources.
2. Rehire candidates are required to complete a Spokane County Employment Application.
3. Employees rehired within 30 consecutive calendar days after separation will have their service and longevity bridged. This means that the employee may retain the original date of hire and will continue to accrue benefits (vacation and sick leave) at the same rate as before separation and beginning on their first day of re-employment. Sick leave will be reinstated at recorded balance at the time of separation. Insurance and retirement benefits, previously in effect, will continue also. However, any time not worked during this break in service will be treated as leave without pay and benefits accruals would not accumulate during this break.
4. Employees rehired after a break of service of more than 30 consecutive calendar days will receive a new date of hire. They will be treated the same as new employees for all purposes.

B. REHIRES RETURNING FROM LAY OFF

1. If a person is rehired to County employment from a current eligible lay off list within eighteen (18) months following the lay off, the County will reinstate sick leave accrual days at time of lay off.
2. If the person had a previous parking slot on the County campus, the employee will go back on the parking waiting list and will use the original hired date, not the rehire date.
3. Any employee whose employment is terminated by reduction in force after five or more years of service, and who are rehired within three years of such termination, may combine their original length of service with that after rehire to determine the vacation accrual rate. (County Code 1.03.051)
4. Any employee whose employment is terminated by a reduction in force and who is rehired within eighteen (18) months following such termination, may combine their original length of service with that after rehire to determine longevity pay eligibility.

26 - PROMOTIONS

I. PURPOSE

To support the basic organization-building process of promoting qualified employees to positions of greater responsibility and recognition.

II. SCOPE

This policy applies to all positions with Spokane County. (Labor agreements may vary. See specific labor agreements in reference to specific represented employees.)

III. POLICY

A. The County encourages current employees to apply for vacant County positions for which they are qualified.

B. Regular employees are eligible for promotional recruitment, transfer or voluntary demotions. To be considered for another position, an employee must possess the minimum qualifications for the vacant position and be selected from a competitive recruitment by the hiring authority.

C. When a vacancy occurs, opportunities to promote from within (Department or County) may be explored, consistent with the goal of filling positions with the most capable individual available.

D. Job posting, employee qualifications and work performance will provide the primary input to the internal selection process.

E. At times, external recruiting sources will be used concurrently with the internal search.

F. Receipt of a promotion does not constitute a commitment for continued employment in a new position at the County for any specific time, nor is there a guarantee that an employee will be able to return to his or her former position if he or she is unsuccessful in the new job.

G. Promotions may require a review period. (See Policy #030)

H. A person promoted shall be entitled to receive the step rate in the salary range of the new position, which provides an increase in salary. A person who is compensated at a Y-rate which exceeds the top step of the salary range of the old position, shall upon promotion, be compensated at the step rate in the salary range of the new position which provides an increase in salary over the top step of the old position, provided that the person shall not thereby suffer a reduction in salary.

I. When the increase in salary provided for above is less than the equivalent of a one range increase in salary, the person shall be placed on the next higher step of the position to which appointed. Step advances thereafter shall be as otherwise provided.

J. When the increase in salary provided for above is at least equivalent to a one range increase in salary, but less than the equivalent of a two range increase in salary, the person shall be entitled to advance to the next higher step of the position to which appointed in one-half of the time otherwise required. Step advances thereafter shall be as otherwise provided.

K. The effective date of any change of status pursuant to this section shall set a new anniversary step increase date.

(Paragraphs IIIH - K are excerpts from the “Administration of the Classification Plan.”)

IV. RELATED POLICIES

Policy No. 030, Review Period
Policy No. 120, Salary Program Administration
Policy No. 510, Employee Development Review (EDR)

030 - REVIEW PERIOD

I. PURPOSE

To complete the employee selection process by providing a review period of on-the-job work experience by which the employee and the County may evaluate employment suitability in terms of knowledge, skill, ability and interest.

II. SCOPE

This policy applies to all positions.

III. DEFINITION

A period of time in which employees who are newly hired, just promoted, or rehired will be evaluated for at least the first 975/1,040 non-overtime work hours (approximately 6 months).

IV. POLICY

A. Employees will serve a review period of at least 975/1,040* non-overtime work hours from date of hire. Longer periods may be established for positions when circumstances justify.
B. During the review period, frequent informal and formal employee performance evaluations may be held. If the County determines in it's sole discretion that a satisfactory performance level cannot be achieved through a reasonable amount of training and coaching, review period employees will be released immediately.
C. All employees, regardless of status or length of service, are required to meet and maintain County standards for job performance and behavior.

(* 1,040 non-overtime hours based on an 8-hour workday or 975 non-overtime hours based on a 7.5-hour workday.)

V. PROCEDURE

A. Elected Officials/Department Heads, managers, or supervisors normally will be responsible for the training and evaluation during the employee review period.

B. Reports may be provided at the supervisor's discretion. Informal coaching and feedback should be provided. It is the County's regular procedure to conduct an appraisal before the end of the Review Period so employees can receive feedback on their performance during this period. (See Policy #510)

C. Upon satisfactory completion of the review period, employees move to regular status, but the nature of employment, "at-will" does not change.

D. During the review period an employee is required to demonstrate suitability for the position through actual work performance.

E. Elected Officials/Department Heads may require a review period for those employees who are reinstated or rehired.

F. Employees who have served a review period at the same or higher level (classification specification) are not required to serve an additional review period for any transfer or demotion.

G. A review period is required for a promotion where the employee has held this higher level and has not completed a review period at that higher level.

H. An employee's review period may be extended for up to an additional 1,040 non-overtime work hours (for example a need to continue to evaluate marginal performance, etc.) to properly evaluate the employee's performance. The review period will not be shortened for any reason.

I. Eligible review period employees accrue vacation and sick leave. Newly hired County employees shall not be eligible to take a paid vacation until they have accrued six days of vacation and are no longer in a review period status. Sick leave may be taken during the review period.

J. The County's "Administration of the Classification Plan" will be the governing document for all employees.

040 - PERSONNEL RECORDS & PRIVACY

I. PURPOSE

To establish standards by which information contained in personnel records will be managed to achieve accuracy, privacy and legal compliance.

II. SCOPE

This policy applies to all departments and employees of Spokane County.

III. POLICY

A. Confidentiality. Personnel files are kept confidential to the maximum extent allowed by public information laws.

B. Housing Files. Personnel records will be maintained in the Human Resources Department containing information on each County employee to meet State and Federal legal requirements and to assure efficient personnel administration.

C. Notification of Changes. Changes of address, telephone number and/or family status (births, marriage, death, divorce, legal separation, etc.) must be reported in writing, immediately to Human Resources. Also an employee's income tax status and group insurance may be affected by these changes.

D. Files Access. Access to personnel files is restricted to authorized employees of Human Resources Department, supervisors, managers, Elected Officials, Department Heads on a “need to know” basis. Employees may review their own personnel file. Personnel files are the property of Spokane County and may not be removed from the Human Resources Department without the Human Resources Director’s approval.

E. Information Requests and Employment References. Requests for information from employee files (from other departments, inquiries from outside the County, and requests for references), will be directed to Human Resources. Supervisors and other employees are prohibited from providing employment references on ex-employees or current employees without written authorization from the employee and HR approval.

F. Other requests must contain written and signed consent from the current/past employee. This employee must specify all areas to be discussed/verified.

G. Only the Human Resources Director or designee and Elected Official/Department Head may provide employment references on current or former regular County employees.

IV. PROCEDURE

A. Personnel File Contents. When an employee is hired at the County, a personnel file will be established generally containing the following information:

1. Application for employment and related hiring documents, such as resumes and course transcripts. Included with this will be the job posting and classification specification (class spec) under which an employee was hired.

2. Personal information changes and personnel action notices of pay and employment status changes.

3. Performance documents including appraisals.

4. Employee history updating information submitted by employees including recent education, records of outside achievements, changes affecting withholding tax, etc.

5. Other documents pertaining to employment such as certificates of a State or higher award, employment offer letters, record of drivers license, employment verifications, corrective action reports, disciplinary actions and exit interviews. The Department will maintain an employee's job related training records.

B. Examination of an Employee's Personnel File. Inspection of an employee's personnel file may be accomplished at reasonable times during office hours under the following conditions:

1. Employee. Employees may examine their files one time per year, at reasonable times, and upon prior 24 hour notice submitted to Human Resources. This review will take place in the Human Resources Department with an appropriate Human Resources representative present. Employees may obtain a copy of documents in the file. The County may charge thirty (30) cents a page for all copies made.

2. Management Staff. Management staff may examine active and separated employee files on a "need to know" basis.

3. Government Inquiries. The County generally will cooperate with federal, state and local government agencies investigating an employee if the investigators furnish proper identification and proof of legal authority to investigate. However, the County may first seek advice of legal counsel. The County may permit a government investigator to review a personnel file on County premises, but the investigator will not be allowed to remove or reproduce this information without consent from Human Resources and/or the County's attorneys.

C. Information Requests and Employment References. If current and former employees wish the County to verify information requested by outside sources for credit or other purposes, a release form with the employee's signature must accompany the request.

1. References with Written Approval: Salary history, job chronology and performance information may be released with written approval of the employee or ex-employee. This information will be released in writing and a copy retained in the employee's personnel file.

2. Telephone Inquiries: Information will be verified by Human Resources via telephone (after a reasonable caller identification) but will be limited to the following:

- Date of hire and date of separation;
- Job title(s); and
- Confirmation of salary stated by caller.

3. Third Party Public Requests: These requests will be reviewed/considered on a case-by-case basis in accordance with state and federal public disclosure laws. Inquires must be made on appropriate request forms. (See Attached)

D. Sensitive Files: Medical records, documents necessary for the administration of County Medical benefit programs, and any investigatory information will be kept in a separate confidential file. I-9 forms are also kept in a separate file. These files may be examined only by appropriate officials on a need to know basis.

E. File Retention. Originals of personnel records will be retained by Human Resources for at least seven years after an employee's separation date.

REQUEST FOR INFORMATION FROM SPOKANE COUNTY

PLEASE COMPLETE ALL SECTIONS

Under the Public Disclosure act, I request the following information.

WHAT INFORMATION DESIRED (Be specific and detailed on the information you request):

_____
_____
_____
_____
_____

I understand that this information cannot and will not be used for commercial purposes.

_____ (Printed Name) _____ (Signature) _____ (Date)

_____ (Company's Name)

_____
_____
_____
(Mailing Address)

Phone Numbers:
Work: _____
Home: _____
Fax: _____

Within 5 business days, Spokane County will respond to you by:

1. **Providing the information requested,**
2. **Acknowledging that your request was received and will provide a reasonable estimate of the time needed to review your request, or**
3. **Deny your request.**

LEGAL REVIEW

(When Appropriate)

The following may be released:

_____
_____

The following may NOT be released: (Explain reason for not releasing):

_____
_____
_____

_____ (Printed Name of Reviewer) _____ (Signature) _____ (Date)

CONTINUED ON NEXT PAGE

REQUEST FOR INFORMATION FROM SPOKANE COUNTY

(Page 2, Continued)

SPOKANE COUNTY'S DEPARTMENT ACTION:

_____
(Requester's Name)

_____
(Department Releasing Information)

The following information was released to the above named requester under the Public Disclosure Act:

_____
_____
_____
_____

Name/Office/Phone # of County employee who prepared the information:

_____	_____	_____
(Printed Name)	(Office/Department)	(Phone #)

Was there a need to expunge information before release: [ ] YES [ ] NO

How many pages were released: _____ Page(s)

How was it delivered
[ ] PICKED BY REQUESTER
[ ] DELIVERED BY SPOKANE COUNTY STAFF
[ ] MAILED
[ ] FAXED Fax Number: _____

Was there any fee collected for copying ($.30 per copy): [ ] YES [ ] NO

Total amount collected: $_____

_____	_____	_____
Printed Name of Releaser	Signature	Date

This form will be maintained in the Department providing the information for a minimum of 1 year.

050 - VETERANS' PREFERENCE POLICY

I. PURPOSE:

To provide a process for granting veterans preference points, as required by RCW 41.04.010, to eligible veterans in applicable recruitments.

II. SCOPE:

This policy applies to all recruitment and selection processes requiring the Spokane County Human Resources Department to administer a written test as part of said process(es).

III. POLICY:

A. Granting veterans' preference points in all competitive examinations is required of public employers, as stated in RCW 41.04.010.

B. Human Resources has determined competitive examinations to be written tests (those administered by the Human Resources Department), where applicants are placed in rank order according to their score on the test.

C. When it is determined by Human Resources and the Department that a written test will be included as part of a recruitment and selection process, the process will be subject to compliance with RCW 41.04.010. This will be announced on applicable job posting materials.

D. Veteran's seeking to receive preference points on an eligible written test will be required to provide information outlining their eligibility by completing a Spokane County Application for Veterans Preference (attached) and submitting a copy of their DD214 form, Part 4.

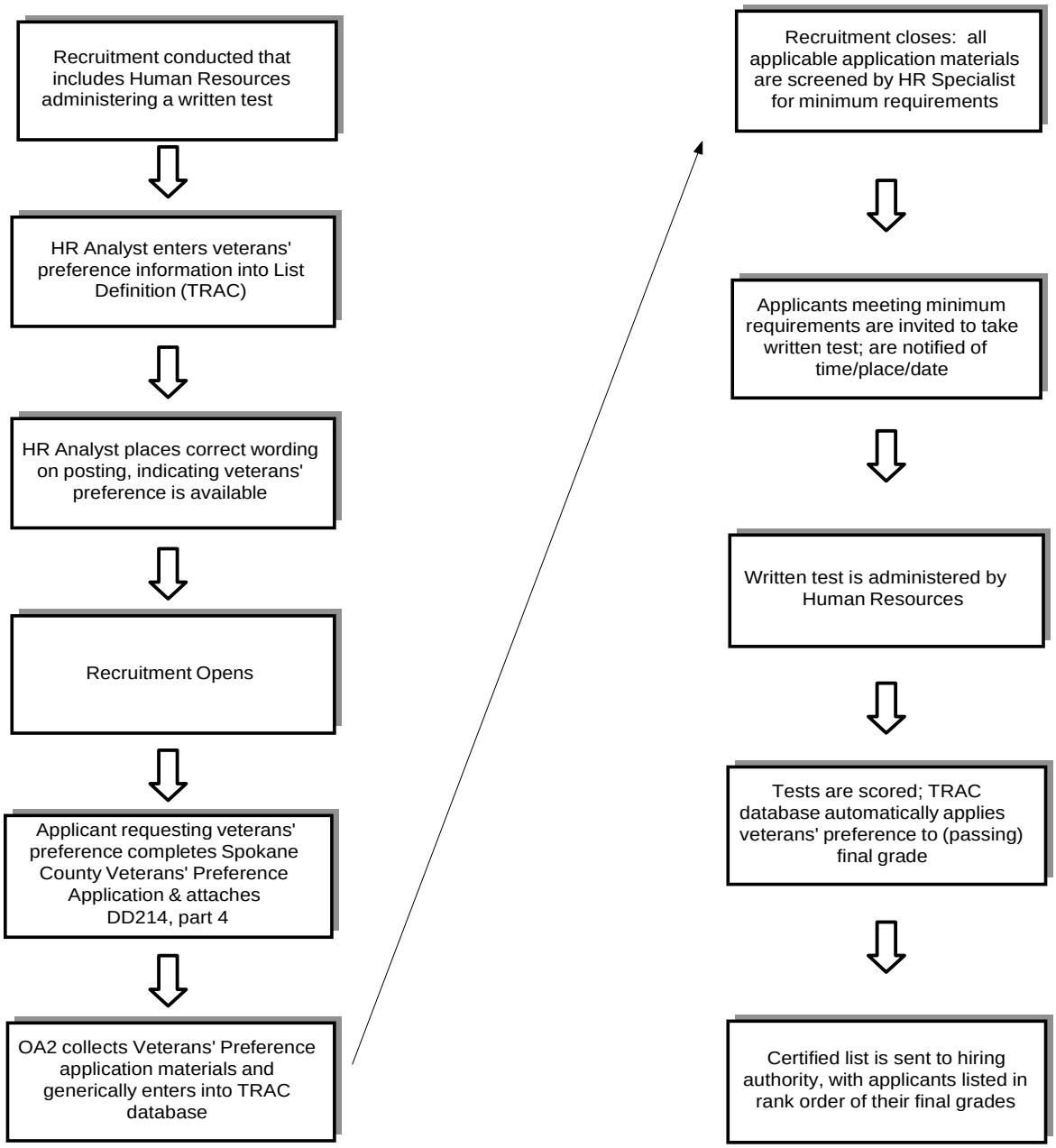
E. Veterans' preference points will be granted to eligible veterans in one of the following ways:

- Ten percent (10%) to a veteran not receiving veterans' retirement payments; said percentage not to be utilized in any promotional test.
- Five percent (5%) to a veteran receiving veterans' retirement payments; said percentage not to be utilized in any promotional test.
- Five percent (5%) to a veteran who, after having been employed with Spokane County, is recalled to active military service for a period of at least one year; said percentage to be applied to his/her first promotional test only.

F. An eligible veteran may receive preference points in only one recruitment and selection process if the veteran is hired into a position as a result of having received said points

G. Departments administering their own written tests (independent of those administered by Human Resources), are encouraged- but not required- to adopt this policy. This decision will be at the sole discretion of the Elected Official or Department Head in the individual Department(s).

PROCEDURE FOR IMPLEMENTATION OF VETERANS' PREFERENCE POLICY



Summary of Veterans' Preference Percentages:
(as stated in Veterans Pref. Policy, IIIe)

10% - Veteran not receiving veterans' retirement payments (N/A for promotional exams)
5% - Veteran receiving veterans' retirement payments (N/A for promotional exams)
5% - Veterans employed by Spokane County who is recalled to active service (minimum of 1 year); applies to 1st promotional exam only

SPOKANE COUNTY
APPLICATION FOR VETERANS' PREFERENCE

RCW 41.04.010 , as amended by House Bill 1065, provides for a veterans' preference to be added to the final passing score on written examinations taken by certain veterans in the recruitment and selection process. If you believe you are eligible to be considered for such a preference, and you are submitting an application for a recruitment that will involve the Spokane County Human Resources Department administering a written examination, you need to complete this questionnaire.

PLEASE READ THE ELIGIBILITY REQUIREMENTS CAREFULLY. To be granted veterans' preference, you must meet the following eligibility requirements and submit this form, a copy of your DD214 for- Part 4, with your application materials by the closing date of the applicable recruitment.

1) VETERANS' STATUS:

A. ____ I have served on active military duty, as a member in a branch of the armed forces of the United States or as a member of the women's air forces service pilots, during a period of war or in an armed conflict as defined in RCW 41.04.005: WWI, WWII, the Korean Conflict, Vietnam Era (2/28/61-5/7/75 if served in the Republic of Vietnam; 8/5/64- 5/7/75 if served elsewhere), Crisis in Lebanon, Invasion of Granada, Operation Just Cause (Panama); Operation Restore Hope (Somalia); Operation Uphold Democracy (Haiti); Operation Joint Endeavor (Bosnia); Operation Noble Eagle; Operation Desert Storm, Operation Enduring Freedom; Operation Iraqi Freedom.

B. _____ I have served on active military duty, as a member in a branch of the armed forces of the United States or as a member of the women's air forces service pilots, but not during a period of war as defined in RCW 41.04.005.

2) DISCHARGE STATUS:

A. _____I have received an honorable discharge.

B. _____I have received a discharge for physical reasons with an honorable record.

3) RECEIPT OF VETERANS' BENEFITS:

A. _____I am not receiving any veterans' retirement payments.

B. _____I am receiving veterans' retirement payments.

4) RECEIPT OF VETERANS' PREFERENCE IN APPOINTMENT:

A. _____I have never been granted veterans' preference to obtain an appointment to a position with the State of Washington or any political subdivision or municipal corporation.

B. _____ I have previously been granted veterans' preference and obtained an appointment to a position within Spokane County, and was afterward called or recalled to active military service for a minimum of one year during a period of war, and I am now seeking a promotion within this county government.

I understand that if any of the above statements are demonstrated to be false, I will be disqualified from employment with Spokane County. I also understand that if employed, any misrepresentation of facts regarding my receiving veterans' preference is sufficient cause for dismissal.

_____

_____

Print Name — Title/Posting # of Position Applied For

_____

_____

Signature — Date

Administrative Use Only	*Veterans' Preference Approved: ◿ Yes ◿ No If no, list reason:*
	Preference Points Available to be Granted: ◿ Five (5) Percent ◿ Ten (10) Percent

100 - WAGE AND SALARY

Policy No. 110
December, 2014

110 - EXEMPT/NON-EXEMPT EMPLOYEES

I. PURPOSE

To define exempt and non-exempt employee status and to provide guidelines for determining this status according to law.

II. SCOPE

This policy applies to employees of Spokane County. Labor agreements may vary. See specific labor agreements in reference to specific represented employees. (Also, see Policy No. 211, Overtime: Non-exempt Employees, for overtime pay requirements.)

III. POLICY

All positions in Spokane County will be classified as either exempt or non-exempt in compliance with federal Fair Labor Standards laws and for pay administration purposes.

IV. DEFINITIONS

Definitions of exempt and non-exempt status are based on provisions of the Fair Labor Standards Act (FLSA). These definitions are summarized as follows:

Exempt. Management, supervisory, professional, and administrative employees whose positions meet specific tests established by the FLSA and who are exempt from overtime pay requirements. Time cards may be required for these employees.

Non-exempt. Employees whose positions do not meet FLSA exemption tests and who are eligible for overtime. Time cards are required for these employees. Overtime is calculated as follows:

i. Straight time for hours paid through forty (40) hours in a work week. (Note: This may vary in some contracts.)

ii. Hours worked greater than forty (40) will be compensated at 1.5 times their regular rate of pay.

iii. Vacation, sick leave, PTO, holiday and comp hours are not counted toward hours worked for purposes of overtime consideration.

115 - CREATION OF NEW CLASSIFICATIONS, RECLASSIFICATIONS, TITLE CHANGES AND WAGE ADJUSTMENTS

I. PURPOSE

To provide the process to request a new job classification, reclassification, title change or wage adjustment.

II. SCOPE

This policy applies to regular positions, full-time and part-time, exempt and non-exempt, except Elected Officials. (Labor agreements may vary. See specific labor agreements in reference to represented employees.)

III. POLICY

It is the policy of Spokane County to provide an equitable process for requesting a new job classification, a reclassification, title change or a wage adjustment. At least one of the following is required for consideration:

A. Essential duties and responsibilities of the position have significantly changed (~50%) over time to meet department needs;
B. The employee has been performing higher classification work and has been paid out-of-class for at least nine (9) months;
C. A department reorganization or changing department needs requires the creation of a new or modified position;
D. (Wage adjustment requests only) The request is the result of an on-going recruitment or retention problem; considerations may include extreme difficulty filling a vacancy or excessive turnover due to economic issues in the twelve (12) months preceding the request.

The effective date of any changes will be the tenth (10th) working day after the request was received by Human Resources.

No request for reclassification and/or wage adjustment evaluation shall be considered if it has been less than two (2) years since the last evaluation of the position or classification.

IV. PROCEDURE

Request
The requesting Department Head/Elected Official submits the completed Non-Represented **Job Analysis Request Form** to the Chief Operating Officer (COO) and Chief Budget Officer (CBO). If approved, the COO forwards the signed job analysis request to Human Resources for analysis.

Analysis
Human Resources, in collaboration with the Department, will evaluate the job duties and responsibilities pertaining to the request. If it is deemed appropriate, a new classification, a new job title, and/or a wage adjustment will be recommended by the analysis. If the duties and responsibilities fit within an existing classification, Human Resources will recommend that it be designated as such.

If the HR analysis does not result in a budgetary impact, the change shall be processed without the need for further approval.

Budget Approval
If the HR analysis requires additional monies, HR, the DH/EO will meet with the COO and/or CBO for final approval of the change prior to processing. Final approval will include the CBO advising the requesting DH/EO of the budgetary impact and discussion of funding availability. **In no case shall a new classification, a reclassification or a wage adjustment resulting in additional monies be processed without the final approval of the COO and the CBO.**

Outcomes
New Classification
A new classification may be created when the existing duties and responsibilities do not fit within an existing classification. The new classification may or may not result in a change in pay.

New Title
A new title may be applied to an existing classification in order to reflect changes in the market or industry. A new title may or may not result in a change in pay.

Reclassification to a lower classification
If a position is reclassified to a lower classification, the incumbent employee shall be “Y” rated. “Y” rating shall be defined as follows: An employee shall continue to receive compensation at their current rate if that rate is higher than that provided for their new classification/position. The employee will be considered ineligible for an increase in pay until an adjustment in the salary structure or a promotion to a classification with a higher salary range brings the employee’s rate of pay within the established range for the position.

Reclassification to a higher classification
If an individual position is reclassified, the incumbent employee shall be paid at the step in the new range which represents at least a 5.12% increase, or at the minimum step of the new range, whichever is greater. The resulting increase shall not exceed the maximum step of the new range. The employee will receive the next step increase twelve (12) months after the effective date of the reclassification. Subsequent step increases shall be at twelve (12) month intervals until the top step is achieved.

Wage Adjustments

Positions may be adjusted to a higher salary grade based on market and/or internal equity factors and in accordance with the County's Compensation Philosophy. The incumbent employee shall retain their current step in the new pay grade up to a maximum increase of ten percent (10%). The typical adjustment will be in the range of five to ten (10) percent. The employee will receive the next step increase twelve (12) months after the effective date of the wage adjustment; and, subsequent step increases shall be in twelve (12) month intervals until the top step is achieved.

Appeals

Employees may appeal by contacting the Human Resources Director within ten days of the outcome. The appeal must be in writing and based on one or more of the following criteria: (A) the selection of comparable positions was not an accurate match of the incumbent's position; and/or (B) additional information is now available that is pertinent to the outcome.

The Human Resources Director has the authority to determine the outcome. The decision by the Human Resources Director is final.

NON-REPRESENTED JOB ANALYSIS REQUEST FORM

Employee Name: _____

Department: _____ ***Phone:*** _____

Classification:_____ **Position Number(s) Affected:** _____

REASON FOR REQUEST: (PLEASE CHECK THE APPROPRIATE REASON.)

_____ 1. Reclassification: **There has been a significant (~50%) change in job duties (i.e., different duties, not just a change in the work-load) since the last evaluation -or- the employee has been performing the work and has been paid out of class for at least nine (9) months. Please provide specific details of these changes including: What are the new duties and where did these duties come from (e.g., new program, program changes, change in organizational structure, etc.).**

_____ **2. New position:** No class specification currently exists that includes these job duties. Please provide a detailed job description. Include a list of major job responsibilities, rank these responsibilities in order of priority, and give the approximate percentage of time spent performing each.

_____ **3. Wage Adjustment:** Please provide specific reasons below, along with detailed support data, as to why a wage adjustment is being requested, for example, recruitment/retention problems.

Comments:

_____

_____

(For additional comments, please attach additional sheets as needed.)

In addition to the items listed above, please provide the following:

1) Classification sought:_____

2) A detailed description of job responsibilities. Attach current class specifications (please indicate if the class spec. needs to be updated). On the attached class specifications please outline/highlight the differences in your old classification and the classification to which you are seeking to be reclassified.

3) Date this position was last reviewed: _____

4) A current organizational chart for your department showing the relationship of this position to others in your office.

I have read the attached request and supporting documentation and agree the enclosed materials are a fair and accurate representation of the duties of this position.

Supervisor Signature: _____ ***Date:*** _____

DH/EO Signature: _____ Date: _____

Comments:

_____

(For additional comments, please attach additional sheets as needed.)

OO/CBO Signature: _____ ***Approved to Analyze***

Date ☐ Not Approved to Analyze

If not approved, please comment:

_____

(For additional comments, please attach additional sheets as needed.)

If this request has been approved for analysis by the COO/CBO, please forward the request and all supporting documentation to Human Resources.

HR Use only. Date received;_____Signature of Analyst:_____Date _____

120 - SALARY PROGRAM

I. PURPOSE

To maintain an equitable and consistent compensation program.

II. SCOPE

This policy applies to regular positions, full-time and part-time, exempt and non-exempt, except Elected Officials. (Labor agreements may vary. See specific labor agreements in reference to represented employees.)

III. POLICY

Spokane County strives to pay salaries competitive with those in our community and industry, recognizing individual effort and contribution to the County's success. Determination of salary policy is the responsibility of the Board of Commissioners. Human Resources handle administration.

IV. DEFINITIONS

Job Family. A hierarchy of positions involving work of the same nature but requiring different levels of skill and responsibility. For example, Accounting Tech, Accountant, Accounting Manager, etc.

Promotions. A change in status for an employee to a higher-graded position. For salary administration purposes, there are two types of promotions: those within the job family and those outside the job family.

Salary Level. Each salary range has been assigned a salary level. Within this framework, an employee's salary may be related to performance. Employees will receive a salary that is within the range limits of the applicable level.

Salary Range. Each position in the County has been placed in a salary range that establishes the position in relation to other positions in the organization.

Range Minimum. The lowest level (Step 1) of a Salary Range.

Range Maximum. The upper limit (Step 7) of a Salary Range.

"Y-rated" Salary. A 'Y' rate is a special salary rate established by the pay plan which entitles a person to receive compensation at a rate higher than that provided for in the top step, monthly flat rate, per annum, daily, or hourly rate for the classification/position. The employee will ordinarily be considered ineligible for an increase in pay until an adjustment in the salary structure or a promotion to a classification with a higher salary range brings the employee's rate of pay within the established range for the position.

Salary or Range Adjustment: Adjustment of the salary range, either up or down, of an entire classification. Step placement and anniversary date of each incumbent of the classification remains the same.

Salary on Lateral Transfer/Equal Level Positions: Any employee who transfers from one department to another in the same classification or another classification having the same salary range shall be compensated at the same step in the salary range as previously received. For purposes of further increases within the salary range, the anniversary date shall remain the same as it was before the transfer.

II. SALARY PROGRAM ELEMENTS

A. Each job title within the County is classified into one of the County's classification (class) specifications for salary purposes, based on job qualifications, level of responsibility, difficulty, working conditions, skill, hazard, and amount of supervision required for the specific job title. Each class specification is assigned to a particular salary or salary range shown on the County's Salary Range Table. Salary ranges are approved by the Board of Commissioners.

B. Salary reviews are conducted by Human Resources.

C. Pay increases may be contingent on satisfactory work performance. If an employee's documented performance is less than satisfactory, the Elected Official/Department Head should consult with the Human Resources Department and the Compensation Plan document for possible actions regarding a delay in a scheduled pay increase for a stipulated period or until the employee's job performance is satisfactory.

D. Salary Adjustments.

1. Salary increases are granted on the effective date of the promotion.

2. The date of promotion establishes a new pay anniversary date and review date. (See Policy #030 - Review Period)

3. Salary on Promotion: Employees must meet the minimum qualifications of the higher classification upon promotion. An employee promoted shall be entitled to receive the step rate in the salary range of the new position as per the classification and pay plan.

4. Salary on Demotion: On voluntary or involuntary demotions the employee shall be reduced to an appropriate salary using the Salary Range Table and the Administration of the Classification and Pay Plan procedures.

5. Salary on Reinstatement: Elected Officials/Department Heads may consider Advance Step placement for individuals who have previously worked for the County in the same classification.

VI. LONGEVITY BENEFITS

Employees with continuous County service from the time of regular full-time employment are paid a longevity benefit calculated at the following:

Continuous Service	Monthly Rate
Over 7 years	$ 40.00
Over 10 years	$ 75.00
Over 15 years	$100.00
Over 20 years	$150.00
Over 25 years	$200.00

The longevity pay shall not apply to:

1. Court Commissioners,
2. Any elected official whose salary is set by the Board of County Commissions,
3. Elected officials whose salaries are set by the Washington Citizens' Commission on salaries for Elected Officials, or
4. Elected officials whose salaries are set by the Spokane County Citizens' Commission on Salaries.

* The monthly rates are applied to Step 6 of Salary Range 9F.
(Res. 89-0164, 1989; Res. 87-1184 § 5, 1987; Res. 82-0116 Attachment A (part), 1982; Res. 72-590 (part), 1972; Res. 71-80 (part), 1971; Res. 67-752 (part), 1967; Res. 57-497 § 1, 1957);
Res. 13-1073 amended per Res. 14-0026

VII. ADVANCED STEP HIRE

A. SALARY UPON ORIGINAL PLACEMENT: Spokane County's practice requires that when a hiring is made to a particular budgeted position, the starting pay shall be at the first step in the salary range applicable to the position as classified. However, that new employee may be hired at other than the first step upon approval of the Human Resources (HR) Director.

B. THE PROCESS

1. The Department screens and offers the applicant a position at the Step 1 position.

2. If a discussion ensues about advanced step placement, the department forwards a letter to Human Resources (HR) requesting the advanced step. The letter will include the criteria and response to the questions listed below.

a. One or more of the following primary criteria must be met before considering an advanced step placement.

PRIMARY CRITERIA

1) Difficulty of Recruitment: A scarcity of applicants that meet the employment standards.

2) Unusual Qualifications: Possession of knowledge, abilities or skills which are necessary to provide a needed service and which are unusual in the applicant population and normally have been acquired through substantial specialized training or experience.

b. If one or more of the primary criteria are met, the following placement criteria will be analyzed in recommending step placement for a particular candidate.

1) Does the Department have the money needed in their budget to grant the advance step?

2) Would granting the request result in the employee being placed in a higher step than existing employees with similar training and experience?

3) Would the employee be earning more than they could have received if all their experience was with Spokane County?

4) Is it necessary to hire above the first step to avoid the person receiving a substantial pay cut?

5) Would the person accept the position at a lower rate of pay?

3. A HR Analyst reviews the information and makes a recommendation. This recommendation is forwarded to the HR Director.

4. The HR Director reviews the analysis, the letter and makes a final determination. This determination is documented in writing and sent back to the department.

5. If approved, the Department makes the job offer at the approved advanced step level, indicating that the next step will be at the completion of the 1,040 hour Review Period (Resolution 97-1056).

6. The Department completes the Personnel Action Form, with the advanced step approval letter attached, and forwards these items to Human Resources for processing.

7. HR processes the form and forwards it, along with a copy of the approval letter, to Payroll.

8. When a current employee is selected to fill a posted vacancy, the two departments involved will confer and agree on a suitable transfer date. Such transfers are expected to occur within two to four weeks from date of job acceptance.

D. SUMMARY

1. Every effort should be made to bring people in at Step 1 of the appropriate salary range.
2. Advanced steps should be a rare exception, not the rule.
3. Any deviations from the above procedures must go through the Board of County Commissioners, the legislative authority for wages and benefits.

121-Setting Salaries for County Non-Represented Promotions

Scope: Non-represented employees

Definitions:

Interim position:	A temporary position where the employee has the full authority and responsibility as that found inthe higher level position.
Like-kind position:	A position requiring the same knowledge, skills and abilities as a vacant higher level position.
Promotion:	An appointment of an employee from a lower level position to a higher level position.

Policy

Upon promotion, a County employee is normally placed at the step in the salary range of the new position which provides at least a 5.12 percent increase in salary over the previously held position. However, there may be occasions when it is appropriate to grant an internal candidate an advanced step placement, i.e., greater than 5.12 percent.

Procedure

To seek an advanced step placement for an internal candidate for a higher level/promotional position, the following factors should be considered:

1. Work history: Attention should be given to the candidate's previous experience if the candidate has directly performed the work either as a long-term interim or in a like-kind position. Performing in a position at a lower level, while helpful as preparation for a higher level position, is not a substitute for direct experience. Similarly, performing as a short term interim (i.e. during periods of vacation or sick leave) does not provide sufficient evidence of the ability to perform the full scope of the higher level duties.

2. Salary history: The salary history of a candidate in a like-kind position to the vacant position may be taken into consideration.

3. Recruitment difficulties: Evaluation of factors such as the scarcity of qualified applicants, the number of rejected job offers, and the turnover rate for a position may give insight into recruitment difficulties. Consideration should be given to recruitment difficulties in relation to the available trained labor force for the position. For example, an individual who possesses skills difficult to find in the labor force may be in higher demand, and therefore may require additional salary consideration.

4. Department budget: In considering the appropriate salary action, attention should be given to the impact on the department budget. In addition, consideration should be given as to whether this salary action would cause internal equity issues and therefore lead to additional budgetary impacts.

The Human Resources Director must approve the advanced step placement with concurrence of the Chief Operations Officer and/or Chief Budget Officer.

(Resolution: 2016-0479 – 6/21/2016)

130 - SIGN-ON BONUS POLICY

I. PURPOSE

To attract highly competent applicants for those select positions in which Spokane County has difficulty recruiting.

II. POLICY

Spokane County uses sign-on bonuses to attract highly competent external candidates for positions which are difficult to recruit and hire. This is a recruiting tool that is meant to be used selectively and not regularly.

The sign-on bonus plan is comprised of the following:

1. This bonus will be paid in two parts:
   a. 50% of the bonus will be paid on the first regularly scheduled payday after the applicant becomes a Spokane County employee.
   b. The remaining 50% will be paid on the first paycheck after the employee completes their first year of service as well as his/her probationary period.
2. If the employee leaves for any reason prior to one year of service, he/she is not entitled to the remaining 50% bonus payment nor will he/she be required to pay back any portion of the bonus already received.
3. The agreement to use a sign-on bonus requires the use of the sign-on bonus acceptance letter with new hire signature (attached).
4. The amount of the sign-on-bonus is determined through the use of this policy and in collaboration with the Human Resources Director or Chief Budget Officer. The bonus amount is paid out of the hiring department's budget.
5. Only Regular-Full Time Benefitted (FLSA) Exempt positions are eligible for a sign-on bonus. (Exception: Spokane County Sheriff's Office may use a sign on bonus for lateral and intermediate lateral candidates.
6. Bonuses are limited to the following types of positions (as defined in the job code table):
   a. Executive and Department Head positions: up to $10,000
   b. Manager positions: up to $7,000
   c. Non-exempt positions (Sheriff's Office only): up to $3,000
7. Nothing in this policy changes the "at-will" status of the non-represented position eligible for a sign-on bonus nor does it change pertinent language found in the local bargaining unit representing this position.

III. Eligibility Standards

In order to be eligible to use a sign-on bonus, the following requirements must be met:

1. There is a high degree of difficulty recruiting highly competent applicants, after extensive advertising and salary analysis.
2. The base salary of the position is competitive as determined by Human Resources.
3. The following positions approve the use of a sign-on bonus: Human Resources Director, County Operations Officer, Chief Budget Officer (including a review of the department budget for sufficient monies to pay the bonus) with final approval from the County Executive Officer. Exception -- for the Spokane County Sheriff, approvals are: Civil Service Chief Examiner, Chief Budget Officer and Sheriff or designee.

IV. PROCEDURE

1. The Hiring Manager requests the use of a sign-on bonus for an eligible position.
2. The Department Head/Elected Official approves the use of a sign-on bonus and agrees to fund the sign-on-bonus.
3. If approved by the Department Head/Elected Official, the request goes to the Human Resources Director (or Chief Civil Service Examiner) who reviews the following in making the decision to approve:
   - The number of applications received;
   - The quality of the applicants;
   - The extent of advertising conducted.
4. If approved by the Human Resources Director (or Chief Civil Service Examiner), approvals must then be obtained from the County Operations Officer, the Chief Budget Officer (including a review of the department budget for sufficient monies to pay the bonus) with final approval from the County Executive Officer. Exception -- for the Spokane County Sheriff, approvals are: Civil Service Chief Examiner, Chief Budget Officer and Sheriff or designee.
5. The newly hired employee must sign the bonus letter (attached) in order to receive any sign-on bonus amount.

IV. TAX CONSIDERATIONS

Sign-on bonuses are taxable income to the employee and must be added to the employee's compensation in the year in which they are paid. All applicable payroll taxes will be deducted.

Sign-on Bonus Acceptance Letter

[date]

[new hire name]
[address]
[city, state, zip]

Dear [new hire]:

We are pleased to offer you a sign-on bonus of $_____for the position of _____. This bonus will be paid in two payments: 50% of the bonus will be paid on the next regularly scheduled pay date after your first day of employment with Spokane County; the remaining 50% of the bonus will be paid after one year of County service and successful completion of your probationary period.

The sign-on bonus is taxable, and all applicable payroll taxes will be deducted for each payment.

In the event that you leave County employment for any reason prior to the completion of one year of County service you will not be entitled to the remaining 50% of the sign-on bonus, nor will you be required to pay back any portion of the bonus already received.

Nothing in this letter affects the "at-will" status of your position or in the event your position is represented by a local bargaining unit, changes the terms of the bargaining unit contract.

Sincerely,

_____ _____
[Human Resources Director] [Chief Executive Officer]

CC: Payroll
Employee Personnel file

Attachment: Sign-on Bonus Policy

= = = = = = = = = = = = = = = = =

By your signature, you agree to the terms of the Spokane County Sign-on Bonus Policy (attached).

_____ _____
Employee Signature Date

200 - HOURS OF WORK AND PAYROLL

Policy No. 210
April, 2001

210 - HOURS OF WORK AND PAY PERIODS

I. PURPOSE

To establish the hours of employment in the County's basic workday and workweek and to establish pay periods and pay days to administer the payment of wages, salaries and overtime to comply with State and Federal regulations.

II. SCOPE

This policy applies to all employees at the Courthouse complex. Other work sites may have different schedules. (Labor agreements may vary. See specific labor agreements in reference to represented employees.)

III. POLICY

1. Hours of Work:

    1. The County's customer service workweek is Monday through Friday from 8:30 a.m. to 5:00 p.m. with a one-hour unpaid lunch period. Different work weeks/hours may be established by the County to meet job assignments and provide necessary services.
    2. Each employee's Elected Official/Department Head or their designee will advise the employee regarding specific work week/hours.
    3. A normal working schedule for regular, full-time employees consists of 37.5 or 40 hours each workweek. Alternative work schedules may be established by the County to meet job assignments and provide necessary County services.
    4. Extra-help, temporary, seasonal and limited term employees will work hours as specified by the Elected Official/Department Head.
    5. The County's standard workweek begins at 12:01 a.m. Sunday and ends at 12:00 a.m. the following Saturday. Elected Officials/Department Heads or designee may designate different standard workweeks and hours with Board of County Commissioners' concurrence.

2. Meal Periods and Rest Periods: Employees shall take one 15 minute break for every four hours worked. All breaks shall be arranged so that they do not interfere with County business or service to the public. Breaks should not be combined together or with meal periods. Meal periods shall be scheduled by the employee's Elected Official/Department Head or their designee. The scheduling of meal periods may vary depending on department workload. Meal periods are unpaid and are usually one hour in length.

3. Paydays: County employees are paid bi-monthly. If the payday falls on a Saturday, Sunday, or a holiday, payment shall be made on the working day immediately preceding. No payment shall be made to regular employees on other than the established paydays.

4. Flex Time: Working other than the regularly scheduled daily shift where start/finish times, break times and lunch times can vary but do satisfy a full day's work requirement. Flex time can support both worker's or management's needs. However, emphasis on approving flex time should rest on the service we provide to our customers. Elected Officials/Department Heads are the approval authority for flex time.

5. Expectations: Employees are expected to perform work during working hours. Receiving pay for time not worked is against County policy and will be considered dishonest. Violations may result in discipline. Examples include, but are not limited to:

   Sleeping on job;
   Personal errands or business;
   Writing checks to pay personal bills;
   Falsifying time cards/records;
   Performing work for personal business or an outside employer.

G. Attendance:

1. Punctual, consistent and reliable attendance is a condition of employment. Each Elected Official/Department Head and supervisors are responsible for maintaining an accurate attendance record of his/her employees.

2. Employees unable to work or unable to report to work on time should notify their supervisor as soon as possible, ordinarily before the work day begins or within 30 minutes of the employee's usual starting time. If an absence continues beyond one day, the employee is responsible for reporting in each day unless a known duration is established in advance. If the supervisor is unavailable, the employee may leave a message with the Elected Official/Department Head or designee, stating the reason for being late or unable to report for work.

3. Employees are expected to be at work on time during inclement weather. Non-attendance will be counted as absence from work and will be charged to personal holiday time, accrued vacation or accrued comp time, in this order. Elected Officials/Department Heads may approve alternative work schedules during inclement weather. If such accrued leave time is not available to that employee, such absence will be without pay.

4. In the event the Board of Commissioners, after consultation with the Sheriff, decides to close County operations and directs employees to go home, all but essential personnel shall be released. Each shall be paid for the time off the job. Such pay shall not be charged against accrued leave time.

5. An employee who is absent without authorization or notification is subject to discipline, up to and including termination.

H. Call Back: All employees are subject to call back in emergencies or as needed by the County to provide necessary services to the public. Refusal to respond to a call back grounds for disciplinary action. Employees called back to duty will be paid their appropriate rate of pay for hours worked (or overtime rate, if applicable).

IV. MAINTENANCE OF PAYROLL RECORDS

The County Auditor keeps the official payroll records. Each employee shall signify actual hours worked by signing a time sheet and submitting it to the Elected Official/Department Head or designee. Each Elected Official/Department Head shall, on a pay period basis, turn in a signed work record for each department employee, noting hours worked, overtime worked, and leaves taken, as applicable.

211 - OVERTIME: NON-EXEMPT EMPLOYEES

I. PURPOSE

To provide guidelines to administer overtime pay to comply with applicable federal and state wage and hour regulations.

II. SCOPE

This policy applies to non-exempt employees of Spokane County. (Labor agreements may vary. See specific labor agreements in reference to represented employees.)

III. POLICY

A. Overtime worked by non-exempt employees must be authorized in advance by the Elected Official or Department Head.

B. Spokane County overtime pay policy conforms to overtime provisions of the federal Fair Labor Standards Act (FLSA). Exemption from these provisions will be claimed for an employee only when it can clearly be established that the employee's duties and responsibilities meet the requirements for such exemption. (See Policy No. 110, Exempt/Non-exempt Employee Status.)

C. Non-exempt Positions: Employees will be paid following these principal elements:

1. All employees working either a thirty-seven and one-half (37.5) or forty (40) hour workweek schedule will be compensated at a straight time rate for hours worked up to and including forty (40) hours in a workweek.

2. Hours worked in excess of forty (40) in a workweek will be compensated at 1.5 times the employee's regular rate of pay.

D. All work performed on any of the approved County-scheduled holidays is compensated at the holiday rate (1.5 times the straight time rate) plus the straight time rate.

E. Only hours worked will be used to calculate overtime pay. Paid or unpaid time off for holidays, jury duty, military leave, PTO, vacation, sick leave or any leave of absence will not be considered for the purposes of calculating overtime.

F. Compensating time off in lieu of overtime payments may be granted.

G. Compensatory Time:

1. For non-exempt employees entitled to overtime: the Elected Official/Department Head decides whether to offer the employee compensatory time off in lieu of cash payment. Overtime is pre-approved on a case-by-case basis by the employee's Elected Official/Department Head or designee. If the compensatory time option is exercised, the employee's comp time is calculated the same as overtime. Maximum accruals of compensatory time shall be limited to the same number of hours as found within a regular work week, either 37.5 or 40 hours for regular employees. After maximum accrual, overtime compensation shall be paid.

2. Employees should use compensatory time within six months of when it was earned, unless doing so would unduly disrupt County operations. Employees will be permitted to use such time off within a reasonable period after making the request, unless doing so would unduly disrupt County operations.

212 – Time Sheet & Missed Breaks

Purpose
The purpose of this policy is to provide time reporting requirements and procedures for missed breaks for all hourly paid employees of Spokane County in compliance with the Fair Labor Standards Act and the Washington State Minimum Wage Act. Department Heads and Elected Officials have the discretion to apply this policy to exempt employees.

Scope
Non-exempt employees (and exempt employees as designated by department heads or elected officials)

Definitions
Authorized hours: Work hours that a manager assigns to an employee.

Hours Worked: All hours during which the employee is authorized or required, known or reasonably believed by the employer to be on duty. Hours attributed to vacation, sick leave, PTO, and unpaid meal breaks are not considered hours worked (except under certain labor agreements). This time shall be recorded.

Meal Breaks: Defined as at least 30 minutes of uninterrupted time. Meal breaks are required for an employee working more than 5 hours in a workday; the meal break must be taken no earlier than 2 hours into the shift and no later than 5 hours after the beginning of the shift. Employers must (1) relieve the employee of all duty; (2) relinquish control over their activities; (3) permit employees a reasonable opportunity to take an uninterrupted meal break; and, (4) not impede or discourage the employee from doing so. Labor agreements may provide for alternate arrangements.

Non-exempt employee: Employees whose positions do not meet FLSA exemption tests and who are eligible for overtime.

Overtime: Defined as authorized hours worked by an hourly nonexempt employee in excess of 40-hours in a workweek or workweek as otherwise defined by the Washington State Minimum Wage Act and the Fair Labor Standards Act (FLSA). Overtime is paid at 1.5 time the regular rate of pay. Overtime shall be recorded accurately on a paper or electronic timesheet and must be approved in advance by the employee's manager. Labor agreements may provide for additional overtime.

Rest Breaks: Fifteen (15) minutes of uninterrupted rest time generally taken during the midpoint of a 4-hour segment of work time, but no later than the end of the third hour of the shift. The 15-minute rest break may be taken in increments with supervisor's approval. Examples of mini rest breaks are personal phone calls, eating a snack, personal conversations, smoke breaks, and whenever there is no work to do

for a few minutes during a work shift. Non-exempt employees are required to take rest breaks for every four hours worked. Employees may be mandated to stay on premises during this time.

Workday: Defined as 7.5 or 8.0 hours of authorized work generally between 8:00 a.m. and 5:00 pm (or as directed). Workday hours may differ depending upon labor agreement or alternative work schedules.

Workweek: Seven consecutive days generally beginning on Sunday and ending on Saturday. The usual work week period is 37.5 or 40 hours. (The workweek may vary for those employees on an alternative schedule.)

Policy
It is County policy that employees take their rest and meal breaks. Labor contracts may modify how and when rest and meal breaks are taken.

Non-exempt employees are required to notify their supervisor immediately should they miss their rest or meal break. Whenever possible, employees should receive authorization in advance from the supervisor about the necessity of missing a break. The supervisor will attempt to reschedule the missed break during the shift or reduce the scheduled shift by 15 minutes. If the supervisor is unable to reschedule the break or adjust the schedule, the employee will be additionally compensated. For example: an employee works an 8-hour shift. They miss their afternoon 15-minute rest break due to workload. If the supervisor cannot reschedule the break during that shift or allow the employee to leave work 15 minutes early, an additional 15 minutes will be added to the employee's timecard for that day. Collective bargaining agreement language may modify these provisions.

Procedures
Non-exempt employees paid on an hourly basis will regularly submit their time records as directed by their managers, either online or in hard copy. Time records must show all hours worked, PTO, vacation time, sick time, etc., that were incurred for the week. Time records must also note all missed meal and rest breaks.

Responsibilities
Each non-exempt hourly employee is responsible to:

- Take rest and meal breaks according to this policy (or applicable labor contract).
- Whenever possible, receive advance authorization to miss a rest or meal break.
- Notify manager <u>immediately</u> if a meal or rest break is not received. A missed meal or rest break period must be noted on time record by the end of the shift.

- Maintain an accurate daily record on his or her time record of hours worked. All absences from work schedules should be appropriately recorded and coded. Entries must be made daily on department timecards.
- Plan their work such that it incorporates allotted rest and meal breaks.
- Obtain prior approval for any overtime to be made in the workweek.
- Sign and submit the completed time record in the format required (electronic or paper) to the manager in the time period required for approval.

Each manager of non-exempt employees is responsible to:

- Review requests for overtime.
- Ensure that all employees maintain accurate time records including any missed breaks.
- Review/approve time records and submit them to payroll.
- Ensure employees take legally required breaks.
- Ensure employees are compensated for missed meal and rest breaks.
- Ensure non-exempt employees are not working additional unauthorized hours (i.e. starting work early, leaving work late).

Time Sheet & Missed Breaks – FAQ

Q: What is the purpose of this policy?
A: To provide time reporting requirements for all Spokane County non-exempt/hourly paid employees that are in compliance with the Fair Labor Standards Act and the Washington State Minimum Wage Act.

Q: To whom does this policy apply?
A: This policy applies to hourly non-exempt employees. Department heads and Elected Officials can apply it to exempt employees if desired.

Q: What are the important points of this policy?
A: (1) It is important for all employees to take rest and meal breaks. (2) Hourly employees are required to notify their supervisor immediately should they miss their rest or meal break. (3) If the missed break cannot be rescheduled during that shift, or the shift shortened by 15 minutes, the amount of break time missed will be added to the employee's timecard for the day.

Q: What information should time cards contain?

A: Time records should show all hours worked, PTO, vacation time, sick time, etc. that were used in the week. **Also, time records should also note all missed meal and rest breaks.**

Q: What if the labor contract differs?

A: The labor contracts may be more generous but they must, at a minimum, follow this policy.

Q: What if a non-exempt employee, on their own, works on the weekend?

A: If this is without prior authorization, the employee must be paid for that time (including any overtime) and then coached not to do this again without prior authorization.

213 - ALTERNATIVE WORK SCHEDULES

I. PURPOSE

To establish guidelines and pay practices to administer alternative work schedules.

II. SCOPE

This policy applies to employees in jobs designated by the Elected Official/Department Head, and Human Resources. (Labor agreements may vary. See specific labor agreements in reference to specific represented employees.)

III. GENERAL POLICY

A. At the sole discretion of the Elected Official/Department Head, employees may observe work schedules which differ from Spokane County's normal work schedule of five consecutive days per week. These schedules must be approved by the Elected Official/Department Head and Human Resources prior to working one of these schedules.

B. Employees in non-exempt positions will be paid for overtime according to federal regulations. For additional guidance regarding the County's overtime pay policies, see Policy No. 110 - Exempt/Non-exempt Employee Status, and Policy No. 211 - Overtime: Non-exempt Employees.

IV. POLICY - ALTERNATIVE WORK SCHEDULES

A. Schedule: Employees may work alternative work schedules, based on the needs of the position and the Department.

B. Flex Time: Working other than the regularly scheduled daily shift where start/finish times, break times and lunch times can vary but do satisfy a full day's work requirement. Flex time can support both worker's or management's needs. However, emphasis on approving flex time should rest on the service we provide to our customers. Elected Officials/Department Heads are the approval authority for flex time.

C. Job Share: (See Policy #215).

D. Percentage Employees: (See Policy #217 and Policy # 215).

215 - JOB SHARE

I. PURPOSE

To establish guidelines and pay practices to administer job share work schedules.

II. SCOPE

This policy applies to employees in jobs designated by the Elected Official/Department Head, and Human Resources. (Labor agreements may vary. See specific labor agreements in reference to represented employees.)

III. GENERAL POLICY

With approval of the Elected Official/Department Head, two employees may participate in a job share program, where appropriate. Not all positions lend themselves to this arrangement. Job share is an alternative scheduling procedure in which two (2) employees of the same job classification share the duties, responsibilities and normal work hours of a single, full-time position. At no time will the combined regular scheduled work hours equal more than 100% of a single position of the regular scheduled work. County provided benefits will be prorated (Resolution #96-0289) according to the percentage worked by each employee, normally fifty percent (50%). The details of the program can be obtained from the Human Resources Department.

217 - PERCENTAGE EMPLOYEES

PURPOSE
To assist and recognize the individual needs of employees outside of the workplace and further recognize departments may have alternative work needs and to provide less than full time employment opportunities to provide both departments and individuals more flexibility in managing work.

SCOPE
This policy applies to positions identified as qualifiable under the procedure.

POLICY
Percentage employee: a regular employee who is normally scheduled to work less than full time (37.5/40) hours per week. They shall only be budgeted at 50%, 60% or 80%.

Percentage positions are appropriate in instances where the operational needs of the affected departments will be adequately served by percentage rather than full-time positions.

Benefits for percentage employees are generally received on a pro-rated basis.

PROCEDURES

1. **Probation/Review Period** is based on calendar months from date of hire and applies equally to 50%, 60% and 80% percentage employees: six (6) months for non-represented percentage employees or twelve (12) months for union percentage employees. Probation/Review Period may be extended by the Department Head or Elected Official in conjunction with Human Resources and the pertinent collective bargaining agreement.

2. **Step Increase Date** is based on calendar months from the date of hire; it is not based upon hours worked. The initial step increase occurs approximately six months after hire with subsequent step increases occurring every twelve months thereafter.

3. **Vacation/PTO/Sick accruals** are pro-rated based upon the budgeted percentage of the position, i.e., 50%, 60% or 80%. Employees may use accrued annual leave and sick leave only for regularly scheduled work days.

4. **Paid Holidays** are pro-rated and paid based upon the budgeted percentage of the position, i.e., 50%, 60% or 80%.

    a. A percentage employee is entitled to holiday pay if the employee would have been scheduled to work on such a day if it had not been observed as a holiday and the employee worked their last regularly scheduled day prior to, and the first scheduled day after the holiday unless they are excused by the Employer or on authorized paid leave.

b. If a legal holiday occurs on the percentage employee's normal day off, the employee shall receive an alternative paid day off equal to the pro-rated full-time hours which shall be scheduled with the Department Head or Elected Official and shall be taken within the first 30 days following the holiday. For example, a 50% employee would receive 4 paid hours (8-hour day/40-hour week) to be used within 30 calendar days.

c. If a legal holiday occurs on a percentage employee's regularly scheduled work day, the employee shall receive the number of hours of holiday pay equal to their pro-rated full-time hours. For example, a 50% employee would receive 4 paid hours (8-hour day/40-hour week) for that holiday.

d. If the employee's normal schedule on a holiday includes more hours than granted in that paid holiday, the employee must either work the additional hours or use PTO or vacation to supplement. For example, a 50% employee normally works 7 hours on the day of the holiday. After receiving 4 hours of holiday pay (8-hour day/40-hour week), the employee must either work the additional 3 hours during that week or use three hours of vacation or PTO.

e. Holidays occurring during a period of vacation or sick leave shall be paid as they occur and the employee shall not be charged with vacation or sick leave for the holiday.

5. **Health insurance premium costs** for percentage employees (50%, 60%, 80%) are set at 20% of the total cost of the monthly premium for the coverage chosen.

6. **Life Insurance** provided by the County will be paid the same as if a full-time employee.

7. **Retirement Benefits** shall be provided to percentage employees as authorized in rules adopted by the Washington State Department of Retirement Systems.

8. **Overtime** of percentage employees occurs when hours worked exceeds 40 hours in an FLSA work week. (Collective bargaining agreements may vary).

220 – TELECOMMUTING

I PURPOSE

To establish a policy and procedures to encourage, where appropriate, the use of telecommuting in order to attract and retain a diverse and talented work force, reduce costs, encourage affordable traffic mitigation, improve productivity among employees, better address work and family demands, and further goals of local, state, and national policies and regulations such as the Clean Air Act and the Commute Trip Reduction law. Spokane County supports telecommuting as an alternative work arrangement and allows supervisors to implement telecommuting arrangements, where appropriate, for eligible employees. The participating employee shall also be subject to all applicable provisions within Policy 220 except as may be modified herein.

II. SCOPE

This policy applies to:

- All Elected Officials, Department Heads, employees of Spokane County;

III. DEFINITIONS

A. "Telecommuting" means working one or more days each work week from home or other designated alternative worksite instead of commuting to a centrally located worksite.

B. "Voluntary" means employees choose to request a telecommuting arrangement.

C. "Centrally Located Worksite" means the Spokane County worksite where the employee would be required to work if they did not telecommute.

IV. POLICY

A. Program Agreement and Goals.

1. The telecommuting policy shall supersede all prior and/or existing telecommuting policies.

2. The telecommuting policy shall apply to all employees. The application of this policy to represented employees shall be the subject of collective bargaining between Spokane County and the exclusive bargaining agents for those employees.

3. Elected Official/Department Heads are allowed to implement telecommuting arrangements, where appropriate, for eligible employees in recognition of the positive personal and management impacts of such arrangements, including reduced commuter stress and traffic congestion, and increased workplace flexibility. Telecommuting can both serve the needs of Spokane County government and its clients, and grant a greater degree of personal freedom to employees.

4. The telecommuting option is not an employee benefit – it is a management right that provides an alternative means to fulfill work requirements. Telecommuting is not appropriate for all employees. No employee is entitled to, or guaranteed the opportunity

to telecommute. Offering the opportunity to work at home is a management option based on the discretion of the employee's Elected Official, Department Head and/or designee. An employee's participation is strictly voluntary. All telecommuting agreements must meet the criteria in this policy and may be terminated at any time by either the employee or their immediate supervisor (although it is recommended that two weeks notice be given if possible).

5. All departments will incur the cost for any expenses they approve for telecommuting agreements.

6. Expenses for telecommuting agreements require the approval of the Elected Official or the Department Head. The Elected Official/Department Head may allow managers/supervisors the authority to approve minimal telecommuting expenses and should set spending limits accordingly.

7. Implementation and termination of telecommuting agreements within individual departments will be at the discretion of the employee's Elected Official/Department Head or their designees.

8. An employee wishing to request a telecommuting arrangement shall submit a written request to their Elected Official/Department Head. A telecommuting arrangement must be mutually agreed upon by the employee, the employee's immediate supervisor and the Elected Official/Department Head. Any changes to the written arrangement must also be documented in writing and approved by the employee's Elected Official/Department Head.

9. Elected Official/Department Head should consult with Risk Management and ISD in advance if an employee requires remote access or technical support in order to telecommute.

10. Elected Official/Department Head must set-up telecommuting agreements so that they expire on a routine basis, such as every three or six months (up to a maximum of 12 months). At the expiration of a telecommuting agreement, the employee would have the option to request renewal of the arrangement by filling out another telecommuting application. This process allows management and employees to evaluate and adjust telecommuting arrangements to meet their workload needs.

11. After an employee begins a telecommuting arrangement; management shall conduct periodic reviews with the employee to evaluate the success of the arrangement. (It is recommended that a first time telecommuter would be reviewed during the first 45 days, at the end of three months, at the end of six months and after one year).

12. Should a conflict arise between two or more employees concerning a telecommuting arrangement, the employee's Elected Official/Department Head or designee shall have final authority to resolve the matter.

13. Employees may, at the discretion of their immediate supervisor, be called to work at their centrally located worksite on their regular telecommuting workday during their regular work hours to meet workload requirements.

14. If an employee is telecommuting and during the workday they come in to their centrally located worksite, the time traveling from the employee's home or designated alternative work site to the centrally located worksite must be treated as "job site" to "job site" travel, and the employee's travel time must be counted as hours worked and compensated accordingly. Whenever possible, when telecommuting employees are requested to report to their centrally located worksite, they should be so notified by the end of the work day prior to the day they are to report to the central worksite. In such cases, travel time between home and the central worksite is treated as regular commuting time and is not counted as hours worked and compensated.

15. The duties, obligations and responsibilities of an employee who telecommutes are the same as employees at the centrally located worksite.

16. A set procedure and schedule for regular communication between a telecommuting employee, staff and customers must be identified in the telecommuting agreement. Fair Labor Standards Act (FLSA) exempt employees must indicate the hours they will be available to be reached by staff and customers. For non-exempt and bargaining unit employees, the telecommuting agreement must indicate the hours the employee will be on work status as well as be available to be reached by staff and customers. Supervisors will also outline specific job assignments and expectations of the telecommuting employee. Work schedule variations are subject to Elected Official/Department Head approval.

17. For non-exempt employees covered by the provisions of the Fair Labor Standards Act, any hours beyond their normal work schedule must be authorized in advance by the employee's supervisor.

18. In order to utilize sick leave on a telecommuting workday, employees must contact management according to their department policy/procedure.

19. Employees who telecommute are expected to be working at their designated work site during their telecommuting work schedule. Personal leave time normally scheduled during a telecommuting employee's scheduled workday must be arranged in the same manner with their immediate supervisor as employees at the centrally located worksite.

20. Employees on a telecommuting schedule will continue to accrue vacation and sick leave benefits at the same rate as an employee who is not working a telecommuting arrangement. For non-exempt employees who are covered by the provisions of the Fair Labor Standards Act, vacation and sick leave benefits shall be expended on an hour-for-hour basis. The telecommuting employee's salary, retirement and benefits also remain unchanged.

21. Telecommuting shall not be used as a substitute for dependent or child care. Employees who telecommute are expected to make dependent and child care arrangements during the period they will be telecommuting.

22. Employees who telecommute will be covered by worker's compensation for all job-related injuries occurring at their designated work site during their defined work period. The employee is responsible for maintaining a safe and ergonomic working environment, including the work area, bathroom, and other areas that may be necessary for work during the telecommuting arrangement. Worker's compensation will not apply to non job-related injuries that occur at the designated work site. The employee also remains responsible for injuries to third parties and/or members of the employee's family on the employee's premises. Spokane County will not be responsible for injuries to third parties or members of the employee's family that occur on the employee's premises.

23. In the event of a job-related incident, accident or injury during telecommuting hours, the employee shall report the incident to their supervisor and Risk Management as soon as possible and follow established procedures to report and investigate workplace incidents, accidents or injuries.

24. The employee must allow home office inspections conducted by the county if a job-related incident, accident or injury has occurred.

25. Telecommuting employees shall not hold business meetings with internal or external clients, customers or colleagues at their residence.

26. Employees shall not conduct any unauthorized external (non-county) work during their telecommuting work schedule.

27. The employee shall participate in any county-sponsored telecommuting and/or technology training as requested by the employee's supervisor.

28. The employee shall participate in any county evaluation of telecommuting.

29. The employee shall enroll and participate in the County's Commute Trip Reduction Program by completing an online calendar each month showing the days they telecommute.

30. The Information Systems Department, Risk Management or Human Resources can assist with telecommuting program advice or consultation to departments.

B. Telecommuting Eligibility:
    1. An employee's work must be of a nature that face-to-face interaction with internal or external customers or project workgroups is minimal and the employee's tasks can be performed successfully away from the county worksite.

2. The need for specialized material or equipment in order to telecommute should be minimal. Employees interested in telecommuting from home must already have a safe and ergonomic home office environment and the primary materials and equipment needed at their home in order to telecommute.

3. Characteristics of the employee will include a demonstrated conscientiousness about work time and productivity, self-motivation and ability to work well alone.

4. The employee communicates effectively with supervisors, co-workers, support staff and clients.

5. The employee operates computer or other equipment independently, to the degree that will be required to work from their home or designated work place.

6. The employee must be currently performing at an overall satisfactory level or above in their position including attendance.

C. Hardware, Software and Supplies:

1. Although the need for specialized material or equipment in order to telecommute should be minimal, the county may provide equipment (hardware and software) and services (such as technical support) if it is approved in advance by the employee's Elected Official/Department Head or designee.

2. General office supplies (such as paper and pens) will be provided by the county and should be obtained by the employee at the centrally located worksite. Out-of-pocket expenses for supplies normally available at the centrally located worksite will not be reimbursed.

3. Employees who telecommute from home are subject to the same internal county policies regarding the use of county provided equipment (hardware and software) and services as that of employees at the centrally located worksite.

4. Employees who telecommute shall not allow anyone, except authorized county employees, to use county equipment (including hardware and software) and services.

5. HARDWARE: New or existing personal computer equipment may be provided on an as-needed basis to employees by the county if approved in advance by the employee's Elected Official/Department Head. Telecommuting expenses beyond the minimum spending limit must be authorized in advance by the Elected Official/Department Head. This equipment may consist of a personal computer, modem and related supplies. All supplies must be returned to the county as soon as the telecommuting arrangement is no longer valid, if the equipment will no longer be needed by the employee to do their work or if employment with the county is terminated. The county will provide routine maintenance and repairs for county

equipment if the equipment is returned to the employee's centrally located worksite. Routine maintenance and repairs for county provided equipment that can not be returned in a cost effective manner to the centrally located worksite may be conducted at an employee's home if it is approved in advance by the employee's Elected Official/Department Head or designee and is agreeable with the applicable technology support staff person.

6. Telecommuting employees may use their own computer equipment. Employees may consult with their department's IT support person or the Help Desk for work related assistance for their computer at their own risk. The county will not be able to provide technical support for computer or telecommunications equipment that is not compatible with equipment that is currently supported by the county. Employees will be responsible for the maintenance and repair or their own equipment.

7. Office furniture will not be provided to employees who telecommute.

8. SOFTWARE: Employees must conform to the county's software standards. Departments will consult with ISD to ensure that the software needed conforms to the county's software policies.

9. Remote access to the county's network may be provided to the employee at the discretion of the employee's Elected Official/Department Head or designee. Remote access may also be updated periodically to the employee at the discretion of the employee's Elected Official/Department Head or designee. If the county's remote access system includes internet access or VPN services, the employee may only use the county provided internet access or VPN services in a manner consistent with that of employees at the centrally located worksite. Employees who telecommute are subject to the same internal county policies regarding the use of county provided equipment and services as that of employees at the centrally located worksite.

10. The county will not purchase or reimburse employees for the cost of an internet service provider or internet use. If the county's remote access system includes internet access or VPN services, the employee may only use the county provided internet access or VPN services in a manner consistent with that of employees at the centrally located worksite. Employees who telecommute are subject to the same internal county policies regarding the use of county provided equipment and services as that of employees at the centrally located worksite.

11. The county will not provide or reimburse employees for software that is commercially available for installment on an employee's personal computer for personal use.

12. The county may purchase or reimburse employees for software that is installed on county provided equipment if approved in advance by the employee's Elected Official/Department Head or designee.

13. County information stored on an employee's personal computer may be subject to public disclosure requirements.

14. Management shall retain the right to visit the home office work site during business hours. Such visits shall be made with 24-hour notification from the Elected Official/Department Head or designee, except in the case of an emergency. Failure to maintain a safe work environment or ensuring that county owned equipment is secure will terminate an employee from the telecommuting program.

D. Telephones:

1. Telephone equipment (such as a fax machine) and service may be provided on an as-needed basis to employees by the county if approved in advance by the Elected Official/Department Head or designee. All equipment must be returned to the county as soon as the telecommuting arrangement is no longer valid, if the equipment will no longer be needed by the employee to do their work or employment with the county is terminated. The county will provide for routine maintenance and repairs for county equipment if the equipment is returned to the employee's centrally located worksite. Routine maintenance and repairs for county provided equipment that can not be returned to the centrally located worksite in a cost effective manner may be conducted at an employee's home if it is approved in advance by the employee's immediate supervisor and is agreeable with the applicable technology support staff person.

2. The county may reimburse an employee on a case-by-case basis for business related long distance telephone expenses incurred at the employee's home on telecommuting days if approved in advance by the employee's Elected Official/Department Head or designee. Long distance charges for remote access to the county's network are permissible if approved in advance by the employee's Elected Official/Department Head or designee. Reimbursement will require an itemized copy of the employee's telephone bill.

3. Telecommuters will check their voice mail messages or contact the office on a regular basis throughout the day and will return phone calls promptly.

4. Phones at the alternate work site will be answered in a business-like manner during business hours. Answering machines, if used, will convey an office image during telecommuting hours.

5. The county will not reimburse the employee for local telephone calls or service.

E. Confidential Information:

The employee will maintain the confidentiality of county information and documents, prevent unauthorized access to any county system or information, and dispose of work related documents in a manner that will not jeopardize the interests of the county.

F. Procedures:

	Action by	Action
1.	Employee	► Makes a written request and submits it to immediate supervisor.
2.	Immediate Supervisor	► Reviews request. ► May request a written analysis of work tasks from employee. ► May deny agreement or any equipment or service expenses requested. ► If agreement is acceptable, forwards agreement for approval to Elected Official/Department Head or designee.
3.	Elected Official/ Department Head	► Denies or grants equipment or service expenses. If denied, provides the immediate supervisor written explanation of why the expenses are not approved. ► Informs employee in writing of denial or granting of request for telecommuting arrangement and equipment and service expenses if applicable, including date the arrangement will be implemented and date it will end. If denied, provides the employee with a written explanation of why the request has been denied.

G. Responsibilities:

1. Employees who telecommute or plan to telecommute are responsible for:

   a. Ensuring that a high level of public service is maintained, and that abuses of this policy do not occur.
   b. Initiating a written request if they are interested in entering into a telecommuting agreement.
   c. Reporting to their immediate supervisor as early as possible if they are unable to work on a telecommuting day.
   d. Establishing and maintaining an adequate, safe and ergonomic work space in their home.
   e. Maintaining appropriate care and security of any county equipment used at the employee's home. Employees who telecommute from home are subject to the same internal county policies regarding the use of county provided equipment (hardware and software) and services as that of employees at the centrally located worksite. Employees shall return all county provided equipment promptly upon completion of their telecommuting agreement. Employees are responsible for maintenance and repair of their own equipment.

f. Maintaining the confidentiality of county information and documents, preventing unauthorized access to any county system or information, and disposing of work related documents in a manner that will not jeopardize the interests of the county.
g. Any injuries to third parties and/or members of the employee's family on the employee's premises during the employee's telecommuting work period.
h. Abiding by all of the terms of Spokane County's telecommuting policy.

2. Immediate Supervisors are responsible for:

a. Ensuring that a high level of public service is maintained, and that abuses of this policy do not occur.
b. Reviewing employee requests for telecommuting, denying requests or forwarding eligible requests to Elected Official/Department Head or designee for approval.
c. Providing written notice granting or denying requests and written notice for termination of agreements to employees.
d. Communicating to the employee performance expectations and monitoring accomplishment of those expectations.
e. Abiding by all of the terms of Spokane County's telecommuting policy.

3. Elected Official/Department Head or designee are responsible for:

a. Ensuring that a high level of public service is maintained, and that abuses of this policy do not occur.
b. Reviewing employee requests for telecommuting, granting or denying employee requests and forwarding equipment and service expenses that exceed the minimum standards set up by the department director for approval to the department director. If they deny an employee's request, a reason must be provided to the employee's supervisor, so the supervisor may forward the reason to the employee.
c. Monitoring policy use by immediate supervisors to insure that the policy is being applied consistently.
d. Abiding by all of the terms of Spokane County's telecommuting policy.
e. Allowing division, section or unit managers to approve minimal telecommuting expenses based on specific dollar limit per employee per year.
f. Setting up additional procedures for division managers should the director choose to review or track telecommuting agreements with their employees.

H. Appendices: Agreement

TELECOMMUTING AGREEMENT

Employee's Name:_____Department: _____
Supervisor's Name:_____Date: _____
Department Head/Elected Official or designee _____

Outlined below are the terms and conditions for teleworking as agreed upon by the participating employee named above and his/her Department head/Elected Official or designee.
The employee agrees to work at the following location: _____
_____
_____
_____
The employee will telecommute ___ days per week. Below is a complete work schedule for both days in and out of the office:

Day	Hours	Location
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Other		

Special schedule requirements:
_____
_____
_____
_____
The following duties must be performed by the employee at the secondary location [attach additional documentation if insufficient room]:
_____
_____
_____
_____
The following company-owned equipment will be used by the employee at the secondary location:_____
_____
_____
_____
The following personally-owned equipment will be used by the employee at the secondary location:_____
_____
_____

The employee will be reimbursed for the following costs:

_____
_____
_____
_____
_____
_____
_____
_____

I, _____ (supervisor's name), have reviewed the above information with

_____ (employee's name) prior to his/her participating in Spokane County's telecommuting program.

Supervisor's Signature: _____

Date: _____

I,_____(employee's name), have read and understand the Telecommuting Policy, and agree to abide by its rules. I also understand that this Telecommuting Agreement is not an employment contract or an employment benefit. This agreement is being entered into by me voluntarily, and may be terminated by my supervisor at any time, for any reason.

Employee's Signature: _____

Date: _____

I,_____(Department Director or Elected Official), have read and agree to the application for Telecommuting. I also understand that this Telecommuting Agreement is not an employment contract or an employment benefit. This agreement may be terminated by me at any time, for any reason.

Department Head Or Elected Official's Signature: _____

Date: _____

300 - EMPLOYEE BENEFITS AND LEAVES

311 - VACATIONS

I. PURPOSE

To provide a traditional paid-time-off benefit that will provide a restful break in year-round routine and support the County's goals to attract, motivate and retain quality employees.

II. SCOPE

This policy applies to eligible employees of the County. (Labor agreements may vary. See specific labor agreements in reference to represented employees.)

III. POLICY

A. Each regular full-time non-represented employee accrues vacation leave as follows (County Code 1.03.051):

Years of Employment	Vacation Hours Earned	Annual Days
0 - 4 years	1 day per month	12 days
5 - 9 years	1¼ days per month	15 days
10 - 14 years	1½ days per month	18 days
15 - 20 years	1¾ days per month	21 days
20 - 25 years	2 days per month	24 days
25+ years or more	2¼ days per month	27 days

*Eligible part-time and percentage employees accumulate on a pro-rated basis.

1. All new employees must satisfactorily complete their review period to be entitled to the use of vacation leave. Regular part-time employees and percentage employees will receive vacation on a pro-rated basis. Extra-help, seasonal, and temporary employees are not eligible for any vacation benefits.

2. Each Department is responsible for scheduling its employees' vacations without undue disruption of department operations. Leave requests should be submitted at least two weeks prior to commencement of vacation or according to the specific labor agreement procedures.

3. An employee hired on or after the 16th day of any month shall not earn vacation leave for that month. An employee must work through the 16th day of any month before vacation shall be earned at the vacation leave rate for that month.

4. Vacation leave may be accumulated to a total of twice the amount earned annually or to a maximum amount of 40 working days credit, whichever is the lesser. When an employee reaches the maximum amount of accumulated earned vacation leave, as provided for in this section, the employee will forfeit any additional earned vacation leave. Because of work scheduling problems, Elected Official/Department Head may request or authorize an employee to defer any accumulated vacation that would be forfeited under the provisions. This would be placed in writing and kept on file. Then, the vacation accrual would not be forfeited. This will be verified with the Payroll Section annually.

5. Employees transferring within the several offices and Departments of Spokane County shall be entitled to transfer accrued vacation time to each succeeding office or Department.

6. Any employee who is laid off, discharged, retired, or separated from the service of the employer for any reason, shall be compensated in cash for the unused vacation accumulated at the time of separation. In the event the employee is placed on administrative leave due to a disciplinary process, they shall not continue to accrue vacation benefits. In the case of death, vacation leave payment will be made to the estate.

7. Vacation or sick leave time shall not be charged against an employee taking military leave according to the provisions of RCW 38.40.060, and Title 38 U.S.C. Chapter 43. (See Policy #316 – Military Activation and Training.)

8. Spokane County encourages each full-time employee to take an annual vacation as paid time off away from work. The County does not provide vacation pay unless vacation time is actually taken as time off from work, or upon separation.

9. Sick leave shall not be substituted for vacation time so an employee can be in a paid status while taking time off from work.

IV. ELIGIBILITY

A. Newly hired County employees do not accrue vacation entitlement during the review period. However, at the completion of this period vacation accrual is retroactive to the date of hire.

B. Vacation time is not earned during an unpaid leave of absence. Earning resumes upon return to paid status.

C. Unused vacation accrual will be paid to employees upon separation provided they have completed the Review Period (See Policy #030). Pay will be computed based on the rate of pay earned upon separation.

V. SCHEDULING

A. Vacation hours may not be accrued from year to year beyond those specified in paragraph IIIA4 above.

B. Selection of vacation dates is subject to approval of the employee's supervisor, manager, or Elected Official/Department Head. The County prefers that employees take one vacation period of at least five consecutive workdays.

C. If a County-paid holiday falls during an employee's vacation, the holiday will not be counted as vacation day taken.

D. Each supervisor, manager, or Elected Official/Department Head will maintain a department schedule and record of the vacation time taken by each employee.

312 - HOLIDAYS

I. PURPOSE

To provide a competitive paid-time-off benefit to recognize traditional holidays.

II. SCOPE

This policy applies to eligible regular employees of Spokane County. (Labor agreements may vary. See specific labor agreements in reference to represented employees.)

III. POLICY

A. Employees become eligible for holiday pay at time of hire.

B. The following holidays are recognized by the County*:

Holiday	Date Observed
New Year's Day	January 1
Martin Luther King Day	Third Monday in January*
Presidents' Day	Third Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Veterans Day	November 11
Thanksgiving Day	Fourth Thursday in November
Day after Thanksgiving	Fourth Friday in November
Christmas Day	December 25

And any day so designated as a one-time holiday by the Governor of the State of Washington or the President of the United States, pending Board of County Commissioner approval.

*Some labor agreements may substitute personal holidays for calendar holidays. Check specific labor agreement.

All personal holidays must be used by the end of the calendar year, or else they are forfeited.

C. County-paid holidays which fall on a Saturday will be observed on the preceding Friday; paid holidays which fall on a Sunday will be observed on the following Monday.

D. To be eligible for holiday pay, an employee must work the last regularly scheduled workday preceding the holiday and the first regularly scheduled workday following the holiday, unless the employee is on an approved paid leave.

E. An employee who separates or commences an unpaid leave of absence on the last scheduled workday preceding a holiday will not receive holiday pay.

F. Non-exempt employees required to work on a scheduled holiday will be paid one-and-one-half their regular rate for hours worked, in addition to their regular holiday pay.

G. An exempt employee required to work a holiday will be given another day off at a time mutually convenient to the employee and the County, usually within 90 days following the holiday.

H. Extra-help, seasonal, and temporary employees are not eligible for holiday pay, but will be paid at their regular straight-time rate for hours worked on a holiday.

I. RELIGIOUS HOLIDAYS (SSB 5173): Notwithstanding provisions in Policy #324, and employee is entitled to up to two unpaid holidays per calendar year for a reason of faith or conscience or an organized activity conducted under the auspices of a religious denomination, church or religious organization. The employee may, with the Elected Official's/Department Head's approval, take the unpaid day off as long as; (a) the employee's absence would not impose an undue hardship on the employer; (b) the employee submits a written request at least two weeks prior to the requested day (unless the employee can demonstrate that such notice was not possible under the circumstances); (c) the employee has not already used their two days in the calendar year;. Or (d) the employee is necessary to maintain public safety, i.e., granting the leave would result in the shift falling below necessary staffing levels. A partial day absence counts as one of the two days. To request the use of this day, a "Time-Off Request – Unpaid Religious Holiday" form must be completed and given to the employee's supervisor. An employee wishing to be compensated for the time off should follow the pertinent policies and procedures for using accrued PTO/vacation leave or compensatory time.

311- SICK LEAVE

I. PURPOSE

The purpose is to provide protection against income loss for employees who, because of illness or accident may be absent from work, need to attend to a family member or need time off from work for necessary or routine health care.

II. SCOPE

This policy applies to all regular, full-time and part-time/percentage employees of Spokane County not covered by the PTO plan or other leave policies. Collective bargaining agreements may differ.

III. DEFINITIONS

Immediate family: Spouse, State Registered Domestic Partner, parent, step-parent, child (biological, adopted, step or foster) regardless of age or dependency status, brother, sister, grandparent, grandchild, father-in-law, mother-in-law, brother-in-law, sister-in-law, daughter-in-law, son-in-law or a more distant relative if living as a member of the employee's immediate family.

Accrual Year: January 1st through December 31st

IV. POLICY

A. Employees in paid status for any portion of the month shall earn sick leave at the rate of 7.5 or 8.0 hours per month (based on a full-time employee status, pro-rated for other weekly schedules) or as applicable per Federal or State law.

B. Paid sick leave may be used for the following:
   1. An employee's mental or physical illness, injury or health condition;
   2. Preventive care such as a medical, dental or optical appointments and/or treatment;
   3. Care of a family member with an illness, injury, health condition and/or preventive care such as a medical/dental/optical appointment;
   4. Closure of the employee's place of business or child's school/place of care by order of a public official for any health-related reasons;
   5. Exposure to a contagious disease where on-the-job presence of the employee would jeopardize the health of others.
   6. Use of a legally prescribed prescription drug that impairs job performance or safety.
   7. If the employee or the employee's family member is a victim of domestic violence, sexual assault, or stalking.

C. Authorized use of paid sick leave for domestic violence, sexual assault or stalking includes:
   1. Seeking legal or law enforcement assistance or remedies to ensure the health and safety of employee's and their family members including, but not limited to, preparing for, or

participating in, any civil or criminal legal proceeding related to or derived from domestic violence, sexual assault or stalking.

2. Seeking treatment by a health care provider for physical or mental injuries caused by domestic violence, sexual assault, or stalking.
3. Attending health care treatment for a victim who is the employee's family member.
4. Obtaining, or assisting the employee's family member(s) in obtaining, services from: a domestic violence shelter; a rape crisis center; or a social services program for relief from domestic violence, sexual assault or stalking.

5. To obtain, or assist a family member in obtaining, mental health counseling related to an incident of domestic violence, sexual assault or stalking in which the employee or the employee's family member was a victim of domestic violence, sexual assault or stalking.
6. Participating, for the employee or for the employee's family member(s), in: safety planning; or temporary or permanent relocation; or other actions to increase the safety from future incidents of domestic violence, sexual assault, or stalking.

D. At no time, will sick leave with the combination of any compensation exceed that which the employee would have received had they worked a regular workweek.

E. Sick leave pay for time off when a person is “not sick or other approved situations” is not authorized and not counted as compensated time.

F. Employees transferring to other County departments shall have accrued sick leave balance transferred, see PTO plan, as applicable.

G. Employees rehired within thirty [30] days will have their entire accrued sick leave balance reinstated. Employees rehired after thirty [30] days but within twelve [12] months will have their accrued sick leave balance reinstated up to forty [40] hours.

H. An employee must notify his/her immediate supervisor or Elected Official/Department Head as soon as reasonably possible when it is necessary to use sick leave for stated reasons. The County may require a medical note for leave of more than three (3) days. The County may request a physician’s written release for an employee to return to work or the opinion of a second doctor at the County’s expense to determine whether the employee suffers from a chronic physical or mental condition that impairs his/her ability to perform the job.

I. Any eligible employee who separates from service shall not be compensated for unused sick leave. Participation in a VEBA may apply, if eligible.

J. Employees accrue and may use sick leave during the employee’s review period(s).

K. The number of sick leave hours available are not intended to establish a guideline for acceptable attendance.

L. Regular part-time employees may accrue sick leave benefits on a pro-rated basis (50%, 60% or 80%).

M. Employees may rollover a maximum of 75 sick days or pro-rated equivalent.

N. If an employee's absence continues beyond the period covered by sick leave, the following remedies apply:

1. Except when State or Federal law dictates it is the employee's choice as to the type of leave to use, Spokane County will permit the use of compensatory leave first, followed by vacation leave.

2. If all leave options have been exhausted, employees may be placed on leave without pay status upon approval of the Department Head or Elected Official in conjunction with the Human Resources Director or designee. Sick leave and vacation accruals may be credited during this unpaid leave status.

O. Retaliation: Any discrimination or retaliation against an employee for lawful exercise of paid sick leave rights is not allowed. Employees will not be disciplined for the lawful use of paid sick leave.

V. EMPLOYEES HIRED PRIOR TO JUNE 1, 1989

Unless the employee selected the LTD plan an employee hired before June 1, 1989, may rollover a maximum of 180 sick days or pro-rated equivalent. Upon retirement or death, accrued sick leave will be paid at 50% of accrued leave balance at employee's final pay rate.

Please reference Policy XXX for Sick Leave- Extra Help/Seasonal Employees.

314 – PAID TIME OFF (PTO) PLAN

PURPOSE

The PTO Plan is designed to offer employees flexibility and self-management with their paid time off.

SCOPE

This policy applies regular employees of Spokane County, unless otherwise excluded. It currently applies to mostly non-represented employees. Classifications/Labor Groups/Benefits excluded from the PTO plan include:

Elected Officials	Court Commissioners
Judicial Assistants, job code 420504	Official Court Reporters, job code 420704
LEOFF Employees	PERS 1 Employees
Employees not covered by Long Term Disability or those employees/positions with benefits tied to the above excluded groups	

Definitions

1. **Catastrophic (CAT) account** means a bank of leave hours separate from PTO, created upon conversion from the standard vacation/sick leave plan to PTO. The CAT account may be accessed under specific circumstances, in the case of a severe illness or injury of the employee or an immediate family member. Not all employees will have a CAT account.
2. **Immediate family** means spouse, state registered domestic partner, parent, step-parent, child (biological, adopted, step or foster) regardless of age or dependency status, sibling, grandparent, grandchild, father-in-law, mother-in-law, brother-in-law, sister-in-law, daughter-in-law, son-in-law, or a more distant relative living as a member of the employee's immediate family.
3. **Paid Time Off (PTO) accrual year** means January 1st through December 31st (for end-of-year rollover purpose).

POLICY

A) PTO Uses

1) PTO may be used for scheduled or unscheduled absences. Scheduled absences require approval from a supervisor prior to utilization of PTO. Unscheduled absences require that the employee adhere to appropriate notification requirements.

   a) <u>Scheduled absences</u> (for example: preventative care medical/dental appointments, family functions, recreational activities/vacations) require prior written approval. Scheduled absence requests should be submitted for approval two (2) weeks prior to

absence, or as soon as reasonably possible. Approvals for scheduled absences are at the supervisor's discretion based on the business needs of the department but will not be unreasonably withheld. In cases of duplicate requests for a scheduled absence outside an annual bidding process, approval will be on a first come, first considered basis. For those departments that follow an annual bidding process, department seniority shall prevail.

b) Unscheduled absences (for example emergencies or calling in before shift due to an illness or injury of the employee or immediate family members). The employee must notify his/her Department Head/Elected Official (or designee) as soon as reasonably possible, in accordance with department procedures.

2) Employees may use PTO for domestic violence, sexual assault or stalking incidents, including:

a) Seeking legal or law enforcement assistance or remedies to ensure the health and safety of employee's and their family members including, but not limited to, preparing for, or participating in, any civil or criminal legal proceeding related to or derived from domestic violence, sexual assault or stalking.

b) Seeking treatment by a health care provider for physical or mental injuries caused by domestic violence, sexual assault, or stalking or attending health care treatment for a victim who is the employee's family member.

c) Obtaining, or assisting the employee's family member(s) in obtaining services from: a domestic violence shelter; a rape crisis center; or a social services program for relief from domestic violence, sexual assault or stalking.

d) To obtain, or assist a family member in obtaining, mental health counseling related to an incident of domestic violence, sexual assault or stalking in which the employee or the employee's family member was a victim of domestic violence, sexual assault or stalking.

e) Participating, for the employee or employee's family member(s), in: safety planning; or temporary or permanent relocation; or other actions to increase the safety from future incidents of domestic violence, sexual assault or stalking.

3) PTO may be used due to closure of the employee's place of business or child's school/place of care by order of a public official for any health-related reasons; in the case of an exposure to a contagious disease where one-the-job presence of the employee would jeopardize the health of others; when a medical condition requires use of a legally prescribed prescription drug that impairs job performance or safety.

B) Accrual Rates

1) Accrual of PTO hours are at the following rates:

Years of Service	7.5-hour Rate		8-hour Rate		7.5-hour PTO Max Hours Accrued	8-hour PTO Max Hours Accrued
	Per Mont	Per Year	Per Month	Per Year		
Less than 1 Year	13.125	157.50	14.000	168.00	315.00	36.00
1 year but less than 2	13.500	162.00	14.400	172.80	324.00	345.60
2 years but less than 3	13.875	166.50	14.800	177.60	333.00	355.20
3 years but less than 4	14.250	171.00	15.200	182.40	342.00	364.80
4 years but less than 5	14.625	175.50	15.600	187.20	351.00	374.40
5 years but less than 10	15.000	180.00	16.000	192.00	360.00	384.00
10 years but less than 15	16.875	202.50	18.000	216.00	405.00	432.00
15 years but less than 20	18.750	225.00	20.000	240.00	450.00	480.00
20 years but less than 25	20.625	247.50	22.000	264.00	495.00	528.00
25 years or more	22.500	270.00	24.000	288.00	540.00	576.00

2) Employees must be in a paid status for any portion of their scheduled work days during the month to earn credit for PTO time.

3) Percentage employees will accrue PTO on a pro-rated basis.

4) Accrual rates are based on the following:

   a) Current vacation accrual rates

   b) 60 hours (for 7.5 hour shift)/64 hours (for 8 hour shift) of sick leave per year

   c) One personal holiday (7.5/8 hours) or as designated in the current bargaining contract

   d) A day (7.5/8 hours) designated as a one-time holiday by the Governor of the State of Washington or the President of the United States will be added to the balance and used in accordance of the PTO policies. The one-time holiday is not used in calculating the maximum accrual rate.

C) Requesting PTO Time:

1) Employees can use PTO as it is earned
2) PTO time can be taken in no less than ¼ hour increments
3) There are limited situations in which PTO may not be approved, including:
   a) Zero-balance account: when PTO and CAT accounts are depleted (CAT account is considered depleted for this purpose if the CAT account is not accessible because of short absence). This type of unauthorized absence may result in progressive discipline (counseling, oral reprimand, written reprimand, suspension, termination). Each occurrence (one occurrence can be a number of days when occurrence is an extended absence) of this type of unauthorized absence will advance to the next level of discipline unless stale discipline, utilization of other benefits/programs as identified in section I (Other Benefits/Programs) or other mitigating circumstances.
   b) Job abandonment: when an employee fails to follow departmental procedures in notifying his/her supervisor of an absence (for example: leaving work during assigned shift without notice, failure to report to work without notice, failure to follow up/update supervisor of ongoing absence). These types of unapproved absences are considered an abandonment of one's job and justify severe discipline (suspension/termination).
   c) Unapproved absences will be without pay

D) Maximum Annual Rollover:

The maximum number of PTO hours an employee may rollover from one PTO accrual year to the next cannot exceed two (2) times the annual accrual rate (see accrual rate chart).

E) CAT (Catastrophic) Account

1) Employees who have a balance in their CAT account will have the option of using CAT hours in lieu of PTO hours for a serious illness or injury of the employee or the employee's immediate family member, requiring an absence of more than five (5) working days.
2) Employees must first use a minimum of five (5) working days of PTO **per condition** before accessing their CAT account. The five (5) working days are not required to be consecutive.
3) The CAT account is non-renewable and will be established at conversion only. Additional hours/days cannot be added. Once the CAT account is exhausted, it cannot be utilized again, except:

a. The CAT account may be used for an L&I covered illness, and "bought back" if specific requirements are met. See section I Other benefits/programs, item 4.

4) Employees who have an illness or injury requiring them to be absent for longer than three (3) working days **per condition**, should contact Human Resources to discuss FMLA or other benefits/conditions that may apply as a result of their time off. Spokane County Risk Management and/or HR may require a release to return to work for employee medical absences.

F) Annual PTO Cash Out/Incentives

1) Employees must have five (5) years of continuous service in a benefited position with Spokane County before they request a cash out.

2) Employees will have the option once per calendar year to cash out hours in their PTO bank above the required minimum balance of 150 hours (for 7.5-hour shift) or 160 hours (for 8-hour shift). Cash out is submitted in ¼ hour increments.

   a. Employees who take 37.5 hours (for 7.5-hour shift) or 40 hours (for 8-hour shift) of PTO in the prior 12 calendar months may cash out up to 37.5 hours (for 7.5-hour shift) or up to 40 hours (for 8-hour shift) per calendar year.

   b. Employees who take 75 hours (for 7.5-hour shift) or 80 hours (for 8-hour shift) of PTO in the prior 12 calendar months may cash out up to 75 hours (for 7.5-hour shift) or up to 80 hours (for 8-hour shift) per calendar year.

3) Employees with direct compensation (wages, longevity, cell phone or other additional wage items) equal to or more than the current Social Security Old-Age, Survivors, and Disability Insurance (OASDI) benefit base, are not eligible for a PTO cash out in any form (cash or deferred compensation). This annual limit is updated yearly by the Social Security Administration and is referenced at http://www.socialsecurity.gov/OACT/COLA/cbb.html.

4) Employees may select their cash out in one of the two following methods:
   a. Additional money included in their paycheck.
   b. Direct payment to their 457 Deferred Compensation Account. The employee must be currently enrolled in a Spokane County-sponsored deferred compensation program. Forms are required to make a one-time contribution, contact Human Resources for the necessary paperwork.

5) Requests to cash out must be submitted in writing by the 1st of the month for payment on the 15th payroll. Because accruals occur at the end of each month, absolutely no cash outs will be made on the last payroll of the month. (See Attachment B).

G) Separation from Service

1) Upon separation from service for any reason, employees will be cashed out at 100% of their PTO balance up to a maximum of the annual rollover (will vary depending upon each employee's years of service and respective accrual rate at time of separation).
    a. Employees 60 years of age or older with at least five (5) years of service:
        - One week of PTO (37.5 or 40 hours) will be paid out as cash in their final paycheck
        - Remaining PTO will be cashed out at 100% to a VEBA
    b. Employees with access to TriCare military coverage or who do not meet the criteria in section "a", their PTO balance will be cashed out 100% to their final paycheck.

2) Upon separation from service for any reason, only employees 55 years of age or older with 15 years or more of continuous service with Spokane County will be cashed out at 25% of their CAT balance to a VEBA.

3) Any gaps in service will be treated as follows: if an employee is rehired/recalled within 12 months (18 months in the case of layoff) and if 25% of CAT has not been paid out, the CAT account balance will be reinstated. For calculation of years of service for PTO accruals, years of service will be bridged with prior service after a *recall /rehire from layoff* if prior service was at least five years and the recall/rehire was within three years of separation. All time in an unpaid status will reduce years of service. If separation from County is not as a result of layoff, the above treatment for gaps in service will only apply if rehired within 30 calendar days of separation. a. Because an employee's PTO balance is cashed out upon separation from employment, there are no leave hours, aside from a CAT account balance (if applicable), to reinstate upon rehire.

H) Other Components of the Program

1) Employees on the PTO Plan are not eligible to receive or donate time to Shared Leave.

2) Short Term Disability (STD):
    a. Employees must use all the PTO / CAT balances before receiving STD.
    b. Only employees on PTO are eligible for the STD plan.
    c. STD has a benefit waiting period of 60 calendar days from the date of the disability. STD benefits end when Long Term Disability (LTD) begins.
    d. STD will pay 60% of an employee's basic monthly gross earnings in effect at the time they became disabled and provide a monthly STD income payment. Payroll related taxes and other benefit contributions (i.e., medical, dental, life insurance,
    retirement) are not deducted from the monthly STD income payment; however, such payments may be considered taxable income by the IRS. (Consult your tax advisor)
    e. For complete STD plan information and requirements, contact Human Resources.

3) Long Term Disability (LTD):

a. Employees must use all the PTO / CAT balances before receiving LTD.
b. Only employees on PTO are eligible for the LTD plan.
c. LTD has a benefit waiting period of 180 calendar days from the date of the disability.
d. LTD will pay 60% of an employee's basic monthly gross earning in effect at the time they became disabled and provide a monthly LTD income payment. Payroll related taxes and other benefit contributions (i.e., medical, dental, life insurance, retirement) are not deducted from the monthly LTD income payment; however, such payments may be considered taxable income by the IRS. (Consult your tax advisor)
e. For complete LTD plan information and requirements, contact Human Resources.

4) Labor and Industries (L & I) Leaves:
   a. Employees will have the option of using CAT, PTO, or leave without pay for approved L & I leaves.
   b. Employees must first use CAT time if it is available. PTO and CAT hours are eligible for buyback per Labor & Industries statutes and County policy. If no CAT hours are available, PTO time or leave without pay may be used.
   c. Employees must authorize in writing of their desire to use PTO time as a buy-back option versus straight time-loss option.
   d. Monthly income payment is determined by L & I. Contact the Risk Management Department for information and requirements.

5) Family and Medical Leave Act (FMLA):
   a. Employees who have a covered illness that will require them to be absent for three (3) working days or longer per condition, are required to contact their immediate supervisor and Human Resources to apply for FMLA or other benefits/ conditions (including the CAT account) that may apply as a result of their time off. Spokane County Risk Management and/or HR may require a release to return to work for employee medical absences.

I) Conversion from Current Plan to PTO

1) Conversion will occur as negotiated and adopted by the Board of County Commissioners.

2) Vacation hours will be converted hour for hour.

3) Sick leave from an employee's current balance will be credited up to 60 hours (for 7.5-hour shift) / 64 hours (for an 8-hour shift) in the PTO bank. Remaining sick leave hours will be placed in a catastrophic (CAT) account.

4) If the combination of vacation, personal days and, 60/64 hours of sick leave exceeds the PTO cap, excess PTO will be cashed out down to the cap.

5) Attachment B can be used to compute the converted PTO balance, CAT balance, and cash-out amount.

J) Conversion from PTO to Sick Leave/Vacation Leave/Personal Holiday Schedule

1) A change in position may require an employee to convert back from the PTO plan, to the sick leave/vacation leave/personal holiday schedule, if such position is in a group excluded as identified in A2 from the PTO plan.

2) Conversion back to the sick leave/vacation leave/personal holiday schedule will occur as follows:
   a. The balance of the CAT account will be converted to sick leave. If the CAT account is zero, then the employee will start with a zero-sick leave balance.
   b. All PTO hours will be converted to vacation.
   c. Personal Holiday hours will be added at the beginning of the next calendar year.
   d. If vacation hours, after conversion, exceeds the maximum PTO accrual rate for the employee, the excess PTO will be cashed out down to the maximum.

K) Retaliation

An employer may not discriminate or retaliate against an employee for the lawful use of PTO as it related to paid sick leave rights.

ATTACHMENT A

PTO CONVERSION WORKSHEET

Vacation Balance as of Conversion Date: _____Hours

Sick Balance as of Conversion Date: _____Hours

PTO Bank Formula:

_____	*plus*	_____	*equals*	_____
Vacation Hours		Sick Hours * *(60 Hours / 7.5 Rate)* *(64 Hours / 8.0 Rate)*		Beginning PTO Balance

**If beginning balance is less than 60/64, all hours are added to PTO. No CAT account is available.*

Catastrophic Account Formula:

_____	*minus*	_____	*equals*	_____
Sick Hours Balance At Conversion		Sick Hours to PTO Bank		Beginning CAT Balance

Cash Out Formula:

See Section F for criteria

_____	*minus*	_____	*equals*	_____
PTO Balance		Minimum Required Balance (150 Hours / 7.5 Rate) (160 Hours / 8.0 Rate)		Cash Out Hours Available

_____	*times*	_____	*equals*	_____
Cash Out Hours Requested *(Max of 37.50/40 hours - represented)* *(Max of 75/80 hours – non-rep only)*		Current Hourly Rate *(Cannot exceed in section F2)*		Gross Cash Payout

ATTACHMENT A.1 – Examples of Conversion

	Balance as of Conversion			PTO Bank Formula			CAT Account	Total Leave After Conversion
7.5-hour Employee	Vacation	Sick	Total	Vacation	Sick*	Balance		
Moderate balance of vacation & sick	186.97	143.50	330.47	186.97	60.00	246.97	83.50	330.47
Low balance of vacation & sick	67.50	22.00	89.50	67.50	22.00	89.50	-	89.50
Low balance of vacation & high sick	14.62	234.77	249.39	14.62	60.00	74.62	174.77	249.39
High vacation & low sick balances	248.88	65.80	314.68	248.88	60.00	308.88	5.80	314.68
High balances of vacation & sick	300.00	562.50	862.50	300.00	60.00	360.00	502.50	862.50
8-hour Employee								
Moderate balance of vacation & sick	186.97	143.50	330.47	186.97	64.00	250.97	79.50	330.47
Low balance of vacation & sick	67.50	22.00	89.50	67.50	22.00	89.50	-	89.50
Low balance of vacation & high sick	14.62	234.77	249.39	14.62	64.00	78.62	170.77	249.39
High vacation & low sick balances	248.88	65.80	314.68	248.88	64.00	312.88	1.80	314.68
High balances of vacation & sick	300.00	562.50	862.50	300.00	64.00	364.00	498.50	862.50

* if beginning balance is less than 60 / 64 hours, all hours are added to PTO Bank; No CAT is available. Hours over 60 / 64 are deposited in the CAT.

ATTACHMENT B

REQUEST FOR ANNUAL PTO CASH OUT
15th of the month payroll only

_____ _____
Printed Name Department

I request that my PTO bank be cashed out based on the following Cash Out Formula:

_____ PTO Balance	*Less*	_____ Minimum Required Balance (150 Hours / 7.5 Rate) (160 Hours / 8.0 Rate)	*equals*	_____ Cash Out Hours Available
_____ Cash Out Hours Requested *(Max of 37.5/40 hours - Represented)* *(Max of 75/80 hours – Non-rep only)*	*times*	_____ Current Hourly Rate *(Cannot exceed in section F2)*	*equals*	_____ Gross Cash Payout

In the Form of (see section F4):

Select one: _____ Additional Funds Included in Paycheck
_____ 457 Deferred Compensation Account
Complete forms to start & stop Deferred Compensation

_____ _____
Signature Date

****
To Be Completed and Verified by Department Payroll Clerk:

_____ Last Cash Out	_____ Hourly Rate *(cannot* exceed as in *section G5)*	_____ PTO Hours taken within last 12 months
_____ Payroll Clerk	_____ Payroll Date	_____ Date Verified

315- OTHER LEAVES

I. PURPOSE

To provide a means for employees to secure limited time off when such time is needed for authorized reasons.

II. SCOPE

This policy applies to eligible employees of Spokane County.

III. POLICY

A. JURY DUTY:

1. Any Employee who is called for jury duty shall receive from the County his/her regular pay for the actual time they are required to be absent from work for such jury duty. Any such absence shall not be counted against accumulated sick or annual leave. (Res. 73-30 (part), 1973; 66-35 § 10, 1966)"

MATERNITY LEAVE:

2. A pregnant employee is allowed to work as long as she is able to perform the job, and as long as her physician concurs. Once a pregnant employee is no longer able to perform her job, supported by a statement from her physician, she will be placed on State Maternity Leave for the period of time she is temporarily disabled because of pregnancy and/or child birth. The County may not be obligated to pay the benefits during any unpaid status while on maternity leave. (Accrued vacation and sick leave must be used prior to authorizing leave without pay.)
3. COBRA would be offered and arrangements must be made with payroll to pay life insurance and retirement. Upon the birth of the child, the employee would then be eligible for FMLA.
4. The maternity disability leave is not counted against FMLA. It is considered "stackable" on to FMLA leave. The County is responsible for maintaining employer medical/dental contributions while the employee is on paid status.
5. The employee shall be allowed to return to the same position, or a similar position of at least equal pay, if she has taken a leave of absence for the actual period of disability relating to pregnancy and childbirth.

B. BEREAVEMENT LEAVE

Bereavement leave entitles a member up to three (3) working days off with pay, not chargeable to sick leave balance if a member suffers a death of a member of his/her immediate family as defined below. Bereavement leave in the case of a spouse or a child is allowed up to ten (10) working days.

Two additional working days may be authorized if travel time is needed for out-of-town funerals. To be considered out-of-town, the employee must travel more than one hundred and twenty-five miles outside of Spokane County.

Bereavement leave can be utilized over a six (6) month period after the death. If the employee requires additional bereavement time, they may request additional time off chargeable to compensatory time, annual leave or PTO.

Immediate family shall be defined as follows: Spouse, State Registered Domestic Partner, parent, step-parent, child (biological, adopted, step or foster) regardless of age or dependency status, sibling, grandparent, grandchild, father-in-law, mother-in- law, brother in-law, sister-in-law, daughter-in-law, son-in-law or a more distant relative if living as a member of the employee's immediate family.

C. MILITARY SPOUSAL LEAVE

Entitles an employee who is the spouse of military personnel to take up to 15 days unpaid leave while their spouse is on leave from deployment, or before and up to deployment, during times of military conflict declared by the President or Congress.

1. The employee must provide employer with notice of the intention to take leave within five (5) business days of receiving official notice that their spouse will be on leave or of an impending call to active duty.

2. The employee may substitute accrued leave for any part of the family military leave and is entitled to job protection and the same benefits as under the state Family Leave Act.

D. REFERENCES FOR SPECIFIC LEAVE POLICIES:

1. Military Leave - Policy #316
2. Shared Leave - Policy #317
3. Family Medical Leave - Policy #322
4. Leave Without Pay - Policy #324

E. OTHER LEAVES:

Elected Officials and Department Heads may grant other leaves without pay.
(See Policy #324 - Leaves of Absence Without Pay)

316 - MILITARY ACTIVATION & TRAINING

I. PURPOSE

To establish procedures for handling military activation of County employees.

II. SCOPE

This policy applies to regular County employees, excluding extra help employees, called for military activation and placed on formal military orders, including the two-week military training (Summer camp).

III. POLICY

A. Spokane County supports our military Guard and Reservists and will abide by the legal authority pertaining to military activation and reemployment. These rights can be found in:

1. Revised Code of Washington (RCW) 38.40.060
2. Revised Code of Washington (RCW) 73.16.033
3. Title 38 U.S.C., Chapter 43, Sections 4301 - 4333 - United Services Employment and Reemployment Rights of Persons who Serve in Uniformed Service (USERRA)

B. Military leave of absences can be either paid or unpaid.

1. On paid status, the employee will continue to accrue all benefits as though they were at work.
2. If in unpaid status for more than half the month, the employee will only accrue Union seniority and County longevity benefits, but will not accrue vacation, sick, holiday, personal day or compensatory days.
3. The employee may request to use any vacation, personal holidays or compensatory leave that they accrue prior to and during their military activation or training.
4. Prior to the commencement of military service, the County will allow the employee to take leave to prepare for the activation/training and/or travel to military service location as required by law.
5. Spokane County will not require any employee to use vacation, personal holiday or compensatory leave.

C. Military activated time can be counted towards:

1. Accrued Union seniority benefits such as bidding rights,
2. Accrued County longevity benefits and Department of Retirement Service credit, and
3. STEPS increase credit for the time serving in the Uniformed Services.

D. The military activated employee is not entitled to retention, preference, or displacement rights over any person with a superior claim. *(Title 38 U.S.C., Section 4312)*

E. Washington State's 21-day military activation and training limits covers calendar years periods (October 1st – September 30th).

F. Any time spent away from a scheduled workday for active duty training will be counted as one day towards the 21-day training time limit.

IV. PROCEDURE

A. Employee Responsibilities

1. Notify the employer, in advance writing, unless precluded by military necessity, of any annual inactive duty training (weekend drills), annual training, recall to active duty, or additional training requirements as determined and certified in writing by the Service Secretary through military orders. Failure to provide notice could result in a denial of protection of USERRA (Uniformed Services Employment and Reemployment Act of 1994 & 1996).

2. A County employee who is activated for military service must:

   a. Provide the employer with advance written notice of military activation unless for a short-notice military necessity,

   b. Within 30 days, or as soon as possible, provide official written military orders to the employer, and

   c. Cooperate with the employer regarding the requirements of the leave request.

3. To be re-employed for any activation or training consisting of two weeks or longer, a County employee must submit a letter indicating their request for reemployment to the Elected Official/Department Head or the Human Resources Director within the following time lines:

   a. Served less than 31 days - Employee must report to the employer either on the first day of the first regularly scheduled work period following completion of service, or "as soon as possible" if reporting on the first regularly scheduled work period is "impossible or unreasonable through no fault of the returning employee."

   b. Served more than 30 days but less than 181 days – Application for re-employment must be submitted no later than 14 days following completion of military service, or "as soon as possible" if the failure to make timely application is through no fault of the returning employee. For returning employees whose length of service is more than 30 days, an employer may require the employee to provide documentation that: (1) the application is timely; (2) the leave has not exceeded the five year limit; and (3) the separation from military service was not disqualifying.

   c. Served more than 180 days - Applications for re-employment must be submitted no later than 90 days from completion of military service

   d. Notice by disabled persons – Returning employees who are hospitalized for war or convalescing from injuries incurred in or aggravated by military service may apply for re-employment within two years following recovery from such injuries.

e. Failure to give timely notice – An employee failing to comply with the above timelines shall be subject to the conduct rules, established policy and general practices of the employer pursuant to Policy #324 – Leave of Absence Without Pay.

f. Unless a statutory exemption applies, the employee exceeded the service limitation, or the person was not entitled to reemployment benefits, the County will reemploy the employee in a position of employment in accordance with statutory priority. *(See 38 U.S.C., Section 4313).*

4. The employee must notify their Elected Official/Department Head if they wish to extend their benefits while on military leave/activation by using their accrued vacation, personal holiday and/or compensatory time.

B. Employer Procedures

1. The EO/DH, or designee, should respond to the employee's request through an agreement letter for military leave and ask for a copy of the official military orders, unless there is a short notification time or it is not feasible to respond [i.e.: responding to each inactive duty training (drills)]. Human Resources will advise and assist any EO/DH who requests assistance. (See Attachment C for an example letter)

2. The EO/DH will forward a copy of this letter along with a Personnel Action (PA) Form to HR for filing in the County's official personnel records.

3. HR will make any changes in payroll status to cover this leave of absence period.

4. If requested, HR a Status of Benefits briefing/letter to the employee taking a Military Leave of Absence.

C. How to Compute Military Time *(Used on all computations on or after 8/23/99)*

1. In short, military activation time is computed based on scheduled workdays. (For examples see Attachment B).

2. Military time can relate to inactive duty training (drills), active duty/annual training, recall to active duty, or additional training requirements determined and certified in writing by the Service Secretary through military orders.

3. Any portion of a work day for active duty or active duty training used will be computed as an entire day towards the State's 21-day military training allotment.

4. Military time can be in either paid or unpaid leave status.

a. **In paid status, a day is counted for each day the employee would have been scheduled to work and paid for the number of hours that would have been scheduled for that day (7.5, 8, 10, 12-hour shift).**

b. In unpaid status, a day is counted for each day the employee would have been scheduled to work during the military absence. For example, an employee has a military training obligation for one week, but would have been scheduled to work four (4) days during that period, then only those four (4) scheduled work days would be counted towards the 21-day military obligation time.

D. How to Process a Call Up and Return to Work from a Military Activation

1. The Department would process a Personnel action (PA) form indicating an Action Code of "**PLA**" and Reason Code of "**LPD**." The remarks sections should indicate either, "**Per RCW 38.40.060, employee is granted up to 21 days of paid leave for military training annually**." or **"Employee using vacation accrual for paid status entitlement**," or both.

2. If the military activation will be longer than paid status, then a 2nd PA form would need to be completed with an Action Code of "**LOA**" and Reason Code of "**MIL**." The remarks section would indicate, **"Employee still on military leave of absence. No pay, No benefits. County longevity and STEP increase dates will continue while on military orders**."

3. If the employee wants to continue medical, dental and life insurance coverage, the employee will work with the Benefits Coordinator to continue these options.

4. Upon return from military service, a final PA form will be processed indicating an Action Code of "**RFL**" and a Reason Code of "**RLP**" (for Paid Leave) or "**RLU**" (for Unpaid Leave). The remarks section would indicate, "**Return to work from military leave of absence. Employee back on paid salary and benefit status. Military activation time counts toward County longevity and STEP increase dates**."

E. Other Information related to Military Activation:

1. As with any unpaid leave of absence the following will cease during this period of absence, [vacation, sick leave, medical, dental, State retirement, life insurance and deferred compensation].

2. Dependent Medical Coverage:

   a. The day military member is activated the member is covered through the military on all benefits.

   b. Dependent's (spouse and/or children) become eligible for COBRA or military coverage (TriCare) at the start of an unpaid leave of absence. (See Attachment D on dependent medical coverage.)

F. Group Life Insurance coverage (employees & dependents) for members on extended military activation.

   a. Employees may be eligible for up to $50,000 in-group term insurance under the federal SGLI program.

   b. If the employee returns to County employment, insurance coverage may be reinstated.

G. Employee coverage would end as of the date the employee begins full-time active duty.

4 Attachments

A. Commonly Asked Questions
B. Examples of Computing Time
C. Example Military Activation Agreement
D. Medical Options for Families

Attachment A

MILITARY LEAVE OF ABSENCES COMMONLY ASKED QUESTIONS

1) **Does the employee's seniority within the crew and/or union continue while he is on active duty?**

Answer: Yes, The employee's Union seniority and County seniority continues while on active duty.

2) **Does the employee continue to accrue sick and vacation while on active duty?**

Answer: No, the employee continues to accrue vacation and sick leave only while in paid status.

3) **Does the employee's Dental and Health insurance benefit continue?**

Answer: No, the employee's medical and dental premiums continue while they are in paid status only. When the employee moves to unpaid status, COBRA (Consolidated Omnibus Budget Reconciliation Act) will be offered which requires the employee to pay the medical coverage cost at 102% of the County's rate. COBRA coverage is for a maximum of 24 months. Another option is for the employee to utilize the military hospital for TriCare which would also allow family members to use the military hospital.

4) **Since the employee could be working for the Armed Forces for an extended period of time, would a physical be required prior to his return?**

Answer: No. A physical will not be required when the employee returns to County employment. However, if the employee was hurt while on military activation, a Fitness for Duty evaluation may be required.

5) **What will be the return to work date after military activation? Is there a grace period before returning to work?**

Answer: Yes, there is a grace period if the active duty is greater than 30 days. Otherwise, the report to work date is the next regularly scheduled work day after military duty. If military duty is between 30-180 days, the grace period is 14 days. If the military duty is greater than 180 days, the grace period is 90 days.

6) **What happens if the employee does not show up after the grace period has expired?**

Answer: The County will consider the employment relationship to have ended with the employee voluntarily resigning.

7) **Do I have to grant vacation leave to the employee if he requests it prior to his return?**

Answer: Yes. The employer has to grant any vacation leave requested prior to military activation or any vacation leave that the employee has accrued prior to the commencement of the military activation. For example, if the employee had 30 days vacation accrued on the books, he could request this time be added to the time allowed by the County (21 training days). While in paid status, the employee will continue to accrue vacation and sick leave and can also use this accrued time while on military leave.

8) **What do I do about his Job Performance Appraisals?**

Answer: Regarding the appraisal, Management can either complete it prior to military duty for the rating period or can wait until the employee's return. This is the supervisor's call. If the employee has pending discipline or a Corrective Action Plan, it would probably be advisable to complete the appraisal prior to the military activation.

9) **It is my understanding, as per our local union contract, that the employee will receive 21 days paid Military leave per Washington State law. Where does this payroll money come from?**

Answer: Any military activation is not planned or appropriated for through the County's budgeting process. The work section should absorb the cost in their budget since the County budgets a year's worth of pay for each employee.

10) **Will the expenditure for the employee's replacement, if needed, come out of the Section's budget? If so, does this require Commissioner approval?**

Answer**:** Any replacement worker (Extra-help, limited term, etc.) will come out of your Section's approved annual budget. Work with your Human Resources Point of Contact, to see what best works for your situation. HR will work with you in getting this worked through Position Control (the Budget Office). The Commissioners will not get involved unless you are asking for new monies outside of your approved budget.

11) **What if the employee does not have sufficient vacation time accrued to cover the leave request?**

Answer: The employee can only request the time available on the books. In some cases, there might be required travel time prior to the military activation and the County would need to accommodate the employee for any travel to get to his reporting station. If the employee doesn't have vacation time accrued, then this time would be granted in a leave absence without pay status.

For other questions that might arise on a military activation issue, contact Human Resources or Civil Law.

Attachment B

EXAMPLES OF HOW TO COMPUTE MILITARY ACTIVATION TIME

Examples 'A,' 'B,' and 'C' are all employees of Spokane County, a public governmental unit subject to RCW 38.40.060. These five are all members of the same military reserve unit, and all five have been ordered to attend a period of active duty training. They are required to report to a military base at 8:00 p.m. on Sunday, January 3, 1999. They have varying jobs and widely varying work schedules. Therefore, as illustrated below, they will end the week of military training with different balances of military leave.

Example 'A' (Working 5 - 7.5 or 8 hour days per week)

'A' works a standard work week from Monday through Friday. The active duty assignment means that 'A' will not be able to report for County work on January 4,5,6, 7, or 8. Thus, 'A' will use five days of military leave, and will have balance of 16 days for possible use later in 1999. Since 'A' is not required to work on the weekends, 'A' does not need to use military leave for January 3, 9 or 10.

Example 'B' (Working 4 - 10 hour days per week)

'B' work four days per week, Monday through Thursday, 10 hours per day. The active duty training will require 'B' to miss four days of County work – January 3, 4, 5, and 6. Therefore, 'B' will use four days of military leave and will have a balance of 17 days at the end of the week. Note that, 'A' and 'B' are both full-time employees working 40 hours per week, their varying schedules result in use of military leave in different ways.

Example 'C' (Percentage Employee)

'C,' unlike 'A' and 'B,' works only half time – four hours per day from Monday through Friday. For purposes of military leave, however, 'C' and 'A' are in exactly the same situation. 'C' must use five days of leave to attend the military training, and will have a balance of 16 days remaining for future use.

NOTE: Examples extracted from the Attorney General of Washington's Opinion Letter, "Military - Public Employees - Proper Calculation of Military Letter," Feb. 3, 1999.

Attachment C

[Employee's Name] [Date}
[Employee's Home Address]

SUBJ: **MILITARY ACTIVATION FOR [Employee's Name]**

This letter acknowledges that you informed the County that you are leaving for active military training (and/or active duty) from [Start Date] for up to [#] days. A copy of your military orders is on file in your personnel records.

Your **pre-activation leave** for [Include requested dates] is approved. [For Military Travel Requirements Only: If you do not have an adequate vacation leave balance to cover your travel time, then you will be on leave without pay.]

When you military activation begins you will be placed on a **military leave of absence** with the County in [Paid or Unpaid] Status.

[For active Military Training Only: Based on RCW 38.40.060 - Military Leave, you are entitled to **21 days of military training pay** for the active training you will have from [Include dates]. The County will have you in paid status these continuously from the start of your military activation until the payments are completed.] If for any reason you do not attend the military training or your military activation is shorter than you were paid, you are responsible for notifying the Human Resources Director. If you are overpaid for any reason, it is your obligation to repay any overpayments.

During the time you are getting County pay you will be in a **Military Leave - Paid Status**. As long as you are in paid status for more than half the month you will continue to accrue vacation and sick leave, longevity and seniority time, medical and dental benefits, along with PERS retirement. Once the paid status ends you will be placed on **Military Leave - Unpaid status**. During the unpaid leave status, your vacation and sick leave balances will be frozen and cease to accrue, but the frozen balance will remain in your account to be accessible when you return to work. Your medical and dental benefits will stop but will be reinstated upon your return to work. (If your last paid date is before the 17th of the month, your medical and dental benefits will stop at the end of that month. However, if your last paid date is the 17th of the month or later, your benefits will stop the end of the following month.) During your military activation, your County longevity and Union seniority will continue to accrue.

The County's Benefits Coordinator will be notifying our third party administrator for medical plans to send you and you family members information on **COBRA** (Consolidated Omnibus Budget Reconciliation Act) if your military time will take you beyond any County paid medical/dental coverage.

You must **apply for reemployment** at Spokane County after separation from active duty, and return to County employment **within days** [See paragraph VA2 above for times] after your military separation. This can be done through a letter sent to the Human Resources Director. This letter should arrive in advance of your return so the Department has time to work replacement issues. In this reemployment letter please indicate:

1. When your military leave completes?
2. When you would like to return to work?
3. What position you left when you were activated?
4. Please, date and sign the letter.

Along with the reapplication letter you must provide a copy of your honorable discharge, report of separation, certificate of satisfactory service, or other proof of having satisfactorily completed your service. (RCW 73.16.035)

"A person who fails to report or apply for reemployment within the appropriate period specified shall be subject to the conduct rules, established policy, and general practices of the employer pertaining to discipline with respect to absence from scheduled work." (Title 38, Chap 43, Sect 4312)

Title 38, Chapter 43, Section 4312 - Reemployment Rights of Persons who Serve in the Uniformed Services states that, "shall not entitle such person to retention, preference, or displacement rights over any person with a superior claim." This means that you cannot displace an employee who has seniority rights over you.

PERS RETIREMENT: You can count your military activation time toward your PERS retirement. To qualify for this, you will have to return to work with Spokane County and pay your member contributions for the time you were on active military status. This payment must be made to the Department of Retirement System (DRS) "prior to retirement or five years from the time you resume employment, whichever comes first." (PERS Plan 2 Members Handbook, page 5, Feb 1997)

I wish you all the best in your military endeavors.

Sincerely,

[Name & Title]

Acknowledged Receipt

_____ _____

[Employee's Name] Date

CC: Personnel File
Employee

Attachment D

MEDICAL OPTION FOR FAMILIES ACTIVATED MILITARY MEMBERS

Since military activation is a leave of absence from County employment on the date military activation commences and employee goes into "unpaid" status, medical benefits will end at the end of the following month.

NOTE: Employees may elect to extend benefits through the use of vacation leave, personal holidays and/or compensatory time that is accrued prior to and during military activation.

Also, the military medical programs cover the activated member. To help you make decisions for the activator's family members, the following options are available for you.

OPTION #1 - COBRA

1. Prior to commencing military duty, contact the HR Benefits Coordinator as soon as possible.
2. Your options under COBRA (Consolidated Omnibus Budget Reconciliation Act) will be explained.
    - Medical coverage can be continued for 24 months for 102% of the County's premium. This rate varies depending on the plan and number of dependents covered.

OPTION #2 - USING TriCare (Military Coverage)

1. After the activated member is processed at the Military Personnel Flight and has a military identification card and military orders, the member can go to the TriCare Office (Room 107A at the Fairchild Hospital) and register the family for TriCare (Champus) coverage. Depending on the length of activation, coverage programs vary.
    - Activated less that 30 days = No Benefits
    - Activated 30 - 179 days = TriCare Standard or Extra are available.
        - TriCare Standard has 80/20 coverage (a 20% co-pay)
        - TriCare Extra has an 85/15 coverage (a 15% co-pay)
    - Activated 179 day or more = TriCare Prime

    - Every TriCare recipient need advance approval prior to seeing a doctor.

2. Many of the doctors on the Premera provider list could be on the TriCare provider list.
3. Group Health recipients may be required to pay the bill up front and then file a claim for reimbursement with TriCare.

NOTE: TriCare recipients may use the Fairchild Hospital Pharmacy and get their prescriptions filled for FREE if the medicine is in stock.

317 - SHARED LEAVE

I. PURPOSE

To establish procedure for handling requests for Shared Leave.

II. SCOPE

This policy applies to all regular County employees.

III. GOVERNING DOCTRINE

County Resolution #98-0631

IV. POLICY

It is the policy of the County to permit employees (represented and non-represented) to donate vacation time to a co-worker who is suffering from a severe or extraordinary non-job related illness or who has a spouse/dependent or any other relative living in the home suffering from a severe or extraordinary illness, injury or other impairment as determined by the Shared Leave Committee, and is out of vacation time and sick leave and who will immediately go on leave without pay or terminate employment. There shall be no retroactive applications of donated leave.

V. PROCEDURES

A. Occasionally County employees or their spouse/dependent(s) or other relatives living in the home contract a catastrophic illness or sustain a disabling injury, whereby the employee exhausts his/her leave balances. Often co-workers who have substantial leave balances wish to donate some of their leave to these employees. Leave sharing is the mechanism to accommodate both groups.

B. Eligibility to Receive Shared Leave:

1. An employee may receive leave under this program if the employee suffers from an illness, non-job related injury or impairment, or who has a spouse-dependent or other relative living in the home suffering from a severe or extraordinary illness, injury or other impairment which has caused, or is likely to cause, the employee to go on leave without pay or which may cause the employee to be terminated from County employment.

2. Requests to receive leave sharing benefit shall be submitted to the Director of Human Resources Department. The Human Resources Director or designee may approve the request or convene a committee comprised of one (1) employee from the Human Resources Department, one (1) management employee and one (1) non-management

employee from another department, one (1) employee representing a Council of Unions and, as a non-voting member, the County Occupational Health Nurses. The committee members will be appointed by the Human Resources Director and will serve for a one (1) year term in order to provide consistency in the decision making process. If the requester is in a bargaining unit, a member of their union may be present. The decision of the committee shall be final; however, if the decision of the committee is to deny the request, the requester has the right to petition the committee for reconsideration. The decision of the committee shall not be subject to the grievance procedure.

3. An employee must have exhausted his or her sick leave and vacation time before receiving shared leave.
4. An employee receiving the shared leave benefit must have abided by the County's policies respecting sick leave.
5. An employee receiving the leave sharing benefit shall receive no more than a total of 2,000 hours of such leave during the course of his or her employment with the County.
6. The employee's position must be one in which vacation and sick leave can be accrued and used.
7. The employee must be eligible to use vacation time and sick leave time.
8. The committee shall also approve leave-sharing benefits for “after care” needs as prescribed by the attending physician.

C. Leave Transference Process

1. An employee wishing to receive shared leave shall submit a written request to the Human Resources Director and attach a statement from his/her physician verifying the severe or extraordinary nature and expected duration of the condition. A union representative or any other person may submit the request on behalf of the employee.

2. The Human Resources Department will, after the request is approved, notify the employee's department head and request the department head to communicate the employee’s eligibility for leave sharing to other employees in that department. Employees may request that the department head communicate the status with other departments.

D. Donating Leave

1. Employees wishing to donate leave shall send the Donation of Vacation form to the Human Resources Department for processing.

2. All leave donated under the leave sharing program shall be in full hour increments. No difference will be made between the salary level of the donor and the recipient. The minimum amount of time for donation is four (4) hours.
3. An employee may donate to an individual(s) a maximum of eighty (80) hours vacation time in a calendar year. The recipient employee can retain up to forty (40) hours of sick leave after he/she returns to work. The County will accept all donated leave, but will return unused leave to the donator. All donations will be entered as sick leave in the recipients account.
4. Donations of vacation time may not bring the donor's vacation balance below forty (40) hours.
5. All donations of leave shall be strictly voluntary and confidential and shall be done on the donation of Vacation form a copy of which is attached. The donor shall designate the recipient.
6. No employee shall be coerced, threatened, intimidated, or financially induced into donating leave.
7. Once leave has been donated, it becomes the recipient's leave—regardless of any changes in his/her employment status.

E. Administration:

The Human Resources Department shall administer the Leave Sharing Program.

F. Long Term Disability:

1. At the time Shared Leave is requested, Long Term Disability must be requested concurrently if:
   a. The reason for Shared Leave is for an employee's personal medical condition.
   b. Shared Leave, when initially requested, will be for 90 days or more.
2. Long Term Disability must be applied for at the time requests for extensions of Shared Leave will, when combined, total 90 days or more.
3. The employee must not be receiving time-loss payments as a result of an on-the-job injury or illness or receiving long-term disability payments.
4. In the event Long Term Disability is denied, Shared Leave may continue in accordance with the terms of the plan.
5. In no event shall an employee receive more money than what they would receive if they had been working by combination of any benefit plans.

6. The employee must provide timely information and periodic medical verification necessary for the processing of the LTD application and continuation of eligibility to receive Shared Leave. Failure to do so could result in the discontinuation of Shared Leave payments.

Request for Shared Leave form

Instructions: If you desire to receive Shared Leave, please complete this form and send it to Human Resources for processing. Thank you.

I, [print name]_____am requesting Shared Leave.
Department: _____

Dates for which I'm requesting Shared Leave: _____ to _____
(Start Date) (End Date)

In making this request:

1) I confirm that my leave balances (vacation, sick, compensatory time, personal holidays) are or will be exhausted as of the above start date.
2) I confirm that within the past twelve (12) months I have not been at Step Five of the Sick Leave Review Process.
3) I confirm that I will use any donated shared leave for a severe or extraordinary non-job related illness or to care for a relative living in my home who suffers from a severe or extraordinary illness, injury or impairment.
4) I've attached a statement from my physician/provider that shows I suffer from an illness or injury or am caring for a relative in my home that suffers from an illness or injury (see #3 above).

Confirmed by:

_____ _____
Signature (of employee or representative) Date

Please send this completed form to Human Resources, for processing.

Leave Sharing Donation Form

***Instructions**: If you wish to donate vacation leave to another employee, please complete this form in its entirety; sign and send it to Human Resources for processing. Only vacation leave may be donated, not sick leave or PTO leave. Donations can be made in as small as ½ hour increments but no less than four (4) hour blocks of vacation time. Thank you for donating!*

Donation:

I hereby agree to donate_____hours of my vacation time to:

_____ _____

Recipient's Name Recipient's Department

I acknowledge the following:

- This is a voluntary donation;
- Subtracting this donation will not reduce my vacation balance below 40 hours.

I have previously donated vacation leave to this or other employees in this calendar year: ☐Yes ☐ No

_____ _____

Print Name of Donor Last 4 digits of Donor's Social Security Number

_____ _____

Signature of Donor Donor's Department

_____ **Information on this form is CONFIDENTIAL.**

Date

Approved:

_____

Human Resources

Distribution after Approval:

Original: Auditor's Payroll
Copy: Human Resources Department
Copy: Donor's Departmental Payroll Clerk

322 - FAMILY AND MEDICAL LEAVE ACT (FMLA)

I. PURPOSE

To enable employees to receive up to twelve weeks away from work within any twelve month period to attend to specified family and medical needs with job protection and no loss of accumulated service in compliance with Federal law.

To allow eligible employees Military Family Leave (Qualifying Exigency Leave and Military Caregiver Leave) as provided by the National Defense Authorization Act (NDAA).

a. Qualifying Exigency Leave allows eligible employees whose covered service member is a member of the National Guard or Reserves to take up to the normal 12 weeks of leave because of any "Qualifying Exigency".

b. Military Caregiver Leave allows eligible employees whose covered service member is a current member of the Regular Armed Forces, National Guard or Reserves to take up to 26 weeks of leave to care for a covered service member with a serious injury or illness incurred in the line of duty on active duty.

II. SCOPE

A. <u>FMLA</u>
Applies to all employees who have worked for the County for at least twelve months and worked at least 1,250 hours during the twelve months preceding the leave.

B. <u>Qualifying Exigency Leave for Military Family Leave</u>
Applies to all employees who are eligible for FMLA with a spouse, child or parent on active duty or called to active duty in the National Guard or Reserves.

C. <u>Military Caregiver Leave for Serious Illness/Injury of a Veteran</u>
Applies to all employees who are eligible for FMLA with a spouse, son, daughter, parent or next of kin of a covered service member who is a current member of the regular Armed Forces, National Guard or Reserves.

III. POLICY

A. <u>FMLA</u>
Eligible employees may be granted up to twelve weeks of unpaid leave per year for (See Resolution 93-1028):

Newborn, placement of foster or newly adopted children:
Eligible employees may request a leave of absence to provide care for a child following the child's birth, adoption, or foster placement in the employee's home. This leave must be taken within a year after the child is born, adopted or placed in the employee's home.

Illness of a family member:
Employees may request a leave of absence to provide care for a child, parent or spouse who has a **serious health condition**.

Illness of an employee:
Employees may also request a leave of absence if they are unable to work due to their own **serious health condition**.

Earned vacation and sick leave benefits may be used to supplement pay while on a family and medical leave of absence. No loss of seniority will occur while the employee is on FMLA leave, however, seniority will not be accrued during any unpaid status.

Employees must pay their portion of the cost of their group health insurance premiums, voluntary life insurance and FSA 125 premiums while on FMLA leave of absence.

B. Qualifying Exigency Leave
Eligible employees may take up to the normal 12 weeks of leave because of any "Qualifying Exigency".

C. Military Caregiver Leave
Eligible employees may take up to 26 weeks of leave to care for a covered service member on a per-member, per-injury basis as defined by the act. Unlike other forms of FMLA leave, the 12 month period begins on the first day the employee takes leave for this purpose and ends 12 months thereafter.

IV. DEFINITIONS

A. Child: Anyone under 18 years who is the employee's biological, adopted, or foster child, stepchild, legal ward, legally dependent adult. This may also include a child for whom the employee has day-to-day responsibility.

B. Parent: Biological, foster or adoptive parents, step-parents, legal guardians, or someone who plays or has played the role of parent, but does not include parents-in-law.

C. Spouse: A legal marital relationship recognized under state law.

D. Serious Health Condition: An illness, injury, impairment, or physical or mental condition

serious enough to involve hospitalization, in-patient care in a residential health care facility, continuing treatment or supervision by a health care provider. The county may require appropriate medical certification before a leave is granted. In some instances, a second or third medical opinion may also be required.

E. Eligible Employee: An employee who has worked for the County for at least twelve months and worked at least 1,250 hours during the twelve months preceding the leave.

F. Qualifying Exigencies: (1) short-notice deployment; (2) military events and related activities; (3) childcare and school activities; (4) financial and legal arrangements; (5) counseling; (6) rest and recuperation; (7) post-deployment activities; (8) additional activities agreed to by the employer and the employee. This applies to families of National Guard or Reserve service members, not to families of service members in the Regular Armed Forces.

V. PROCEDURE

A. Application and Commencement:

1. A Family and Medical Leave of Absence form must be completed by the employee requesting family and medical leave of absence and submitted to the manager, Elected Official, or Department Head (forwarded to Human Resources) thirty (30) days prior to the commencement date, except where medical conditions make such a requirement impossible. Otherwise, the County will designate said leave as FMLA leave and ask that appropriate medical documentation be provided within 15 days of notification. If the employee is incapacitated then a family member or friend can provide the information requested.

2. Employees that have paid time available have the option of running FMLA simultaneously with paid leave or consecutively after the paid leave expires. The employee must submit a written notice to their manager, Elected Official, or Department Head regarding if they intend to run accrued FMLA leave after the expiration of any accrued paid leave. Medical certification must be provided to Human Resources once FMLA protection is requested. It will not be applied retroactively.

3. When the leave is to care for a sick child, parent or spouse, the requesting employee must submit a letter signed by a physician that states:
   (a) the date the illness or condition began;
   (b) the probable duration of the condition;
   (c) the estimated time the employee will need to care for the family member; and
   (d) a statement that the illness or condition requires the participation of a family member.

4. When the leave is for planned medical treatment, the employee must attempt where possible to schedule the treatment so as not to disrupt County operations.

5. When the leave is for the employee, the employee must submit appropriate medical certification. The certification includes information from the physician on the beginning date of the illness or injury, probable duration and estimated frequency of absence.

6. When leave is either approved or disapproved, Human Resources will issue a written response outlining the conditions of said leave. [See attached letter - Response to Employee's Request for Family & Medical Leave Act.]

7. When leave is approved, the department will initiate a Personnel Action form and forward it to Human Resources.

VI. REINSTATEMENT

1. Upon return from a family and medical leave of absence, the employee will be reinstated in the following priority of position reassignment:

First: Prior position if available.

Next: An equivalent position for which the employee is qualified.

2. Employees on leave must notify their supervisor, manager, or Elected Official/Department Head at least 2 days prior to end of leave to inform the County of availability to return to work. The County may require appropriate medical certification before an employee returns to work.

3. An employee's failure to return from leave on the scheduled date of return, will be considered a voluntary resignation.

.

V. EXCEPTION

If the employee on leave of absence is a salaried employee and is among the highest paid ten percent of County employees living within 75 miles of the County, and keeping the job open for the employee would result in substantial economic injury to the County, reinstatement to the position may be denied. The employee may be given an opportunity to return to work in a different job.

USE OF FAMILY AND MEDICAL LEAVE ACT OF 1993 HAS CHANGED!

Enclosed please find information pertaining to the Family and Medical Leave Act of 1993 (FMLA), which took effect on August 6, 1993 and implemented by Spokane County Board of Commissioners on August 24, 1993 (Res. 93-1028). To assist you with compliance I am forwarding to you summary sheet to be retained within the department as specific questions are raised.

Please note that the FMLA policy number 322 has been revised. In a recent decision from the 9th Circuit Court of Appeals we see a dramatic change in an employer's right to designate time off as FMLA leave. Under this court's interpretation of the FMLA, whether to take FMLA leave for a qualifying event is the employee's option, and employees can use paid time now and save their FMLA leave for later. Employees cannot apply for FMLA retroactively. All the forms have been updated recently as well and follow this summary.

I hope this summary is helpful to you. Please do not hesitate to contact the Human Resources Department if we can assist you further.

A SUMMARY OF THE FEDERAL FAMILY LEAVE LAW

1. Who is an eligible employee?

Only "eligible employees" are qualified to use FMLA. An eligible employee is one who has been employed for at least 12 months and worked at least 1,250 hours during the previous twelve months. Any employee who works more than 24 hours per week for 52 weeks of the year would qualify.

2. To what leave are the eligible employees entitled?

Eligible employees are entitled to a total of 12 work weeks of leave during any 12-month period for one or more of the following reasons:

a. Birth of a son or daughter of the employee and in order to care for such son or daughter (herein called "child"). The term "son or daughter" means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in *loco parentis* (in place of the parent), if that child is under 18 years of age or 18 years of age or older and incapable of self-care because of a mental or physical disability;

b. Because of the placement of a child with the employee for adoption or foster care;

c. In order to care for the spouse, child or parent of the employee, if such spouse, child or parent has a serious health condition. The term "parent" means a biological parent of an employee or an individual who stood in place of the parent to that employee when that employee was a child. Therefore, if John is the employee and John's father becomes seriously ill, John is entitled to the leave. However, John's wife (also County employee) would not be entitled to leave to care for John's father;

d. A serious health condition makes the employee unable to perform the functions of his or her position. The term "serious health condition" in the Act means an illness, injury, impairment or physical or mental condition that involves in-patient care in a hospital, hospice, or residential medical care facility, or continuing treatment by a health care provider. Hopefully, the regulations will make clear what the term "continuing treatment by a health care provider" means. We do not believe the Act is intended to cover general illnesses which require a few visits to the doctor and a period of recovery, such as chicken pox.

3. How does the department measure the twelve-month period?

An eligible employee is entitled to take up to 12 weeks of FMLA leave in "any 12-month period." Calculations are based on a rolling 12-month period measured backward from the first day of the new leave period an employee is requesting. Each time an employee takes FMLA leave the remaining leave entitlement would be any balance of the 12 weeks which has not been used during the immediately preceding 12 months. For example, if an employee has taken 8 weeks as of July 2013 then they have 4 more weeks available to use until time is reinstated in July 2014.

4. How soon does the employee have to take the leave?

The employee must take the leave for the birth or placement of a child before the end of the 12-month period

beginning on the date of such birth or placement. For example, an employee whose daughter is born April 10, 2014 could not wait until April 15, 2015 to take the leave.

5. Must all the leave be taken at once?

The leave related to the birth or placement of a child generally may not be taken intermittently or on a reduced leave schedule unless the employee and the employer agree otherwise. Leaves for care of a spouse, child or parent who has a serious health condition or because the employee has a serious health condition may be taken intermittently or on a reduced leave schedule when medically necessary. The amount of leave available to the employee is reduced only by the leave actually taken.

6. Does the employer have to pay for the leave?

The employer does not have to pay for the leave. If the employee is an exempt employee under the Fair Labor Standards Act, the provision of unpaid leave does not change the employee's status from that of an exempt employee to that of a non-exempt employee.

7. Do my employees have to give me any notice of their leave?

When the leave is for a birth or adoption and is foreseeable, the employee must provide the employer with not less than 30 days' notice before the date of leave is to begin of the employee's intention to take the leave unless the date of the birth or placement requires leave to begin in less than 30 days, under which circumstances the employee must provide such notice as soon as possible. Adoption placements often do not allow for 30 days' notice because of the uncertainty as to when a child will be available. The probable birth date of a child is generally known well enough in advance to allow for 30 days' notice. However, if the child should arrive prematurely, the employee need only give as much notice as is practicable.

When the leave is necessary because the employee has a serious health condition or must care for a qualified person and the leave is foreseeable based upon planned medical treatment, the employee must make a reasonable effort to schedule the treatment so as not to disrupt the operations of the employer, subject to the approval of the health care provider, and provide the employer with not less than 30 days' notice, before the date the leave is to begin, of the employee's intention to take leave unless the date of the treatment requires leave to begin in less than 30 days, under which circumstances the employee must provide such notice as is practicable. For example, if the employee needs elective surgery and, with the health care provider's approval, the surgery can be performed more than 30 days after the employee finds out the surgery is necessary, the employee must make an effort to schedule the operation more than 30 days later. The health care provider will always have the final decision as to whether a procedure or treatment can be delayed for any length of time.

8. I have several married couples in my work force. Do they both get 12 week of leave?

If a husband and wife are employed by the same employer, the aggregate number of workweeks of leave to which both are entitled may be limited to 12 work weeks during any 12-month period if the leave is taken for the birth or placement of a child or to care for a sick parent. However, each of them would be eligible for 12 weeks of leave for their own serious health condition or to care for the serious health condition of a spouse or child.

9. Can I require some type of certification that a serious health condition exists?

Human Resources may require that requests for a leave to care for the serious health condition of a spouse, child or parent or because of the employee's serious health condition be supported by a certification issued by the health care provider of the person with the condition. The employee must provide certification to Human Resources in a timely manner. This certification is kept in a locked cabinet separate from the personnel file.

10. What about employee benefits?

When an employee returns from leave taken under FMLA, the employee must be restored to the position the employee held when the leave commenced or to the equivalent position with equivalent employment benefits, pay and other terms and conditions of employment. The taking of a leave cannot result in a loss of any employment benefit accrued prior to the date on which the leave commenced. However, the employee is not entitled to accrual of any seniority or employment benefits during any period of leave or any right, benefit, or position of employment other than any right, benefit, or position to which the employee would have been entitled had the employee not taken the leave.

11. Do I have to continue any benefits during the leave at my expense?

If an employee takes leave under FMLA, the employer is required to maintain coverage under any "group health plan" for the duration of the leave at the level and under the conditions coverage would have been provided if the employee had continued employment continuously for the duration of the leave. This means the employee would only be responsible for their portion of the medical, dental and voluntary life premiums that would normally be deducted from their check. A notice will be sent out to collect premiums if an employee is on unpaid leave.

12. Does the 12-weeks begin after an employee has exhausted all remaining sick and vacation time accrued?

The answer is "possibly". Employees that have paid time available have the option of running FMLA simultaneously with paid leave or consecutively after the paid leave expires. The employee must submit a written notice to their manager, Elected Official, or Department Head regarding the point in time they wish to commence FMLA leave. This can occur anytime during or at the expiration of paid leave. FMLA cannot be applied retroactively.

U.S. Department of Labor
Wage and Hour Division

(Revised 2012)

Fact Sheet #28: The Family and Medical Leave Act

The Family and Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons. This fact sheet provides general information about which employers are covered by the FMLA, when employees are eligible and entitled to take FMLA leave, and what rules apply when employees take FMLA leave.

COVERED EMPLOYERS

The FMLA only applies to employers that meet certain criteria. A **covered employer** is a:

• Private-sector employer, with 50 or more employees in 20 or more workweeks in the current or preceding calendar year, including a joint employer or successor in interest to a covered employer;

• Public agency, including a local, state, or Federal government agency, regardless of the number of employees it employs; or

• Public or private elementary or secondary school, regardless of the number of employees it employs.

ELIGIBLE EMPLOYEES

Only eligible employees are entitled to take FMLA leave. An **eligible employee** is one who:

• Works for a *covered employer*;

• Has worked for the employer for at least *12 months*;

• Has at least *1,250 hours* of service for the employer during the 12 month period immediately preceding the leave*; and

• Works at a location where the employer has at least *50 employees within 75 miles*.

* Special hours of service eligibility requirements apply to airline flight crew employees. *See* Fact Sheet 28J: Special Rules for Airline Flight Crew Employees under the Family and Medical Leave Act .
The 12 months of employment do not have to be consecutive. That means any time previously worked for the same employer (including seasonal work) could, in most cases, be used to meet the 12-month requirement. If the employee has a break in service that lasted seven years or more, the time worked prior to the break will not count *unless* the break is due to service covered by the Uniformed Services Employment and Reemployment Rights Act (USERRA), or there is a written agreement, including a collective bargaining agreement, outlining the employer's intention to rehire the employee after the break in service. *See* "FMLA Special Rules for Returning Reservists" .

LEAVE ENTITLEMENT

Eligible employees may take up to **12 workweeks** of leave in a 12-month period for one or more of the following reasons:

• The birth of a son or daughter or placement of a son or daughter with the employee for adoption or foster care;

• To care for a spouse, son, daughter, or parent who has a serious health condition;

• For a serious health condition that makes the employee unable to perform the essential functions of his or her job; or

• For any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or call to covered active duty status.

An eligible employee may also take up to **26 workweeks** of leave during a "single 12-month period" to care for a covered servicemember with a serious injury or illness, when the employee is the spouse, son, daughter, parent, or next of kin of the servicemember. The "single 12-month period" for military caregiver leave is different from the 12-month period used for other FMLA leave reasons. *See* Fact Sheets 28F: Qualifying Reasons under the FMLA and 28M: The Military Family Leave Provisions under the FMLA.

Under some circumstances, employees may take FMLA leave on an intermittent or reduced schedule basis. That means an employee may take leave in separate blocks of time or by reducing the time he or she works each day or week for a single qualifying reason. When leave is needed for planned medical treatment, the employee must make a reasonable effort to schedule treatment so as not to unduly disrupt the employer's operations. If FMLA leave is for the birth, adoption, or foster placement of a child, use of intermittent or reduced schedule leave requires the employer’s approval.

Under certain conditions, employees may choose, or employers may require employees, to "substitute" (run concurrently) accrued paid leave, such as sick or vacation leave, to cover some or all of the FMLA leave period. An employee’s ability to substitute accrued paid leave is determined by the terms and conditions of the employer's normal leave policy.

NOTICE

Employees must comply with their employer’s usual and customary requirements for requesting leave and provide enough information for their employer to reasonably determine whether the FMLA may apply to the leave request. Employees generally must request leave 30 days in advance when the need for leave is foreseeable. When the need for leave is foreseeable less than 30 days in advance or is unforeseeable, employees must provide notice as soon as possible and practicable under the circumstances.

When an employee seeks leave for a FMLA-qualifying reason for the first time, the employee need not expressly assert FMLA rights or even mention the FMLA. If an employee later requests additional leave for the same qualifying condition, the employee must specifically reference either the qualifying reason for leave or the need for FMLA leave. *See* Fact Sheet 28E: Employee Notice Requirements under the FMLA .

Covered employers must:

(1) Post a notice explaining rights and responsibilities under the FMLA (and may be subject to a civil money penalty of up to $110 for willful failure to post);

(2) Include information about the FMLA in their employee handbooks or provide information to new employees upon hire;

(3) When an employee requests FMLA leave or the employer acquires knowledge that leave may be for a FMLA-qualifying reason, provide the employee with notice concerning his or her eligibility for FMLA leave and his or her rights and responsibilities under the FMLA; and

(4) Notify employees whether leave is designated as FMLA leave and the amount of leave that will be deducted from the employee's FMLA entitlement.
See Fact Sheet 28D. : Employer Notice Requirements under the FMLA

CERTIFICATION

When an employee requests FMLA leave due to his or her own serious health condition or a covered family member's serious health condition, the employer may require certification in support of the leave from a health care provider. An employer may also require second or third medical opinions (at the employer's expense) and periodic recertification of a serious health condition. *See* Fact Sheet 28G: Certification of a Serious Health Condition under the FMLA. For information on certification requirements for military family leave, *See* Fact Sheet 28M(c): Qualifying Exigency Leave under the FMLA; Fact Sheet 28M(a): Military Caregiver Leave for a Current Servicemember under the FMLA; and Fact Sheet 28M(b): Military Caregiver Leave for a Veteran under the FMLA.

JOB RESTORATION AND HEALTH BENEFITS

Upon return from FMLA leave, an employee must be restored to his or her original job or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment. An employee's use of FMLA leave cannot be counted against the employee under a "no-fault" attendance policy. Employers are also required to continue group health insurance coverage for an employee on FMLA leave under the same terms and conditions as if the employee had not taken leave. *See* Fact Sheet 28A . : Employee Protections under the Family and Medical Leave Act

OTHER PROVISIONS

Special rules apply to employees of local education agencies. Generally, these rules apply to intermittent or reduced schedule FMLA leave or the taking of FMLA leave near the end of a school term.

Salaried executive, administrative, and professional employees of covered employers who meet the Fair Labor Standards Act (FLSA) criteria for exemption from minimum wage and overtime under the FLSA regulations, 29 CFR Part 541, do not lose their FLSA-exempt status by using any unpaid FMLA leave. This special exception to the "salary basis" requirements for FLSA's exemption extends only to an eligible employee's use of FMLA leave.

ENFORCEMENT

It is unlawful for any employer to interfere with, restrain, or deny the exercise of or the attempt to exercise any right provided by the FMLA. It is also unlawful for an employer to discharge or discriminate against any individual for opposing any practice, or because of involvement in any

proceeding, related to the FMLA. *See* Fact Sheet 77B . The Wage and Hour Division is responsible for administering and enforcing the FMLA for most employees. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress. If you believe that your rights under the FMLA have been violated, you may file a complaint with the Wage and Hour Division or file a private lawsuit against your employer in court. : Protections for Individuals under the FMLA

For additional information, visit our Wage and Hour Division Website: http://www.wagehour.dol.gov and/or call our toll-free information and helpline, available 8 a.m. to 5 p.m. in your time zone, 1-866-4-USWAGE (1-866-487-9243).

This publication is for general information and is not to be considered in the same light as official statements of position contained in the regulations.

U.S. Department of Labor
Frances Perkins Building
200 Constitution Avenue, NW
Washington, DC 20210

1-866-4-USWAGE
TTY: 1-866-487-9243

HUMAN RESOURCES DEPARTMENT
1229 WEST MALLON
SPOKANE, WASHINGTON 99260-0230
TELEPHONE - (509) 477-5750 FACSIMILE - (509) 477-6042

REQUEST FOR FAMILY/MEDICAL LEAVE

Employee Name: _____ Date of Request:_____

Social Security Number: _____ Position Title: _____

Department: _____ Hire Date: _____

I request a Family/Medical Leave for the following reason (check one):

_____A. The birth of a child and in order to care for such child or the placement of a child for adoption or foster care.

_____B. In order to care for an immediate family member if such family member has a serious health condition. **Circle one: CHILD - SPOUSE - PARENT**
(Must submit "Physician or Practitioner Certification" within 15 days.)

_____C. Employee's own serious health condition that makes the employee unable to perform the functions of his/her position.
(Must submit "Physician or Practitioner Certification" within 15 days.)

Method of Leave Requested

_____A. Consecutive Leave

_____B. Intermittent or Reduced Leave Schedule (Specify schedule below) _____
_____

Date leave is to begin: _____ Expected duration of leave: _____

If the duration of my Family/Medical Leave (total of paid and unpaid time) does not exceed 12 weeks, I will be returned to my same or equivalent position. I understand that if my Family/Medical Leave should exceed 12 weeks I will be returned to my same or similar position, only if available, in accordance with applicable laws. If my same or similar position is not available, I understand that I may be terminated. I understand that should I fail to return to work from Family/Medical Leave that the county will ask me to repay any premiums paid on my behalf while out on this leave.

_____ _____
EMPLOYEE SIGNATURE DATE

To be returned to Human Resources with Personnel Action Change Form

Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 5/31/2018

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.
Employer name and contact:

_____

Employee's job title:_____Regular work schedule: _____
Employee's essential job functions: ____
_____ Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).
Your name:

_____
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.
Provider's name and business address: _____
Type of practice / Medical specialty: _____ _____
Telephone: (_____)_____Fax:(_____)_____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:
Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
___No Yes.____If so, dates of admission:

_____

Date(s) you treated the patient for condition:

_____

Will the patient need to have treatment visits at least twice per year due to the condition? ___No ___ Yes.

Was medication, other than over-the-counter medication, prescribed? ___No ___Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
____No_____Yes. If so, state the nature of such treatments and expected duration of treatment:

_____

2. Is the medical condition pregnancy? ___No ___Yes. If so, expected delivery date:

_____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition:_____No_____Yes.

If so, identify the job functions the employee is unable to perform:

_____

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

_____

_____

_____

_____

_____

_____

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery?____No____Yes.

If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition?____No____Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?____No____Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

_____

Estimate the part-time or reduced work schedule the employee needs, if any:

_____hour(s) per day;_____days per week from_____through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions?_____No_____Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
____No_____Yes . If so, explain:

_____

_____

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency:____times per_____week(s)_____month(s)

Duration:_____hours or____day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature of Health Care Provider **Date**

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500.Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

Form WH-380-E Revised May 2015

Certification of Health Care Provider for Family Member's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

OMB Control Number: 1235-0003
Expires: 5/31/2018

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact:

_____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name: _____
First Middle Last

Name of family member for whom you will provide care: _____
First Middle Last

Relationship of family member to you: _____

If family member is your son or daughter, date of birth:_____

Describe care you will provide to your family member and estimate leave needed to provide care:

_____

_____

_____

_____ _____

Employee Signature Date

 CONTINUED ON NEXT PAGE

SECTION III: For completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address:_____

Type of practice / Medical specialty:_____

Telephone: (_____)_____Fax:_____)_____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition:_____

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility? ___No____Yes. If so, dates of admission: _____

Date(s) you treated the patient for condition:_____

Was medication, other than over-the-counter medication, prescribed?_____No_____Yes.

Will the patient need to have treatment visits at least twice per year due to the condition?____No____Yes Was

the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? ___No____Yes If so, state the nature of such treatments and expected duration of treatment:

_____

_____

2. Is the medical condition pregnancy? ___No ___Yes. If so, expected delivery date: _____

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

_____

_____

_____

PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery?____No____Yes.

Estimate the beginning and ending dates for the period of incapacity:_____

During this time, will the patient need care? __ No __ Yes.

Explain the care needed by the patient and why such care is medically necessary:

_____

_____

_____

_____

5. Will the patient require follow-up treatments, including any time for recovery? ___No ___Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

_____

Explain the care needed by the patient, and why such care is medically necessary: _____

_____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? __ No __ Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

_____hour(s) per day;_____days per week from_____through _____

Explain the care needed by the patient, and why such care is medically necessary:_____

_____

_____

_____

_____

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities?_____No_____Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency:_____times per_____week(s)_____month(s)

Duration:_____hours or____day(s) per episode

Does the patient need care during these flare-ups?_____No_____Yes.

Explain the care needed by the patient, and why such care is medically necessary: _____

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Signature of Health Care Provider **Date**

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210.
DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

Form WH-380-F Revised May 2015

Notice of Eligibility and Rights & Responsibilities (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 5/31/2018

In general, to be eligible an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c)**.**

[Part A – NOTICE OF ELIGIBILITY]

TO: _____
Employee

FROM: _____
Employer Representative

DATE: _____

On_____,_____you informed us that you needed leave beginning on for:

_____The birth of a child, or placement of a child with you for adoption or foster care;

_____Your own serious health condition;

_____Because you are needed to care for your_____spouse;_____child_____parent due to his/her serious health condition.

_____Because of a qualifying exigency arising out of the fact that your_____spouse;_____son or daughter;_____parent is on covered active duty or call to covered active duty status with the Armed Forces.

_____Because you are the_____spouse;_____son or daughter;_____parent;_____next of kin of a covered Service member with a serious injury or illness.

This Notice is to inform you that you:

_____Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)

_____Are **not** eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):

_____You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately____months towards this requirement.

_____You have not met the FMLA's hours of service requirement.

_____You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact_____or view the FMLA poster located in _____.

[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must**

return the following information to us by_____. (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

____Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to suport your request_____**is/____is not** enclosed.

____Sufficient documentation to establish the required relationship between you and your family member.

____Other information needed (such as documentation for military family leave): _____

_____

____ No additional information requested

If your leave does qualify as FMLA leave you will have the following **responsibilities** while on FMLA leave (only checked blanks apply):

____Contact_____at_____to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

____You will be required to use your available paid _____**sick**, _____**vacation**, and/or _____**other leave** during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

____Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We____**have**/____**have not** determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.

____While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every _____. (Indicate interval of periodic reports, as appropriate for the particular leave situation).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following **rights** while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:
  _____the calendar year (January – December).
  _____a fixed leave year based on_____.
  _____the 12-month period measured forward from the date of your first FMLA leave usage.
  _____a "rolling" 12-month period measured backward from the date of any FMLA leave usage.

- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on_____.

- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
  You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
  If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have ____**sick,** _____**vacation,** and/or ___**other leave** run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

____For a copy of conditions applicable to sick/vacation/other leave usage please refer to_____available at:_____.
____Applicable conditions for use of paid leave:_____

_____
_____
_____
_____

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:
_____at_____.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

Form WH-381 Revised February 2013

Certification for Serious Injury or Illness of Current Servicemember - -for Military Family Leave (Family and Medical Leave Act)

U.S. Department of Labor

Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 5/31/2018

Notice to the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a serious injury or illness of a current servicemember to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.310. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

SECTION I: For Completion by the EMPLOYEE and/or the COVERED SERVICEMEMBER for whom the Employee Is Requesting Leave

INSTRUCTIONS to the EMPLOYEE or COVERED SERVICEMEMBER: Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a covered servicemember. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 C.F.R. § 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is a current member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty in the Armed Forces or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.
A complete and sufficient certification to support a request for FMLA leave due to a current servicemember's serious injury or illness includes written documentation confirming that the servicemember's injury or illness was incurred in the line of duty on active duty or if not, that the current servicemember's injury or illness existed

before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, and that the current servicemember is undergoing treatment for such injury or illness by a health care provider listed above. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the servicemember's condition for which the employee is seeking leave.

SECTION I: For Completion by the EMPLOYEE and/or the CURRENT SERVICEMEMBER for whom the Employee Is Requesting Leave:

(This section must be completed first before any of the below sections can be completed by a health care provider.)

Part A: EMPLOYEE INFORMATION

Name and Address of Employer (this is the employer of the employee requesting leave to care for current servicemember):

_____

Name of Employee Requesting Leave to Care for Current Servicemember:

_____

First Middle Last

Name of the Current Servicemember (for whom employee is requesting leave to care):

_____

First Middle Last

Relationship of Employee to Current Servicemember:

☐Spouse ☐Parent ☐Son ☐Daughter ☐Next of Kin

Part B: SERVICEMEMBER INFORMATION

(1) Is the Servicemember a Current Member of the Regular Armed Forces, the National Guard or Reserves? ☐

Yes ☐ No

If yes, please provide the servicemember's military branch, rank and unit currently assigned to:

_____

Is the servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)? ☐

Yes ☐ No

If yes, please provide the name of the medical treatment facility or unit:

_____

(2) Is the Servicemember on the Temporary Disability Retired List (TDRL)?☐

Yes ☐ No

Part C: CARE TO BE PROVIDED TO THE SERVICEMEMBER

Describe the Care to Be Provided to the Current Servicemember and an Estimate of the Leave Needed to Provide the Care:

_____

_____

SECTION II: For Completion by a United States Department of Defense ("DOD") Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125. If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator).
(Please ensure that Section I above has been completed before completing this section. Please be sure to sign the form on the last page.)

Part A: HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name and Business Address:

_____

Type of Practice/Medical Specialty: _____

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider, or (5) a health care provider as defined in 29 CFR 825.125:

_____

Telephone: ( ) _____ Fax: ( ) _____ Email: _____

PART B: MEDICAL STATUS

(1) The current Servicemember's medical condition is classified as (Check One of the Appropriate Boxes):

☐ **(VSI) Very Seriously Ill/Injured** – Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ **(SI) Seriously Ill/Injured** – Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ **OTHER Ill/Injured** – a serious injury or illness that may render the servicemember medically unfit to perform the duties of the member's office, grade, rank, or rating.

☐ **NONE OF THE ABOVE** (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380-F or an employer-provided form seeking the same information

(2) Is the current Servicemember being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces? ☐ Yes ☐ No

(3) Approximate date condition commenced: _____

(4) Probable duration of condition and/or need for care: _____

(5) Is the servicemember undergoing medical treatment, recuperation, or therapy for this condition? ☐ Yes ☐ No

If yes, please describe medical treatment, recuperation or therapy:

_____

PART C: SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER

(1) Will the servicemember need care for a single continuous period of time, including any time for treatment and recovery? ☐ Yes ☐ No

If yes, estimate the beginning and ending dates for this period of time: _____

(2) Will the servicemember require periodic follow-up treatment appointments? ☐ Yes ☐ No

If yes, estimate the treatment schedule: _____

(3) Is there a medical necessity for the servicemember to have periodic care for these follow-up treatment appointments? ☐ Yes ☐ No

(4) Is there a medical necessity for the servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)?

☐ Yes ☐ No

If yes, please estimate the frequency and duration of the periodic care:

_____

_____

Signature of Health Care Provider:_____Date: _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE PATIENT.**

Certification of Qualifying Exigency For Military Family Leave (Family and Medical Leave Act)

U.S. Department of Labor

Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 5/31/2018

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Please complete Section I before giving this form to your employee. Your response is voluntary, and while you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.309.

Employer name: _____

Contact Information: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II fully and completely. The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. 29 C.F.R. § 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your employer must give you at least 15 calendar days to return this form to your employer.

Your Name: _____
First Middle Last

Name of military member on active duty or call to covered active duty status:

_____
First Middle Last

Relationship of military member to you: _____

Period of military member's covered active duty: _____

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member's covered active duty or call to covered active duty status. Please check one of the following and attach the indicated document to support that the military member is on covered active duty or call to covered active duty status,

☐

A copy of the covered military member's active duty orders is attached.

☐ Other documentation from the military certifying that the military member is on active duty (or has been notified of an impending call to covered active duty) is attached.

☐ I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status.

PART A: QUALIFYING REASON FOR LEAVE

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

_____

_____

_____

_____

_____

_____

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military; a document confirming the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached.

Yes ☐ No ☐ None Available ☐

PART B: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: _____

Probable duration of exigency: _____

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? ☐No ☐Yes.

If so, estimate the beginning and ending dates for the period of absence:

_____

3. Will you need to be absent from work periodically to address this qualifying exigency?

No ☐Yes.

Estimate schedule of leave, including the dates of any scheduled meetings or appointments:_____

_____

_____

_____

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

Frequency:_____times per_____week(s)_____month(s)

Duration:_____hours____day(s) per event.

PART C:

If leave is requested to meet with a third party (such as to arrange for childcare or parental care, to attend counseling, to attend meetings with school or childcare or parental care providers, to make financial or legal arrangements, to act as the military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual:_____Title: _____

Organization: _____

Address: _____

Telephone: (_____)_____Fax: (_____)_____

Email: _____

Describe nature of meeting: _____

_____

_____

_____

_____

_____

_____

_____

_____

PART D:

I certify that the information I provided above is true and correct.

_____ _____

Signature of Employee Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYER.**

WH-384 Revised February 2013

Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave (Family and Medical Leave Act)

U.S. Department of Labor

Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 5/31/2018

Notice to the EMPLOYER

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking military caregiver leave under the FMLA leave due to a serious injury or illness of a covered veteran to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 CFR 825.310. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 CFR 1630.14(c)(1), if the Americans with Disabilities Act applies.

SECTION I: For completion by the EMPLOYEE and/or the VETERAN for whom the employee is requesting leave

INSTRUCTIONS to the EMPLOYEE and/or VETERAN: Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for military caregiver leave under the FMLA leave due to a serious injury or illness of a covered veteran. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 CFR 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

(This section must be completed before Section II can be completed by a health care provider.)

Part A: EMPLOYEE INFORMATION

Name and address of employer (this is the employer of the employee requesting leave to care for a veteran):

_____

Name of employee requesting leave to care for a veteran:

_____
First Middle Last

Name of veteran (for whom employee is requesting leave):

_____
First Middle Last

Relationship of employee to veteran:

Spouse☐ Parent☐ Son☐ Daughter☐ Next of Kin ☐ (please specify relationship):

Part B: VETERAN INFORMATION

(1) Date of the veteran's discharge:

_____

(2) Was the veteran **dishonorably** discharged or released from the Armed Forces (including the National Guard or Reserves)? Yes☐ No☐

(3) Please provide the veteran's military branch, rank and unit at the time of discharge:

_____

(4) Is the veteran receiving medical treatment, recuperation, or therapy for an injury or illness?
Yes☐ No☐

Part C: CARE TO BE PROVIDED TO THE VETERAN

Describe the care to be provided to the veteran and an estimate of the leave needed to provide the care:

_____
_____

SECTION II: For completion by: (1) a United States Department of Defense ("DOD") health care provider; (2) a United States Department of Veterans Affairs ("VA") health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider; or (5) a health care provider as defined in 29 CFR 825.125.

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee named in Section I has requested leave under the military caregiver leave provision of the FMLA to care for a family member who is a veteran. For purposes of FMLA military caregiver leave, a serious injury or illness means an injury or illness incurred by the servicemember in the line of duty on active duty in the Armed Forces (or that existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the servicemember became a veteran, and is:

> (i) a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating; or
> (ii) a physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or
> (iii) a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or
> (iv) an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.

A complete and sufficient certification to support a request for FMLA military caregiver leave due to a covered veteran's serious injury or illness includes written documentation confirming that the veteran's injury or illness was incurred in the line of duty on active duty or existed before the beginning of the veteran's active duty and was aggravated by service in the line of duty on active duty, and that the veteran is undergoing treatment, recuperation, or therapy for such injury or illness by a health care provider listed above. Answer fully and completely all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA military caregiver leave coverage. Limit your responses to the veteran's condition for which the employee is seeking leave.

(Please ensure that Section I has been completed before completing this section. Please be sure to sign the form on the last page and return this form to the employee requesting leave (See Section I, Part A above). **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**)

Part A: HEALTH CARE PROVIDER INFORMATION

Health care provider's name and business address:

_____

Telephone: ( ) _____ Fax: ( ) _____ Email: _____

Type of Practice/Medical Specialty:

_____

Please indicate if you are:

☐ a DOD health care provider
☐ a VA health care provider
☐ a DOD TRICARE network authorized private health care provider
☐ a DOD non-network TRICARE authorized private health care provider
☐ other health care provider

PART B: MEDICAL STATUS

Note: If you are unable to make certain of the military-related determinations contained in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as, DOD Recovery Care Coordinator) or an authorized VA representative.

(1) The Veteran's medical condition is:

☐ A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating.

☐ A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50% or higher, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave.

☐ A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment.

☐ An injury, including a psychological injury, on the basis of which the covered veteran is enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.

☐ None of the above.

(2) Is the veteran being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces? Yes☐ No☐

(3) Approximate date condition commenced: _____

(4) Probable duration of condition and/or need for care: _____

(5) Is the veteran undergoing medical treatment, recuperation, or therapy for this condition? Yes☐ No☐

If yes, please describe medical treatment, recuperation or therapy:

_____

PART C: VETERAN'S NEED FOR CARE BY FAMILY MEMBER

"Need for care" encompasses both physical and psychological care. It includes situations where, for example, due to his or her serious injury or illness, the veteran is unable to care for his or her own basic medical, hygienic, or nutritional needs or safety, or is unable to transport him or herself to the doctor. It also includes providing psychological comfort and reassurance which would be beneficial to the veteran who is receiving inpatient or home care.

(1) Will the veteran need care for a single continuous period of time, including any time for treatment and recovery? Yes☐ No☐

If yes, estimate the beginning and ending dates for this period of time: _____

(2) Will the veteran require periodic follow-up treatment appointments? Yes☐ No☐

If yes, estimate the treatment schedule: _____

(3) Is there a medical necessity for the veteran to have periodic care for these follow-up treatment appointments? Yes☐ No☐

(4) Is there a medical necessity for the veteran to have periodic care for other than scheduled follow-up treatment appointments (e.g. , episodic flare-ups of medical condition)? Yes☐ No☐

If yes, please estimate the frequency and duration of the periodic care:

_____

_____

Signature of Health Care Provider:_____Date: _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. 2616; 29 CFR 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYEE REQUESTING LEAVE (As shown in Section I, Part "A" above).**

Designation Notice
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 5/31/2018

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. While use of this form by employers is optional, a fully completed Form H-382 provides an easy method of providing employees with the written information required by 29 C.F.R. §§ 825.300(c), 825.301, and 825.305(c).

To: _____

Date: _____

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on_____and decided:

_____**Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.**

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

_____Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: _____

_____Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised (check if applicable):

_____You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

_____We are requiring you to substitute or use paid leave during your FMLA leave.

_____You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position_____**is is not** attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

_____**Additional information is needed to determine if your FMLA leave request can be approved:**

_____The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later_____,
(Provide at least seven calendar days)
unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

_____
(Specify information needed to make the certification complete and sufficient)

_____

_____ We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

_____Your FMLA Leave request is Not Approved.

_____The FMLA does not apply to your leave request.

_____You have exhausted your FMLA leave entitlement in the applicable 12-month period.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617; 29 C.F.R. §§ 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 – 30 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

Form WH-382 January 2009

324 - LEAVES OF ABSENCE WITHOUT PAY

I. PURPOSE

To enable employees to receive time away from work to satisfy extended military service obligations, or handle compelling personal problems.

II. SCOPE

This policy applies to regular, full-time and part-time employees of Spokane County.

III. POLICY

A. Elected Officials/Department Heads may grant leaves of absence without pay for absence from work not covered by any other type of leave and if other leave balances are exhausted. For situations involving disciplinary actions, leave balances need not be exhausted to issue leave without pay. Examples of situations for which leaves without pay may be granted include time off work for personal reasons, prolonged illness, parenting, caring for an ill relative, pursuing an education, or fulfilling a military obligation in excess of 21 days* (168 work hours) per year. [*County Code 1.03.115 (See Policy #315.)]

B. Only regular full-time and part-time employees who have satisfactorily completed their review period are eligible for leave without pay. The following requirements apply:

1. Leave may be granted to an employee for up to 90 days upon the approval of the Elected Official/Department Head. Further extensions are at the joint discretion of the Human Resources Director and the Elected Official/Department Head.
2. Accrued paid leave, if any, must be exhausted before taking any leave without pay except in situations involving disciplinary actions.
3. The County's contribution for benefits is suspended during the period of unpaid leave until the employee returns to work. Vacation, sick leave and/or any other benefits do not accrue while an employee is on leave without pay.
4. In certain circumstances, self-payment of contributions for benefits may be required.
5. An employee who fails to report promptly at the end of the unpaid leave is presumed to have voluntarily resigned.
6. If the leave without pay is due to an illness, the County may require a doctor's certification stating that the employee is capable of returning to work and performing the work duties and responsibilities of the employee's position.

C. The Spokane County Sheriff, under Civil Service rules, has the ability to approve unpaid personal leave of absences beyond one (1) year. For personal leaves of absences extending beyond one (1) year and approved by the Sheriff, employees will be paid out any vacation and compensatory time earned through their last day worked.

D. After 30 consecutive days leave of absence, the employee will be responsible for paying the entire cost of his/her medical insurance coverage and that of his/her dependents.

E. If an employee is absent from active work because of leave of absence, the employment may be continued for a period not to exceed six months or until terminated by his employer.

IV. PROCEDURE

A. Application and Commencement:

1. Requests for leave of absence or an extension thereof must be submitted in writing to the supervisor and/or Elected Official/Department Head two weeks prior to the commencement date.

2. Extensions of leaves of absence are ordinarily not granted. No extension will be granted beyond 90 days without the Elected Official/Department Heads' and Human Resources Director's approval.

3. Upon approval, the Department will initiate a Personnel Action form.

B. Reinstatement from Personal & Military Leaves:

1. Upon return from an extended military service leave of absence, employees will be reinstated according to applicable law.

2. Upon return from a personal leave of absence, employees will be reinstated in the following priority of position reassignment:

First: Prior position, if available.

Next: A comparable position for which the employee is qualified, if available.

Next: A lesser position for which the employee is qualified.

If no work is available according to the reassignment priorities listed above, the employee will be laid off.

3. Employees on leave of absence must notify their Elected Official/Department Head, manager, or supervisor at least two weeks prior to end of leave to inform the County of availability for return to work.

4. The County may require employees who have been granted an extended medical unpaid leave of absence to have a physician's release or a physical examination to determine fitness for work prior to return.

C. Reinstatement from Family Medical Leave:
See Policy #322 - Family & Medical Leave (FMLA)

330 - EMPLOYEE ASSISTANCE PROGRAM (EAP)

I. PURPOSE

To provide employees and their families with confidential counseling services.

II. SCOPE

This policy applies to all full-time and percentage employees and their dependents.

III. POLICY

A. Under the current (6/4/96) plan, county employees and/or their dependents may receive up to eight sessions per person, per problem, per year. Limited services are provided for part-time employees. The County pays for this benefit. Managers and supervisor can recommend to a worker that professional services are available through EAP to help solve problems with:

● Marriage ● Family ● Alcohol ● Drug ● Personal ● Work

and referral service for:

● Legal ● Social Agencies ● Medical ● Special Therapists

B. EAP is staffed by experienced, professional counselors who can provide information, immediate treatment or referral to other sources. All contact with the service is confidential unless the employee wishes otherwise.

IV. PROCEDURE

A. Employees or their dependents may contact these services at:

Deer Oaks EAP
EAP Helpline: 1-866-EAP-2400
1-866-327-2400
E-Mail: eap@deeroaks.com
TTY/TDD: 1-800-877-8339
Website: deeroaks.com
UserId: spok
Password: spok

B. Callers remain anonymous.

C. The County may recommend that an employee use EAP.

340 - BENEFITS

I. PURPOSE

To provide employees and their families with health and financial related coverage.

II. SCOPE

Except as provided for herein after, this policy applies to all full-time and part-time County employees.

III. POLICY

The following information generally represents benefits as they were established as of 2/1/98. As each plan may be modified from time to time, you must contact the Human Resources Department for the complete and current details of each plan. Those described here should not be considered a guarantee that the plans will continue to provide the benefits as described here. Part-time (Percentage) employees will be provided benefits in accordance with Policy #217.

A. NOTIFICATIONS OF CHANGES

Employees must notify Human Resources of any benefit changes (marriage, divorce, adding or deletion of a child, etc.) within 30 days of the change. Failure could result in not only paying for incurred expenses, but also reimbursing the County for overpaid benefit compensations.

B. MEDICAL

Two medical plans are available to County employees consisting of a Health Maintenance Organization (HMO) and a Preferred Provider plan (PPO). For some employees this traditional plan may not be available after December 31, 2000. Currently the County contributes a major portion of the plans' premiums. Open enrollment is held annually for coverage for the following contract year. Percentage employees pay a pro-rated share of their medical premiums. The County will pay percentages in 50%, 60% and 80% increments and percentage employees will pay the difference.

C. DENTAL

Two dental plans are available to County employees consisting of a Dental Maintenance Plan (DMO) and Preferred Provider Plan (PPO). Coverage varies depending on the procedure. Currently, the County pays the full premium for employees, spouses and dependents. Percentage

employees pay a pro-rated share of their dental premiums. The County will pay percentages in 50%, 60% and 80% increments and percentage employees will pay the difference.

D. INSURANCE EXTENSION

Any Elected Official receiving County medical benefits or non-represented employee eligible for PTO/CAT benefits, who is unable to resume the duties of his/her elected position or employment by the County because of proven illness or injury, shall, for a period of six (6) months after exhaustion of leave and annual leave benefits, continue to receive the County contribution toward group insurance benefits.

E. GROUP LIFE INSURANCE

The County provides a $10,000 Group Life Insurance policy for full-time and percentage employees. Currently the County pays this benefit in full. Through this plan the employee has the option to purchase a $1,000 life policy to cover each dependent.

F. VOLUNTARY LIFE INSURANCE

The regular, full-time and percentage employees may apply for additional insurance ranging from $10,000 to $500,000. Premiums are based on tobacco free or tobacco use. The spouse may apply for an equal amount. If applied for within 30 days of hire date, a $50,000 policy on employee and $20,000 on spouse is guaranteed with no medical history. Insurance is also available for dependent children in the amounts of $2,000, $5,000, or $10,000.

G. RETIREMENT PLAN

County employees are automatically enrolled in the Washington State Public Employees' Retirement System (PERS). Washington State Law Enforcement Officers and Fire Fighters Retirement System (LEOFF) is for Law Enforcement Officers. Those hired prior to October 1, 1977 are Plan 1 and those hired after that date are Plan 2 for both LEOFF & PERS plans. Both the employee and County contribute certain percentages of the gross salary which are subject to change (check with the Benefits Coordinator in Human Resources) and employees are vested after five years. Age and service requirements for retirement vary based on membership plan. (See PERS 1, PERS 2, PERS3, PSERS, JBM, LEOFF 1, & LEOFF 2 policy booklets for more detailed information.)

H. SOCIAL SECURITY

The Federal Social Security Act covers all employees. A required percentage of an employee's salary is deducted to pay the employee's portion of this protection, and the County matches this deduction dollar for dollar. This plan was designed for an employee's future security and that of his or her dependents by providing retirement, disability, death survivor and Medicare benefits.

I. STATE UNEMPLOYMENT INSURANCE

This program is funded entirely by employers in this state. The program provides weekly benefits to qualified employees who become unemployed through no fault of their own or circumstances described in the law.

J. WORKERS' COMPENSATION

The County is a self-insured carrier who covers the cost of work-incurred injury or illness. Benefits help pay for an employee's medical treatment and for part of the income lost while recovering. Specific benefits are prescribed by law depending on the circumstances in each case. To be assured of maximum coverage, all work-related accidents must be reported immediately to supervisors, managers, or Elected Officials/Department Heads and the Risk Management Section so the County can file a timely claim.

An employee could receive a combined check equaling 100% of his/her salary by combining State Industrial Fund payment and supplementing with a percentage of the salary by Spokane County. Once an employee has exhausted his/her sick leave reserve, the employee could continue to receive payment from Workers' Compensation. However, an employee may use vacation leave for 100% pay.

An employee continues to accrue benefits for retirement, vacation and sick leave. However, the employee's deduction withholding on retirement will depend on the amount of actual earnings and Workers Compensation received. For complete details be sure to check with the Risk Management Section.

K. LONG TERM DISABILITY INSURANCE

All eligible employees will be automatically enrolled for Long Term Disability. The County currently pays the full premium for this benefit.
This program provides for disability benefits for employees unable to work because of disability due to non-occupational accident or disease. The benefit period begins at the end of a 90 continuous calendar day waiting (elimination) period of total disability.

Age 65 is the maximum age limit for which benefits will be paid. An eligible employee who qualifies for benefits under this plan will receive a maximum of 60% of pre-disability earnings to a maximum of $5,000 per month. Benefits provided to full-time LEOFF employees are not provided for under this plan.

M. COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires continuation of health care benefits for employees and/or dependents depending on a variety of events normally associated with termination of employment for employees or loss of eligibility for dependents. The Human Resource Department has full details.

N. HIPAA

The Health Insurance Portability and Accountability Act (HIPPA) of 1997 requires implementation of a set of new requirements for employer-sponsored group health plans, whether insured or self-insured. These requirements address pre-existing conditions, health non-discrimination, health plan disclosure and certification to exiting employees. The Human Resources Department has full details.

341 – VOLUNTARY EMPLOYEE'S BENEFICIARY ASSOCIATION (VEBA)

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

I. PURPOSE

To assist eligible employees with monthly healthcare premiums and other qualified out of pocket medical expenses not covered by insurance after separation of employment from Spokane County.

II. SCOPE

This policy applies to all eligible non-represented employees with the exception of LEOFF 1.

III. POLICY

A. To be eligible for this program, at the time of separation of employment from Spokane County, the employee must be at least 55 years of age and have a minimum of 15 full years of County service credits.

B. Eligible non-represented employees, **with** Long Term Disability, will have twenty-five percent (25%) of their unused accumulated sick leave deposited into the HRA VEBA trust.

C. Eligible non-represented employees **without** Long Term Disability will be allowed to cash out fifty percent (50%) of their accumulated sick leave up to a maximum of sixty-five (65) days upon retirement or death per previous agreement. Spokane County will then designate twenty-five percent (25%) of the employee's remaining unused accumulated sick leave balance to be deposited into the HRA VEBA trust.

D. The employer will make contributions into the HRA VEBA trust for eligible employees at separation of employment only once during the course of their employment with Spokane County. The monetary value of sick leave accredited to a VEBA will be based upon the value of the account at time of separation of employment. If reason for separation of employment prior to an active account being established is due to death then spouses, dependents, and/or beneficiaries are not permitted to enroll in the VEBA Plan.

E. This program falls under and is subject to Section 501(c)(9) of the Internal Revenue Code. By investing twenty-five percent (25%) of the employees' unused accumulated sick leave into the HRA VEBA trust, the employee will be allowed to use the tax-free account to pay monthly healthcare premiums and qualified out of pocket medical expenses not covered by insurance when they separate from employment. There is tax savings on contributions, tax-free earnings and tax-free reimbursements.

F. This policy is subject to change, modification, or elimination at any time with or without notice as a result of changes in relevant Internal Revenue Code (IRC) provisions or regulations.

G. This policy may be rescinded with or without notice for any reason whatsoever at any time by the Board of County Commissioners.

342 - Post-Employment Extended Health Care Policy

I. PURPOSE

This policy is established to provide qualified County employees access to health care coverage for up to sixty (60) months post-employment with the County.

II. SCOPE

This policy pertains to all County employees who meet minimum qualifications, subject to collective bargaining agreements.

III. DEFINITIONS

1. "COBRA" means Consolidated Omnibus Budget Reconciliation Act.
2. "Extended health care coverage" means health care coverage for up to forty-two (42) months which begins after COBRA coverage.
3. "Health care coverage" means medical and dental insurance plans offered to employees of the County.

IV. POLICY

It is the intention of the Board of County Commissioners to offer employees extended health care coverage after they have left employment with the County beyond the standard 18-month COBRA duration, if they meet minimum qualifications. Employees who meet the eligibility criteria, have separated from service, and elected COBRA through Spokane County, are eligible to participate in the plan.

This extended health care coverage benefit is only offered to the employee until he/she is eligible for Medicare. Extended health care coverage does not cover spouses, domestic partners, or dependents. The employee is responsible for the full monthly premium plus an administration fee.

Minimum qualifications are as follows;

1. Employees must have five (5) or more years of continuous employment with the County immediately prior to separation from the County.
2. Employees must be between 60 and 65 years of age at the time of separation from the County.
3. Employees must be enrolled in a County offered health care plan prior to separation from the County.
4. The employee must make the election for extended health care coverage within sixty (60) days after separation or currently be on COBRA on the date of the effective date of this policy in which case the election for extended benefits must occur within sixty (60) days of the effective date of the policy.

350 - Education Benefit Program

Policy & Procedure

I – Purpose

A well-educated, trained, and motivated staff is essential to the success and efficiency of any organization – public and private. Spokane County is committed to continuous learning and the development of its most important resource: its employees. With this in mind, Spokane County hereby creates the Education Attainment Program (referred to hereafter simply as the *Program*). This initiative seeks to assist employees with both the financial and time constraints that may inhibit their ability to achieve higher levels of education and training, which:

- Encourages education
- Expands job knowledge and skills
- Helps employees meet job requirements for County positions
- Assists employees in completing college coursework and degree programs, and
- Prepares employees for other job opportunities within the County

To assist as many employees as possible and thus provide the greatest possible gain for the County, this program is competitive in nature and is based on a shared responsibility between the County and participating employees; limited funding is unlikely to allow for all interested employees to participate at any given time, nor aid in covering all costs for those who participate.

Nothing in this policy/procedure is considered grievable.

II – Employee Eligibility

Except as otherwise noted herein for any specific program, the following requirements must be met prior to an employee applying for enrollment in the Program:

a. Full-time employees only
b. Must be employed with Spokane County a minimum of 1 year of continuous service; temporary service does not apply toward the one-year period
c. For Master's degree programs, 3 years of full-time continuous service with the County is required
d. Requested course of study, training, or certification must be related to current job or one currently within the County to which the employee could reasonably aspire
e. Receive written approval from Department Head/Elected Official
f. Employee must be in good standing with respect to job performance, which includes no disciplinary actions one year prior to the time of application (which managers must acknowledge upon approval).
g. Submission of a completed application

Employees can only be enrolled in one component of the Program at any given time. Program elements cannot be combined.

Employees selected for participation in the program will sign a Continuing Education Agreement (CEA) with the County prior to enrolling in the program and receiving Program benefits or reimbursements;

employees who donot fulfill the obligations of the Continuing Education Agreement may be subject to repayment of funds to Spokane County.

If an employee does not meet the conditions of the CEA, the employee will be required to repay that portion of their continuing education program that was not completed in compliance with their respective CEA within sixty (60) days.

III – Educational Opportunities

Tuition Assistance for Degrees, Coursework, and Certification

The Tuition Assistance portion of the Program is intended to assist employees with defraying the costs of advanced training and education to improve their skills and abilities as employees of Spokane County.

The Tuition Assistance is available to employees who seek to complete a related college degree program, individual coursework and/or training classes to improve their abilities in their current job, or to gain certification(s) that benefit their current job duties or allow advancement into other reasonably attainable job classifications currently within the County. As Program funding is limited and can vary from year to year, Tuition Assistance participants must compete through a periodic competitive application process (see *Application and Selection Process*, below).

Tuition payments will be made directly by the County to the applicable institution for the approved program or study or coursework. Financial assistance for required text book costs, not included in the tuition payment will be made on a reimbursement basis. The following guidelines will apply to the Tuition Assistance Program:

a. No use of county vehicles unless course is specific to employee's department, with approval from the department head/elected official
b. Proof of successful completion of coursework must be submitted to Human Resources within 30 days of course completion. This includes course syllabus and official transcripts. For eligible textbook costs not included in tuition expenses, receipts must be provided for employee reimbursement.
c. Course/class must be completed with a 2.5 grade point or better for technical or college classes, 3.0 grade point or better for graduate level courses.
d. Course(s) must not interfere with employee's job responsibilities, as approved by the department head/elected official
e. Courses/classes must be taken on employee's personal time
f. No recreation/hobby classes may be included in coursework unless required for an approved degree program. Reimbursement is not available for any materials or equipment related to such courses (even if required by degree program)
g. Reimbursement is not available for meals, lodging, or transportation
h. Reimbursement is not available for computers, software, computer accessories & hardware, or other electronic devices

Spokane County reserves the right to limit the number of credit hours of course study that may be enrolled in by employees participating in the Program, as required to ensure employee's continued productivity in their employment or due to program funding constraints. Partial awards may be made at the discretion of the Selection Panel.

Employees will be required to maintain full-time employment with Spokane County upon completion of their continuing education program for a predetermined length of time, as prescribed in their Continuing Education Agreement. The length of service upon completion will be based on the total expenditure made by the County toward the employee's continuing education program, as prescribed by the following table:

EMPLOYEE CONTINUING SERVICE PERIOD	
Amount of Total County Expenditure	**Years of Employment Following Tuition Assistance**
$0-$2500	2 years
$2501-$5000	3 years
$5001-$7500	4 years
$7500 - $10000	5 years

Employees who voluntarily separate from service with the County prior to meeting their required continuing length of service (above) will reimburse the County for the total amount expended (by the County) less the amount credited for the actual length of time the employee remained in service. For example, the County contributes a total of $8,000 in tuition and textbook assistance to an employee. The employee then leaves County service three years after receiving their tuition assistance. This equates to a credit of $5,000. The remaining $3,000 would need to be repaid to the County within 60 days *as shown below*:

$8,000 (actual County expenditure for employee's education program)
Three years of employment following tuition assistance = $5,000 in tuition assistance amount
$8,000 - $5,000 = $3,000 (employee repayment to County)

This policy in no way creates or implies an employment contract between the employee and Spokane County.

An employee who takes unpaid leave on an extended basis for medical reasons will have their required length of service extended by the same amount.

Education Leave (Time Only – Salary Assistance)

For employees who have the financial means to enroll in continuing education coursework or degree programs, but otherwise cannot do so because such programs only being offered during normal hours of work, Spokane County is providing Salary Assistance as a component of the Program. For employees selected to participate in Salary Assistance, the County will pay education leave at the employee's standard hourly rate during those hours in which the employee is approved to attend classes/training during normal work hours. Education leave will not accrue with paid time-off, sick, or vacation leave but will be paid as it occurs, up to predetermined amounts per pay period. The employee's department will administer and track education leave for all such employees. It is understood that all costs for courses, materials, and other financial obligations related to pursuing their continuing/advanced education will be the employee's responsibility.

The following guidelines will apply to the Salary Assistance Program:

- Salary for education leave will be at the same regular hourly rate that the participating employee currently receives. Education leave will count toward seniority status for all employees
-

- Education leave available for any employee is limited to no more than 25% of their normally scheduled work hours, per pay period, as approved by the Department Head/Elected Official
- Employee participation in the Salary Assistance Program may be revoked by the County at any time if the employee's grade point average (or grade point for any single class) falls below a 2.5/4.0
    - Reinstatement in the Program may be granted if the employee demonstrates achieving a 2.5 or better on the next grade cycle (3.0 for graduate courses)
- Employees may be required to submit proof of course enrollment and progress at the request of the Department Head or Elected Official.
- No use of a County vehicle or equipment unless course/class is specific to employee's department and with prior approval of the department head/elected official
- Paid hours used for Education Leave will not be considered hours worked or contribute toward overtime hours.

PROCEDURE

IV – Application and Selection Process

Employee demand for participation in the Education Attainment Program is likely to be high; equally, County resources available to dedicate toward funding the Program will always be limited. To ensure fairness in administration of the Program, the Human Resources Department will establish selection criteria, application forms, an application schedule, and other such items as necessary for the efficient and effective administration of the Program.

Selection of participants for the Program will occur at least once per year. Employee applications will be reviewed by a Selection Panel chosen by the Human Resources Department. The panel will review all requests and set a preliminary amount to be reimbursed if approved.

Applicants must complete the *Education Attainment Program Application* by the date determined by Human Resources. The completed application will be considered by the Selection Panel and may include (but not be limited to) the following:

- Employee's tenure with the County and their respective department
- Relevance of the requested program of study to the employee's current job duties
- Employee's performance/personnel record
- Availability for the employee to participate in the requested program as it affects their ability to perform their job functions
- Financial cost of the requested program of study
- Availability of Program funding

Specific selection criteria will be established each year by the Human Resources Department and conveyed to employees through the advertisement and application process, at least once annually.

V – Program Funding

The Board of County Commissioners may establish a separate annual budget item to cover all costs for administration and operation of the Education Attainment Program during the annual County Budget process. All funds to support the Program will be paid as an expense of the County General Fund.

The recommended funding level for the Program will be provided as a portion of the budget request made by the Human Resources Department each year.

Funding for this Education Attainment program may end at any time based upon the decision of the Board of County Commissioners.

VI - Payment

Tuition Assistance for Degrees, Coursework, and Certification

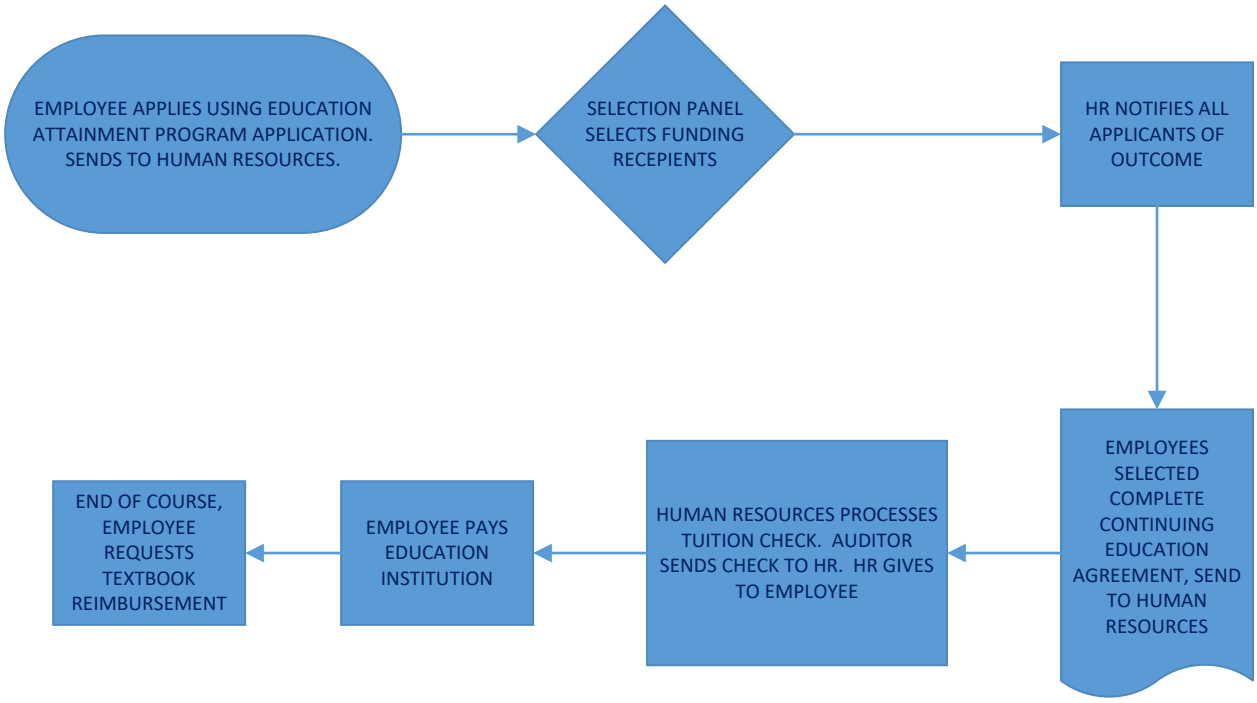
1. Bring proof of tuition cost to Human Resources for processing along with completed *Tuition Assistance* form prior to beginning the course(s)
2. Human Resources works with education institution to set up W9 Vendor code
3. Proof and completed form goes to Auditor's department for education institution check preparation. Check is sent to Human Resources
4. Employee picks up check at Human Resources and gives check to education institution for tuition payment

Textbook Reimbursement

1. Upon satisfactory completion of the course(s), employees must request textbook reimbursement by submitting to Human Resources a copy of their grades/transcripts and applicable receipts. The Human Resources Director will review and approve requests for reimbursement provided the reimbursement criteria have been met, and will submit the payment request for the employee. This amount may be considered taxable.
2. A textbook reimbursement check will be mailed to the employee's residence.

This policy is subject to change.

EDUCATION ATTAINMENT PROGRAM OVERVIEW



360 - DEFERRED COMPENSATION (457 PLAN)

V. PURPOSE

To help eligible employees supplement their retirement income.

VI. SCOPE

This policy applies to all eligible employees.

VII. POLICY

H. This program falls under Section 457 of the Internal Revenue Code. By investing a portion of pre-tax income in one of the County's two programs, the investment income and principal it earns are not taxed until the employee withdraws these earnings.

I. The County has established a 457-investment plan to help employees supplement their retirement income. This voluntary plan permits employees to contribute earnings on a pre-tax basis to one of several investment choices. Existing government regulations controls the maximum annual dollar amount of employee contribution. The Human Resources Department has full details.

J. While this plan has important savings and tax advantages, other aspects of this plan will require special consideration. Summary plan descriptions can be obtained in the Human Resources Department.

370 - MERIT AWARD PROGRAM

I. PURPOSE

To recognize and reward employees who have suggested constructive, specific ideas for improving any part of County operations.

II. SCOPE

This applies to all employees of Spokane County.

III. POLICY

A. Objectives:

1. To improve the effectiveness and efficiency of County operations.
2. To stimulate high levels of performance, encourage innovation and strengthen employee-management relations.
3. To provide recognition and reward employees who contribute toward the meeting of these objectives.

B. Awards:

It shall be the general policy to make appropriate awards (such as cash awards, certificate of recognition) for suggestions that may ultimately produce actual dollar savings for the County. Suggestions covering other types of improvements will be individually judged as to the applicability for an award. Suggestions of all types are actively encouraged and the award policy shall be as generous as is prudent under the goals of the program. The stated policy shall be as follows:

1. Tangible Savings: All suggestion which would produce tangible savings to the County if implemented shall be eligible for awards ranging up to $500. The type of award shall be based on the relative savings to the County resulting from implementation of the suggestion. The actual award to be made shall be the sole judgment of the Merit Award Committee. (See Attachment A)
2. Intangible Savings: Suggestions which would produce improvements in service, productivity, or safety, but whose benefits cannot be related directly to dollar savings,

shall be evaluated on their individual merit. Awards shall be made where appropriate as determined by the Merit Award Committee. (See Attachment B)

C. Eligibility:

The Merit Award Program is open to all County employees. However, monetary awards will not normally be given to management or supervisory personnel for suggestions for improvements falling within their existing responsibilities. In case of questions, the Merit Award Committee will review the suggestion in relation to the individual's job responsibility and reserve authority to make or deny an award as may be appropriate.

D. Suggestion Procedures:

Suggestion Forms will be made available to all employees through their department head/designee or requested from the committee chairperson. Any employee who desires to make a suggestion shall write it in a concise and legible manner on the Suggestion Form. The employee shall retain the duplicate copy for his/her own records. The completed copy should then be sent directly to the County Mailroom, via interdepartmental mail, to the attention of the Committee Chairperson. It is the employee's responsibility to keep the duplicate copy of the Suggestion Form in order to claim an award.

The Merit Award Committee will acknowledge receipt of the suggestion with a written response to the suggestor. (See Attachment C.) The committee will assign a suggestion number.

E. Review and Evaluation Process:

The Merit Award Committee shall have full responsibility for ensuring that all submitted suggestions receive an adequate review and evaluation of possible benefit to the County. The process shall require an initial screening by the Merit Award Committee. Where appropriate, suggestions shall then be forwarded to effected management personnel for their review and comment. These reviewers will normally be the department head of the department(s) impacted by the suggestion. The Committee will then evaluate each suggestion in light of the information supplied by the effected department. The Committee shall determine the award to be made.

The Committee Chairperson will follow up on the status of the referred suggestion at least bi-weekly. The suggestor will be advised of the status every 30 days.

F. Award Procedures:

It will be the goal of the Merit Award Committee to review all suggestions and determine appropriate awards within a period of sixty days from the time the suggestion is submitted. Awards will be made as soon as possible.

Monetary awards will be made via the County payroll system per the auditor's requirements.

Awardees may be recognized via the County Newsletter, and in quarterly updates provided to the Chief Administrative Officer and Board of County Commissioners.

G. Merit Award Committee:

The Merit Award Committee shall have responsibilities as outlined in this policy statement. It is the intent of this policy to include representatives from at least five county departments at any given time. The Committee will meet as needed depending on the number of suggestions submitted, or at a minimum quarterly. The Committee will be under the direction of the Chief Administrative Officer.

H. Appeals of Merit Award Committee Decisions:

It is the intent of the Employee Merit Award Program to be a mutually cooperative arrangement between management and employees. As such, it should be recognized that all suggestions, once submitted, become the property of the County of Spokane. In order to forestall future debate, it is established that the decisions of the Merit Award Committee shall be final and no appeal body shall exist. If a submitter feels that a suggestion did not receive proper review, or that the true benefits were not fully evaluated, a written request for reconsideration may be sent to the committee within thirty days of the committee's original disposition of the suggestion. This written request shall state any new information which might be useful to the committee. The committee shall then review this request at their next meeting, and make a final determination. No additional appeals on the same matter will be honored.

I. Procedures for Changes in Policy:

It is recognized that actual experience with the Merit Award Program may point out the need for future changes in this policy. Any party involved may initiate such changes. Changes, which effect only administrative portions of the policy, may be implemented by a majority vote of the Merit Award Committee. Changes, which constitute major revisions to the policy, shall require approval of the County Commissioners' Office.

Attachment A

TANGIBLE AWARDS

TANGIBLE AWARDS ARE BASED ON SAVINGS PER THE FOLLOWING SCHEDULE:

AMOUNT OF SAVINGS	AWARD AMOUNT
LESS THAN $250	**No dollar award, certificate only**
$ 250 - $1,000	**$ 25.00**
$1,001 - $2,000	**$ 50.00**
$2,001 - $3,000	**$ 75.00**
$3,001 - $4,000	**$100.00**
$4,001 - $5,000	**$125.00**
$5,001 - $6,000	**$150.00**
$6,001 - $7,000	**$200.00**
$7,001 - $8,000	**$250.00**
$8,001 - $9,000	**$300.00**
$9,001 - $10,000	**$350.00**
$10,001 - $11,000	**$400.00**
$11,001 $12,000	**$450.00**
$12,001 AND ABOVE	**$500.00**

As Of 1/97

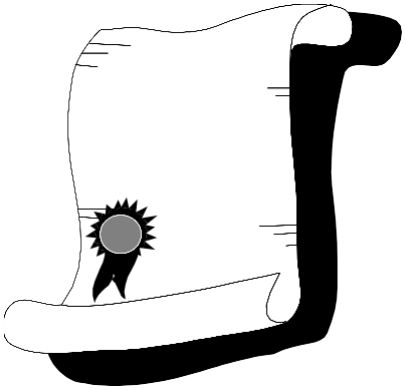
Attachment B

SCALE OF AWARDS BASED ON INTANGIBLE BENEFITS

VALUE OF BENEFIT	EXTENT OF APPLICATION LIMITED	EXTENDED	BROAD	GENERAL
	Affects functions, mission, or personnel of one Department. Affects a small area of operation.	Affects functions, mission, or personnel of several Departments. Affects an important area of operation.	Affects functions, mission, or personnel of all Departments. Affects a broad area of operation.	Affects functions, mission or personnel of all departments and/or is in the public interest.
MODERATE VALUE- Change or modification of an operating principle or procedure which has moderate value sufficient to meet the minimum standard for a case award: an improvement of rather limited value of a product, activity, program or service to the public.	**$25**	**$50**	**$100**	**$200**
SUBSTANTIAL VALUE- Substantial change or modification of an operating principle or procedure; an important improvement to the value of a product, activity, program, or service to the public.	**$50**	**$100**	**$200**	**$300**
HIGH VALUE- Complete revision of a basic principle or procedure; a highly significant improvement to the value of a product, major activity, or program, or service to the public.	**$100**	**$200**	**$300**	**$400**
EXCEPTIONAL VALUE- Initiation of a new principle or major procedure; a superior improvement to the quality of a critical product, activity, program or service to the public.	**$200**	**$300**	**$400**	**$500**

As of 1/97

Attachment C



SPOKANE COUNTY MERIT AWARD SUGGESTION FORM

Submit a single copy of your suggestion. Attach one copy of all forms and drawings. Use blank paper if more space is needed. Keep one copy for your records.

DEPARTMENT:_____
PHONE: _____

NAME:_____SSN:_____

DATE: _____ SUBJECT: _____

THE PRESENT SITUATION IS:

_____
_____
_____
_____
_____
_____

MY SOLUTION IS:

_____
_____
_____
_____
_____
_____
_____

RESULTS: (Please include cost savings, examples of improved efficiency or improved services, if known.)

_____
_____
_____
_____
_____
_____
_____

Place **original** copy in a sealed envelope addressed as follows and route through interdepartmental mail to:

SPOKANE COUNTY MERIT AWARD COMMITTEE
MAIL ROOM

As Of 1/97

380 - PARKING ON THE COURTHOUSE CAMPUS

I. PURPOSE

To explain the procedure and process for parking on the Courthouse Campus.

II. SCOPE

This policy applies to all employees of Spokane County and employees of other agencies that work on the County Campus.

III. POLICY

Spokane County Codes and the Parking Committee will establish responsible and logical procedures for parking on the Courthouse Complex.

IV. PROCEDURES

A. The following is a summary of current parking regulations for the Courthouse Campus. For definitions and further detail, please see County Code 46.48.

B. It is not the intention of Spokane County to provide or guarantee to employees a parking space within the Courthouse Complex parking area (County Code 40.48.080). In addition, the Board of County Commissioners has set public access to the Courthouse as the priority. Policies and procedures approved by the Board are implemented by the Parking Committee, which meets on a monthly basis.

C. Leased Parking
   1. Leased parking spaces are intended for use by current, full time employees who report to work to the Courthouse campus site and are employed by the County or other agencies within the complex.
   2. Parking is assigned on the basis of seniority as determined by date of hire per payroll records.
   3. Employees may not transfer leased parking to another person (sub-leasing).
   4. Upon termination of employment, employee space will be reassigned by the Parking Coordinator.
   1. If parking is not being used or has been improperly transferred to another person, the person assigned to the space will be contacted, and the space may be reassigned.

6. To park in an employee leased parking lot, the employee must have a current permit for that space properly displayed on their rearview mirror (County Code 46.48.070).
7. When the employee is assigned a space, the employee will be issued one permit at no charge. Extra or replacement permits will cost a designated fee.
8. All employees on County and City payroll are required to pay parking fees through payroll deduction, unless otherwise approved by the Parking Coordinator.
9. Parking not paid by the expiration date may not be renewed.
10. Employees leaving employment or otherwise canceling their parking are responsible for notifying payroll to stop deduction.
11. If the employee is assigned leased parking, they may not park in any leased space/lot other than the one to which they are assigned.
12. If the assigned space is not available, they should report this to the Parking Coordinator at 477-2132 or 477-2133. Report the lot assigned and the employee will be given permission to park in the main public lot south of Broadway between Madison and Jefferson or the metered lot on the NW corner of Jefferson and Broadway without charge during the period that your space is unavailable.

D. VIOLATIONS

1. It is a violation to park in a leased parking lot without a permit properly displayed.
2. Employees can be ticketed for improper display of an otherwise valid permit.
3. It is unlawful for employees to park in restricted spaces such as loading zones, vendor parking spaces, fire lanes or other spaces posted for special or restricted parking. This applies to both private and official vehicles.
4. The fine for most parking violations is $10.00, payable at District Court within 15 days of the violation date.
   a. Failure to respond or pay is reported to the Department of Licensing and your vehicle license will not be renewed until all penalties are paid.
   b. Unpaid tickets will be turned in for collection as provided by law.
   c. Employees with multiple unpaid parking violations will not be eligible for leased parking.

E. FREE PARKING FOR CARPOOLS AND VANPOOLS

Free parking is available to carpools and vanpools that are registered in the County's Commute Trip Reduction Program. Carpools must have three (3) or more participants (including the driver) to be eligible. A limited number of two (2) person carpool spaces are also available. Contact the County Employee Transportation Coordinator in Human Resources for further information.

390 - COMMUTE TRIP REDUCTION

I. PURPOSE

Spokane County's Commute Trip Reduction Program was approved on February 23, 1993 by the County Commissioners in compliance with Washington State law (RCW 70.94).

II. SCOPE

The program is strictly voluntary and is available to all Spokane County employees who report to work at the Courthouse Campus.

III. POLICY

The program has been developed in conjunction with several area wide programs that provide additional transportation benefits. The program is carefully monitored to track its effectiveness in achieving the county's state mandated goals.

IV. PROCEDURES

A. By keeping track of their commuting on a monthly calendar, participants are eligible for various awards and incentives. To register for the program, see your department's Commute Trip Reduction (CTR) representative or contact your Employee Transportation Coordinator at Human Resources.

B. Elected Officials/Department Heads may use flex-time and alternative work schedules to meet Commute Trip Reduction objectives.

C. Employee Transportation Coordinator (ETC)

The Spokane County Employee Transportation Coordinator assists employees with general program information and services including bus pass sales, transit schedules, carpool and vanpool information and parking guidelines.

V. Objectives of the CTR Program

1. Reduce traffic congestion, fuel consumption, and auto emissions, which contribute to poor air quality.
2. Reduce parking requirements at the courthouse.

3. Encourage employee utilization of high occupancy vehicles including carpools, vanpools and public transit as well as other transportation alternatives such as bicycling and walking.
4. Reduce employee commuter stress.
5. Provide area employers with a working model of a successful transportation management plan.

VI. Program Incentives

1. Bicycle/Walking Facilities: Bicycle racks are located throughout the campus. Showers are available for use by employees in the basement of the Public Works Building, and the second floor of the Steam Plant. The lockers in these locations are for temporary use only and cannot be checked out for extended periods of time. Maps of walking and bicycle routes around the campus are available from the Employee Transportation Coordinator.

2. Parking Incentives: A limited number of parking spaces are leased on a monthly basis to full time employees who work on the courthouse campus. Parking is by permit only. Employees are assigned parking from a waiting list, which is based on hire date. If you regularly carpool with two (2) or more persons or are a member of a vanpool, you are eligible for preferred, free parking in the County's rideshare lot. Contact the Employee Transportation Coordinator for further information.

3. Transmatch Service: Spokane County provides a transportation matching service that provides listings of employees who live in the same area and want to car, bicycle, or vanpool to the same general work location. Bus route information is also available. Contact your CTR representative or Employee Transportation Coordinator for more information.

4. Guaranteed Ride Home: CTR participants are eligible for the Guaranteed Ride Home Program. The program is designed to provide participating employees with needed transportation in the event of an emergency on the days they use alternative transportation. For example, a personal illness or family emergency would qualify you for a G.R.H. Contact your CTR representative or the Employee Transportation Coordinator for further details.

5. Bus Pass/Vanpool Subsidies: CTR participants may purchase bus passes from Human Resources for just $10.00/month and are also eligible for a monthly drawing for a free bus pass. If you are over 65 or disabled, the cost is only $5.00/month. A subsidy for vanpool riders is also available. See the Employee Transportation Coordinator for details.

400 - EMPLOYEE COMMUNICATIONS

402 - EMPLOYEE RELATIONS

I. PURPOSE

To communicate Spokane County's philosophy regarding its basic relationship with each employee and to preserve a positive work environment.

II. SCOPE

This policy applies to all employees of Spokane County.

III. PHILOSOPHY

The County encourages two-way communication to discuss work-related problems and issues.

The County's employee relations' policies emphasize open-door practices whereby employees are encouraged to deal directly with their supervisor and other members of the office regarding employment issues. (See Policy No. 740, Complaint Procedure.)

410 - BULLETIN BOARDS

I. PURPOSE

To provide a permanent and official channel of communication to employees.

II. SCOPE

This policy applies to all Spokane County departmental bulletin boards.

III. POLICY

A. Information of special interest to all employees is posted regularly on departmental bulletin boards. Information may be of the following types:

1. Legally required posters and notices. (See Attachment A)

2. County/department standards and rules of conduct.

3. Safety rules and related information.

4. Management memos and announcements, including job posting forms.

B. Employees are responsible for regularly checking and reading the bulletin board and for following the rules, regulations and instructions posted there.

IV. PROCEDURE

A. Information posted on departmental bulletin boards must be approved in advance by the Elected Official/Department Head and/or Human Resources.

C. The Department is responsible for maintaining the orderly appearance of the departmental bulletin boards, posting new information and removing dated material.

REQUIRED POSTERS FOR EMPLOYERS IN WASHINGTON STATE

FORM NAME & #	AGENCY	PHONE # TO CALL FOR MORE FORMS
Fair Labor Standards Act WH Poster 1088	US Department of Labor	1-866-487-9243
Your Rights as a Worker in WA F700-074-909	WA State Dept. of L & I	360-902-5799
EEO is the Law EEOC-P/E-1	US Equal Employment Opportunity Commission (EEOC)	1-800-669-3362
Notice to Employees Self-Insured P207-037-909	WA State Dept. of L & I	360-902-5799
Job Safety & Health Law F416-081-909	WA State Dept. of L & I	360-902-5799
Annual Summary of Job Injuries OSHA 300A	Safety / Loss Control	509-477-6113
Family & Medical Leave Act WH Publication 1420	US Department of Labor	1-866-487-9243
Notice to Employees Working on Government Contracts WH Publication 1313	US Department of Labor	1-866-487-9243
Notice to All Employees Working on Federal or Federally Financed Construction Projects WH Publication 1321	US Department of Labor	1-866-487-9243
Notice Regarding Employee Polygraph Protection WH Publication 1462	US Department of Labor	1-866-487-9243
Unemployment Benefits FORM EMS 9874	WA State Employment Security Department	509-532-3080
Whistle Blower Procedures	Human Resources	509-477-5750
Minimum Wage Announcement (WA State) FY12-104	WA State Dept. of L & I	1-866-219-7321
WA State Law Prohibits Discrimination	WA State Dept. of L & I	1-800-233-3247
Your Rights under ESERRA	US Department of Labor	1-866-487-9243

415 - MAIL

I. PURPOSE

To maximize processing and delivery of the County's mail.

II. SCOPE

This policy applies to all employees of Spokane County.

III. POLICY

A. The County's mail system is restricted to business mail only.

B. Employees will not send personal mail through our in-house system.

C. Overnight delivery services should be used only when absolutely necessary.

D. Employees will not use postage meters or overnight delivery service for their personal mail.

440 - WIRELESS COMMUNICATIONS DEVICES (CELL PHONE) POLICY

I. PURPOSE

The purpose of the Cellular Device Policy is to address the business need and use of wireless communication devices (hereinafter referred to as "cellular devices") and establish and communicate the responsibilities of each Department, Division, and its employees, while providing clarification for the issuance and use of cellular devices.

II. SCOPE

This policy shall apply to all Spokane County (County) departments, divisions, and employees.

III. DEFINITIONS

A. *Cellular Device* - Any device that is used, by any measure, to send or receive wireless voice or data transmissions, commonly referred to as cell phones or smart phones. This does not include the County's two-way radio devices or County-owned tablets.

Cellular Service - Wireless voice and data service identified by a unique cell phone number. County- Refers to all of Spokane County.

Virtual Cellular Service Technology - Wireless carrier provided technology allowing two (2) cellular phone accounts to reside on the same physical device, running within an "application". Allows employee to use personal device (smart phone) for both personal cell phone service and county-issued cell phone service, negating the need to carry two devices.

IV. POLICY

1. The effective management and application of cellular devices can improve the quality of service delivered to County citizens, the productivity of the County workforce, and the general cost effectiveness of the County's operation. Cellular device technology aids with disaster recovery, and offers portable alternatives for immediate communication, enabling time and distance to be managed more effectively. Violation of the County policy on cellular device use is considered a serious offense.

2. Spokane County shall provide cellular phone numbers/service accounts for all business-related activity needing to occur via wireless communication. County-issued cellular phone numbers will be used on either 1) devices owned and issued by the County or 2) personal devices equipped with County-supplied virtual cellular service technology.

3. The County entrusts employees with cellular devices to enhance productivity and safety. It is the employee's responsibility to use the equipment prudently to ensure the safety of themselves, their co-workers, and the public.

4. A business case must be established and documented prior to approval for a cellular device or service account.

5. Elected Officials or Department Directors are responsible to ensure that appropriate calling plans are purchased for the use anticipated by the employee, and to review the purchase of a replacement device on an account. Cellular devices are constantly being offered with new features, smaller size, etc., most of which are not necessary for effective operation of basic functions. Replacement devices should only be purchased when a device is damaged, or a function is offered that is a business necessity.

V. PROCEDURE

Definitions

Business Use Only- Authorized assignment-related County business use of a County-owned cellular device and service account on which no personal use is allowed.

Cellular Device- Any device that is used, by any measure, to send or receive wireless voice or data transmissions, commonly referred to as cell phones or smart phones. This does not include the County's two-way radio devices or County-owned tablets.

Cellular Service- Wireless voice and data service identified by a unique cell phone number.

County- Refers to all of Spokane County.

Legitimate Business Need- A genuine work-related basis for requesting a County-supplied cellular device and/or service, without the use of which the requesting employee's work productivity would be substantially impaired.

Mobile Device Management Software – Software installed on County-owned cellular devices enabling centralized management and security of devices. *Smart Phone*- A cellular telephone with an integrated computer and other features not originally associated with telephones, such as an operating system, Web browsing, and the ability to run software applications.

Text Message Archiving Software- Software installed on county-owned cellular devices or personal devices equipped with virtual cellular service technology, to capture and archive all text messages sent/received via the cellular service account.

Virtual Cellular Service Technology - Wireless carrier provided technology allowing two (2) cellular phone accounts to reside on the same physical device, running within an "application". Allows employee to use personal device (smart phone) for both personal cell phone service and county-issued cell phone service, negating the need to carry two devices.

1. County-Owned Cellular Devices

1.1. Cellular Device/Service Account Issuance

1.1.1. Elected Official or Department Directors are responsible for evaluating the legitimate business needs of their respective departments to determine which employee(s) require a County-owned cellular device and service, and whether that device should be a smart phone or a cellular phone with capabilities limited to voice calls and/or text messaging.

1.1.2. County cellular device and service accounts will be issued based on a documented and approved business case. See section 5.1.

1.1.3. It shall be the responsibility of the Elected Official or Department Director to ensure that funds are budgeted for the purchase and monthly service costs prior to issuance.

1.1.4. Elected Officials, Department Directors, Managers, Supervisors, Finance, and Information Technology will be further responsible for administering adequate controls to ensure compliance with the cellular device policy.

1.1.5. The County reserves the right to monitor and randomly audit the business use of all County-owned cellular devices and cellular service plans without notice to employees. Cellular device use in violation of department work policies or for personal financial gain is prohibited.

1.2. Cellular Device Usage

1.2.1. The County entrusts employees with communications equipment to enhance productivity and safety. It is the employee's responsibility to use the equipment prudently to ensure the safety of themselves, their co-workers, and the public.

1.2.2. Cell phones provided by the County are the property of the County and are to be used to conduct County business.

1.2.3. Employee responsibilities for use of County-owned cell phones include:

- Protecting the County-owned cell phone from theft, loss or damage,
- Immediately reporting loss or theft to supervisor or department head,
- As cell phone calls are not secure, using discretion while making sensitive or confidential calls,
- Immediately returning the cell phone to supervisor or department head if it is determined that the phone is no longer necessary, or upon leaving County employment.

1.2.4. The general use of cell phones shall not be in lieu of more cost-effective, safe, and available means of communications.

1.2.5. The County reserves the right to monitor the use of all County-owned cellular devices. Cellular device use in violation of any local, state, or federal law is prohibited. Such monitoring shall include, but is not limited to, call volume, volume and content of text messages, and data usage. Data obtained from such audits may be used to verify employee adherence to this policy, to evaluate potential policy changes based on usage patterns and costs, or for any other legitimate business purpose.

1.2.6. Upon resignation or termination of employment, or at any time upon request, the employee may be asked to produce the cell phone for return or inspection. Employees unable to present the phone in good working condition within the time requested may be expected to bear the cost of replacement.

1.2.7. Text messaging is subject to the record retention obligations under State law. County-approved text message archival software must be used on County-issued cellular service accounts where text messaging activity occurs. All business-related text messages must be archived. For infrequent, unanticipated business-related text messaging on cellular devices, where no text message archival software has been installed, the employee must forward all business-related text messages to their County email account for archival purposes.

1.3. Privacy

1.3.1. County employees have no expectation of privacy in the use of County-owned cellular devices and cellular service accounts. Any information or data transmitted via a County-owned cellular device shall be electronically captured and retained in compliance with the County's retention obligations under State law, and may be subject to public disclosure.

2. Prohibited Conduct on County-Owned Cellular Devices

2.1. Inappropriate Behavior

2.1.1. Any County employee who uses a County-owned cellular device or service account inappropriately, or in violation of this policy shall be subject to appropriate disciplinary action, up to and including termination. All text messages sent from a County-owned cellular device or service account must be business-related, courteous, and civil. Text messaging must not be used for expressing ill will or bias

2.1.2. against individuals or groups. Text messages shall not contain obscenity, vulgarity, profanity, jokes, sarcasm, pornography, scantily clad images, or other non-business-related material. Sexually explicit material, discussions, cursing, or name calling are also not appropriate in a business communication.

2.1.3. Text harassment and sexual text harassment are strictly prohibited. Text harassment occurs when an employee sends abusive or insulting text messages to another cellular device. Text harassment also includes sending a consistent, high-volume number of unwanted text communications, regardless of the content. Sexual text harassment occurs when the content of the text communication is based on sex, including but not limited to sending sexually suggestive or explicit messages and/or pictures.

2.1.4. Transmitting inappropriate material via a County-owned cellular device is prohibited regardless of the time of day the material is sent (i.e., whether the employee is on or off the clock).

2.2. Restrictions

2.2.1. No personal email account, Apple ID, iTunes ID, or similar personal identifier shall be used to create, access, and/or manage an account or profile on a County-owned cellular device. All accounts and/or profiles shall be generated using a County-issued email address or identifier.

2.2.2. Spokane County IT will manage all county-owned cellular devices, including initial setup and installation of mobile device management (MDM), text message archiving software, and ultimate equipment disposal for retired/replaced cellular devices.

2.2.3. No unauthorized, personal or private applications ("Apps") may be installed and/or maintained on a County-issued smart phone.

2.2.4. Installation and use of business-related Apps shall be managed within each Department. Each department director or designee shall be responsible for establishing a process for review, approval, and payment of business-related Apps on County-issued smart phones.

2.3. Driving with Cellular Devices

2.3.1. Employees whose job responsibilities include regular or occasional driving and who are issued a cell phone for business use are expected to refrain from using their phone while driving, except with the use of a hands-free device and in accordance with applicable laws. Every effort should be made to pull to the side of the road to a safe location prior to answering or initiating cell phone calls. In situations where job responsibilities include regular driving and accepting of business calls, the County will provide hands-free equipment. This rule also applies to use of privately-owned cell phones during business hours.

2.3.2. Employees whose job responsibilities do not specifically include driving as an essential function, but who are issued a cell phone for business use, are also expected to abide by the provisions above.

2.3.3. Employees who are charged with traffic violations resulting from the use of their cell phone while driving will be solely responsible for all liabilities that result from such actions.

3. Personal Use

3.1. Allowable Personal Use

3.1.1. Some limited personal use of a County-issued cellular device is permitted if accomplished in compliance with the provisions of this policy.

3.1.2. A County-issued cellular device may be used for occasional, infrequent personal use that, in the judgment of the employee's supervisor or department director, does not interfere with employee or departmental productivity.

3.1.3. Personal use of the County's cellular device must be reasonable and responsible, and must not be for private benefit or gain.

3.1.4. Personal use of a County-issued cellular device is justified only if all the following are met:

- The use causes no additional cost to the County.
- The use does not interfere with the performance of the employee's assigned duties.
- The use is brief (generally five minutes or less, no more than three times a day).
- The use does not compromise the security or integrity of County information or software.

3.1.5. No fee-based "premium services" as defined by the service provider may be added to the service package of a County-owned cellular device.

3.2. Use of County-Owned Cellular Devices Outside the Workplace

3.2.1. Unless required by normal job duties to be available by cellular phone or smartphone 24-hours per day, 7-days per week, as authorized by the appropriate County Official, employees shall not carry or use a County-owned cellular phone or smartphone while not on regular duty or in "on-call" status. County Officials may authorize exceptions to this policy for short periods of time due to special circumstances such as disasters, etc.

3.3. Use of Personal Device with County-Issued Cellular Service (Virtual Cellular Service Technology)

3.3.1. To reduce the need for employees to carry both a personal smartphone and a county smartphone, Elected Officials and Department Heads may allow employees the option of using their personal smart phone in conjunction with county-issued virtual cellular service technology. Using this technology, the personal device can manage both a personal cellular phone account and the county-issued cellular phone account. Employee must agree to install the software on their personal phone, which will use the employee's personal data plan (de minimis amount). No stipend will be provided to the employee for use of their personal device.

3.3.2. The employee is responsible for the installation and activation of virtual cellular phone technology and text message archiving software on their personal cellular device. Note that text message archiving is limited to text messages sent/received via the county-issued service account only (as controlled by the virtual cellular phone technology).

3.3.3. Spokane County IT will coordinate and issue the cellular service account (phone #) and provide an activation code to the employee, but is not responsible for personal cellular device support.

3.3.4. Virtual Cellular Service is not available for those smartphones that must also function as a mobile hotspot.

3.4. No Property Interest; *De Minimis* Use for Non-Exempt (or Overtime Eligible) Employees

3.4.1. The County reserves the right to discontinue the use of one or more County-owned cellular devices at any time for any reason. County employees acquire no property interest in their assigned County-owned cellular devices, and are not entitled to due process before such assignment and use is terminated.

3.4.2. The County does not intend to encourage, nor does it authorize, employees to accrue overtime compensation by utilizing the capabilities of County-owned and issued "smart phones" (email, text,

internet) or county-issued cellular service accounts during off-duty hours. Any such use by non-exempt or OT-eligible employees during off-shift hours must be *de minimis* in nature (i.e., 5 minutes or less), for which no right to compensation shall accrue.

4. Payment

4.1. Payment of Personal Use Required

4.1.1. County Officials shall maintain internal department procedures to provide a method for employees with assigned cellular phones, who share cell phones, or have an assigned or shared smartphone to review their personal use and reimburse the County.

4.1.2. County Officials are responsible to monitor use of County cellular phones and smartphones to ensure that employees are paying for personal use that exceeds the guidelines in section 3.1. Departments with assigned cellular phones or smartphones are required to review monthly billings for excessive personal use and/or additional charges to the County. Additional costs incurred due to excessive personal use are the responsibility of the employee. Employee must reimburse the County in a timely manner.

5. Authorization (Approval) Process

5.1. Initial Request and Review

5.1.1. Either on his/her own initiative, or at the direction of the employee's immediate supervisor, employees shall submit a completed County Cellular Device Business Case form and County Cellular Device/Service Account Agreement to his/her supervisor/manager (if applicable) or director for review.

5.1.2. Prior to granting approval, any supervisor, manager, or director of an employee requesting a cellular device shall ensure that the authorized usage clearly provides a benefit to the County. This will be accomplished initially with the completion of a County Cellular Device Business Case form identifying the legitimate business need(s) under one or more of the following conditions:

- Job responsibilities require the employee to be away from the office regularly for long periods of time, it is considered essential to communicate with the employee by phone or email while they are out of the office, and the use of other communication equipment, such as two-way radio or regular land line telephone will not achieve the necessary communications required by the job responsibilities.
- Cellular phone use enhances the employee's personal safety on the job, and provides communication during emergencies.
- Internet access for the employee, while away from the office, is critical to the performance of their job.
- The employee and/or their job function has been designated as "essential" in the event of an emergency and must be reachable via a two-way voice communication.
- Employee performs "stand-by" duties and must be reachable via two-way communications during assigned times and the use of other communication equipment, such as two-way radio or regular land line telephone will not achieve the necessary communications.
- Documented cost savings of using a cellular device instead of a two-way radio or landline, including minutes that are included with a cell phone plan instead of making long distance calls on a landline.

5.1.3. The employee's Elected Official or Department Director must approve any request for a County-owned cellular device, based solely on the criteria above, before a request can be made to the IT Department for procurement of the device.

5.1.4. The completed and approved County Cellular Device Business Case form, along with the completed and signed County Cellular Device/Service Account Agreement form must then be forwarded to the IT Department so that the proper unit can be purchased and arrangements made for cellular service. Once all documents are received by the IT Department, IT will initiate the purchase and service for a County-owned cellular device and record the phone number. The County Cellular Device Business Case form and the County Cellular Device/Service Account Agreement form shall be scanned and electronically retained by IT, with the originals forwarded to Human Resources for placement in the employee's personnel file.

5.1.5. The IT Department is responsible for procuring the most cost effective cellular device and plan option based on the employee's approved needs. State contracts, pooling of minutes, and free phone offers are examples of the methods that will be used to establish the most cost-effective option for County-owned and issued cellular devices and plans.

5.1.6. County Officials are responsible to ensure that all County-owned cellular and smartphone equipment is inventoried by the respective departments and a current, accurate inventory is maintained. Responsibility for every County-owned cell phone and smartphone is assigned to a County employee whenever possible. The County employee assigned the phone shall be responsible for use that occurs on the phone, review of bills, and payment for personal use. In the case of cellular phones and smartphones routinely used by more than one employee (i.e. mounted in pool vehicle), County Officials shall closely monitor use, and procedures in section 10.6 shall apply.

5.2. Ongoing Obligations of Department/Division

5.2.1. After one or more County-owned cellular devices have been issued to a department, the department director shall ensure that the following occurs:

- Maintain a current list of all employees and their associated phone numbers covered under this policy, and periodically review job functions of those employees to ensure a continuing need to authorize use.
- At least annually, conduct a comprehensive review of the need of each employee to determine if assignment of a County-owned cellular device remains appropriate.

5.3. Employee Responsibilities

5.3.1. Employees who, due to the nature of their job responsibilities, make a business case for a County-owned cellular device shall have the following responsibilities:

- Sign a County Cellular Device Business Case form and a County Cellular Device/Service Account Agreement form governing business use only of a County-issued cellular device/service account.
- Agree to accept and make County business calls/perform data access on the County-owned and issued device and/or service account.
- Be available, via their cellular device, during work hours and other times required by County policy and the individual requirements of employee's current position.

References

1. City of Burien Cell Phone Policy, http://mrsc.org/getmedia/53DC0CFD-8621-48E6-BE39-662297FB34D9/B86CellPhonePol.aspx
2. City of Richland Wireless Communication Device Policy, http://mrsc.org/getmedia/999340cb-89e3-4cbf-be81-f3333cde8c6d/r5wirelessCommDevicePol.pdf.aspx

Reference Forms:
County Cellular Device Business Case
County Cellular Device/Service Account Agreement

County Cellular Device/Service Account Agreement

This agreement outlines the responsibilities I have as an employee to whom Spokane County has provided and authorized me to use a County-owned cellular device and/or a County-issued cellular service account for County business purposes only.

1. *I agree to safeguard the County-owned cellular device assigned to me, to provide appropriate security of this County asset, and to notify my supervisor immediately if it is lost or damaged.*

2. *I understand that any fee based "premium services" as defined by the service provider may not be added to my service package.*

3. *I understand that business-related text messages are public records and I agree to utilize my County-issued cellular device and/or service account, so that all text messages are archived via the County-provided archiving system.*

4. *I understand that I am solely responsible for all use on this device. I agree to follow the County's Cellular Device Policy as it pertains to both business and personal use. Failure to follow this policy may be grounds for: (a) discipline and/or legal action, (b) permanent loss of use of a County-owned cellular device and/or County-issued cellular service account, and/or (d) direct payroll deduction of any personal use that results in additional cost to the County.*

5. *I understand that the cellular device assigned to me is the property of Spokane County, and therefore, I may be periodically required to comply with internal control procedures designed to protect County assets. This may include being asked to produce the cellular device to verify it is in my control and aiding in an audit review of its use.*

6. *If I have opted to utilize virtual cellular service technology using my personal device (BYOD), negating the need to carry multiple devices,*

    a. *I agree to safeguard my personal device to provide appropriate security of County data and information;*
    b. *I agree to conduct all business communication (voice and text) via the County-issued service account;*
    c. *I agree to accept the "opt-in" invitation for text message archiving for County-issued service account text messages;*
    d. *I agree and understand that virtual cellular service technology will make use of my personal data plan and no stipend or reimbursement will be provided to me for use of my personal device.*

7. *I agree to keep my cellular device charged and turned on so that I will be available, via this device, to answer incoming calls during work hours and other times required by County policy and the individual requirements of my position.*

8. *I understand that the cellular device assigned to me must be surrendered if requested by the County for any reason and/or upon my termination of employment with the County.*

My signature below indicates that I have read and understand my responsibilities as an employee assigned access and use of a County-assigned cellular device and/or service account, and that I agree to adhere to this agreement. I also agree to be responsible for the County business use (as intended by Spokane County) of this device and agree to abide by each of the requirements listed above.

Employee Signature _____ Date _____

Employee Name (Please Print) _____

445 - MEDIA RELATIONS

I. PURPOSE

To provide consistent information between Spokane County and the media, while preserving confidentiality of information.

II. SCOPE

This policy applies to all employees of Spokane County.

III. POLICY

CONTACT WITH NEWS MEDIA: The Board of County Commissioners, County Administrator, Elected Officials, Department Heads, Human Resources Director, or their designees shall be responsible for all official contacts with the news media.

446 - COUNTY OFFICIAL USE OF SOCIAL MEDIA

I. PURPOSE

To address the roles, responsibilities, and best practices for Spokane County's use of social media to connect with the community. Spokane County departments are encouraged to utilize social media to openly and progressively reach a broader audience while keeping in mind the legal parameters of election laws and record-keeping requirements. This policy establishes standards for the use of social media to further the goals of the County and the mission of its departments, where appropriate.

II. SCOPE

This policy applies to all employees, departments, multi-member boards, bodies created by official actions, and any subcommittees thereof, which are acting on behalf of the County. The policy governs the use of various forms of social media to disseminate information to the public. Social media is not to be used as a mechanism for conducting official county business such as making policy decisions, providing formal public notice, or discussion of topics of legal or fiscal significance that have not already been released to the public.

III. DEFINITIONS: For this policy, the following definitions apply unless the context clearly indicates otherwise:

County: means Spokane County, unless otherwise specified. All references to specific departments of elected officials are to Spokane County departments and elected officials, unless otherwise specified.

County resources: any information, data, financial, service, software, equipment (County-issued cell phones, personal computers, laptops, etc.) or other property or resources under the employee's official control, direction, care and custody or to which he/she has access.

Social Media: Social media includes, but is not limited to, the following methods to disseminate information: blogs, micro blogs, wikis, social networking sites, multimedia sharing sites, bulletin boards, and any platform that allows for the creation of a public profile and direct, and unfiltered two-way communications with the public outside the County's regular email system.

IV. STANDARDS FOR USE

4.1 All Spokane County social media sites will be subject to approval by the County's CEO after consultation with the ISD Director.

4.2 The County reserves the right to restrict or remove any content that is deemed in violation of this social media policy or any applicable law.

4.3 Spokane County websites (www.spokanecounty.org, www.spokanesheriff.org) will remain the County's primary and predominant internet presence. Spokane County encourages the use of social media sites as a means to:

a) Disseminate time-sensitive or emergency information as quickly as possible to a broad audience; and
b) Promote, announce, and address the County's available services to the public; and
c) Provide the public with an additional means to explore an open and transparent government platform.

4.4 In order to ensure appropriate retention of public records, content posted by the County on County Social Media sites should not be original source content (content that has not been created anywhere else that only exists on the Social Media site). Content posted should be a secondary copy of information that has already been published in hard copy or posted on a County website at www.spokanecounty.org or www.spokanesheriff.org.

4.5 Social media sites should contain links directing users back to the County's official Web sites for in-depth information, forms, documentation or any online services necessary to conduct business with Spokane County.

4.6 All communications between the County and members of the public are subject to public disclosure under chapter42.56 RCW. This must be clearly displayed to all site visitors.

4.7 If comments or feedback are enabled, the site must not restrict the public's First Amendment rights of free speech. Comments should be addressed or returned directly and privately, not in a public forum. No comments or feedback may be removed by the social media site administrators without prior consultation with County legal counsel.

4.8 Commissioners, Officials and members of Boards should not comment or otherwise communicate with each other on any County Social Media site; participating in online discussions may constitute a meeting under the Open Public Meetings Act.

4.9 No social media site may endorse or recommend any specific commercial activity or vendor. This includes "friending," "liking," "linking," becoming a "fan," "watching," or "following" any nongovernmental entities. Other government sites and some non-profit entities may be mentioned and linked on the social media site, but only to the extent they are organizations directly related to county services or the conduct of government. Endorsing or appearing to endorse private citizens, political groups or commercial profiles is expressly disallowed.

4.10 No content or comments shall be posted on any County Social Media sites on behalf of the County unless specifically pre-authorized by the Elected Official, department director or designee.

4.11 Main profile photo shall be the standardized Spokane County logo or standardized department logo (if already identifiable with the department).

V. ADMINISTRATION

5.1 The Information Systems Department (ISD) will maintain a list of available social media tools which are approved for County use. Requests for use of new tools must be approved by the County CEO in advance of their use by the requestor.

5.2 Requests for creation of a County Social Media site must be made to the County CEO. The County CEO will establish guidelines for consistency with other County Social Media sites, and coordinate with the ISD to ensure compliance with public records retention requirements.

5.3 The County CEO will maintain a list of all existing County Social Media sites. Departments are responsible for providing and updating site host information, login and password information, email information, access to all administrative privileges, and all individuals authorized to post content.

5.4 E-mail accounts associated with Spokane County social media sites must be "@spokanecounty.org" accounts.

5.5 Should the social media presence no longer meet a business need, the department will contact the County CEO with a request to close the account. The County CEO will ensure that closure is done in a way that complies with applicable processes for the administration of social media accounts.

5.6 All County social media sites shall comply with the specific terms and conditions, user agreements, or any other contractual agreements required by the particular social media platform being utilized.

VI. MONITORING

6.1 The County will monitor employee use of social media sites as it does any other internet activity under the County's Internet Usage Policy No. 724.

VII. DISCIPLINE & ACCOUNTABILITY

7.1 Department Directors and Board or Committee heads will be responsible for the content and upkeep of their social media sites, though they may designate duties to specific employees.

7.2 Employees should ensure that any comments they make on matters of government policy are appropriate to their agency roles, professional, and respect the need to maintain politically neutral County services.

7.3 Comments made on behalf of Spokane County on social media sites containing any of the following forms of content shall be prohibited:

a) Comments unrelated to the subject matter of the forum, and/or links to material not directly related to the discussion.
b) Comments in support of or opposition to political campaigns or ballot measures.
c) Profane language or content which is unprofessional.
d) Content that promotes, fosters, or perpetuates discrimination on the basis of race, creed, color, age, religion, gender, marital status, status with regard to public assistance, national origin, physical or mental disability or sexual orientation.
e) Sexual content or links to sexual content.
f) Solicitations of commerce.
g) Conduct or encouragement of illegal activity.
h) Information that may tend to compromise the safety or security of the public or public systems.
i) Content that violates a legal ownership interest of any other party.

Employees must conduct themselves at all times as representatives of Spokane County. Violations of this policy may subject the employee to discipline up to and including termination pursuant to Policy Number 800.

VIII. ARCHIVING / PUBLIC RECORDS

8.1 All County departments utilizing Social Media are responsible to capture the records generated by their own online activity, including metadata, and to ensure that the records will be adequately managed within a County records storage system. The terminology “capture” shall mean ensuring that all data uploaded to or entered on a social media site will be retained and archived per public record laws.

8.2 All information posted to County Social Media Sites is subject to State of Washington public records laws, including chapter 42.56 RCW (Public Records Act) and chapter 40.14 RCW (Disposition of Public Records). A posting or comment is a public record if it has been made or received in connection with the transaction of county business (full definition in RCW 40.14.010). All Social Media Sites shall contain a statement advising that comments posted thereon may be subject to public disclosure under chapter 42.56 RCW.

8.3 Relevant records retention schedules apply to all County Social Media content in all media formats including audio, video, images, graphics, data, metadata, and text. The content must be retained in native format for the minimum period required by state retention schedules.

8.4 If a site posting is a duplicate or secondary copy of a record that is already maintained elsewhere for retention and disclosure purposes, then the content posted to the social media site may be deleted any time after it has served its intended use. If the site content is an original or primary record (as would be the case with most comments received), the content must be kept for the required minimum retention period in its native electronic format or saved in a format that preserves the integrity of the original record and is easily accessible.

8.5 The Information Systems Department will employ a third-party social media backup service provider to back up the County’s known social media sites. The backup files will be downloaded to our own network to be included with our established backup processes.

447 - PERSONAL USE OF SOCIAL MEDIA

I. PURPOSE

To ensure that use of social media among employees of Spokane County is consistent with County policies, all applicable laws, and the individual user's job responsibilities. This policy is not intended to restrict employees from engaging in free speech or protected concerted activity, including discussing their wages, hours and working conditions with other employees.

II. SCOPE

This policy applies to all Elected Officials, Department Heads, employees, and volunteers of Spokane County.

III. DEFINITIONS: For this policy, the following definitions apply unless the context clearly indicates otherwise:

County: means Spokane County, unless otherwise specified. All references to specific departments of elected officials are to Spokane County departments and elected officials, unless otherwise specified.

County resources: any information, data, financial, service, software, equipment (County-issued cell phones, personal computers, laptops, etc.) or other property or resources under the employee's official control, direction, care and custody or to which he/she has access.

Social Media: Describes the various forms of online technologies, tools, platforms and applications utilized amongst individuals and organizations for the purpose of sharing user-generated, unfiltered content, opinions, experiences, perspectives, and media themselves. Social media can include text, images, audio and video. Examples of Social Media include, but are not limited to, Facebook and other social networking sites, Flickr, Twitter, YouTube, blogging/micro blogging, etc.

IV. COUNTY OFFICIAL USE OF SOCIAL MEDIA – See Policy Number 446

V. PERSONAL USE OF SOCIAL MEDIA

Personal use guidelines of social media include:

Responsibility

Ultimately, you are solely responsible for what you post online.

Before creating online content, consider some of the risks and rewards that are involved. Keep in mind that any of your conduct that adversely affects your job performance, the performance of

co-workers or otherwise adversely affects members of the public, customers, suppliers, people who work on behalf of Spokane County or Spokane County's legitimate business interests may result in disciplinary action up to and including termination.

Know and follow the rules

Carefully read these guidelines, the Behavioral Standards listed in your class specification and Policy Number 710 – Standards of Conduct, the Use of County Equipment and Resources Policy Number 725, Violence in the Workplace Policy Number 605 and the Harassment, Including Sexual Harassment Policy Number 712, and ensure your postings are consistent with these policies.

Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination.

Be respectful

Always be fair and courteous to fellow co-workers, customers, members of the public, suppliers or people who work on behalf of Spokane County. Also, keep in mind that you are more likely to resolve work-related complaints by speaking directly with your co-workers or supervisor than by posting complaints to a social media outlet.

Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating, that disparage customers, members of the public, associates or suppliers, or that might constitute harassment or bullying.

Examples of such conduct might include offensive posts meant to intentionally harm someone's reputation or posts that could contribute to a hostile work environment on the basis of race, sex, disability, religion or any other status protected by law or company policy.

Be honest and accurate

Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly. Be open about any previous posts you have altered.

Remember that the Internet archives almost everything; therefore, even deleted postings can be searched. Never post any information or rumors that you know to be false about Spokane County, fellow co-workers, members of the public, customers, suppliers, or people working on behalf of Spokane County.

Post only appropriate and respectful content

Maintain the confidentiality of Spokane County's confidential information. Do not post internal confidential communications.

Express only your personal opinions. Never represent yourself as a spokesperson for Spokane County. If Spokane County is a subject of the content you are creating, be clear and open about the fact that you are an employee and make it clear that your views do not represent those of Spokane County, fellow co-workers or people working on behalf of Spokane County.

If you do publish a blog or post online related to the work you do or subjects associated with Spokane County, make it clear that you are not speaking on behalf of Spokane County. It is best to include a disclaimer such as "The postings on this site are my own and do not necessarily reflect the views of Spokane County."

Using social media at work

Refrain from using social media while on work time or on equipment we provide, unless it is work-related as authorized by your manager or consistent with County Official Use Of Social Media Policy Number 446. Do not use Spokane County email addresses to register on social networks, blogs or other online tools utilized for personal use.

Retaliation is prohibited

Spokane County prohibits taking negative action against any employee for reporting a possible deviation from this policy or for cooperating in an investigation. Any employee who retaliates against another employee for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.

Media contacts

Employees should not speak to the media on Spokane County's behalf without contacting the Public Information and Communications Manager. All media inquiries should be directed to them. If you have questions or need further guidance, please contact your HR representative.

VI. PROTECTED SPEECH

Employees have a right to engage in protected speech but the line when speech is protected is not always clear so employees should error on the side of caution. For example, speaking as an individual citizen (not an employee) regarding a topic of public concern is protected but the protection is lost if the speech is as an employee regarding private personnel issues (such as complaining about supervisor) or an employee's specific job duties.

Political Speech on the other hand, is highly protected speech. However, employees are prohibited from directly or indirectly using their official authority to coerce, command or advise another employee to pay, lend or contribute anything of value to a political party, committee, organization, agency or person for political purposes.

Additional rights of employees regarding personal communication using social media arise when the speech falls within a “protected concerted activity”. This form of communication deals with speech with other employees about wages, hours and working conditions but is unprotected when communicated solely for personal concerns and only on behalf of an individual . For example, individual speech and activities that do not induce group action constitute unprotected speech as concerted activity because it is merely individual complaining.

As the law of public disclosure is always evolving, Employees should be aware of the potential for public disclosure of social media postings. If an employee discusses their county work on personal social networking accounts or websites, their posting may be subject to public disclosure laws in the event a social media posting comes into the possession of the County prior to a public disclosure request; these posting then may be subject to public disclosure.

450 - REPORTING IMPROPER GOVERNMENTAL ACTIONS AND PROTECTING EMPLOYEES AGAINST RETALIATION (Whistleblower)

I. PURPOSE

To encourage reporting by its employees and/or officers of improper governmental action taken by Spokane County officers or employees, and protect County employees and/or officers who have reported improper governmental actions in accordance with applicable laws.

II. SCOPE

This policy applies to all employees of Spokane County.

III. POLICY

See attached extract from Resolution #92-1771.

Attachment A

REPORTING IMPROPER GOVERNMENTAL ACTION AND PROTECTING EMPLOYEES AGAINST RETALIATION

Policy Statement

It is the policy of Spokane County (1) to encourage reporting by its employees and/or officers of improper governmental action taken by Spokane County officers or employees and (2) to protect County employees and/or officers who have reported improper governmental actions in accordance with the County's policies and procedures.

Definitions

As used in this policy, the following terms shall have the meaning indicated:

1. "Improper governmental action" means any action by a Spokane County officer or employee:

   a. That is undertaken in the performance of the officer's or employee's official duties, whether or not the action is within the scope of the employee's employment; and

   b. That (i) is in violation of any federal, state, or local law or rule, (ii) is an abuse of authority, (iii) is of substantial and specific danger to the public health or safety or (iv) is a gross waste of public funds.

   "Improper governmental action" does not include personnel actions, including employee grievances, complaints, appointments, promotions, transfers, assignments, reassignments, reinstatements, restorations, reemployment, performance evaluations, reductions in pay, dismissal, suspensions, demotions, violations or collective bargaining or civil service laws, alleged violations of labor agreements or reprimands or actions taken pursuant to those statutory provision enumerated in RCW 42.41.020(1)(b).

2. "Retaliatory action" means any adverse change in the terms and conditions of a Spokane County employee's employment as a result of reporting an improper governmental action.

3. "Emergency" means a circumstances that if not immediately changed may cause damage to persons or property.

Procedures for Reporting

Spokane County employees, who become aware of improper governmental actions, whether within their office or another County office, should raise the issue first with their immediate supervisor. The immediate supervisor for any County employee hired or appointed by an elected official, other than the Board of County Commissioners or any of its department heads, shall be the elected official hiring or appointing the employee. The immediate supervisor for those employees hired by the Board of County Commissioners or any department head, shall be the department head of the office in which they are employed. For the purpose of this policy, a department head shall be defined as a person in charge of a major administrative division of County government under the direct control of the Board of County Commissioners, who reports directly to the County Administrative Officer. The employee shall submit a written report to the supervisor, or to a person designated by the supervisor, stating in detail the basis for the employee's belief that an improper governmental action has occurred. Where the employee reasonably believes the improper governmental action involves his or her immediate supervisor, the employee may raise the issue directly with the County Administrative Officer or such other person as may be designated by the County Administrative Office to receive reports of improper governmental action. Where the employee reasonably believes the improper governmental action involves the County Administrative Officer, the employee may raise the issue directly with the chairman of the Board of County Commissioners. Where the employee reasonably believes the improper governmental action involves a Spokane County Commissioner, the employee may raise the issue directly with the Spokane County Prosecuting Attorney.

In the case of an emergency, where the employee believes that damage to person or property may result if action is not taken immediately, the employee may report the improper governmental action directly to the appropriate government agency, as set forth hereinafter, with responsibility for investigating the improper action.

The person receiving the information that improper governmental action has occurred shall take prompt action to assist the County in properly investigating the allegation(s). Normally, investigations will be completed within ten (10) working days. County officers and employees involved in the investigation shall keep the identity of reporting employees confidential to the extent possible under the law, unless the employee authorized the disclosure of his or her identity in writing. After an investigation has been completed, the employee reporting the improper governmental action shall be advised of a summary of the results of the investigation and any personnel action(s) which are a matter of public record, as a result of being included within a disclosable public record.

Spokane County employees may report information about improper governmental action directly to the appropriate government agency with responsibility for investigating the improper action if, among other reasons, the County employee reasonably believes that an adequate investigation was not undertaken by the County to determine whether an improper governmental action occurred, or that insufficient action has been taken by the appropriate County elected official to address the improper governmental action or that for other reasons the improper governmental action is likely to recur.

Spokane County employees who fail to make a good faith attempt to follow the County's procedures in reporting improper governmental action shall not receive the protection provided by the County in these procedures.

Protection Against Retaliatory Actions

Spokane County Elected Officials and employees are prohibited from taking retaliatory action against a County employee because he or she has in good faith reported an improper governmental action in accordance with these policies and procedures.

Employees who believe that they have been retaliated against for reporting an improper governmental action should advise their immediate supervisor, the Human Resources Director, or his/her designee. The immediate supervisor or Human Resources Director shall take appropriate action to investigate and address complaints of retaliation.

If the employee's immediate supervisor, the Human Resources Director or his or her designee, as the case may be, does not satisfactorily resolve an employee's complaint that he or she has been retaliated against in violation of this policy, that County employee may obtain protection under this policy and pursuant to state law by providing a written notice to the Board of County Commissioners that:

a. Specifies the alleged retaliatory action; and
b. Specifies the relief requested.

County employees shall provide a copy of their written charge to the Chairman of the Board of County Commissioner of Spokane County no later than thirty (30) days after the occurrence of the alleged retaliatory action. The Chairman of the Board of County Commissioners, shall forward a photocopy of the alleged retaliatory action to the elected official and/or employee who has allegedly committed the retaliatory action. The Chairman of the Board of County Commissioners of Spokane County shall forward the charge to the Human Resources Director or other individual for investigation and submission of a recommendation as to appropriate action(s), if any. A copy of the completed investigation, including recommendations(s) shall be made available to the elected officials, in instances where the alleged retaliatory action has been committed by an elected official other than the Board of County Commissioners or a department head or employee hired by the Board of County Commissioners or its department heads. The County and/or respective elected official shall respond within thirty (30) days to the charge of retaliatory action.

After receiving either the response of the County/Elected Official or thirty days after the delivery of the charge to the Chairman of the Board of County Commissioners, the County employee may request a hearing before a state administrative law judge to establish that a retaliatory action occurred and to obtain appropriate relief provided by law. An employee seeking a hearing shall deliver the request for hearing to the Clerk of the Board of County Commissioners of Spokane

County within the earlier of either fifteen (15) days of delivery of the County's/Elected Official's response to the charge of retaliatory action, or forty-five (45) days of delivery of the charge of retaliation to the County for response.

Upon receipt of request for hearing, the County shall apply within five (5) working days to the State Office of Administrative Hearings for an adjudicative proceeding before an administrative law judge.

Relief that may be granted by the Administrative Law judge consists of reinstatement, with or without back pay, and such injunctive relief as may be found to be necessary in order to return the employee to the position he or she held before the retaliatory action and to prevent recurrence of the retaliatory action.

The County/Elected Official will consider any recommendation proved by the administrative law judge that the retaliator be suspended with or without pay, or dismissed.

Responsibilities

The Human Resources Director is responsible for implementing the County's policies and procedures (1) for reporting improper governmental action and (2) for protecting employees against retaliatory actions. This includes ensuring that this policy and these procedures (1) are permanently posted where all employees will have reasonable access to them, (2) are made available to any employee upon request and (3) are provided to all newly hired employees. Elected Officials and Department Heads are responsible for ensuring the procedures are fully implemented within their respective offices.

List of Agencies

Following is a list of agencies responsible for enforcing federal, state and local laws and investigating other issues involving improper governmental action. Employees having questions about these agencies or the procedures for reporting improper governmental action are encouraged to contact the Spokane County Prosecuting Attorney at (509) 477-3662.

Spokane County Prosecuting Attorney
West 1100 Mallon
Spokane, WA 99260
(509) 477-3662

Spokane County Sheriff
West 1100 Mallon
Spokane, WA. 99260
(509) 477-4739

State of Washington

Attorney General's Office
Fair Practices Division
2000 Bank of California Center
Seattle, WA. 98164
(206) 464-6684

State Department of Ecology
3190 – 160th SE
Bellevue, WA 98008-5852
(206) 649-7000

State Department of Health
Health Consumer Assistance
PO Box 4789
Olympia, WA 98504-7891
(800) 525-0127

State Auditor's Office
Legislative Building
PO Box 40021
Olympia, WA 98504-0021
(206) 753-5280

Wash State Human Rights Commission
402 Evergreen Plaza Bldg., FJ-41
711 South Capital Way
Olympia, WA. 98504-2490
(800) 321-2808

Dept. of Labor & Industries
300 West Harrison, Room 201
Seattle, WA. 98119
(206) 281-5400

Dept. of Natural Resources
PO Box 68
Enumclaw, WA 98022

United States

U.S. Attorney
800 Fifth Avenue
Seattle, WA. 98104
(206) 553-7970

Environmental Protection Agency
Criminal Investigations
1200 Sixth Avenue
Seattle, WA
(206) 553-8306

Department of Housing and Urban Development
Office of Counsel
1321 Second Avenue
Seattle, WA. 98101
(206) 553-4976

Federal Emergency Management Agency
130 228th St. SW
Bothell, WA. 98021
(206) 487-4600

Department of Commerce
Office of Inspector General
Office of Audits
915 Second Avenue
Seattle, WA. 98174
(206) 553-0801

Equal Employment Opportunity Commission
2815 Second Avenue, Suite 500
Seattle, WA 98121
(206) 553-0968

Department of Veterans Affairs
Office of Inspector General
915 Second Avenue
Seattle, WA. 98174

Fraud/Waste/Abuse Hot line
(800) 488-8244

Nuclear Regulatory Commission
(510) 975-0200

500 - TRAINING AND DEVELOPMENT

510 – EMPLOYEE DEVELOPMENT REVIEW (EDR)

I. PURPOSE

To set forth general supervisory guidelines for employee appraisal review, documenting employee performance and achievements, and when needed, documenting challenges, opportunities, and required improvements.

II. SCOPE

This policy applies to all County employees.

III. POLICY

A. The County seeks to establish and maintain standards of employee conduct and supervisory practices, which will, in the interest of Spokane County and its employees, support and promote efficient business operations. To this end, The County recommends an Employee Development Review (EDR) process be used to further this goal. EDR uses a concurrent appraisal format.

B. The employee is provided an opportunity to self-evaluate accomplishments, work performance, goal achievements, and areas that need improvement for the rating period and drafting goals for the next rating period. Supervisors are responsible for reviewing and validating the employee's self-evaluation; adding additional information that was not listed from the employee; documenting accomplishments and/or areas that need improvement of the employee, and adding goals and objectives for the employee to address during the next rating period.

1. Employee Development Reviews (EDRs) should:

a. Be conducted at least once during the Review Period but ideally, periodically throughout the Review Period.

b. Be completed annually for all County employees. More frequent appraisals will be at the supervisor's discretion.

c. Be performed at the sole discretion of Elected Officials who can either do appraisals during a set month of the year, or at the employee's anniversary date or choose not to conduct appraisals at all.

d. Be maintained in the County's personnel files housed in the Human Resources Department. Departments may keep a copy in the Departmental Working File.

2. Since EDRs are non-grievable, employees may provide a written, signed and dated rebuttal to an EDR, if submitted to the supervisor within 5 work days of the formal EDR meeting. Supervisors may respond to this rebuttal in writing to clarify any points made by the employee. The rebuttal and response will be attached to the EDR and kept in the employee's personnel file in Human Resources.

3. Such supervisory practices include administering corrective action when employee conduct or performance problems arise. The EDR is not intended as a tool for discipline but a tool for training.

4. Performance issues should be documented in the employee's EDR as improvement goals to be accomplished during the period rated and then employers can monitor the progress of the employee and when necessary keep the employee on task with reminders of the improvement goals.

5. If an employee's performance and/or behavior is such that requires immediate attention, then this will be tracked separately with a Corrective Action Plan. (Refer to Policy Manual #730 - Corrective Action for more details.

6. It is important for supervisors to remember that items placed in the EDR should not be a surprise to the employee. Items documented should have been discussed with the employee prior to the EDR.

7. Supervisors are responsible for conducting honest employee reviews.

IV. PROCEDURES

The following are suggested steps to take in completing an Employee Development Review on an employee. The immediate supervisor may vary these steps to meet section needs and work load. However, supervisors should insure that enough time is given to the employee to conduct the self-evaluation.

A. **Getting Started:**

1. Provide the employee a copy of the EDR 3-4 weeks prior to the "formal meeting." This can be in either the computer version or in hard copy, depending on the employee's desires and availability of computer equipment.

2. Explain the EDR process and how the EDR provides each an opportunity to list personal achievements during the rating period, past goal accomplishments, and to set up goals for the upcoming period. Goals should be realistic, measurable and obtainable.

3. Explain that if there is a solid self-evaluation, that the supervisor only has to write "I concur with the employee's evaluation" in the supervisor's comments. If there is a difference, then the supervisor should document such in the supervisor's comments blocks.

4. Explain that you desire the EDR returned 3-4 days before the formal meeting so you can review the self-evaluation and add your comments.

A. The Supervisor's Ratings:

After getting the employee's self-evaluation the supervisor should:

1. Review the self-evaluation portion completely.

2. Document specific facts that substantiate the ratings. Either bullet statements or written statements are acceptable.

3. Document "Organization Expectations for Your Next Period." Review the employee's personal, professional goals. If there are organizational expectations, these should be documented.

B. The Formal Meeting:

1. Set this date and time up in advance so both know when and where to meet.
2. In a quiet place, go over each item, – comments and ratings. Discuss goals for the next period and expectations. The supervisor should share specific examples to substantiate the ratings. This time is intended for solid communication between employees and supervisors.
3. Both the employee and the supervisor then sign the EDR.

I. **Reviewing Authority:** (Elected Official, Department Head or Division Leader)

1. After the formal meeting get the EDR to the Reviewing Authority.
2. Once the Reviewing Authority has reviewed and signed, then make two (2) copies.
3. Send the original to Human Resources for the employee's official personnel file, give the employee a copy, and the Department/supervisor gets a copy for the Working File, if one is kept.

A. If There Is a Request for a Rebuttal:

1. Since EDRs are not grievable, if the situation arises that an employee indicates that they are not satisfied with the final EDR report, inform the employee that a formal notice for rebuttal should be voiced to the supervisor within 1 workday of the formal meeting.
2. The written rebuttal, signed and dated, must be submitted to the supervisor within 5 workdays of the formal meeting (or 4 work days if the request for rebuttal was requested the day after the formal meeting).
3. When the rebuttal letter arrives, the supervisor should review it carefully. If there are inconsistencies or incorrect information, then the supervisor may respond to the rebuttal. The supervisor's response should address each inconsistency/incorrect item.
4. Once the supervisor's statement is finished, a copy of this should be provided to the employee. The EDR, rebuttal letter, and supervisor's response should be stapled together. Human Resources should get the originals for inclusion in the personnel file and the Department may keep a copy in the Department's Working File.

V. HOW TO FIND COPIES OF THE EDR on the COUNTY'S COMPUTER NETWORK

A. Hard copies of the EDR can be obtained in the Department or at Human Resources.

B. For those with computer access, the EDR can be keyboarded and transmitted between supervisor and employee via the County's e-mail system. However, the final report must be in hard copy and all required parties will sign the final EDR.

C. To find the EDR on the Network use the following process:

Using Microsoft ***Exchange*** (E-mail)

- Open ***Exchange***
- In the left window, click on ***All Public Folders***
- Then double click on the ***Human Resources*** folder
- Then double click on:
  - ***EDR (Computer Copy),***
  - ***EDR (Hard Copy), or***
  - ***EDR Guide (EDR Procedures)***

COMMONLY ASKED "WHAT SHOULD I DO"

QUESTIONS FROM SUPERVISORS

Q: **The employee refuses to self-evaluate.**

A: Explain to the employee:

1. The EDR uses a self-evaluation/concurrent evaluation format.
2. This is the employee's opportunity to have input into their own Review.
3. Supervisors may know much of what the employee has done, but a supervisor cannot know everything.
4. Invite the employee to do the self-evaluation portion of the EDR.

If the employee still refuses to conduct the self-evaluation portion of the EDR:

1. Don't push any further.
2. In the employee's comments of each item write, *"Employee chose not to self-evaluate."*
3. Complete each supervisor's comments, goals for the next period, and organizational expectations, and overall performance rating sections. (Since the employee chose not to comment, you may need to provide more specifics, accomplishments, facts, and/or concerned areas in the supervisor's comments.)
4. At the formal meeting, go back over the purpose of the self-evaluation/ concurrent evaluation EDR format.
5. Encourage the employee to keep a record and indicate to the employee you will give them another opportunity to self-evaluate on the next EDR.
   NOTE: Self-evaluation may be new and uncomfortable for some employees, since many companies still use the supervisor-driven appraisal format. They could be the reluctance or unfamiliar with self-evaluation.

Q: **The employee wants to discuss items/accomplishments before submitting the self-evaluation?**

A: Since the EDR format is intended to open lines of communication, the supervisor should take advantage of this opportunity and meet with the employee. The supervisor should:

1. Let the employee talk first.
2. Answer any questions that the employee might have about the EDR, the process, or their accomplishments/challenges for this past rating period.
3. Be honest and supportive, keeping lines of communications open.

Q: **What should I document in the EDR?**

A: The supervisor should document all things that would "paint a picture in words" that reflects the employee's performance during this period. ***Specific facts should be documented***. There should not be any surprises for the employee. Items to document are:

1. Specific accomplishments.
2. Projects that were above and beyond.
3. How the employee helped toward mission accomplishments.
4. Challenging/problem areas, if any occurred.
5. *Performance issues, if any occurred.

Supervisors can us bullet phrases or written sentences to document the employee's performance during this period.

Q: **How should I document problem areas?**

A: If serious performance issues were encountered during this period, these should be documented on the Corrective Action Report (See Policy #730 for specifics). If minor performance issues occurred, they should have been discussed at the time they occurred so they can be documented on the EDR. If these are not resolved by the end of the next reporting period, then these should be placed on a Corrective Action Report.

Remember, Corrective Action Reports should be used anytime throughout the reporting period. The intent of this report is to:

1. Revisit performance or problem areas.
2. Outline expectations to improve.
3. Establishes a plan to improve.
4. Provides the employee time to improve; and
5. Provide check/feedback points to help the employee.

If the Corrective Action Report is not successful, then more administrative or disciplinary steps should be taken in accordance with Policy #730

Q: **What if the employee wants a Union representative or person of comfort in attendance during the meeting?**

A: The formal meeting is between the supervisor and employee to review the employee's performance for a specific period. Union representatives or persons of comfort can attend if Department Management agrees. This attending person can not participate. Remember, however, it is more important that the EDR be given than it is to keep someone out of the meeting.

Q: **What if the employee says they will not come to (sit in) the formal EDR meeting?**

A: Since this meeting is the employee's duty assignment, they are insubordinate and could be disciplined. If this occurs, contact the Labor Relations Director and/or Human Resources before proceeding.

Q: **What if the employee starts to argue when improvement/weak areas are discussed?**

A: If they simply seem surprised or are asking for clarifications, this becomes a good time for communications. This is good. They can disagree but it must be made clear that they will still be held accountable for the improvement. However, if it is truly an argument, they could be insubordinate. If this occurs, contact the Labor Relations Director and/or Human Resources before proceeding.

Q: **What if an employee refuses to sign an EDR?**

A: If an employee refuses to sign an EDR take the following steps:

1. Inform the employee that the signature just acknowledges that the employee understands what is covered in the EDR and what is expected. Remember, the EDR is a Management tool to give feedback and required improvement information, if any is needed.
2. If the employee still refuses to sign, at the employee's signature block write, "Employee Refused to Sign" and place you initials by this statement.
3. Provide the employee a copy of the EDR after it has been reviewed.
4. Again, as above, it is more important that the employee know that they will be accountable for what is in the EDR, even if they refuse to sign.

SPOKANE COUNTY
EMPLOYEE DEVELOPMENT REVIEW

Employee_____ Title_____ Date Prepared _____

Type of Appraisal (Check Appropriate Blocks) Evaluation Period

[ ] Review Period ( ) New Hire ( ) Promotion From_____to _____
[ ] Annual [ ] Other: _____

Supervisor's Name_____ Title _____

In the following blocks: 1) evaluate your own performance for the evaluation period; 2) list any specific accomplishments that you think demonstrated you went beyond what was expected of you; 3) set goals for the next evaluation period.

DOCUMENTATION/ COMMENTS ARE ENCOURAGED FOR ALL RATINGS.

Return your completed assessment to your supervisor at least two days prior to your scheduled meeting. Your supervisor will: 1) discuss your ratings and specific achievements; 2) discuss your goals and; 3) add any expectations for you to work on the next rating period. Lastly, you will be afforded an opportunity to give feedback on how you can be supported and areas in which your supervisor might be able to help you improve.

YOUR PERFORMANCE THIS PERIOD

On the areas listed below mark where you see your performance during this period. Your supervisor, after discussing the specifics with you, will also rate your performance. Use the following rating scale:

E = Exceeds expectations of the position
M = Meets expectations of the position
IN = Performance less than expected **(Improvement is Needed)**

PRIMARY SPECIFIC RESPONSIBILITIES (Optional)

Characteristics	Examples to Consider	Ratings (Circle One)	
1. **JOB KNOWLEDGE, SKILL, COMPETENCE**	Professional & technical ability; knowledge/skill of duties;	**E M IN** Employee	**E M IN** Supervisor

COMMENTS:
EMPLOYEE COMMENTS:

SUPERVISOR'S COMMENTS:

2. **QUALITY & QUANTITY OF WORK**	Amount of work produced is consistent with the goals and expectation of the job; work is neat, timely & accurate	**E M IN** Employee	**E M IN** Supervisor

COMMENTS:
EMPLOYEE COMMENTS:

SUPERVISOR'S COMMENTS:

3. **JUDGMENT & DECISION MAKING**	Implements decisions in a timely manner; analyzes potential consequences; implements organizational objectives; obtains staff participation	**E M IN** Employee	**E M IN** Supervisor

COMMENTS:
EMPLOYEE COMMENTS:

SUPERVISOR'S COMMENTS:

4. **FLEXIBILITY**	Handles unanticipated work assignments; accepts change; is adaptable.	**E M IN** Employee	**E M IN** Supervisor

COMMENTS:
EMPLOYEE COMMENTS:

SUPERVISOR'S COMMENTS:

5. **DEPENDABILITY**	Time management; priority setting; meets deadlines; Can be relied upon to do the job assigned; completes work on time	**E M IN** Employee	**E M IN** Supervisor

COMMENTS:
EMPLOYEE COMMENTS:

SUPERVISOR'S COMMENTS:

6. **LEADERSHIP & TEAMWORK**	Accepts and follows directions; identifies items to work before being told/instructed; encourages & motivates others through consistent actions; contributes to common goals	**E M IN** Employee	**E M IN** Supervisor

COMMENTS:
EMPLOYEE COMMENTS:

SUPERVISOR'S COMMENTS:

7. **CUSTOMER SERVICE**	Treats people with dignity & respect; recognizes internal & external customers & their needs; customer response & follow-up; strives for customer satisfaction; maintains a work environment free of discrimination & harassment	**E M IN** Employee	**E M IN** Supervisor

COMMENTS:
EMPLOYEE COMMENTS:

SUPERVISOR'S COMMENTS:

8. **COMMUNICATION**	Effective oral & written communication skills; listening skills; accurate information sharing	**E M IN** Employee	**E M IN** Supervisor

COMMENTS:
EMPLOYEE COMMENTS:

SUPERVISOR'S COMMENTS:

9. **USE OF RESOURCES**	Effective use of time, money, materials & work force; budget awareness	**E M IN** Employee	**E M IN** Supervisor

COMMENTS:
EMPLOYEE COMMENTS:

SUPERVISOR'S COMMENTS:

10. **SAFETY**	Knowledge & understanding of applicable safety rules & procedures; demonstrates safe work habits	**E M IN** Employee	**E M IN** Supervisor

COMMENTS:
EMPLOYEE COMMENTS:

SUPERVISOR'S COMMENTS:

11. **ATTENDANCE**	Responsible, reliable & punctual; maintains regular attendance	**E M IN** Employee	**E M IN** Supervisor

COMMENTS:
EMPLOYEE COMMENTS:

SUPERVISOR'S COMMENTS:

12. **DRESS & APPEARANCE**	Dress & groomed appropriately for the job	**E M IN** Employee	**E M IN** Supervisor

COMMENTS:
EMPLOYEE COMMENTS:

SUPERVISOR'S COMMENTS:

EMPLOYEE'S EVALUATION OF LAST PERIOD'S GOALS

(Be specific and list facts and outcomes)

EMPLOYEE'S GOALS FOR THE UPCOMING PERIOD

(Goals should be Specific, Measurable and Obtainable)

EMPLOYEE'S SELF-EVALUATION OF OVERALL PERFORMANCE

☐ Exceeds ☐ Meets ☐ Improvement Needed

SUPERVISOR COMPLETES THE SECTIONS BELOW

OTHER COMMENTS

SUPERVISOR'S & EMPLOYEE'S EXPECTATIONS FOR YOUR NEXT PERIOD

OVERALL PERFORMANCE (COMPLETED BY SUPERVISOR)

☐ Exceeds ☐ Meets ☐ Improvement Needed

EMPLOYEE'S SIGNATURE	SUPERVISOR'S SIGNATURE	DATE

REVIEWING AUTHORITY

SIGNATURE	PRINTED NAME	DATE

530 – TRAINING

I. PURPOSE

This policy exists to enhance employees' work-related skills, engagement, and promotability. Spokane County seeks to create a diverse, talented workforce who demonstrate enthusiasm for their professional public service and expertise in executing their job responsibilities. Through training and development, employees can reach their potential, innovate to improve processes and services, and contribute towards the mission of serving County citizens with excellence.

This policy aligns with the County's Strategic Objective of Employee Development:

- Effectively attract and retain employees.
- Expand employee skill development opportunities.
- Increase leadership effectiveness and employee engagement

II. SCOPE

This policy applies to all regular Spokane County employees and specifically to some extra help/seasonal employees.

III. POLICY

Spokane County supports a well-trained and effective workforce and provides relevant, high quality training. The Human Resources Department, Information Technology, and Risk Management, based on needs expressed by Elected Officials/Department Heads/Executive Leadership or new laws, provides optional or mandated training.

IV. ELECTIVE TRAINING

In general, employees can expect a minimum of 6 hours of work time (not overtime) to participate in elective on-line training courses such as KeystoneYou, HR-Suite instructor led courses or other non-mandatory courses. Participation is contingent upon manager's approval and budget. Supervisors may recommend training for an employee at any time. It is recommended that supervisors review training needs with the employee at least annually. Any employee may request instructor-led training offered by Human Resources or another quality vendor, or access to online training available at their computer. Attendance is based on the supervisor's approval and available budget.

V. SUPERVISOR AND MANAGEMENT TRAINING

New supervisors and managers should complete the recommended on-line training either prior to promotion or as soon as possible thereafter. They may also apply for and enroll in an instructor-led series of supervisory/management courses provided by Human Resources.

VI. MANDATORY TRAINING

As a condition of employment, the Board of County Commissioners, members of the C-Suite (CEO, CBO, COO), and/or Department Heads/Elected Officials may require an employee to complete

training. Some mandatory training is required by County policy and/or law to ensure employee safety and ability to perform effectively in the workplace, and to protect the County from liability. Depending on one's position, it may include, but is not limited to the following:

Mandatory Training	**Employee**	**Method**	**Time to Complete**	**Contact**
Harassment Prevention Training (including Sexual Harassment Prevention)	All employees	On-line and/or classroom training	First week	Human Resources
Cybersecurity Training	All employees with email access	On-line by invitation	First week	Information Technology
Records Retention Training	All employees	On-line by invitation	30 days	Information Technology
Understanding Public Disclosure in County Government	All employees	On-line in Welcome Portal	30 days	Department manager or supervisor
Welcome: New Employee Orientation in Human Resources	New employees	Classroom training with on-support in Welcome Portal	First week	Human Resources
New Hire Safety Training	New employees	Classroom training	First week	Risk Management In some cases, extra-help, temporary, and seasonal employees may sign a statement of understanding and compliance regarding **Alcohol and Controlled Substance and Workers' Compensation training.**
Driver Improvement Training	All employees driving on County business	Classroom training	Prior to driving for County and every 3 years	Risk Management
First Aid, CPR, and AED Training	1 employee per department	Classroom training	Recertify every 2 years	Risk Management
Flagging Training	Traffic safety employees	Classroom training	Before flagging, repeats every 3 years	Risk Management

VII. CONFERENCES AND WORKSHOPS

Employees may request attending conferences and workshops to improve their effectiveness if budgeted through their department. Management has the sole discretion to approve attendance at all job-related conferences and workshops during regular working hours. Depending on the cost, employees approved for attendance at conferences and workshops may be asked to enter into a "Contract for Reimbursement of Training Expenses" as a condition of attendance**.** Employees may be required to formally or informally share information learned at the conference and have an obligation to apply their learning on the job.

600 - SAFETY AND HEALTH

605 WORKPLACE VIOLENCE PREVENTION PROGRAM (WVPP)

I. POLICY

Spokane County is committed to providing a safe and healthy workplace for employees. Spokane County will not tolerate violence in the workplace and will strive to mitigate employee exposure to workplace violence.

II. SCOPE

Elected Officials, Department Heads, employees, and volunteers shall comply with this policy. This Policy shall not be applicable to Sheriff's Deputies and Corrections Deputies acting in the official scope of their duties.

III. DEFINITIONS

DOMESTIC VIOLENCE

See RCW 10.99.020(5)

EMPLOYEE

Employee means any employee of Spokane County to include Elected Officials, Department Heads and volunteers.

REMOTE LOCATION

Any workplace other than the employee's regularly assigned work place.

WORKPLACE

Any location where an employee performs work related duties. This includes but is not limited to vehicles, equipment, buildings and surrounding perimeters, parking lots, and field locations.

WORKPLACE VIOLENCE

Workplace violence is any behavior that is violent, threatens violence, coerces, harasses or intimidates others, interferes with an individual's legal rights of movement or expression, or disrupts the workplace or the County's ability to provide services to the public.

Examples of workplace violence include, but are not limited to:

A. Disruptive behavior intended to disturb, interfere with or prevent normal work activities (such as yelling, using profanity or verbally abusing others in a threatening manner).

B. Intentional physical contact for the purpose of causing harm (such as slapping, stabbing, punching, striking, shoving, or other physical attack).

C. Menacing or threatening behavior (such as throwing objects, pounding on a desk or door, waving arms or fists in an aggressive manner, damaging property, stalking, or otherwise acting aggressively; or making oral or written statements specifically intended to frighten, coerce, or threaten with physical harm) where a reasonable person would interpret such behavior as constituting evidence of intent to cause harm to individuals or property.

D. Any form of intimidating, hostile, or offensive "behavior" toward a person or persons, or the creation of an intimidating, hostile, or offensive "environment" for such person in the workplace/remote location.

E. Domestic violence.

IV. . WORKPLACE VIOLENCE - ZERO TOLERANCE

Spokane County will not tolerate any workplace violence. This includes but is not limited to workplace violence committed by:

A. Individuals who have no legitimate reason to be at workplace/location.

B. Customers, Clients or Visitors.

C. Employees.

V. WORKPLACE VIOLENCE PREVENTION

Department Safety Committee responsibilities include workplace violence prevention.

VI. COUNTY RESPONSIBILITIES

A. RISK MANAGEMENT DEPARTMENT

The Risk Management Department is responsible for administration of this policy and the following:

1. Coordinate and facilitate safety committees regarding workplace violence policies and related issues.

2. Conduct WVPP training for employees at "New-Hire Employee Safety Orientation Training" and assist departments with WVPP training requests.

3. Work with the Facilities Department to identify and correct physical deficiencies in and upon County facilities to improve employee safety and security.

4. Conduct WVPP assessments and work with County departments in reviewing and developing safety procedures and practices to increase employee safety and security awareness.

5. Work with County departments as needed to identify solutions to incidents unless the incident is a criminal offense, requiring law enforcement intervention or any other immediate action as determined by Risk Management.

B. SUPERVISORS AND MANAGERS

County Elected Officials, Department Heads, supervisors and managers shall maintain a safe and secure workplace by ensuring that all safety and health policies and procedures involving workplace security and violence prevention are clearly communicated and understood by their employees. This shall be accomplished by:

1. Informing employees about the Workplace Violence Prevention Program.

2. Ensuring County employees complete all required Workplace Violence Prevention training.

3. Providing counseling to employees who need to improve work practices designed to ensure workplace security and safety.

4. Implementing practices that ensure employee compliance with workplace security directives, policies and procedures.

5. Reporting workplace violence incidents as prescribed herein.

6. Consider action per County Policy #800.

C. HUMAN RESOURCES DEPARTMENT

The Spokane County Human Resources Department is responsible for:

1. Assisting employees in responding to workplace violence incidents. -

2. Consulting with departments on the need to provide alternative work schedules, locations or assignments for employees to address workplace or domestic violence.

3. Providing confidential counseling for employee(s).

D. EMPLOYEES

Employees are responsible for:

1. Complying with the Workplace Violence Prevention Policy.

2. Completing WVPP training.

3. Reporting known or suspected incidents of workplace violence.

4. Communicating recommendations to improve workplace security and safety to Safety Committees, Elected Officials and Department Heads.

VII. REPORTING OF INCIDENTS

A. GENERAL REPORTING RESPONSIBILITIES

1. Workplace violence, threats of workplace violence, or observations of workplace violence shall be reported immediately to the employee's immediate supervisor and the Risk Management Department. A WVPP Incident Report Form shall be submitted to Risk Management.

2. The WVPP Incident Report Form shall be completed as soon as possible and forwarded to the Risk Management Department. Risk Management Department shall determine if additional County departments should be notified and/or receive a copy of the report.

3. The Workplace Violence Incident Report Form is attached to this policy and on the "County Ideas" Intranet and the Human Resources' internet page.

B. LIFE THREATENING EMERGENCY, CRIME IN PROGRESS, RESPONSE BY LAW ENFORCEMENT

1. An employee should call 911 to report a life threatening emergency, crime in progress or for a response by law enforcement. The employee shall also notify their immediate supervisor.

***On campus phone system requires dialing 9-911.**

2. The immediate supervisor or Department Head/Elected Official, in concert with law enforcement agencies, shall take immediate steps to inform and protect the public and County employees as needed.

C. DOMESTIC VIOLENCE

Employees who have obtained an "Order of Protection" (includes all related protection and/or no contact orders) regarding domestic violence or other personal safety concerns shall notify their immediate supervisor and the Risk Management Department of orders that list the workplace as protected areas.

Employees involved in domestic violence who believe the violence may extend into the workplace shall notify their immediate supervisor and the Risk Management Department. Confidentiality will be maintained to every extent possible.

D. FALSE REPORTS

Employees, who knowingly make false reports of workplace violence, may be subject to disciplinary action up to and including termination.

VIII. GENERAL SAFETY CONSIDERATIONS

A. Depending on the circumstances of the workplace violence the following responses should be considered:
1. Request the person leave the workplace.
2. Notify immediate supervisor.
3. Contact 9-1-1/Crime check/law enforcement.
4. Leave the area if safe to do so or take cover.

B. Employees are encouraged to restrict non-employees from entering County facilities outside of regular business hours or special events and meetings.

C. Following after-hour meetings, employees, shall ensure that all attendees have vacated the building and that all doors and entrances are secure prior to leaving the building.

D. Departments shall maintain a current employee contact list (home and work numbers) for all employees in each location under their responsibility. This contact list may be utilized in case of emergencies and/or unscheduled office closures. Department management shall be responsible for contact list confidentiality. Confidential information shall not be placed on a shared County LAN drive. Unlisted home phone numbers shall be indicated on the Contact Lists.

E. Employees should notify supervisors prior to contacting potentially hostile individuals. . Supervisors should be in attendance or assign another employee to be present during such interactions.

F. Ensure exit/escape routes are accessible and clearly marked.

G. Visitors must be escorted within secured areas of County facilities.

H. Individuals within a secured area not recognized as an employee or authorized visitor shall immediately be contacted and escorted to an appropriate visitor waiting area to determine the nature of their business. Law enforcement assistance should be requested if necessary.

I. Employees should be aware of co-employee locations and alert to any signs that an employee may require assistance. If it appears that an employee is having confrontation with another employee or member of the public the immediate supervisor shall be notified.

IX. REMOTE WORKPLACE LOCATIONS

Supervisors shall maintain a "contact system" for employees in remote workplaces. It is recommended that contact system include:

A. Radio and/or cellular telephone or other means to contact base offices. Radio and/or telephone contact should be tested prior to the commencement of work to ensure communications.

B. Employees going to a remote workplace should inform their supervisor of their plans ahead of time. This includes identifying the location and anticipated return time.

C. Upon completing work at remote workplace, employees should call in to report the status of their assignment.

D. If the employee has not called in within one hour of the scheduled completion of their assignment, the supervisor or designee should begin a process to ascertain the status of the employee. This may include reporting to local law enforcement authorities.

E. Upon arriving at a remote workplace, an employee who feels unsafe, that observes signage or any other indication of threat to themselves, should leave the site immediately and report to their supervisor for further instruction.

F. When an area is known to pose an unusual personal security threat, supervisors should, at the time of assignment, consider what preventative measures may be needed.

G. Remote workplaces which may pose a risk to employees working alone, should be evaluated for alternative means of completing the assignment.

H. Law enforcement may be contacted for information regarding potential violent persons and /or situations within their jurisdiction.

X. CONFIDENTIALITY

Workplace violence reports, investigation documents and information shall be maintained by the Risk Management Department and kept confidential to the fullest extent allowed by law. The County will act on the basis of anonymous complaints where it has a reasonable basis to believe that there has been a violation of this policy.

XI. RETALIATION

Retaliation against an employee who acting in good faith, has made a complaint of workplace violence, reported witnessing workplace violence or been involved in reporting, investigating, or responding to workplace violence is prohibited. Retaliation is a violation of this policy and may result in discipline up to and including termination.

XII. RELATED POLICIES & PROGRAMS

Policy #020 – Recruiting & Selection
Policy #330 – Employee Assistance Program
Policy #650 – Drug-Free Work Place
Policy #712 – Harassment, including Sexual Harassment
Policy #719 – Firearms and Weapons
Policy #730 – Identification and Security Access Card
Policy #800 – Discipline and Termination
Accident Prevention Program

Confidential

Spokane County WVPP Incident Report Form

Date of Incident	Year	Month	Day of the Week

Location of the Incident (Map and/or sketch on the reverse side):

Name of Victim:_____ Age: Gender:

Employee: Visitor: M_____ F ____

If employee: Job Title _____ Union: Y____N ___

Department_____ No.:_____

Work Location _____

If Visitor: Address _____

Phone Number _____

Supervisor: Has supervisor been notified?

Y_____ N ____

Describe the incident.

List any witnesses (Name and Phone):

Did the incident involve a Weapon? Y_____ N ____

If Yes, describe.

Was anyone injured? Y_____ N ____

If Yes, describe.

Person responsible for the workplace violence: (Name) _____

Gender: M_____F ____

What is his/her status to the victim?

_____Stranger _____Co-worker ____Supervisor

_____Visitor _____Other

If other, describe:

Please check any risk factors applicable to this incident.

_____Working alone ____Working with money

____Working in a high crime area ____Working outside business hours

____Working late at night ____Poor lighting outside the worksite

____Other risk factor _____

What steps have or could be taken to avoid a similar incident in the future?

Please use back of form for any additional information. *12/2011*

620 - LIFE-THREATENING ILLNESSES

I. PURPOSE

To state Spokane County's position on employees with life-threatening illnesses such as cancer, AIDS, tuberculosis, cardiopulmonary diseases, etc.

II. SCOPE

This policy applies to employees of the County.

III. POLICY

Spokane County is committed to providing equal opportunity to all employees, including those who have life-threatening illnesses. The County also is committed to providing a safe work environment that meets state and federal regulations. Consequently, employees who have a life-threatening illness will be treated like other employees as long as they meet performance standards, and medical and other evidence indicates that their condition is not a threat to themselves or others.

IV. PROCEDURE

A. Confidentiality and Sensitivity: If an employee contracts a life-threatening illness, or if an employee discovers a fellow worker has contracted a life-threatening illness, all reasonable efforts should be exercised to ensure that this information remains private and confidential. All employees should treat employees with a life-threatening illness with compassion and understanding.

B. Information: The Employee Assistance Program (EAP) has information on life-threatening illnesses for employees who become terminally ill, or who work with someone who has a terminal illness. (See Policy #330 - Employee Assistance Program).

C. Working with Terminally Ill Employees: The County will allow employees who have a life-threatening illness to continue to work as long as they continue to meet performance standards, and will attempt to reasonably accommodate these employees whenever practicable.

D. Medical Examination: To assure the County that the employee who has a life threatening illness or terminally ill is not a danger to himself or herself, or to other employees, the County reserves the right to have the employee examined by a physician. All information, including the results related to the examination, will be confidential.

E. Disability: If an employee is unable to work due to a terminal illness, the employee may be eligible for Long-Term Disability. (See Policy No. 340 - Benefits, para 3J.)

630 - VEHICLE USE POLICY– County & Privately Owned Vehicles

I. SCOPE

All elected officials, department heads, division supervisors, employees and volunteers who use a Spokane County and/or privately owned vehicle (POV) for County business and purposes shall follow this policy.

II. PURPOSE

The purpose of this policy is to establish Spokane County's requirements, guidelines and procedures for vehicle use (both private and County owned) by elected officials, department heads, employees and volunteers during the conduct of official County business and purposes. References to employees in this policy shall mean elected officials, department heads, division supervisors, permanent, temporary and volunteer employees, unless stated otherwise.

III. POLICY

County and privately owned vehicles used for County business and purposes shall be operated in a safe manner consistent with local, state and federal laws. All accidents must be reported promptly according to the procedures outlined in Section 1.7 (Accident Reporting Policy) of the Accident Prevention Program. The use of County vehicles shall be limited to County business and purposes.

Failure to comply with the provisions of this policy may result in actions to include; driver improvement programs, disqualification or suspension of driving privileges and discipline up to termination.

IV. PROCEDURES

A. RESPONSIBILITIES

1. The Risk Manager is responsible for implementing this policy.

2. Elected Officials/Department Heads shall:

   a. Have discretion for authorization and/or removal of driving privileges for employee use of County or Privately Owned vehicles used for County business, purpose or travel.

   b. Ensure that all employees within his/her department who drive vehicles for County business and purposes are provided a copy of this policy and procedures.

c. Ensure employees do not operate a vehicle (County or private) for County business and purposes until he/she has signed the acknowledgement of receipt form. (Attachment A)

d. Ensure all statements of acknowledgement; copies of authorized employee valid driver's licenses of proper class and POV proof of insurance are kept on file in the department or office and are kept confidential.

e. Provide a copy of the department's authorized vehicle operator list to the Risk Management Department on or before September 30th, of each year.

f. Ensure that all damage to ER&R vehicles is reported to the Fleet Manager and Risk Management.

g. Ensure all damage to non-ER&R County vehicles is reported to the elected official/department head and Risk Management.

h. Ensure that all drivers authorized to use vehicles for County business and purposes complete driver improvement training (defensive driver or EVOC training programs). Defensive driver training is provided at no cost by Risk Management and is required within 90 days of vehicle operator assignment. After initial training, refresher training shall be completed within, and not to exceed, a 3 year period. Defensive Driving, Skid Avoidance and EVOC driver improvement training may be recommended as deemed necessary by an elected official/department head and/or the Risk Manager.

i. All vehicle incidents/accidents shall be reported to the elected official/department head and Risk Management Office immediately. After hours and weekend reporting shall be made to the Risk Management On-Call Loss Control Specialist.

3. Vehicle Operator

a. Ensure vehicle use is for County business and purposes and that passengers shall be County employees or authorized persons.

b. Shall possess a valid driver's license of the proper class at all times while operating any vehicle for County business and purposes.

c. Prior to operation of any vehicle, seat belts for the operator and any passengers in the vehicle shall be worn properly.

d. Operate the vehicle in a manner consistent with its intended use and always in a safe manner conforming to traffic laws and road conditions.

e. Do not smoke or allow passengers to smoke in County owned or leased vehicles.

f. Conduct an operator's check of the vehicle each day and prior to operation. The minimum operator's check should consist of a check for body damage, mechanical problems (tire inflation & tread, brakes, steering, turn signals, wipers, horn, etc) and verification that all lights are functioning and windows are cleaned to present a clear field of view. All items requiring repair shall be reported to your immediate supervisor.

g. Ensure that all vehicle inspection, maintenance and repair is completed when due and records and documentation is maintained and available upon request.

h. Ensure unattended vehicles, along with any canopies, toolboxes, etc., are locked and that items in open pickup truck beds have been secured from ejection and/or theft. This applies to County owned or personally owned property.

i. Ensure that no pets are allowed in County owned vehicles, unless necessary for completion of assigned County duties or otherwise allowed by law.

j. Report any changes in driving privileges, traffic infractions or criminal traffic offense charged while operating a County vehicle or a privately owned vehicle for County business and purposes to your elected official/department head and Risk Management immediately.

Note: Employees are personally responsible for any and all fines and/or penalties imposed as a result of traffic infractions and criminal traffic offenses committed while operating a County vehicle or privately owned vehicle for County business and purposes.

k. Notify your elected official/department head and the Risk Management Department immediately following a vehicle collision and follow Section 1.7 (Accident Reporting Policy) of the Accident Prevention Program.

l. Do not place bumper stickers or logos on County owned vehicles. Do not place objects anywhere in or on a County vehicle that might obscure operator vision.

B. ASSIGNMENT OF VEHICLES

1. Elected official's/department head's authorization for assignment of County vehicles shall be based on the employee's job responsibilities as related to necessary performance of County business and purposes.

2. When not being used for County business or purpose, County vehicles are to be kept on County property locations. Locations other than "on County property" may be approved on a case-by-case basis by the elected official/department head responsible for that vehicle.

3. Privately owned vehicles are not to be left on County property for more then 24 hours and may be towed at the vehicle owner's expense, unless prior arrangements are made with the elected official/department head.

4. Duty Hour Retention - The minimum transportation needs for this category of vehicle assignment shall include the following conditions:

   a. The elected official/department head has determined that the employee's duties cannot be satisfactorily performed without continuous availability of a suitable vehicle during duty hours.

   b. The tasks performed during duty hours require a specially equipped vehicle.

5. Permanent Retention – An elected official/department head may assign an employee permanent (overnight) retention of a County vehicle if they decide that:

   a. Permanent retention is in the best interest of the public and financially justified prior to approval.

   b. The task(s) to be performed when called during off-duty hours requires immediate travel to the job location.

   c. Approval for permanent retention is contingent upon the employee being on a continuous on-call status during other than normal working hours (i.e., 24-hours on call) and meeting at least one of the following criteria:

      - The need to respond to emergencies in the field with a vehicle specially equipped to meet the work needs of the department an average of at least six (6) or more calls per month.

      - The employee is required to respond to the field with specially equipped vehicles to meet the seasonal work conditions of the department.

      - The employee reports directly to the field at least fifty percent (50%) of his/her scheduled workdays and the employee lives more than ten (10) miles from the office headquarters.

      - The employee operates specialized equipment that would be required in the event of an emergency and there is not enough time to retrieve the equipment from a County facility.

- An employee has been assigned an irregular work schedule requiring attendance at work related activities an average of at least two (2) weekends per month or two (2) evenings per week.

NOTE: Assignment of Permanent Retention vehicles may result in tax consequences and shall be analyzed prior to assignment to ensure compliance.

6. Temporary Retention - The authority granted in this section shall not be used in place of or to circumvent the requirements of making formal requests for permanent retention.

   a. An elected official/department head may authorize temporary retention of vehicles to employees based on the following criteria:

      - The employee is temporarily scheduled for standby duty outside of normal working hours due to emergency conditions or adverse weather.

      - The employee leaves before or returns after working hours relating to an authorized County business or purposes trip.

C. USE OF COUNTY VEHICLES

1. County vehicles may not be used to commute to homes outside Spokane County with the exception of on-call activities related to law enforcement or specific approval by the Board of County Commissioners.

2. Transportation of any person(s) not connected with County business is prohibited in County vehicles.

Note: The loss exposure for persons riding in County vehicles that are not connected with County business creates a significant, unnecessary, 3rd party liability exposure that may require loss coverage from County assets.

3. County vehicle use is prohibited from personal use, except for de minimis use (such as a stop for lunch between two business activities)

D. PRIVATELY OWNED VEHICLES (POV) USE FOR COUNTY BUSINESS OR PURPOSE

1. Definition of a privately owned vehicle (POV)

   - A motor vehicle that is owned by an elected official/department head, or employee that may, or may not be used, for Spokane County business or purposes and is not classified as a County vehicle.

2. The use of privately owned vehicles for official County business shall be considered only when such use has been determined to be in the best interests of the County.

3. Use of a privately owned vehicle for official County business or purposes shall not be mandatory, unless use is specifically made a condition of employment.

4. When accompanied by persons not employed by Spokane County or other public agencies, elected officials/department heads, and employees shall use privately owned vehicles when attending local, regional or state meetings.

5. Prerequisites for Authorization

   a. Privately owned vehicle shall be in sound mechanical condition to provide transportation in a safe and legal manner.

   b. Privately owned vehicles shall be equipped with all required safety devices and equipment.

   c. Employees authorized to use a privately owned vehicle for official County business and purposes shall:

      - Receive prior authorization of his/her elected official/department head.

      - Possess and retain at all times while operating a vehicle for County business and purposes, a valid driver's license of the proper class.

      - Provide and retain in vehicle, valid current proof of automobile liability/property damage insurance with policy coverage limits not less than $100,000/300,000 liability and $50,000 property damage or $300,000 combined single limit.

6. The use of a privately owned vehicle for County business or purposes that is not owned or leased by the authorized employee is prohibited.

7. All maintenance costs associated with use of a privately owned vehicle for County business or purposes are the responsibility of the vehicle owner.

8. Loss or damage that occurs to any privately owned vehicle while parked on or near County work sites, at the employee's residence, or during normal employee commuting to and from work, is the responsibility of the vehicle owner, unless the County is found to have legal liability.

E. VEHICLE RENTAL INSURANCE

1. Rental company insurance shall be declined when renting automobiles for County business or purposes in the United States or Canada but shall be purchased when renting a vehicle in countries outside of the US and Canada.

2. Maintain a copy of the rental agreement for at least 30 days after the rental agreement expires. This agreement lists the important vehicle information such as VIN, year, make, model and mileage of the vehicle and shall be submitted to Risk Management upon request to assist with claim adjudication for any loss submission from a rental company.

F. MILEAGE REIMBURSEMENT

1. Employees or volunteers authorized to use their private vehicles for County business may request reimbursement to the extent authorized by Spokane County Code 1.05.030.

Note: Please review the Travel Policy for mileage compensation alternatives.

G. PERSONAL PROPERTY REIMBURSEMENT

1. When an employee or volunteer is authorized to use his/her private vehicle for County business pursuant to this policy and sustain damage to the vehicle while in the authorized performance of County business and purposes, he/she may submit a claim for reimbursement for such loss subject to the following:

   a. Must report the incident that caused the damage to their insurance carrier if the damage exceeds their collision deductible.

   b. Must report the incident that caused the damage to their elected official/department head, Risk Management and/or the Risk Management On-Call Loss Control Specialist.

   c. Must report the incident/accident to law enforcement.

2. Elected officials/department heads, and employees shall be eligible for reimbursement up to the amount of their collision coverage deductible or $500.00 (whichever is less) upon submission of a substantiated claim consisting of:

   a. A copy of the accident/incident report prepared for their privately owned vehicle automobile insurance (if the damage exceeds the comprehensive deductible).

   b. A copy of the police and collision report if required.

   c. Copies of all estimates and all repair invoices.

d. A copy of the declarations page of the privately owned vehicle automobile insurance policy evidencing the deductible for collision damage or comprehensive coverage.

e. A copy of the privately owned vehicle registration involved with the loss.

f. A Spokane County Incident Report form.

3. All claims for monetary reimbursement shall be investigated and approved by the Risk Manager.

H. COLLISIONS DAMAGE and ACCIDENTAL LOSS

1. All accidents involving a County vehicle or a privately owned vehicle used for County business or purposes, shall be reported whether or not there is damage to the vehicle, property or involves injuries; regardless of whether the employee was, or was not, cited.

2. Elected officials/department heads and employees shall be personally responsible for all damages proximately caused to other persons and/or property if acting outside the course and scope of his/her office or employment or engaged in criminal misconduct, fraud, malice or gross negligence when operating or traveling in a County or privately owned vehicle.

3. When an employee is using their privately owned vehicle pursuant to County policy, the individual's insurance shall be considered the primary insurance coverage with County coverage potentially available for secondary or excess coverage.

4. The County will not assume responsibility for injuries to unauthorized occupants of a County vehicle or a personally owned vehicle being used in the course of County business and purposes.

5. In the event of an accident, elected officials/department head and employees shall follow the following procedure:

a. Stop immediately.

b. Take all steps necessary to prevent further damage or another accident at the scene.

c. Call 911 immediately to request Law Enforcement to the scene and to alert Emergency Medical Services if medical attention is required.

d. Do not leave the scene of the accident until directed to do so by law enforcement or a County Loss Control Specialists.

e. Report the accident to your elected official/department head and Risk Management immediately or as soon as practically possible.

Note: Risk Management Loss Control Specialists are available to provide assistance with the accident and conduct a liability investigation.

f. Obtain as much information about the accident as possible, (i.e., names and addresses of witnesses, license numbers of vehicles involved, etc.)

Note: Yellow Collision packets shall be located in the glove compartment of all County owned vehicles and are encouraged to be placed in all authorized privately owned vehicles.

g. Do not discuss fault, liability, or responsibility for the accident and do not agree to pay for anything or indicate that the County will take care of the costs or damage.

h. Do not sign any papers, discuss the accident or give statements to anyone at the scene other than law Enforcement and the County Loss Control Specialist.

i. If possible, take photos of the damaged vehicle/property and submit them with the incident report.

I. CELLULAR PHONE USE IN MOVING MOTOR VEHICLES

1. Drivers are prohibited from reading, writing or sending an electronic message, computer entry and from holding a wireless communications device to the ear unless action is exempt in (2) & (3) below. Using hands free mode is acceptable.

   Note: “Hands-free” mode means the use of a wireless communications device with a speaker phone, headset or earpiece.

2. Exceptions to electronic messaging restrictions include:

   a. Reporting illegal activity.

   b. Summoning medical/emergency help.

   c. Preventing injury to a person/property.

   d. Relaying information between a transit or for-hire operator and that operator’s dispatcher, in which the device is permanently affixed to the vehicle.

3. Exceptions to cell-phone use restrictions include:

a. Operators of an authorized emergency motor vehicle or a tow truck responding to a disabled vehicle.

b. Driver of a moving motor vehicle using a wireless communications device in the hands-free mode.

c. Use of wireless devices to report illegal activity, to summons medical aid or other emergency assistance, or to prevent injury to a person or property, and

d. A person using hearing aids

J. DRIVING RECORDS

1. Spokane County is 100% self-insured for automobile physical damage. Authorized operators of County owned or privately owned vehicles for County business and purposes may have their driver abstract requested from the Department of Licensing per RCW 46.52.130.

Spokane County
Vehicle Use Acknowledgement Form

In consideration for authorization of use of a Spokane County vehicle, or use of my privately owned vehicle for County business or purpose, I acknowledge that:

1. I have read, understand and shall comply with the content of Spokane County Policy #630 (Vehicle Use).

2. I have read, understand and shall comply with the content of Spokane County Accident Prevention Policy # 1.7 (Accident Reporting).

3. I acknowledge that authorization for use a vehicle for County business and purpose can be suspended or revoked at my Department Head's discretion.

Employee's Name: _____

Employee's Signature: _____

Date: _____

Department: _____

640 - SMOKING IN THE WORKPLACE

I. PURPOSE

The Washington Clean Indoor Air Act, codified in chapter 70.160 RCW, prohibits smoking in public places and work places. The findings in support to the Clean Indoor Air Act recognize that exposure to secondhand smoke is known to cause cancer in humans. Second hand smoke is a known cause of other diseases including pneumonia, asthma, bronchitis, and heart disease.

Under chapter 70.160 RCW, smoking is prohibited within a presumptively reasonable minimum distance of twenty-five feet from entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where smoking is prohibited so as to ensure that tobacco smoke does not enter the area through entrances, exits, open windows, or other means.

Under the State Department of Labor and Industries' Environmental Tobacco Smoke regulations, WAC 296-800-24010, Spokane County must minimize the amount of environmental tobacco smoke that enters its office buildings.

The Board of County Commissioners of Spokane County has the care of county property. In conjunction with this responsibility, the Board has the ability to promulgate rules and regulations regarding smoking on County properties. The purpose of this policy is to further employee as well as general public health, safety and welfare by prohibiting smoking on the Spokane County Courthouse Campus except in designated smoking areas. This policy extends the present provisions of chapter 70.160 RCW which prohibit smoking in public places and work places.

II. SCOPE

This policy applies to all county personnel or visitors to the Spokane County Courthouse Campus.

III. DEFINITIONS

a) "County personnel" means all persons employed by Spokane County, including any elected or appointed official or department head.

b) "Smoke or smoking" means the carrying or smoking of any kind of pipe, cigar, cigarette to include all electronic cigarette devices or any other lighted smoking equipment, implement, apparatus or item.

c) "Spokane County Courthouse Campus or Campus" means that property owned or leased by Spokane County more particularly depicted in the map attached hereto and incorporated herein by reference including all parking areas and not including any public sidewalks surrounding the Spokane County Courthouse Campus.

d) "Designated Smoking Areas" means those areas as identified on the map attached hereto and incorporated herein where individuals may remain stationary and smoke. Such areas shall additionally be identified by appropriate signage.

IV. POLICY

County personnel and visitors may not smoke on the Spokane County Courthouse Campus except in Designated Smoking Areas. This prohibition against smoking includes, but is not limited to:

a) County personnel smoking in County vehicles.

b) Smoking in any County facility or building.

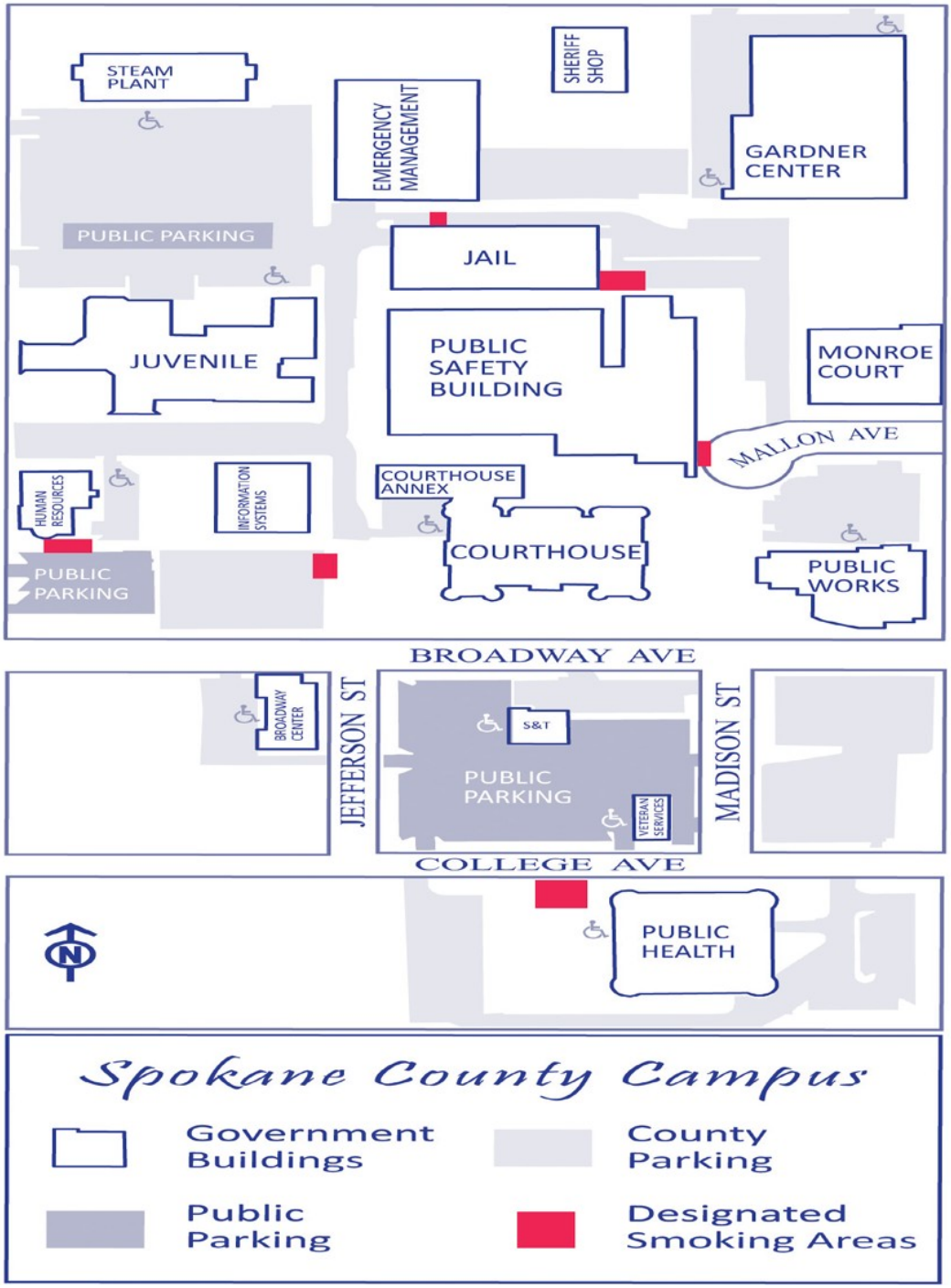
c) Smoking outside the designated smoking areas.

d) Smoking within 25 feet from any entrance, exit, window opening, or air intake vent of any building located on the Spokane County Courthouse Campus.

V. DUTIES

a) All elected officials, department heads or supervisors shall notify their employees of their of this policy immediately following its adoption.
b) Notice of this Policy shall be posted by the Facilities Department conspicuously at various entrances to the Spokane County Courthouse Campus, all building on the Campus and well as Designated Smoking Areas and in prominent locations throughout the County workplaces.
c) Elected officials, department heads and supervisors of Spokane County shall make every reasonable effort to insure compliance with this Policy, including but not limited to, posting signs, advising the public that smoking is limited to designated smoking areas and directing employees to smoke only in designated smoking areas.

(Refer to RCW 70.160 and 2005 Washington Initiative 901.)


STEAM PLANT
SHERIFF SHOP
EMERGENCY MANAGEMENT
GARDNER CENTER
PUBLIC PARKING
JAIL
JUVENILE
PUBLIC SAFETY BUILDING
MONROE COURT
MALLON AVE
HUMAN RESOURCES
INFORMATION SYSTEMS
COURTHOUSE ANNEX
COURTHOUSE
PUBLIC WORKS
PUBLIC PARKING
BROADWAY AVE
BROADWAY CENTER
JEFFERSON ST
S&T
PUBLIC PARKING
VETERAN SERVICES
MADISON ST
COLLEGE AVE
PUBLIC HEALTH
N
Spokane County Campus
Government Buildings
County Parking
Public Parking
Designated Smoking Areas

650- Drug-Free Workplace Policy

PURPOSE

To provide a safe and professional work environment for all Spokane County employees.

SCOPE

This policy includes, but is not limited to, executive management, managers, supervisors, full-time and part-time employees, off-site employees and volunteers. It applies whenever an employee is conducting County business or representing Spokane County as well as while on-call or in a paid stand-by status. Members of the Sheriff's department will comply with Sheriff's policies and procedures concerning a Drug-Free Workplace.

Employees in the following types of positions, because of their work-related responsibilities, are subject to drug and alcohol testing:

A. Commercial Driver License Safety Sensitive Positions. Drug & Alcohol testing shall be in compliance with Federal Department of Transportation (DOT) regulation CFR 49, Part 40.

B. Public Safety Positions (adult and juvenile corrections officers; probation officers; law enforcement deputies, dispatchers and supervisors; and 911 call receivers and supervisors).

C. Resulting from a "reasonable suspicion observation".

DEFINITIONS

Safety Sensitive Positions: County positions where the employee performs a safety sensitive function under CFR 49, Part 382.107.

Public Safety Positions: County positions determined to have a governmental responsibility for the prevention and protection of the public from dangers affecting safety such as crimes and disasters.

Reasonable Suspicion: A belief, drawn from specific objective facts and reasonable inferences drawn from those facts in light of experience, that an employee is under the influence of drugs or alcohol while on County property or while performing Spokane County services, operations or work.

Chemical Dependency Professional: A person licensed to assess chemical dependency and address the ways in which drugs and alcohol affect people on personal and physical levels, in their relationships with others and coordinates their efforts with those of other agencies and counselors to get their patients the help they need to break their harmful addictions.

POLICY

Spokane County is committed to protecting the safety, health and well-being of all employees and other individuals in the workplace. We recognize that alcohol abuse and drug use pose a significant threat to the work environment. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol- and drug-free work environment.

As a condition of employment, Spokane County requires that employees adhere to a strict policy regarding the use and possession of drugs and alcohol. It is a violation of our drug-free workplace policy to use, possess, sell, trade, and/or offer for sale alcohol, marijuana, illegal drugs or intoxicants as defined by the United States Drug-Free Workplace Act while on the job, on County property or in County vehicles.

Spokane County encourages employees to voluntarily seek help with drug and alcohol problems.

ALCOHOL & DRUG STANDARDS

Per this policy, as may be amended from time to time, "under the influence of alcohol" is defined as having at or above 0.02 percent alcohol confirmed concentration; or in the event of refusal to undergo such testing. Testing for alcohol will be by breath alcohol testing administered by Spokane County Risk Management and/or Occupational Medical Associates (OMA).

Alcohol Testing Levels for all Employees		
Substance	**Initial Screen**	**Confirm**
Alcohol	0.02% blood alcohol concentration	0.02% blood alcohol concentration

Per this policy, a "positive test (use of illegal or restricted drugs") for persons that are assigned to **public safety positions** is defined in the chart below. Testing for these types of positions is by urinalysis administered by Spokane County Risk Management and/or Occupational Medical Associates (OMA).

Drug Testing Levels for Public Safety Positions		
Substance	**Initial Screen**	**Confirm**
Marijuana metabolites	50 ng/ml	15 ng/ml
Cocaine metabolite	150 ng/ml	100 ng/ml
Opiates:		
Morphine	2,000 ng/ml	2,000 ng/ml
Codeine	2,000 ng/ml	2,000 ng/ml
Phencyclidine (PCP)	25 ng/ml	25 ng/ml
Amphetamines:		
Amphetamine	500 ng/ml	250 ng/ml
Methamphetamine	500 ng/ml	250 ng/ml

Per this policy, a "positive test (use of illegal or restricted drugs") for persons other than **CDL safety sensitive or public safety positions** is defined in the chart below. Testing for these types of positions is by urinalysis conducted by Spokane County Risk Management or Occupational Medical Associates (OMA).

Reasonable Suspicion Drug Testing Levels for other than CDL Safety Sensitive or Public Safety Positions		
Substance	**Initial Screen**	**Confirm**
Cocaine metabolite	150 ng/ml	100 ng/ml
Opiates:		
Morphine	2,000 ng/ml	2,000 ng/ml
Codeine	2,000 ng/ml	2,000 ng/ml
Phencyclidine (PCP)	25 ng/ml	25 ng/ml
Amphetamines:		
Amphetamine	500 ng/ml	250 ng/ml
Methamphetamine	500 ng/ml	250 ng/ml

DRUG and ALCOHOL TESTING

A. Each employee that, by the nature of their work, has been placed in the drug testing program, is subject to one or more of the following:

Type of Testing	**Safety Sensitive Positions**	**Public Safety Positions**	**All Other Positions**
Pre-employment drug testing	X	X	
Random drug and alcohol testing consortium	X		
Post-accident drug and alcohol testing	X		
Reasonable suspicion drug and alcohol testing	X	X	X
Return to duty drug and alcohol testing	X		
Follow-up testing upon selection or request from management	X	*	*

*Per any Last Chance Agreement and/or direction of Chemical Dependency Professional

B. All Commercial Driver's License (CDL) positions must comply with the Department of Transportation procedures for drug and alcohol testing found at 49 CFR Part 40. Risk Management currently administrates the CDL Compliance Program for Spokane County.

C. To ensure the accuracy and fairness of our testing program, all testing protocol will be conducted according to the Drug & Alcohol Industry Association (DATIA) guidelines for the specific type of test required, by Certified Professional Collectors (CPC) for drug testing and Breath Alcohol Technicians (BAT) for alcohol testing when available. If a County CPC or BAT is not available to conduct a reasonable suspicion test when requested, testing will be referred to OMA.

D. Testing for the presence of alcohol will be conducted by analysis of breath. Testing for the presence of drugs (i.e., amphetamines, cannabinoids, cocaine, opiates, and phencyclidine) will be conducted by the analysis of urine.

E. Reasonable Suspicion Testing Protocol:

1. Document the reasons for requesting a test on an Observed Behavior form.

2. Request a second person independently observe the employee under reasonable suspicion and document their findings on an Observed Behavior form.

3. Contact the County Risk Manager (or designee) to discuss observations, documentation and type of testing requested.

4. Receive guidance and direction from the Risk Manager (or designee) on documentation sufficiency, testing recommendation(s), CDC/BAT availability and a determination of the test location and time when needed.

F. All drug-testing information will be maintained in separate confidential files in Risk Management.

G. An employee will be subject to the consequences of a positive test if he/she refuses to submit a drug or alcohol test, adulterates, substitutes or dilutes the specimen, refuses to sign the required testing forms, or refuses to cooperate in the testing process in such a way that prevents the completion of the test.

H. Employees who test positive for drugs and/or alcohol as defined in this policy will be immediately removed from duty and referred to a Chemical Dependency Professional for assessment and recommendations. The costs associated with any drug and/or alcohol assessment are the responsibility of the employee that tested positive. Prior to the County's consideration for a positive test employee's return to work, the employee shall:
   1. Successfully complete all recommended rehabilitation including continuing care.
   2. Complete a return-to-work drug and alcohol test with negative results.
   3. Sign a "Last Chance" agreement.
   4. Be subject to any follow-up testing recommended by the Chemical Dependency Professional.

I. An employee who has been released from work after a positive drug and/or alcohol test will not be allowed to operate a vehicle for transportation to their residence. The employee's management will arrange transportation for the employee to their residence at no cost following that release from work.

ASSISTANCE

Employees who realize they have an alcohol or substance abuse problem are encouraged to voluntarily seek confidential assistance through the Employee Assistance Program, or other approved programs. The County will make every effort to accommodate an employee's recommended drug and/or alcohol treatment program and will not discipline an employee because he/she voluntarily came forward seeking assistance. Treatment for alcoholism and/or drug use disorders may be covered by the employee benefit plan. However, the ultimate financial responsibility for recommended treatment belongs to the employee. Employees may use accrued paid leave while seeking treatment for drug and/or alcohol problems.

"LAST CHANCE" AGREEMENTS

Following a violation of the drug-free workplace policy, an employee may be offered an opportunity for rehabilitation. In such cases, the employee must sign and abide by the terms set forth in a Last Chance Agreement waiving his/her right to "just cause" under any applicable civil service laws or collective bargaining agreement but the waiver to be limited to any future violations of the provisions of this policy for a period to be determined and negotiated but no more than five years as a condition of continued employment (unless recommended by the Chemical Dependency Professional). Violation of this agreement will be grounds for immediate termination.

EMPLOYEE RESPONSIBILITIES

Fit for Duty

Employees shall report to work fit for performing their duties in a safe and efficient manner.

An employee who observes or has knowledge of another employee in a condition which impairs his or her ability to perform job duties is encouraged to promptly report the incident to his or her immediate supervisor.

Notification of Convictions

Any employee who is convicted of a criminal drug violation in any Spokane County workplace or on Spokane County business must notify their department manager in writing within five calendar days of the conviction. Spokane County will take appropriate action within 30 calendar days of the notification. Federal contracting agencies will be notified as appropriate.

Where driving is an essential function of an employee's position, an employee must notify their department manager in writing within five calendar days if convicted for a drug or alcohol-related offense which impacts the status of his/her driver's license, including license suspended, revoked or given limitations.

Prescription Medications

A. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with safe performance of his/her job.

B. If the use of medication could impair the employee's ability to perform the essential functions of their position, it is the employee's responsibility to notify his/her supervisor and use appropriate personnel procedures such as using sick leave, vacation leave, personal leave or other reasonable accommodation requests to avoid unsafe workplace practices.

CONSEQUENCES

A. One of the goals of this drug-free workplace program is to encourage employees to voluntarily seek help with alcohol and/or drug problems.

B. If an employee violates the policy, he or she may be subject to disciplinary action up to and including termination and may be required to enter a rehabilitation program.

C. An employee required to enter rehabilitation who fails to successfully complete the program will be disciplined up to and including termination.

D. If an employee repeatedly violates the policy he or she will be disciplined up to and including termination.

E. Nothing in this policy prohibits the employee from being disciplined or discharged for other violations and/or performance issues.

TRAINING

A. Spokane County conducts training for managers, supervisors, and employees on the drug-free workplace policy.

B. To ensure all managers, supervisors and employees are aware of their role in supporting our drug-free workplace program, training is as follows:

   1. Employees will receive training on this policy during their Spokane County New-Hire Safety Indoctrination Training.

2. Managers and supervisors must complete "Drug & Alcohol Awareness" training to assist them in recognizing the signs, symptoms and effects of drug and/or alcohol use.

REFERENCE

US Code Title 41, Chapter 10 CFR Title 49, Part 40 RCW 46.32.110 WAC 296-800-11025

Spokane County Observed Behavior Form

Employee: _____ Title: _____
Department: _____ □ Union or □ Non-Union
Supervisor making observations:

_____ _____
Name Title

Instructions: Check all appropriate items.

SPEECH

☐ Normal ☐ Confused ☐ Mumbled, thick tongue
☐ Slurred ☐ Silent ☐ Other: _____

Describe Observations:

AWARENESS

☐ Normal ☐ Paranoid ☐ Sleepy (or stupor)
☐ Confused ☐ Delusional ☐ Other: _____

Describe Observations:

COORDINATION

☐ Normal ☐ Staggering ☐ Other: _____
☐ Swaying ☐ Leaning (support)

Describe Observations:

OTHER OBSERVATIONS

☐ Alcohol on breath (or other substance) ☐ Decline in hygiene (taking care of oneself)
☐ Decline in general appearance ☐ Decline in job performance, negligence, increased injuries to self or others

Describe Observations:

SUMMARY AND/OR RESULTS OF SEARCH, IF ANY:

WITNESSES **(Print name, title, date & signature)**

_____
_____
_____

670 - FITNESS FOR DUTY & RETURN TO WORK EVALUATIONS

I. PURPOSE

Spokane County must ensure County employees attempting to return to work after an injury or illness (on-job or non-job related) do not aggravate existing medical conditions, suffer additional injuries, and compromise the safety & health of co-workers and the public or adversely impact the ability for the department to accomplish their mission.

II. SCOPE

This policy applies to elected officials, department heads and employees of Spokane County.

III. POLICY

(Guidance for this policy is IAW Title 29, U.S.C., Sect 2613 & 29 C.F.R. Sect 1630.14c)

A. Prior to returning to work, employees that suffer from a medical condition, injury, illness or have undergone a medical procedure that might restrict their ability to perform the essential functions of their position shall submit a physician's medical release that lists all medical restrictions imposed on that employee.

1. There are three types of medical releases as follows:
   a. No-Duty (employee can not return to work in any capacity)
   b. Full Duty without retrictions (employee has no medical restrictions).
   c. Release for Modified Duty (employee has medical restrictions).

2. Medical releases shall be submitted by the employee to the employee's elected official or manager, the Risk Management Department and the Human Resources Benefits Coordinator.

3. Risk Management will review the physician's medical release and/or restrictions and the job analysis (JA) for that position. Requests for accommodations will be communicated with the employee's management and the Benefits Coordinator regarding the department's ability to accommodate those restrictions with a modified duty assignment.

Note: If a physician's medical release lists light duty but does not list specific restrictions or limitations, the employee will be directed to request of their physician a new release that details any restrictions or limitations.

4. After the employee's department confirm that they will accommodate the requested restrictions with a modified duty assignment, Risk Management will send correspondence to the department and the Benefits Coordinator to

document the approval, list the restrictions and remind the employee of their responsibility to follow the physician's treatment plan and notify the County (Employee's Department, Risk Management, Benefits Coordinator) when restrictions are either lifted or revised.

5. Employees that may require a long-term (over 30 days) modified duty assignment will be required to submit physician's updates on a periodic basis.

B. Spokane County management has a need from time to time to request a Fit for Duty which is a medical second opinion to address the following situations:

1. Identify/confirm the nature of an employee's medical needs.

2. Identify the accommodation/referral needed for an employee.

3. Determine the physical capabilities of an employee.

4. Protect interest in any taxpayer's money provided to the County.

5. Protect the County's liability.

C. When a department becomes aware that an employee's medical condition, return to work status, absenteeism, behavior or work production is affecting mission accomplishment, Elected Officials and Department Heads shall:

1. Contact the Risk Management Department to staff the employee's case and explore options for medical second opinion requests, or

2. In cases of injuries, safety or workers compensation, contact the Risk Management Department to discuss the employee's case.

3. Examples of second opinion medical referrals requests include, but not limited to the following:

a. Independent medical reviews or medical second opinions
b. Return to work issues
c. Light duty evaluations
d. Fitness for duty evaluations
e. Physical capabilities of employee work requirements
f. Worker's Compensation
g. Accommodation requests
h. Shared Leave request
i. Extended medical insurance benefits request
j. Long-term disability (LTD) requests, etc.

D. Employees are required to cooperate fully with any medical second opinion or medical referrals.

E. Should a third medical opinion be required, the medical provider will be selected by mutual agreement of both parties and is paid for by the requesting party.

IV. PROCEDURE

A. EVALUATING THE CASE

When concerns arise regarding an employee or his/her medical evaluations

1. Contact Human Resources and/or Risk Management to discuss the case.

2. Based on the complexity of the case, a meeting may need to take place for discussions with the department, legal council, Human Resources and Risk Management.

B. MAKING THE APPOINTMENT

1. When the case is referred for a Fit for Duty (FRD) or Independent Medical Evaluation (IME) medical second opinion, the employee's elected official or department head shall make a written request to the Risk Management Department explaining in detail the circumstances, concerns, and/or behaviors in question.

2. The following is a list of information that may consist of:
    a. Employee's work history, presenting problems/concerns, or chronology of events leading up to this meeting
    b. Any documentation presented to the County by the employee's physician(s) (if applicable)
    c. Employee's Class Specification
    d. Employee's Job Analysis (JA)
    e. Supervisor's Report of Incident (if applicable)
    f. Spokane County policies and procedures (if requested/needed)
    g. Any other documentation that might be needed by the referral doctor.

3. Authorization for employee medical referrals for Spokane County is the responsibility of the Risk Manager.

4. Risk Management shall be responsible for arranging medical appointments with a local independent physician appropriate for the category of illness or restriction and will be the point of contact with the referral physician(s).

5. All correspondence shall be sent to the employee's attorney involving cases where the employee has retained legal council.

6. Risk Management, or the employee's Department Head under certain circumstances, shall be responsible to contact the employee regarding the FRD or IME second medical opinion examination and inform the employee of the following:
    a. The medical appointment location, time and date.
    b. The employee's responsibilities regarding the appointment and consequences for no show.

C. REVIEWING THE FINDINGS

1. Medical second opinion results will be reviewed and discussed to consider the examination findings and recommendations and determine the appropriate course of action.

2. All correspondence written to the employee shall be written by the appropriate individual (elected official, manager, Risk Manager or Civil Law attorney) and shall be staffed through Risk Management and Legal prior to sending.

D. RECORD KEEPING

All documentation regarding Fit for Duty and Return to Work shall be held confidential and maintained by the Risk Management Department and/or by the County Benefits Coordinator.

CONFIDENTIAL

MEDICAL or WORK PERFORMANCE INFORMATION

MEDICAL SECOND OPINION
REFERRAL SHEET

REFERRED TO:

[ ] Occupational Medicine — Attn: Dr. _____
[ ] NeuroPhysiology Northwest
[ ] _____ — On: — At:

SPOKANE COUNTY REQUESTS:

[ ] Medical Second Opinion — [ ] Recommendations
[ ] Physical Capabilities Evaluation — [ ] Written Evaluation

EMPLOYEE HISTORY:

_____has been employed with Spokane County for_____years, working in_____as a_____.
Other jobs in the County have been:

_____
_____
_____

[ ] Has only worked in this one job classification for the County.

PRESENTING ISSUE/CONCERN:

(List the concerns that the Elected Official/Department Head, Human Resources, or Review Committee might have in regards to the employee's work performance.)

ATTACHED TO THIS REQUEST:

[ ] Classification Specifications — [ ] Position Analysis (Job Analysis)
[ ] Employee's Physician Letters — [ ] Spokane County Code(s)
[ ] County Policies & Procedures — [ ] Washington State RCWs & WACs

COUNTY POINT OF CONTACT & FORWARD BILL FOR SERVICE TO:
(Please forward written evaluation to:)

Risk Manager
Spokane County Department of Risk Management
1033 W Gardner
Spokane, WA 99260
(509) 477-3617

700 - STANDARDS OF CONDUCT AND EMPLOYEE CORRECTIVE ACTION

Policy No. 710
April, 2001

710 - STANDARDS OF CONDUCT

I. PURPOSE

To assure safe, efficient and harmonious operations and to fully inform all employees of their responsibilities in this regard.

II. SCOPE

This policy applies to all employees of Spokane County.

III. POLICY

A. All County employees are expected to represent the County in a professional manner that is courteous, efficient and helpful, respecting the confidential nature of the records and information to which they have access.

B. GUIDELINES FOR APPROPRIATE CONDUCT
Since the proper working relationship between employees and the County depends on each employee's ongoing satisfactory job performance, professional conduct and behavior, the County has established minimum standards of personal conduct known as Behavioral Standards, which include:

1. Being respectful, professional and courteous to customers, workers, and County leadership.
2. Being a team player that helps the organization meet its objectives.
3. Taking initiative to meet work objectives.
4. Maintaining satisfactory attendance.
5. Communicating effectively with customers and other County employees.
6. Conducting oneself in a professional manner when dealing with co-workers and managers.
7. Representing the County in a positive manner and maintaining the trust County residents have placed in County employees.
8. Demonstrating honest and ethical behaviors.

C. EXAMPLES OF EXPECTED BEHAVIORS

These guidelines are practically expressed in the work force in a number of ways. The following is a representative list. It is not intended to be comprehensive.

1. Provide accurate information on applications and other County records.

2. Maintain a safe manner and work environment while considering the well being of employee and customers. Fighting, throwing objects, horseplay, practical jokes or other disorderly conduct that may endanger the well being of any employee, customer, or County operations is not allowed.

3. Behave in an honest manner, free of fraud, theft and sabotage.
4. Use language that is proper and respectful to employees and customers. Threatening, intimidating, abusive or vulgar language interferes with the performance of other employees and won't be tolerated.
5. Comply with instructions and be willing to perform reasonable duties that are assigned.
6. Use County material, equipment or property in an authorized responsible manner.
7. Conduct oneself in a manner reflecting positively on the employees, coworkers and the County.
8. Resolve coworker conflicts using established County policy and procedures.
9. Comply with professional rules of conduct necessary to the welfare of the County, its employees and customers.
10. Observe fire prevention and safety rules.

D. GUIDELINES FOR HANDLING CONFIDENTIAL/SENSITIVE INFORMATION

Many County employees handle confidential and sensitive information. As such, each should be aware of their responsibilities. These responsibilities include:

1. Ensure that confidential information is only given to individuals or groups who have a valid need to know.
2. Maintain confidentiality with all County personnel matters. Direct requests for public information related to personnel issues to the Human Resources Department.

(If violations of the Standards of Conduct arise, see Policy #730 - *Corrective Action* or Policy #800 - *Discipline and Termination*.)

711 - CONFLICT OF INTEREST

I. PURPOSE

To protect the integrity of County information, products, services and employee efforts and to reduce the risk of litigation.

II. SCOPE

This policy applies to all employees of Spokane County.

III. POLICY

A. EMPLOYEE RESPONSIBILITIES

1. Any questions regarding a possible conflict of interest or outside work should be discussed with the immediate supervisor, manager, or Elected Official/ Department Head and the Human Resources and Risk Management Departments.
2. Failure to disclose or discuss information related to any of the below points may lead to corrective action up to and including discharge.

B. OUTSIDE EMPLOYMENT & OUTSIDE ACTIVITIES

1. Employees shall not, directly or indirectly, engage in any outside employment or financial interest that may conflict with the best interest of the County or interfere with employee's ability to perform their assigned jobs. Conflicts will be reviewed on a case-by-case basis. Examples include, but are not limited to, outside employment which:
    a. Prevents the employee from being ready, willing and able for work beyond normal working hours, such as emergencies or peak work periods, when such availability is a regular part of the employee's job;
    b. Is conducted during the employee's County work hours;
    c. Utilizes County telephones, computers, supplies, or any other resources, facilities or equipment;
    d. Is with a firm that has contracts with or does business with the County; or
    e. May reasonably be perceived by members of the public as a conflict of interest or otherwise discredits public service.

2. Employees are expected to devote their best efforts to the interests of the County and the conduct of its affairs. Spokane County recognizes the right of employees to engage in activities outside of their employment here which are of a private nature and unrelated to our business.

3. While describing all the circumstances and conditions which might develop is impossible, the following is set forth to guide employees:

   a. Employees have an obligation to devote their full time to employment with the County and may not engage in any outside professional work related to County employment without full disclosure to their Elected Official/Department Head.

   b. No employee of the County may accept a retainer, commission, consulting fee or any other fee arrangement or remuneration without full disclosure to their Elected Official/Department Head.

   c. No employee may engage in outside work that will interfere with his or her primary job with the County.

   d. Gratuities, gifts or favors shall not be received, either directly or indirectly. (RCW 42.52.140)

   e. No employee, or members of his or her immediate family, may directly or indirectly borrow from, lend to, invest in or engage in any substantial financial transaction with a potential customer, client or supplier.

   f. No outside work may be done during regular office hours and no County facilities, equipment, labor or supplies may be used to conduct this outside activity.

   g. Any employee doing any outside work is under obligation to advise his or her client that the work is in no way by, for, or in the name of the County.

C. CONFIDENTIAL INFORMATION

No Elected Official/Department Head, appointed official, or employee may disclose or use any information secured during the course of employment with the County for his/her, or any other person's immediate or anticipated gain or benefit, financial or otherwise. Nothing shall prohibit the disclosure of information which is disclosable under RCW 42.17, or other applicable statute or code, or which is available to the public upon request.

D. POLITICAL ACTIVITIES

1. County employees may participate in political or partisan activities of their choosing provided that County resources and property are not used, and the activity does not adversely affect the responsibilities of the employee's position. Employees may not campaign on County time, in a County uniform or while representing the County in any way. Employees may not allow others to use County facilities, funds or equipment for political activities.

2. Any County employee who meets with or may be observed by the public or otherwise represents the County to the public, while performing his/her regular duties may not wear or display any button, badge or sticker relevant to any candidate or ballot issue during working hours. Employees shall not solicit, on County property or County time, for a contribution for a partisan political cause.

3 Except as noted in this policy, County employees are otherwise free to fully exercise their constitutional First Amendment Rights.

II. Elected Officials should comply with RCW 42.17.130 in regards to political campaigns.

712 - HARASSMENT, INCLUDING SEXUAL HARASSMENT

I. PURPOSE

To establish Spokane County's position on the subject of harassment, to set forth guidelines for handling violations of the policy and to specify the related complaint-handling procedure.

II. SCOPE

This policy applies to all employees of Spokane County. Furthermore, management at all levels will insure that non-employees (vendors, contractors, trades people, etc.) on our premises are also made aware of the intent of this policy.

III. POLICY

A. Harassment is a form of unlawful discriminatory behavior. All employees are expected to work actively to maintain a workplace that is free from unlawful discrimination and harassment. Employees should conduct themselves to ensure that no discrimination or harassment occurs and help Spokane County provide a harassment-free work environment where people treat one another with respect.

B. Spokane County does not condone harassment or offensive conduct in any form. The County's policy against harassment will be actively enforced. The policy applies to all conduct during work hours on or off the premises, while working for or representing the County in an official capacity.

C. Spokane County employees have the right to be treated fairly and with sensitivity. This includes working in an environment that is free from sexual harassment and discrimination. Sexual harassment is inappropriate, offensive and illegal. Spokane County maintains zero-tolerance governing the discussion, display, use, possession, and/or communication, in any form whatsoever, of anything of a sexual nature or orientation on County property or while performing the work of the County.

D. Sexual harassment is any unwanted, unwelcome, or uninvited sexual attention such as verbal behavior (i.e. sexual comments, innuendoes, suggestions, jokes or pressure for sexual favors); non-verbal behavior (i.e. suggestive looks, pictures, cartoons, drawings, posters, etc.); physical behavior (i.e. pats or squeezes, deliberate touching, cornering, pinching, or attempts to kiss or fondle). Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

1. Submission to such conduct is either an explicit or implicit term or condition of employment; or
2. Submission to or rejection of the conduct is used as a basis for employment decisions affecting the recipient; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating a hostile work environment.

E. No employee shall be allowed to possess sexually explicit material on County property or while on duty.

IV. PROCEDURES

A. EMPLOYEE'S STEPS:

Any employee who believes they are being sexually harassed by co-workers, supervisors, vendors, etc. should:

1. Let the person know they don't like/appreciate the behavior.
2. Document what occurred (date, time, location, who said or did what, who observed, impact on the employee, work production or customer service).
3. Immediately notify his/her Elected Official/Department Head, supervisor and/or Human Resources. In the event that the harassment involves the Elected Official/Department Head, he/she should notify the HR Director.

B. MANAGEMENT'S STEPS:

1. Supervisors and managers are integral to the prevention, recognition, and resolution of sexual harassment situations within your workplace. Let your employees know that you take this issue seriously.
2. Take a proactive stance in preventing sexual harassment. When you see a potential harassment situation, use the following three-step process to determine if the behavior is inappropriate:
   a. Obtain an objective description of the behavior.
   b. Determine if the behavior is welcome or unwelcome.
   c. Determine if the unwelcome behavior was sexual.
3. If the behavior was sexual in nature, it is inappropriate and against County policy. Managers should address the behavior at this level, even if you do not have a complaint.
4. If the behavior was sexual in nature and unwelcome, it is inappropriate and against County policy, and may be illegal sexual harassment. Again, deal with the behavior immediately, even if you do not have a complaint.
5. Take appropriate action in a timely manner and follow up to ensure that the behavior has stopped and that there are not reprisal actions. Appropriate action may include:

a. Helping the complaining employee to confront the person doing the behavior.

b. Confronting the person doing the behavior yourself.

6. Contact Human Resources for help and guidance before conducting an investigation and/or taking corrective action to ensure that you are correctly applying sexual harassment policy and complaint procedures.

7. The County will not retaliate against an employee who complains of sexual harassment.

8. Substantiated cases of sexual harassment are grounds for discipline, up to and including termination.

EMPLOYMENT SEXUAL HARASSMENT COMPLAINT FORM

NAME:_____**WK PHONE:**_____**HM PHONE:**_____

ADDRESS:_____

☐ **APPLICANT** ☐**EMPLOYEE TITLE:**_____**DEPT. INVOLVED:**_____

PERSON(S) INVOLVED:_____

DESCRIBE CIRCUMSTANCES OF THE CHARGE. (Add additional sheets and documents as needed.)

Attachments:

I certify that the information supplied is pursuant to a complaint of sexual harassment, represents the substance of my complaint and further that all statements, answers, and information given in this complaint and during the investigation process are true to the best of my knowledge. I authorize the investigation officer access to any personnel files kept on me.

_____ _____ _____

PRINT NAME **SIGNATURE** **DATE**

For Investigator Use Only

INVESTIGATION FINDINGS AND RECOMMENDATIONS. ATTACH ADDITIONAL SHEETS AS NEEDED.

_____

_____

_____

I certify that I have investigated the allegations of this complaint. I ☐ FIND ☐ DO NOT FIND reasonable cause to believe that sexual harassment has occurred. Report is attached.

_____ _____ _____

PRINT NAME OF INVESTIGATIVE OFFICER **SIGNATURE** **DATE**

I acknowledge that the results of the above investigation have been discussed with me. I have been informed of my rights in federal and state offices. See attachment_____.

_____ _____ _____ **PRINT**

NAME **SIGNATURE** **DATE** As Of 1/97

713 - ATTENDANCE

I. PURPOSE

To provide a method to monitor employee attendance to promote efficient operations.

II. SCOPE

This policy applies to all County employees.

III. POLICY

A. Every employee has the responsibility to maintain a good attendance record.

B. Supervisors will exercise the primary management-level responsibility to control employee attendance. Excessive employee absence or lateness are undesirable performance issues and will be managed by supervisors according to the procedures below.

C. Recurring attacks of the same illness (e.g. headaches, stomach aches, backaches, etc.) can be corrected. The employee is expected to see a doctor and resolve the problem. When an employee is absent for health reasons to the extent they are not able to be an effective employee, a counseling session will be held to determine whether the problem can be corrected or whether the employee's employment shall be continued.

D. The Elected Official, Department Head, or their designee will make the determination whether the absence should be excused or unexcused based on the facts of each individual case.

IV. Related paragraphs
#210 III G - Attendance expectations
#313 III J - Sick Leave Review procedures

V. DEFINITIONS

A. Absence: An absence is defined as any absence from work during scheduled working hours (including overtime).

B. Tardiness: Late arrival for assigned work.

C. Unscheduled absence: An absence will be considered unscheduled if notice is not given within 3 working days for any requested time off. Absences due to work related injuries/illness, vacation requested outside the terms listed below, jury duty, bereavement or FMLA leave will be considered unscheduled absences. Management will review unscheduled absences considering frequency of occurrence; whether the absence was avoidable or if it was of an emergency nature; and/or if the employee was legitimately sick and could not report to work.

D. Scheduled absence: An absence will be considered scheduled if the following recommended notification time line is met.

AMOUNT OF TIME REQUESTED	MINIMUM NOTICE TO MANAGEMENT
1-4 days	3 work days
5 or more days	15 work days notice

VI. PROCEDURE

It is the County's recommended practice that supervisors administer the procedures outlined below, regardless of employee position, eligibility for sick leave benefits, or length of service. In the case of each absence, the following will apply:

A. Notification:

1. The employee must notify their Elected Official, Department Head or the supervisor designated by the Elected Official or Department Head to receive these calls, as soon as the employee knows he/she will be absent. Calls to employees not designated to receive these calls will not satisfy this notification requirement.

2. Calls should be made in ample time so a replacement employee or work load adjustment can be made if necessary before the shift start time. In any case, the call should be made no later than within thirty (30) minutes following the start time of the assigned shift.

3. At the same time the call is made, the employee should advise the supervisor how long they expect to be absent. It will be necessary to keep the employee's department advised of their status on a routine and continuing basis during the absence, especially if the employee is unable to return to work as expected. Failure to notify and/or keep in contact with the department could mean the unscheduled absence is also unexcused.

4. Any employee who is absent for three (3) consecutive days and fails to notify their Elected Official, Department Head or designee regarding their absence shall be presumed as having voluntarily resigned their position.

5. Upon return from each absence the employee will be required to fill out a absenteeism form (unless completed prior to the absence) stating the reason for the absence. A doctor's certificate or other confirmation of reasons may be required, and may be verified by Management.

B. False Reason: If an employee has given a false reason for an absence, or if a doctor's certificate cannot be confirmed, the employee may be terminated immediately.

C. Requested Day Off: If an employee requests a specific day off which cannot be granted and then fails to report as scheduled on that day, the employee is then subject to disciplinary action up to and including discharge.

D. Tardy: All employees are expected to be at their work location at the scheduled time. An employee shall be considered tardy if late more than five (5) minutes from the scheduled start time. An accumulation of three (3) instances of tardiness will be considered as one (1) unscheduled unexcused absence. When an employee reports more than thirty (30) minutes late for a scheduled shift that will be considered an unscheduled unexcused absence.

E. Excused and Unexcused Absences: In addition to scheduled and unscheduled absences, absences may be considered unexcused or excused. An absence will be determined excused or unexcused on the basis of whether the employee could have prevented the absence with reasonable forethought. Whether excused or unexcused, unscheduled absences will still be considered unscheduled for purposes of the attendance program. To be fair to everyone, there is no list of rigid rules defining excused and unexcused absences that can be written. However, here are a few general examples, in addition to those mentioned above.

1. Examples for **unexcused** absences may be, but not limited to, as follows:

   a. Personal business, unless previously approved by the Elected Official, Department Head, or designee.

   b. Family problems that could be handled other than during work hours.

   c. Transportation problems, unless the supervisor is immediately notified of the problem. Recurring problems will not be excused.

   d. Baby-sitter problems unless the supervisor is immediately notified of the problem. Recurring problems will not be excused.

   e. Outside activities, unless previously excused (sports, etc.).

2. Examples for **excused** absences may be, but not limited to, as follows:
   a. Sickness outlined in the policy.
   b. Death of a relative, or friend; absence to assist with arrangements and/or attend the funeral, must have prior approval of the supervisor.
   c. Doctor or Dental appointments that cannot be made outside of regular work hours. When this scheduling is not possible, prior approval is needed.

F. Any employee having a second (2nd) unexcused tardy receives an oral reprimand.

G. Any employee having a third (3rd) unexcused tardy or one (1) unexcused absence shall receive a written reprimand.

H. Any employee accumulating two (2) unexcused absences in a twenty four (24) month period shall be subject to suspension.

I. Any employee accumulating three (3) unexcused absences in a twenty four (24) month period shall be subject to termination.

714 - SOLICITATION AND DISTRIBUTION

I. PURPOSE

To ensure a productive work environment where employees and business operations may function without disruption.

II. SCOPE

This policy applies to employees and non-employees during work time and while on Spokane County premises.

III. POLICY

A. The County strives to establish a work environment that is productive and without undue disruptions to the workday. Therefore, soliciting by one employee of another, or collecting from one employee by another, is prohibited while either employee is on work time. Distributing literature and circulating petitions during work time or in work areas at any time is also prohibited. Finally, trespassing, soliciting or distributing literature by anyone outside the County is prohibited on County premises.

B. The County may approve fund-raising campaigns if each helps a countywide or national sponsored campaigns (i.e.: United Way). The Chief Executive Officer (CA) is the approval authority on any fund-raiser that solicits donations while on County work time or on County property.

IV. DEFINITIONS

Work time: All scheduled work periods, other than meal periods.

POLICY 715 - DISCRIMINATION

SPOKANE COUNTY DISCRIMINATION POLICY AND PROCEDURES

Revised September, 2009

General Policy

Spokane County employees have the right to be treated fairly and with respect. No person shall be subjected to discrimination by this agency or its contractors because of: race, color, national origin, religion, creed, sexual orientation (including gender identity), age, marital status (employment only), veteran with disability status (employment only), Vietnam era veteran status (employment only), or disability.

This policy is consistent with local, State and Federal Laws including: The Equal Pay Act of 1993; Titles VI and VII of the Civil Rights Act of 1964 as amended; executive order 11246 as amended; Sections 503 and 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Age Discrimination in Employment Act of 1967; the Vietnam Era Veteran Readjustment Assistance Act of 1974; The Americans with Disabilities Act of 1990; the Civil Rights Act of 1991; the Washington State Law Against Discrimination (RCW 49.60), and Municipal Code (Chapter 01.06).

A complainant is encouraged to use the County's complaint procedures to resolve discrimination complaints. A complainant may also file a discrimination complaint, within certain time frames, with appropriate state and federal agencies such as:

State of Washington
Washington State Human Rights Commission
1-800-233-3247 (SE HABLA ESPAÑOL)
TTY: 1-800-300-7525
http://www.hum.wa.gov/

SPOKANE DISTRICT OFFICE
Rock Point Plaza III
1330 N. Washington ST., Suite 2460
Spokane, WA 99201

TEL: 509-568-3196 -- FAX: 509-568-319

Federal Government
US Equal Employment Opportunity Commissions (EEOC)
909 First Ave, Suite 400
Seattle, WA 98104-1061
1-800-669-4000, TTY 1-800-669-6820
http://www.eeoc.gov/seattle/index.html

Office for Civil Rights- U.S. Department of Health and Human Services
701 Fifth Avenue, Suite 1600, MS-11
Seattle, WA 98104
(800) 368-1019
TDD (8006) 537-7697

http://www.hhs.gov/ocr/office/index.html

US Department of Labor

200 Constitution Avenue, NW
Washington, DC 20210
(866) 4-USA-DOL
TTY (866) 487-2365

http://www.dol.gov/ofccp/regs/compliance/pdf/pdfstart.htmp

The Discrimination Complaint Procedures shall not rescind any procedures available under any existing federal or state laws.

Definitions

As used in this policy, the following terms shall have the meanings indicated:

Complainant: The person who feels she/he has been the subject of discrimination and files a complaint to correct the matter.

Discrimination: Any action or policy directed against an individual because of that individual's race, color, national origin, religion, creed, sexual orientation (including gender identity), age, marital status (employment only), veteran with disability status (employment only), Vietnam era veteran status (employment only), or disability.

Retaliation: Any adverse change in the terms and conditions of a Spokane County employee's employment as a result of filing a discrimination complaint or participating in a discrimination investigation. It is unlawful for an employer or "any person" to discriminate against an employee because she or he has filed any complaint or instituted or caused to be instituted any complaint proceeding under or related to state or federal laws concerning discrimination; including has testified or is about to testify in any such proceeding. Dismissal is the most common form of retaliation. Other adverse employment actions include involuntary demotion or transfer, negative performance appraisal, and verbal misconduct.

Responsibility – Employee

Frequently, the offender may not be aware that a behavior is offensive. If at all possible, advise the offending individual that the conduct in question is offensive, and request that it be immediately discontinued.

If the employee does not feel comfortable telling the individual and/or the offending conduct continues or recurs, he/she shall immediately report the matter to their supervisor, Department Head or Elected Official (DH/EO), or the Human Resources Director.

Employees who see this type of behavior, hear of it, or know of its occurrence should immediate report it to a supervisor, DH/EO or the Human Resources Director.

Employees are required to cooperate fully in the processing of the discrimination complaint. Represented employees may be allowed to be accompanied by their Shop Steward or a person of comfort, but in no case, will the County provide funding for legal representation.

Employees are required to advise the investigator of address or telephone number changes and be willing to sign for certified and/or registered mail.

Responsibility – Spokane County

The County will have a discrimination policy and procedures to follow when a complaint is made. Discrimination complaints will be investigated in a timely manner and appropriate action will be taken when violations of the policy are confirmed.

An employee who is proved to have discriminated against another employee will be disciplined as in any other case of serious illegal employee misconduct. Discipline may include dismissal.

No employee will be disciplined or otherwise retaliated against for complaining about discrimination.

A copy of the complaint or the Investigator's Report will not be made available for release except as provided by law.

An employee who files a false or malicious discrimination complaint may also be disciplined. Discipline may include dismissal.

Retaliation

The County will not condone retaliation by an employee against another employee who files a discrimination complaint or who participates in a complaint investigation. Any perceived retaliation should be reported immediately to the Human Resources Director.

INFORMAL DISCRIMINATION COMPLAINT PROCEDURE

1. An employee who feels that he/she is, or has been the subject of discrimination may, and is encouraged to, resolve the complaint by any of the following informal methods:

    a. Verbally discuss the action(s) giving rise to the complaint with the offending party. This meeting may occur with or without the presence of another County employee.

    b. Writing a letter to the offending party with regard to the action(s) giving rise to the complaint.

    c. Contacting any of the following: his/her immediate supervisor, DH/EO, or the Human Resources Director, and asking for their assistance in communicating their concerns to the offending party.

2. No formal investigation will be done by the immediate supervisor, DH/EO or Human Resources Director under the informal process. When the supervisor or DH/EO is contacted, they are responsible for conducting discussion(s) with the complainant and the offending party to determine the severity of the behavior. The discussion will include a reminder of the County's policy on retaliation for filing a discrimination complaint. The supervisor or DH/EO will also be responsible for taking appropriate action(s) to resolve the offending behavior. If the Human Resources Director is of the opinion that

the behavior is of a more severe nature, the complaint will be processed under the formal procedure.

3. If the supervisor, DH/EO or the Human Resources Director assists the complaining party to resolve the problem, verbal or written communication(s) with both parties will be documented. Such documentation will be kept in a confidential file in the Human Resources Department.

4. The documentation referred to in paragraph three (3) shall remain confidential and shall not be released to any member of the public except upon receipt of a written public record request. All receipts shall be forwarded to the Spokane County Prosecutor's Office to determine whether or not the requested documents are subject to public disclosure.

FORMAL DISCRIMINATION COMPLAINT PROCEDURE

1. In instances where (a) an employee believes that the informal procedure may not resolve a complaint; or (b) if an employee desires a more formalized procedure to be used in resolving her/his complaint, or (c) the supervisor, DH/EO or Human Resources Director determines that the complaint should be processed more formally, or (d) the Human Resources Director administratively signs as the complainant (this administrative signature will not affect any other section of the Formal Complaint Procedure) the **Formal Discrimination Complaint Procedure** may be used. The complainant, under the formal procedure, shall file a formal complaint with the Human Resources Director. At the time the formal complaint is filed, the complainant will be asked to put the complaint in writing (see attached form). The complaint, at this point in time shall remain confidential and shall not be released to any member of the public except upon receipt of written public record request, as explained in paragraph four (4) of the **Informal Complaint Procedure.**

2. In order to facilitate an effective investigation, a complaint should be filed as soon as possible after the alleged incident or occurrence. If represented by a bargaining unit, the complainant, as well as the alleged offender, may choose to be accompanied by a shop steward or a person of comfort at any step of the Formal Procedure.

3. All complaints processed under the **Formal Discrimination Complaint Procedure** shall be investigated **only** by the Human Resources Director or his/her designee. In the instances where the complaint cannot be impartially investigated by the Human Resources Director or designee, the complaint may be referred to an individual who is not an employee of Spokane County.

4. After the complaint has been put in writing, the Investigator will schedule interviews with the complainant (if necessary), the alleged offender, and any other individual who may have information pertinent to the complaint. Discretion will be used in communications regarding the complaint. Complaints and alleged cases of discrimination will be dealt with promptly. Both the complainant and the alleged offender may at any time contact the Investigator for an update on the status of the investigation. If the investigation cannot be completed within 60 working days, the Investigator will contact the complainant and the alleged offender to advise both parties of the anticipated time frame within which the investigation will be completed.

5. Within fourteen (14) working days of the last interview, the Investigator, if not the Human Resources Director, will submit the Investigatory Report to the Human Resources Director. This report will include, among other items, a statement of the allegation(s), a statement of evidence and findings, as well as recommendation(s), if any.

6. After receipt and review of the Investigatory Report, the Human Resources Director, may either accept the Report or refer the Report back to the Investigator for further action(s) along with a suggested time frame for such action(s) to be completed. Under normal circumstances the Human Resources Director will have completed his/her review of the Report within five (5) working days. In the event the report is referred back to the Investigator, the Investigator shall advise the complainant and alleged offender of such action and the suggested time frame to complete the additional tasks.

7. Upon acceptance by the Human Resources Director, the Report shall be forwarded within one (1) working day to the appropriate DH/EO for action.

8. The DH/EO shall normally take appropriate action within fifteen (15) working days of receipt of the Report. The DH/EO may consult with the Human Resources Director prior to taking any action. Any action taken shall be reduced to writing. Discipline, if warranted, may range from an oral reprimand to discharge. In instances where discharge is determined to be the appropriate action, appropriate due process procedures as well as civil service/collective bargaining discharge procedures will be followed.

9. The Chief Executive Officer (CEO), and/or the DH/EO, shall meet with the alleged offender and provide a copy of the Report to the alleged offender, and, if applicable, written determination of the discipline.

10. The Human Resources Director or the Investigator shall meet with the complainant and provide a copy of the Report.

11. An appeal of the action of the DH/EO may be filed by either party. In instances where the complainant or alleged offender appeals the action of the DH/EO through a collective bargaining agreement, or civil service law, they shall forfeit their ability to use the appeal procedure described below.

12. The appeal shall be in writing and filed within ten (10) working days of the date of the written action of the DH/EO. The appeal shall be filed with the Human Resources Director. The appeal will be considered by an individual selected by the CEO. Consideration will consist of a review of the Investigatory Report and the action(s) of the DH/EO. Normally no additional investigation shall occur in conjunction with this appeal. The individual considering this appeal shall determine the appropriateness of the action(s) taken by the DH/EO. This determination shall be put in writing and submitted to the DH/EO within ten (10) working days of the appeal.

The Report and action(s) of the DH/EO shall remain confidential and shall not be released to any member of the public except upon receipt of a written public record request. All receipts shall be forwarded to the Spokane county Prosecutor's Office to determine whether or not the requested documents are subject to public disclosure as provided in paragraph four (4) of the **Informal Complaint Procedure.**

716 - DRESS AND PERSONAL APPEARANCE

I. PURPOSE

To establish guidelines for appearance, clothing, grooming, natural and artificial scents, and hygiene that is appropriate for the workplace setting and for the work being performed.

II. SCOPE

This policy applies to employees at all locations.

III. POLICY

Employees are expected to maintain an appearance that is appropriate, neat and clean as determined by the requirements of the area in which the employee works. Appropriate appearance includes:

A. Apparel: A neat professional appearance is a requirement of the County. It is expected that all employees will exercise good judgment and dress appropriately for their jobs. These are the factors that should be taken into consideration when determining appropriate dress:

1. The nature of their work.
2. Safety considerations, such as necessary precautions when working near machinery or hazardous work areas; employees will be required to wear proper safety equipment at all times, without exception for any reason.
3. The following are examples of dress that may be inappropriate:
   a. Tattered jeans or shirts displaying words or logos that make reference to cigarettes, illegal drugs, alcohol, profanity or any other inappropriate advertising or writing.
   b. Athletic and exercise apparel, and shorts.
   c. Any revealing or provocative clothing or clothing that may be a distraction or disruption to the workplace. Examples may include tank tops, halter tops, low-cut or overly tight apparel, etc.

B. Hair: Hair should be clean, combed and neatly trimmed or arranged. This pertains to sideburns, mustaches and beards. Shaggy, unkempt hair is not permissible.

C. Personal Hygiene: Good personal hygiene habits must be maintained.

D. In consideration of customers and co-workers, especially those with chemical sensitivities and allergies, use of fragrances (perfume, after shave, cologne) is discouraged.

E. Reasonable accommodation of religious beliefs: Spokane County recognizes the importance of individually held religious beliefs to persons within its workforce and will reasonably accommodate an employee's religious beliefs in terms of workplace attire unless the accommodation creates an undue hardship. Accommodation of religious beliefs in terms of attire may be difficult in light of safety issues for employees. Those requesting a workplace attire accommodation based on religious beliefs should be referred to the human resource (HR) department.

F. All employees must carry or wear the Spokane County identification badge at all times while at work.

G. When in doubt, check with your Elected Official or Department Head for Departmental policies for your work site.

IV. PROCEDURE

The Elected Official/Department Head, manager, and supervisor are responsible for determining the appropriate dress and appearance of employees under his or her supervision.

Any employee who does not meet the attire or grooming standards set by his or her department may be subject to corrective action as well as asked to leave the premises to change clothing. Hourly paid staff members will not be compensated for any work time missed because of failure to comply with designated workplace attire and grooming standards.

717 - TELEPHONE USE (including cell phones)

I. PURPOSE

To provide guidelines for using County telephones, including County and personal cell phones.

II. SCOPE

This policy applies to all employees of Spokane County.

III. POLICY

Efficient telephone service is vital to County business. Employees must adhere to the following guidelines:

A. Answer all calls promptly, courteously and always identify yourself to the caller.

B. Hold personal calls, both incoming and outgoing, to emergencies or essential personal business and keep them as brief as possible. Long distance personal use is prohibited, unless billed to the employee.

C. The use of personal cell phones in the work place may be further limited by department policy.

D. No employee shall operate a moving motor vehicle while on County business holding a wireless communications device to his or her ear except in "hands-free-mode" as required by the Vehicle Use Policy (Spokane County Policy Manual #630) and state law (RCW 46.61.667).

718 - FRAUD, THEFT & MISUSE

I. PURPOSE

To assure safe, efficient operations, to protect the taxpayers' trust and County assets, and to fully inform all employees of their responsibilities in this regard.

II. SCOPE

This policy applies to all officials, employees, agents, and any others who represent Spokane County in any capacity.

III. POLICY

C. All County officials, employees, agents and any others who represent Spokane County in any capacity are expected to perform duties in an honest and trustworthy manner and make all effort to protect the assets of the County.

D. Officials, employees, agents and any others representing Spokane County are held to a high standard of conduct in the public's eyes.

E. Fraud, theft and abuse are unacceptable, and in some instances unlawful, behaviors and will not be tolerated.

F. It is every official's, employee's, and/or representative's responsibility to report any items of fraud, theft or abuse.

G. Violations of this policy will result in discipline, up to and including discharge.

H. Spokane County will do everything within its control, up to and including prosecution, to recoup any loss, due to theft, fraud, embezzlement or fines incurred by those responsible for such violations.

G. This list is only intended to be representative of the types of activities that may result in disciplinary action.

1. Falsifying employment application, time cards, personnel or other County documents or records.

2. Engaging in acts of dishonesty, fraud, theft or sabotage.

3. Unauthorized possession of County or employee property, gambling, unauthorized possession of weapons or explosives, or violating criminal laws on County premises.

4. Theft of County property or the property of fellow employees, or assets entrusted to your custody.

5. Unauthorized use of County material, time, equipment, vehicles or property.

6. Using County equipment for personal profit.

7. Damaging or destroying County property through recklessness, careless or willful acts.

8. Engaging in such other practices that may be inconsistent with the ordinary and reasonable rules of conduct necessary to the welfare of the County, its officials, employees, agents or clients.

9. Abuse of position or authority.

10. Making, planning, participating in or assisting in the communication of bomb threats.

11. Threatening physical harm to any County official, employee or representative.

IV. PROCEDURES

A. When situations of fraud, theft or abuse occur, any employee or others representing the County, shall inform the Elected Official or Department Head in charge of the organization he/she represents. If the employee reasonably believes that person is involved, then the report should be made directly to the Human Resources Department or to the Prosecuting Attorney Chief Civil Deputy.

B. The Elected Official/Department Head will inform the Human Resources Department (Director).

C. Human Resources will notify or schedule:

1. Law Enforcement personnel:

III. The Fraud Unit of Spokane County, [477-4760 (When incident occurs outside of the city limits or involves Superior Court.)]

IV. The Fraud Unit of the City of Spokane, then [625-4255 (When incident occurs inside the city limits, except Superior Court.)]

V. Crime Check. (477-2233)

2. The Chief Executive Officer. (477-2265)

3. Spokane County's Auditor (in any case of loss or theft of money or property) (477-2217). The County Auditor's representative will notify the State Auditor's Office of any loss or illegal activities as required by RCW 43.09.185.

4. In cases where Fraud Units are not assuming immediate jurisdiction schedule a Review Committee consisting of:

a. Human Resources Director;

b. Civil Law Representative;

c. Law Enforcement (when appropriate);

d. Elected Official/Department Head of the section where the alleged offense occurred;

e. Labor Relations Director (when the alleged offender is a represented member);

f. Risk Manager (when appropriate); and

g. County Auditor or representative (when loss or theft of money or property is involved).

5. The Review Committee will:

VI. Develop a plan for investigating.

VII. Follow the case to completion.

VIII. Develop a disciplinary/corrective action plan.

.

d. Periodic updates and provide final detailed report to the Board of County Commissioners, Elected Official/Department Head, and Chief Executive Officer as required.

(See Policy No:
710, Standards of Conduct;
730, Corrective Action, and/or
800, Disciplinary & Termination.)

719 - FIREARMS & WEAPONS

I. PURPOSE

To protect the health and safety for both County employees and the general public, the Board of County Commissioners have a public duty to make reasonable efforts to prevent firearms in public places.

II. SCOPE

This policy applies to employees and visitors to County offices.

III. POLICY

A. RCW 9.41.300(1)(b) prohibits weapons in courtrooms, jury rooms, judges' chambers, & offices used to conduct court proceedings, except for approved law enforcement personnel.

B. RCW 9.41.300(1)(a) Prohibits weapons in jail facility, except law enforcement or persons with a concealed weapons permits who upon entering the jail report to Jail Administrator.

C. On all other County property or while on duty, no employee shall be allowed to carry or possess a firearm while on duty or on County property unless:

1. The employee has a valid Concealed Weapons Permit, <u>and</u>

2. Has the approval, in writing, from the employee's Elected Official or Department Head. (This written approval will be maintained by the employee and in the employee's Personnel File in Human Resources.).

D. Knives with blade lengths 3" and longer, bombs, explosives and martial arts devices are considered weapons and are prohibited on County property or in County equipment.

E. Employees using knives to perform their jobs, with blade lengths longer than 3" long, may be required to perform certain job functions. Department Heads must give approval for employees to carry a knife with a longer blade length.

(See Policy No: #605 - Violence in the Workplace)

720 – IDENTIFICATION & SECURITY ACCESS CARD POLICY

I. PURPOSE

Spokane County has a responsibility to protect the safety of the citizens and employees who utilize any, or all, of the buildings comprising the Spokane County Courthouse campus. As such, Spokane County must ensure that all persons granted access to any buildings in the Courthouse Complex will not endanger the safety of the public or employees of Spokane County, or compromise the purpose, function, or assets of any department.

II. SCOPE

This policy applies to Elected Officials, Department Heads, employees of Spokane County and any vendors, volunteers, or outside agents granted access to the Courthouse Complex.

III. POLICY

A. Since courts and court facilities, throughout the United States are often the location, or subjects, of threats and acts of violence, Spokane County, via the Board of County Commissioners, acknowledges that:

1. Pursuant to Sections 9.41.300 and 36.32.120 (7) of the Revised Code of Washington, the Board of County Commissioners of Spokane County may adopt policies to protect the safety of the citizens of Spokane County who utilize all campus buildings, including administrative searches of persons prior to entry into these buildings.

2. It is in the best interests of the County to formally vest the Spokane Security Committee with the responsibility to implement security policies and monitor ongoing security concerns in and about all campus buildings, subject to ratification by the Board of County Commissioners.

3. Therefore, the Board of County Commissioners hereby vests the Spokane Security Committee with the responsibility to implement security policies and monitor ongoing security concerns in and about the Courthouse Complex.

B. While oversight of campus security policies is the responsibility of the Spokane County Security Committee, specific responsibility for campus security is as follows:

1. The Sheriff's Office is responsible for the Justice Buildings, including courts and jails.

2. Department Heads from the appropriate agency utilizing space on the Courthouse Campus are responsible for the areas housing their employees.

Note: *Coordination between City and County Leaders is recommended for areas of joint agency use.*

C. The I.D. Card system's primary purpose is to provide varying levels of access to the Courthouse Campus. As such, County Campus access falls under the oversight of the Security Committee and the Campus Security Deputy. Under their direction, a variety of access levels may be granted to individuals based on the request of a Department Head or Elected Official. I.D. Card types vary with the most typical listed as follows:

1. Original Basic I.D. Cards – Initially issued to employees, volunteers and vendors for access through security checkpoints will no longer be issued and replaced with Prox. CID Cards.

2. Prox. I.D. Cards – Programmable cards that provide access through magnetically locked doors, or to gates, on the Courthouse Campus and record dates/times utilized from any campus access readers.

3. Vendor/Volunteer I.D. Card – Specifically requested by a Department Head, or Elected Official, and subject to the approval of the Campus Security Deputy and/or Security Committee. These cards must clearly state, inside of a red strip along the bottom of the card, the company or organization the individual is representing.

4. Bar Association I.D. Cards – Authorized through the Bar Association, are printed vertically, are primarily used for identification purposes and allow access through security checkpoints.

5. Press I.D. Card – Clearly state 'PRESS' across the top and issued on a plain, white, Prox. I.D. Card, devoid of any logo, used for identification purposes and allow access through security checkpoints.

6. Special Provision I.D. Card – Authorized by the Campus Security Committee when special circumstances justify authorization specific to the nature of the request.

D. New I.D. Cards may be requested in one of two ways:

1. A Department Head or Elected Official may fill out, and sign, a Photo I.D. Authorization form and send it with the individual to Risk Management during the scheduled I.D. production times.

   a. As this circumvents the background check, the requesting department takes full responsibility for granting the individual's access.

2. An outside vendor, organization, or agency, may fill out a Police Record Authorization form in the Public Safety Building, authorizing a background check, for each individual they are requesting access for. This request does not guarantee access will be granted. The Campus Security Deputy will determine access based on the results of the background report. There are no exceptions. The Campus Security Deputy then contacts Risk Management, via fax, e-mail or verbally and authorizes individuals for I.D. card issue.

   a. Vendors under a contract with Spokane County must coordinate access requests for their employees with the contracting department and campus security.

   b. The contractor must give a list of the employees, who are providing the contracted service, to the Purchasing department.

IV. PROCEDURES

A. OBTAINING AN I.D. CARD AND DOOR ACCESS

The following is a step-by-step process for obtaining and I.D. card and setting up door access:

1. Employees/Volunteers and vendors must be sent to Risk Management, with a Photo I.D. Authorization form, during the scheduled times. The form must be signed by a Department Head, Elected Official or their designee before and I.D. Card will be issued.

   a. I.D. Card requests from vendors, contractors or outside governmental agencies shall receive clearance from the Campus Security Deputy before the I.D. Card is produced and issued. Photo I.D. Card Authorization forms are not required and will not be accepted in lieu of clearance from the Campus Security Deputy.

b. A list of positions requiring background checks will be maintained by the Campus Security Deputy and Risk Management Office. This list will be reviewed and updated annually. Risk Management shall receive clearance from the Campus Security Deputy via fax, e-mail or signature on the I.D. Card Authorization form prior to I.D. Card production and issue.

2. Risk Management I.D. Card hours are Tuesdays, 1:00 p.m. – 3:00 p.m. and Wednesdays, 10:00 a.m. – 12:00 p.m. Requests for I.D. Cards made outside the established times may be approved by the Risk Manager under special circumstances.

3. Risk Management will verify the person's identity by asking for personal identification, i.e. a Driver's License.

4. Prox. I.D. Cards will be issued when candidates meet the authorization requirements listed above.

5. Risk Management produces I.D. Cards but does not assign access. Requests for access must be made to one of the following people:

a. Steve Martone (Ken Scott - backup) – For access to buildings housing the Courts.

b. Julie Curtis (Greg Beeman – backup) – For Public Defender's Office.

c. Gary Berg (leslie Lashbrook – backup) – For Clerks.

d. Maureen Ades – For Public Works Building

e. Theresa Stewart – For Juvenile Building

f. Kim Anderson – For City of Spokane Employees.

g. Ray Bush – Security Access System Administrator

B. LOST OR DAMAGED CARD REPLACEMENT

1. Lost, or stolen cards must be reported to either the Campus Security Deputy or Risk Management.

a. Cards that are found after a replacement card has been issued must be returned to Risk Management or the Campus Security Deputy.

2. Card replacement requests can be made via fax, phone or in person during the normally scheduled I.D. card production times.

C. I.D. CARD RENEWALS

1. Prox. Cards issued to State, County, and City government employees will be automatically renewed every five (5) years following a routine record check. Candidate checks that reveal arrests or convictions will be reviewed by the Security Committee prior to renewal authorization.

2. Bar Association cards must be renewed annually and are subject to authorization by both the Bar Association and Campus Security.

3. All other cards will be renewed annually and will undergo a review of the following:

   a. Background check.

   b. Department Head or Elected Official Authorization.

   c. Reason for access.

D. COST OF ISSUING NEW, RENEWAL, AND REPLACEMENT I.D. CARDS

1. There will be no cost associated with the issuance, renewal, or replacement of State, County, and City employees.

2. The cost of issuing and renewing cards for vendors and lawyers, including background investigations, will be incurred by the vendor or, in the case of lawyers, by the Spokane County Bar Association.

E. REVOCATION/SUSPENSION OF A CARD

1. Prox. Cards may be revoked or suspended at the discretion of the Security Committee or the Campus Security Deputy.

   a. Each Department Head shall immediately notify the Campus Security Deputy and Risk Management when an employee, visitor, vendor, or volunteer no longer requires access to the Courthouse Campus.

   b. I.D. Cards should be collected and returned to Risk Management whenever an employee, visitor, vendor, or volunteer no longer requires access to County Campus buildings and facilities.

Access/ID Card Authorization Form

Risk Management Access Card Services Desk Schedule

- **Tuesdays, 1 to 3 p.m.**
- **Wednesdays, 10 a.m. to Noon**

Photo ID required for identity verification prior to card production

Card Type:

☐ County Employee ☐ Intern/Extern ☐ Volunteer/Extra

Help ☐ Sheriff's Office ☐ Agency ☐ Bar Association

☐ Vendor ☐ Contractor ☐ Other

Candidate:

Name _____ _____ _____

First M.I. Last

Requesting Department/Agency: _____

Authorizing Supervisor: _____

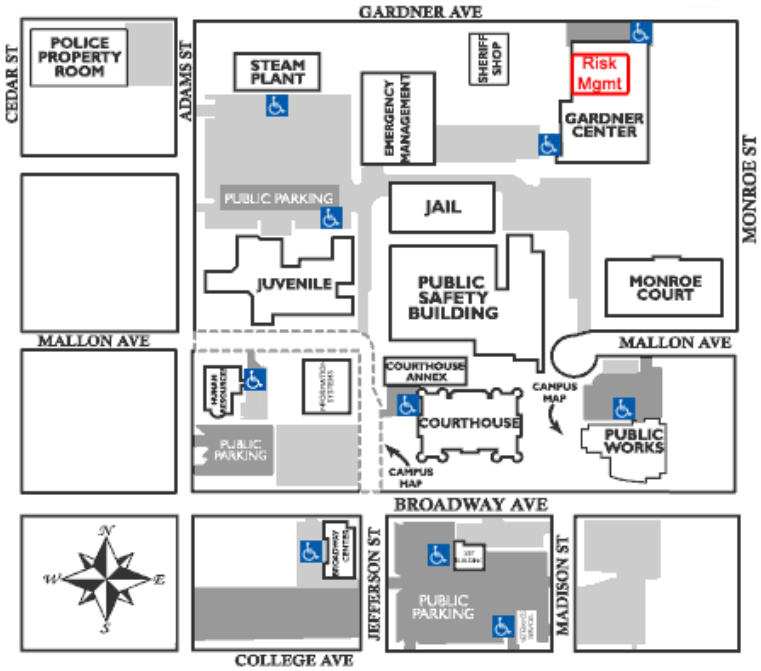
Print Name

Authorizing Signature: _____

Building Access Administrators:

Public Works Building: Maureen Ades
Clerks: Gary Berg
City Hall: Kim Anderson
Public Defenders: Julie Curtis
Juvenile: Theresa Stewart
All Other Buildings: Deputy Steve Martone
Risk Management: Brandi David **(ID Card Production Only)**

County Campus Map



Spokane County Risk Management - 1033 W. Gardner Ave., Spokane, WA. 99260 – (509) 477-3617

724 - INTERNET USAGE

I PURPOSE

To establish policies and guidelines regarding the proper access and use of the Internet while protecting County security and assets. To ensure that use of the Internet among employees of Spokane County is consistent with County policies, all applicable laws, and the individual user's job responsibilities.

II. SCOPE

This policy applies to:

- All Elected Officials, Department Heads, employees, and volunteers of Spokane County;
- All vendors and other representatives using Spokane County e-mail systems and internet access; and
- All users representing other government entities whose e-mail systems and Internet access is provided by Spokane County.

III. POLICY

A. Access to the Internet using County equipment **is not private.** Therefore, when an employee accesses the Internet using County equipment, the employee **consents** to the Internet use being intercepted, recorded, monitored, reviewed and communicated to third parties.

B. In general, County employees cannot use County equipment and resources for personal use unrelated to an official business purpose. However, occasional and limited personal use of County equipment and resources may be allowed during meal and rest breaks, but only if:

1. There is no cost to the County and the use does not interfere with job performance of official duties;
2. The use is brief in duration and does not disrupt or distract from County business due to volume or frequency; and
3. The use does not compromise the security or integrity of County equipment and resources.

C. There is a wide variety of information on the Internet. Some individuals may find some information on the Internet offensive or otherwise objectionable. Individual users should be aware that the County has no control over and can therefore not be responsible for the content on the Internet.

D. Prohibited uses of the Internet and activities which are inappropriate and disruptive shall include, but are not limited to, the following:

1. Streaming media, i.e. Real Audio, web radio, movies and other video content available on the Internet, this uses up valuable bandwidth on the County network, it also increases the cost of our connection to the Internet because of the bandwidth requirements of streaming media.

2. News and Stock tickers, Weather programs and any other kind of program, which requires automatic updates.

3. Online gaming sites.

4. ESPN sports broadcasts, and score tickers that run constantly.

5. Any commercial use or use of the Internet for personal gain.

6. Copyright violations, including any use of the Internet that violates copyright laws. Copyright violations are the sole responsibility of the user.

7. Solicitation, including the purchase or sale of personal items through advertising on the Internet.

8. Harassment, including the use of the Internet to harass employees, vendors, customers, and others.

9. Political use of any kind.

10. Aliases, including the use of aliases while using the Internet and sending anonymous messages.

11. Misrepresentation of an employee's job title, job description, or position in the County.

12. Misinformation/Confidential Information, including the release of untrue, distorted, proprietary or confidential information regarding County business.

13. Viewing/Downloading of non-business related information, including the accessing, viewing, downloading, or any other method for retrieving non-County related information. This includes, but is not limited to, entertainment sites, on-line shopping sites or sexual explicit and/or pornographic sites.

14. Union business except where permissible in accordance with contractual agreements.

If in doubt about prohibited uses of the Internet, ask your Supervisor.

E. Downloads and access restrictions applicable to use of the Internet shall include, but are not limited to, the following:

1. Downloads of programs which involve executable or binary files will not be allowed without being properly scanned for viruses.

2. Web Sites, FTP Sites and other resources, which are not used for a clear County purpose, will not be accessed and downloaded (e.g. screen savers, wall papers, and other "freeware" type programs).

3. Web Sites of any kind, for which there is a fee, will not be accessed or subscribed to without prior approval of the Elected Official and/or Department Head.

F. Public access servers or databases (e.g. World Wide Web servers, File Transfer Protocol servers) will not be created or implemented except with the prior approval of the IS Director and Elected Official and/or Department Head.

G. Excessive use of personal Internet e-mail from providers such as "Hot Mail", “Yahoo Mail" etc. will not be allowed.

If you have any questions regarding downloads and access restrictions, contact Information Systems before proceeding.

IV. PROCEDURE

A. Monitoring

1. No privacy and/or employee's rights while accessing the Internet by use of County property exist and specifically do not include the right to privacy. The employee consents to and the County reserves the express right to monitor, in any way, the activities of the employee while accessing or using the Internet, or review the contents of stored Internet records. Court cases have upheld a business' right to monitor and discipline employees based upon electronic activities, which are prohibited by company policies and procedures.

2. Spokane County has Software that monitors all Internet activity and records said activity based on a user’s sign-on. To that end, you must take means to control access to your user-id and password, as that is what identifies you and is recorded with the Internet activity. **Immediately report any and all actual or suspected security breaches to ISD.**

3. There are automated reports in place that will identify all "Adult" content web surfing and these reports are used to instigate an investigation of misuse of the Internet.

If in doubt about monitoring of the Internet, ask your Supervisor or Information Systems.

B. Enforcement

1. Excessive use of the Internet for non-County business will be considered a "theft of time" and will be subject to disciplinary action up to and including termination.

2. Inappropriate use of the Internet for non-County business will be a violation of this policy and will be subject to disciplinary action up to and including termination.

3. Failure of County employees to adhere to this policy may result in restriction or revocation of access and/or disciplinary action up to and including termination.

C. Access Limitation or Revocation

1. With concurrence of the HR Director, and the Elected Official and/or Department Head, employees who are found in violation of this policy may be subject to the following:
   a. Internet and/or E-Mail access may be revoked.
   b. Access times may be restricted.

2. The County has identified access to the following types of Internet sites as an inherent violation of this policy: (Unless the duties of your job require you to access such sites.) This is not intended to be an all-inclusive list, but is provided as example of prohibited sites.
   a. Adult Sites
   b. Sexually explicit and/or pornographic sites
   c. Dating sites
   d. Hate Group, Discriminatory and Harassment sites

If in doubt about enforcement of the Internet Policy, ask your Supervisor or Information Systems.

725 - USE OF COUNTY EQUIPMENT & RESOURCES

I. PURPOSE

Spokane County provides equipment and resources (telephones, copiers, fax, computers, e-mail, internet (See Policy No. 724 – Internet Usage), and any other equipment owned, rented, leased, or borrowed to conduct County business) to facilitate the timely and efficient conduct of legitimate County business and to encourage and facilitate the free exchange of business-related work, communications, and ideas between employees. This policy is intended to maintain an ethical and amicable working environment and to meet the requirements governing the use of Spokane County resources. This policy supplements any state statute governing use of equipment.

II. SCOPE

This policy applies to:

- All Elected Officials, Department Heads, employees, and volunteers of Spokane County.

Additionally, for e-mail and Internet (See Policy No. 724 – Internet Usage) users:

- All vendors and other representatives using Spokane County e-mail systems and internet access; and
- All users by other government entities whose network systems are maintained by Spokane County.

III. POLICY

A. This policy is provided to clarify and underline the importance of appropriate use of County equipment and resources by County employees. These are tools for County offices to meet their statutory responsibilities. As stewards of the public's trust and tax dollars, we must ensure that County employees do not use public resources inappropriately.

B. All County equipment and resources are property of the County and are to be used for official County business only, unless specified in paragraph IIID6 below.

C. All work products developed using County equipment or resources are property of Spokane County, this includes any and all files produced in the course of conducting business. Willful deletion of any files, which disrupt or hamper the operation of Spokane County, may be in violation of this policy. No files will be deleted without the authorization of the Elected Official or Department Head.

D. Elected Officials, Department Heads, and County employees:

1. Are obligated to conserve and protect County equipment and resources. Responsibility for proper use of County equipment and resources lies with the individual employee, and with the employee who authorizes the use.

2. Must not use County equipment and resources for illegal activities.
3. E-mail, internet systems, or any work products generated by County equipment:
   a. Are the properties of Spokane County.
   b. All Internet usage is monitored and recorded (See Policy No. 724 – Internet Usage).
   c. E-Mail messages are not private, except for Attorney Client Communications, despite any such designation either by the sender or the recipient. Each employee must be aware that electronic mail and Internet access are technologies that may create a permanent electronic record, unlike telephone conversations, and are subject to the public disclosure per RCW 42.17.
   d. Delete functions on e-mails do not restrict or eliminate employer's ability or right to access e-mail.
   e. May not be used to view, create, send or copy offensive, harassing, discriminatory or disruptive messages or images.
   f. To receive, download or send copyrighted materials, trade secrets, proprietary financial information or similar materials without prior authorization.
   g. May not be used for private benefit or gain.
   h. May not be used to buy, sell, or trade personal items.
   i. Shall not be used for any solicitation, whether for charitable, personal, or business purposes, unless approval is granted by the Chief Executive Officer.
   j. Retention and destruction of any form of written communications must comply with applicable Retention and Destruction requirements adopted by the Secretary of State.
   k. The County reserves the absolute right to access, review, audit and disclose all matters sent over the e-mail/internet system or placed into its storage.
   l. May not be used to seek or gain information for inappropriate purposes or unauthorized access to proprietary information.
   m. May not be used for unauthorized attempts to break into any computer, whether of the County or any other organization.

4. Elected Officials, Department Heads, or their designee may monitor County resources to ensure they are used to conduct appropriate County business or if there is a reasonable suspicion of wrongdoing.

5. In general, County employees cannot use County equipment and resources for personal use unrelated to an official business purpose. However, occasional and limited personal use of County equipment and resources may be allowed, but only if:

   a. There is no cost to the County and the use does not interfere with job performance of official duties;

   b. The use is brief in duration and does not disrupt or distract from County business due to volume or frequency; and

   c. The use does not compromise the security or integrity of County equipment and resources.

   NOTE: When in doubt, it is advisable to coordinate with your immediate supervisor, Department Head, or Elected Official prior to using.

6. May not make private use of County equipment and resources and then reimburse the agency so there is no actual cost to the governmental agency. However, the County recognizes that in some limited situations, such as officers or employees working at remote locations, a system of reimbursement may be appropriate. Any system of reimbursement must be established by the Department in advance and must result in no cost to the governmental agency. To be valid under this rule regarding reimbursement, the Elected Official or Department Head must approve the request prior to use.

7. Elected Officials, Department Heads, or County employees may not use County facilities, staff, or equipment to assist in a campaign for election of any person for an office or to promote or oppose a ballot title or proposition. (RCW 42.17.130)

IV. PENALITIES

A. Employees may be held accountable for the costs to include time and resources required to correct damage to County equipment and systems. At a minimum, Departments will be held accountable for the costs of any time and resources required to correct damage to County equipment and systems caused by their employees.

B. Violations of this policy may result in loss of privileges and/or disciplinary action up to and including termination and/or criminal prosecution.

V. UNION USE OF E-MAIL

E-mail communications between authorized union officials and County Elected Officials and Department Heads or their designees is acceptable. The content must be in accordance with all the other provisions of this policy and not contain any material of a controversial nature. Communications considered internal Union business will not be allowed without prior specific approval.

VI. PUBLIC FOLDERS FOR E-MAIL USE

A. Public Folders are available for posting information that is of value to a broad spectrum throughout the County. Examples of available folders are:

- News of the Day (*this includes lost & found, vehicles with lights on, health warnings)*
- Policies
- Surplus equipment
- Commissioner agendas
- Employment opportunities.

B. Users who are unsure where to post a message should contact the "HELP" desk. The Information Systems Department will determine which public folder is appropriate for the message.

VII. EXAMPLES (From the Washington State Executive Ethics Board)

These examples are not all inclusive of all possible scenarios. They are intended as a guide for each Elected Official, Department Head, and County employee.

Example 1: An employee makes a local telephone call or sends an e-mail communication to his home to make sure his children have arrived safely from school. This **is not** a policy violation. There is no cost to the governmental agency, and because either the call or the e-mail is brief in duration, it does not interfere with the performance of official duties.

Example 2: An employee uses her agency computer to send electronic mail to another employee regarding the agenda for an agency meeting that both will attend. She also wishes the other employee a happy birthday. This **is not** a policy violation. The personal message is de minimis and improves organizational effectiveness by allowing informal communication among employees.

Example 3: Every spring a group of employees meets during lunch to organize an agency softball team. The meeting is held in a conference room that is not needed for agency business during the lunch hour. This **is not** a policy violation. There is no cost to the County and the meeting does not interfere with the performance of official duties because it is during a lunch hour.

Example 4: An employee operates an outside business. Everyday she makes or receives 5-10 business calls on her County telephone. All of the calls are local calls. This **is** a policy violation.

The employee is conducting a private business on County time, which is a cost to the governmental.

Example 5: After working hours, an employee uses the office computer and printer to prepare client billings for a private business using his own paper. This **is** a policy violation. Although use of the office computer and printer may result in a negligible cost to the governmental agency, conducting a private business is an inappropriate use of County resources.

Example 6: An employee is active in a local PTA organization that holds fund-raising events to send children to the nation's capital. Although a parental contribution is expected, the more a parent raises, the less his or her contribution. An employee uses agency e-mail to solicit contributions for her child. This **is** a policy violation. The employee is using County resources to further a private interest and to promote an outside organization.

Example 7: Agency equipment includes a video tape player. One night an employee takes the machine home to watch videos of her family vacation. This **is** a policy violation. Although there is no cost to the governmental, an employee may not make private use of County equipment removed from County facilities or other official duty station.

Example 8: An employee is assigned to do temporary work in another city away from his or her usual duty station. To perform official duties, the employee takes an agency laptop computer. While away, the employee uses the computer to do tax work for a private client. This **is** a policy violation. Although it is permissible for an employee to use the laptop at a temporary duty station, it is not permissible for the employee to perform work related to his or her outside business on the laptop.

Example 9: An employee routinely uses the Internet to manage her personal investment portfolio and communicate information to her broker. This **is** a policy violation. Use of the Internet is limited to official County business, and there is a cost to the County for the employee's time while he or she conducts personal business.

726 - TRAVEL POLICY

I. PURPOSE

To establish guidelines for business travel.

II. SCOPE

All employees, volunteers and certain contractors traveling on County business.

III. POLICY

Spokane County (County) recognizes that out-of-town travel and related business expenses are integral to the operation of local government. All reasonable expenses incurred by employees on behalf of the County are reimbursable. This policy establishes equitable standards for all employees who incur such expenses.

The Spokane County travel policies are applicable to all elected officials, appointed officials, employees and volunteers unless otherwise provided. The policy can also apply to contractors and witnesses, at each elected official's or department's discretion, unless specific contractual agreements state otherwise.

The Elected officials and department heads are primarily responsible for ensuring that any expenses incurred for travel are obtained at the most economical price and are necessary for County business. Prudent judgment is to be exercised and contractual/grant regulations must be followed in approving these costs. It is the responsibility of individual departments to audit the travel forms thoroughly to ensure their completeness, correctness and fiscal integrity.

A traveler on County business is expected to exercise the same care in incurring expenses and accomplishing the purposes of the travel that a prudent person would exercise if traveling on personal business. Excess costs, circuitous routes, delays, or luxury accommodations unnecessary or unjustified in the performance of County business are not considered acceptable as exercising prudence. Travelers are responsible for excess costs and any additional expenses incurred for personal preference or convenience.

IV. PROCEDURES

1. **Authorization of Travel** – Travel must be approved in advance by a department head, elected official or designated financial manager. Persons authorizing travel shall not be subordinate to the requestor. Elected officials do not need to receive authorization for travel.
   a. The cost of the trip will be estimated and submitted on an approved County travel report to the employee's department head or elected official prior to booking a component of the travel.
   b. For weekend or mandatory stay travel, a written comparison retained by the department must account for all costs of the stay including lodging, meals, transportation, and overtime or compensatory time, if applicable.
      i. Weekend Stays – Departments can approve weekend stays if cost savings will be realized in total travel expenses.
      ii. Mandatory Stay – If the travel exceeds one week and is required under the employee's job requirements, the employee may return home during the trip at the county's expense only if a cost analysis shows a savings.
   c. If traveling internationally, notify the County Credit Card Program Administrator with the anticipated travel dates and destination to obtain a Travel Credit Card that will work in the international location.
   d. Once overnight travel is complete, all receipts and paperwork are to be submitted to department accounting staff for processing within 10 working days of returning from the trip or once the last County credit card transaction has been reconciled, whichever is sooner.

2. **Definitions**
   a. County – Spokane County
   b. Day Travel – Travel outside of the County that exceeds six hours but does not include an overnight stay. Travel outside the County for six hours or less, or travel within the County is not considered day travel.
   c. Overnight Travel – Travel outside of the County that includes an overnight stay.
   d. GSA Fixed Meal Allowance – Established per diem rate per host city as published annually in 41 CFR Section 301, Appendix A (see www.gsa.gov/perdiem).
   e. Non-Travel Status – Incurring expenses when not meeting the definition of Overnight Travel or Day Travel

3. **Advances** – Since most travel costs must be placed on Spokane Country credit cards, the County does not provide travel advances. Exceptions may be made for travelers. These exceptions must be approved by the traveler's Department Head or Elected Official and the County Auditor.

   Any advances must be reconciled on an approved County travel report within 10 working days of returning from the trip or once the last County credit card transaction has been reconciled, whichever is sooner. Any excess advance must be repaid by the employee at that time.

4. **Transportation** – The elected official or department head is responsible to select the most practical and economical mode of transportation. Examples of factors that should be considered are cost of transportation, cost of traveler's time and scheduling requirements. If

the traveler elects not to use the selected method of transportation, the traveler will be reimbursed only for the lower cost of the two modes.

a. The excess cost of first class or business class fare over coach class fare for a given mode of travel shall not be reimbursed when less expensive fares are available. Fares with extra leg room, such as Comfort +, etc., are considered business class fares; however, the extra fees to select an aisle or exit row seat in coach class is allowed.

b. Rental Cars – **Employees shall <u>decline ALL</u> additional insurance coverage offered by rental car companies, GPS devices, and prepaid fueling options** (except when transporting prisoners / inmates). County employees while on County business are provided liability, property and injury coverage through County insurance programs.

c. Receipts for requests for reimbursement for items such as parking; ferry and bridge tolls; taxi, subway and bus fares; airport shuttle service and rental vehicles; which are under $25.00, are not required.

d. Mileage – Persons using government vehicles and passengers in any vehicle are not eligible to claim mileage reimbursement. The County will reimburse travelers for point to point mileage in their personal vehicle from their normal place of work to the travel destination. Mileage for business use of a personal auto will be reimbursed using the current IRS mileage rate.

5. **Lodging** – Lodging includes the room rate and applicable taxes. It does not include telephone, room service or other miscellaneous charges.

a. The cost of lodging must be reasonable. The determination of reasonableness is the responsibility of the County employee and the elected official or department head. Reasonableness will be based on the circumstances of each city or locality, such as personal security, convenient access to the meeting or conference site, and room availability. There are no set maximum dollar limits. To ensure that lodging costs are reasonable, the following criteria shall apply:

i. The government lodging rate must be requested and used, if available.

ii. The conference lodging rate at the conference hotel is considered reasonable if a lower government rate is not available.

iii. The maximum reimbursable rate is the single occupancy rate, unless the double occupancy rate is the same rate.

iv. If lodging is reimbursed under grant funding, the traveler is required to adhere to the GSA maximum lodging rate, determined by the business destination.

b. Elected officials, appointed officials or County employees are not required to share rooms.

c. Lodging receipts are required.

6. **Registration** – Registration includes the tuition of attending a conference or training course.

a. A detailed agenda and receipt is required.

b. All travel expenses covered/included in the registration (shuttles, meals, etc.) must be identified.

7. **Meals**
   a. County credit cards may not be used for meals.
   b. A continental breakfast or evening snacks provided by a hotel or conference is not considered a meal.
   c. Day Travel
      i. The fixed meal allowances may be claimed if in Day Travel status at the following times:
         a. 6:00 a.m. for breakfast
         b. 12:00 p.m. for lunch
         c. 6:00 p.m. for dinner
      ii. The per diem rates for day trips will be based on the GSA Fixed Meal Allowance for the destination location for that meal.
   d. Overnight Travel
      i. Rates – Meal and incidental expenses shall be reimbursed at the established per diem rate per host city as provided by the GSA. Per diem for the first and last day of travel will be reimbursed at 75% of the daily M&IE per diem rate. For meals included in a registration fee, airfare, or other County expense, the per diem meal and incidental rate shall be reduced by the fixed allowance for the respective meal, unless:
         1. You purchase a substitute meal to satisfy your medical requirements or religious beliefs, or
         2. You are unable to eat the furnished meal due to conducting other official County business.
      ii. Locale – Per diem rates are based upon the lodging location. However, if the conference or meeting is held in a higher per diem rate area than the traveler's lodging, the higher rate can be claimed. The traveler must attach sufficient documentation to the Travel Report to substantiate the location of the conference or meeting.
      iii. Alaska, Hawaii and Foreign - Per diem rates for Alaska, Hawaii and US Territories are maintained by the Department of Defense. Per diem rates for foreign travel are maintained by the US Department of State. The Canadian PST and GST are not refundable for business travel.
   e. Non-Travel Status – See County Code 1.19 for allowable reimbursements.

8. **Travel for Other Agencies** – Occasionally, an employee will travel for another governmental agency, association or board. The travel rules and reporting requirements vary depending on how the expenditures are paid.
   a. If the other entity is paying all expenses directly, then no County travel report is required and the other agency's rates and rules prevail.
   b. If the County advances any money (direct payments to vendor or charges on the County credit card), then an approved Country travel report is required for all expenses. Any excess or deficit should be repaid to the County.
   c. The traveler's department is responsible for collecting the reimbursement due from the outside entity.

9. **Miscellaneous Allowed Expenses** – Miscellaneous expenses related to County business that are considered essential and reimbursable include, but are not limited to:
   a. Baggage handling service when necessitated by physical limitations or when carrying excessive baggage or equipment for County business.

b. Baggage fees assessed by the airlines. The traveler is limited to one personal checked baggage when traveling up to ten days. When traveling over ten days, the traveler is allowed a second personal checked bag. Additional baggage fees for equipment required on the business trip are allowable.

c. Refundable tickets or flight travel insurance, if the trip may be canceled due to the business nature of the department or the trip. Examples may include travel booked to testify before the legislature, which may be canceled if the bill does not progress. Cost comparisons are to be done by the department to find the most economical way to address this possibility.

d. Laundry service when the employee is required to be away from his work for more than fifteen consecutive days.

e. Internet when free wireless is not available at the travel site, if approved prior to travel and required as part of your job duties.

f. Telephone Calls – If the traveler does not have a cell phone, calls may be reimbursed up to $3.00 per day for one call per day. This is a reimbursement of actual expenses; receipts are required

g. Parking, ferry and bridge tolls; taxi, subway and bus fares; and airport shuttle service are reimbursable

10. **Unallowable Expenses** – Spokane County will not pay for, or reimburse any employee for:

a. Alcoholic beverages or drinks, except for law enforcement officers as part of an undercover operation;

b. Expenses for accompanying spouses, partners, family members or friends;

c. Parking or criminal fines incurred in using a vehicle except for undercover law enforcement officers.

11. **Department Auditing Requirements** – Audit procedures should include at a minimum:

a. Travel duration does not exceed the trip requirements

b. Area travel is reasonable considering travel destination

c. Travel was properly authorized and purpose of the travel is shown

d. Allowed meals included in the conference are deducted from the per diem

e. Unused prepaid travel (airfare, hotel) is tracked for future use

f. Personal travel expenses (extended stay adjacent to county travel) is not included in total travel cost

730 - CORRECTIVE ACTION

I. PURPOSE

To set forth general supervisory guidelines for a corrective action process aimed at documenting employee performance. **AS GUIDELINES, THEY DO NOT CONSTITUTE AN EMPLOYMENT CONTRACT AND ARE NOT INTENDED TO MAKE ANY COMMITMENT TO ANY EMPLOYEE CONCERNING HOW INDIVIDUAL CORRECTIVE OR DISCIPLINARY ACTION CAN, SHOULD, OR WILL BE HANDLED.**

II. SCOPE

This policy applies to all County employees. (Labor agreements may vary. See specific labor agreements in reference to represented employees.)

III. POLICY

The County seeks to establish and maintain standards of employee conduct and supervisory practices that will, in the interest of Spokane County and its employees, support and promote effective business operations. Such supervisory practices include administering corrective action when employee behavior or performance problems arise. Corrective actions must be in accordance with labor agreements, when they apply. The following is a listing of general policy considerations regarding corrective actions. This list is not intended to exclude any additional considerations deemed necessary nor is it intended to require each of the considerations listed be utilized.

A. **The County reserves the right to forgo progressive discipline as deemed necessary.**

B. Constructive feedback by the supervisors and managers to employees, is intended to assist employees with the goal of achieving full satisfactory standards of conduct and job performance.

C. Correcting employee shortcomings or negative behavior to the extent required is the desired outcome.

D Written documentation of disciplinary warnings given and corrective measures taken should be communicated to employees and acknowledged with their signature at the time the problem is observed.

E. Documentation of Corrective Action Report (see attachment A) will become part of the employee's personnel record.

F. Discharge could result from continued or single gross violation of either an employee behavior problem or unsatisfactory job performance.

G. Refer to labor agreement grievance procedure or Policy #740, Complaint Procedures.

IV. OPTIONS FOR CORRECTIVE ACTION

Depending on the facts, circumstances, and severity involved in each situation, management may choose to begin corrective action at any step up to and including immediate discharge.

The following are options and guidelines for good business practices:

A. Oral and Written Warnings:

For minor infractions supervisors must determine if an oral or written warnings should be issued. If issued, an oral warning and a memo for documentation and/or written warning should be placed in the supervisor's file. After either oral or written warnings, the supervisor should monitor the employee's issue and provide feedback when appropriate. If the situation does not improve, within a reasonable time or immediately depending on the problem, the supervisor may repeat the measure or implement a more severe option.

B. Corrective Action Report:

For repeated infractions, or a more substantial infraction, the employee should at a minimum be issued a Corrective Action Report. If the situation does not improve immediately or within the time designated in the Corrective Action Report, the supervisor may implement more severe options.

The written Corrective Action Report should be prepared and presented in a discussion with the employee. The employee will be given an opportunity to comment in writing and should be asked to sign the notice, acknowledging receipt. Three copies of the notice will be distributed as follows: (1) Original to personnel file at Human Resources; (2) departmental records; and (3) employee.

C. If the issue is not corrected through the Corrective Action process, see Policy #800 - Discipline and Termination for more guidance.

NOTE: Consult with Human Resources, Legal and Labor Relations for assistance on any of the above situations.

Attachment A

CORRECTIVE ACTION REPORT

Name:_____Job Title:_____ Hire Date:_____

Department:_____ Section:_____ Bargaining Unit:: _____

_____Unauthorized Absence
_____Personal Appearance
_____Timeliness of Work
_____Quality of Work
_____Quantity of Work
_____Disregard for Safety
_____Tardiness
_____Profanity

_____Work Interest
_____Lack of Cooperation
_____Disregard to Est. Rules
_____Failure to Follow Instructions
_____Action Detrimental to Morale

_____Discourtesy
_____Carelessness
_____Complaints from:
_____Employees
_____Public
_____Failure to Work Scheduled Shift
_____Other _____

1. Your job performance/behavior is unsatisfactory in the following respects: ***Give description, date and time of specific incident(s) involved***:

_____
_____
_____
_____

2. You must improve your job performance/behavior in the following manner:

_____
_____
_____
_____

Date Corrective Action Required by: _____

NOTE TO EMPLOYEE: Please understand that your performance must be up to Spokane County's standards if you are to continue working with the County. If these matters are not corrected, disciplinary action could occur and your services may be terminated.

Employee's Statement:

_____
_____
_____

Supervisor Signature	Employee Signature *Signature Indicates Receipt Only	Date
Employer Witness	Union rep/Person of Comfort	Date

Elected Official/Department Head Date

3 copies: Original to Human Resources employee file, 1 for departmental records, 1 to employee.

As Of 4/15/99

FOLLOW-UP ON CORRECTIVE ACTION REPORT

Use the following to document follow-up meetings and final disposition of a Corrective Action Report.
Addition sheets may be used when needed.

Date: _____

_____
_____
_____
_____
_____

_____ Supervisor's Signature

_____ Employee's Signature

Date: _____

_____
_____
_____
_____
_____

_____ Supervisor's Signature

_____ Employee's Signature

FINAL DISPOSITION:

Date: _____

_____
_____
_____
_____
_____

_____ Supervisor's Signature

_____ Employee's Signature

cc: Human Resources

(When the report is completed forward the original to Human Resources
for entry into the employee's personnel file.)

CORRECTIVE ACTION REPORT INSTRUCTIONS

This Corrective Action Report is given in the interest of the employee as well as the County. It is given with a sincere desire to help the employee correct the deficiency identified and succeed on the job.

Verbal warning and counseling sessions - Informal day-to-day corrective or verbal counseling sessions must be given privately and must bring immediate improvement. If improvement is not immediate and permanent, a written record should be issued immediately.

Written Corrective Actions - The written record must be constructive, accurate, and specific. It must be given to the person in private and discussed. A written Corrective Action is appropriate for repeated or deliberate minor infractions. It is quite appropriate in the case of a serious or major offense. For a Corrective Action Report to be truly effective, there must be follow through to see that the improvement is definite and permanent.

In preparing the Correction Action Report, keep the following points in mind:

1. Be specific. Deal with the aspects of job performance or behaviors that are observed.
2. Specify improvements necessary for continued employment.
3. Prepare the form in advance of the time you sit and discuss it with the employee.
4. Prepare three copies. Have all available at the time you discuss it with the employee.
5. Sign and date the form yourself at the time you discuss it with the employee.
6. After you have discussed it, ask the employee to sign all copies. That signature is not an admission nor agreement of the content, only that the employee has received the Corrective Action Report. Give the employee a copy. Send the original to the Human Resources Department to be made part of the employee's official personnel file, and place a copy in your department employee file.
7. Counseling is a private thing and will not be repeated, shared, or discussed with other employees by management other than on a subject need to know basis.

NOTE: If the employee refuses to sign the report, do not become involved in a discussion or dispute over the matter. Simply have a witness (must be equal or higher in position to the employee) sign the form attesting to the fact that the employee was counseled and an attempt was made to have the employee sign the form and was provided a copy.

740 - COMPLAINT PROCEDURES (For Non-Represented Employees)

I. PURPOSE

To provide employees with procedures for resolving complaints.

II. SCOPE

This policy applies to all employees. (This process may vary based on individual labor contracts.)

III. POLICY

A. The County recognizes that sometimes situations arise in which an employee feels that he or she has not been treated fairly or according to County rules and procedures. For this reason the County provides its employees with procedures for resolving complaints.

Step 1: The employee should attempt to resolve any problem or complaint at his/her level. This may involve action with a conflicting co-worker or supervisor.

Step 2: If this issue cannot be resolved, the employee may elevate the problem to the next higher level (immediate supervisor, manager or division leader). The employee will be required to submit in writing their concern/complaint. The appropriate managerial level will acknowledge receipt, within ten working days, of receiving the employee's written complaint.

The written complaint must be filed within ten working days of completing Step 1 leading to the complaint, or ten working days after the employee becomes aware of the circumstances. The written complaint should contain, as a minimum, the following:

a. A description of the problem, listing specifics.
b. A specific policy or procedure that the employee believes has been violated or misapplied.
c. The date of the circumstances leading to the complaint or the date when the employee first became aware of those circumstances.
d. The remedy sought by the employee to resolve the complaint
e. Previous responses to written complaint. (If applicable)

[Sexual Harassment complaints are addressed in Policy #712]

Step 3: When the employee is not satisfied with the response from the previous level, the employee may submit the problem in writing to the Elected Official/Department Head. This leader will attempt to respond within five days after receipt.

A. Certain employees may have more than one source of dispute resolution rights (i.e., the County's Civil Service rules, a collective bargaining agreement, and/or this complaint process). Employees represented by a bargaining unit or who are covered under Civil Service rules should follow grievance procedures set out in their respective labor agreements or Civil Service rules, where applicable. In all other cases, the procedures described in this section shall be used. Under no circumstances shall an employee have the right to utilize both this process and any other County complaint or appeal procedure that may be available to an employee.

745 – IMPERMISSIBLE CONDUCT AFTER LEAVING COUNTY SERVICE

I. PURPOSE

To promote and demand the highest standards of ethics from employees.

II. SCOPE

This policy applies to non-represented management employees of Spokane County who are appointed to positions subject to Spokane County Policy 011-Residency after the effective date of the adoption of this policy as set forth hereinafter. All appointees shall execute a statement acknowledging this policy which shall be placed in their personnel file.

III. POLICY

No former employee shall, within a period of one year after leaving County employment:

A. Participate in specific matters involving the County if, while in the course of employment with the County, the former employee was officially directly involved in the specific matter, or personally and substantially participated in the specific matter, or acted on the specific matter;

B. Represent any person as an advocate in any matter before Spokane County in which the former employee was directly involved while a County employee; or

C. Participate as or with a bidder, vendor or consultant in any competitive selection process for a County contract/bid in which the former employee assisted the County in determining the project, or work to be done, or the process to be used in completing the project.

Whenever an employee of Spokane County wishes to contract with a former County employee for expert or consultant services within one year of the latter's leaving County service, advance notice shall be given to and approval received in writing from the County CEO.

The prohibitions of subsection III (A) and III (B) of this policy shall not apply to a former employee acting on behalf of another governmental entity/agency if the County CEO has determined that the service to the governmental entity/agency is not adverse to the interest of the County.

Because damages to the County for a violation of this policy are difficult to quantify and prove, employees agree that each violation of this policy after leaving County employment will subject them to liquidated damages in the sum of one thousand ($1000.00) dollars. The liquidated damages under this policy may be enforced in the same manner as a judgment in a civil court. This liquidated damages provision shall not prevent the County from seeking injunctive relief in a court of competent jurisdiction.

800 - DISCIPLINE & TERMINATION POLICY

800 - DISCIPLINE & TERMINATION

I. PURPOSE

To establish guidelines for dealing with situations that require various levels of discipline, up to and including discharge. (Labor agreements may vary. See specific labor agreements for information about discipline.)

II. SCOPE

This policy applies to all County employees.

III. PHILOSOPHY

Employment with the County should be a positive experience. However, when an employee's behavior or work performance is inappropriate or unacceptable, discipline may be imposed to correct such behavior, except in the cases involving termination.

IV. POLICY

Progressive discipline, as defined below, should be used to correct behavior or performance when appropriate. **However, the County reserves the right to waive progressive discipline as necessary.**

V. AUTHORITY

The Elected Official/Department Head or supervisor, as appropriate, has full discretion and authority to impose disciplinary action in accordance with County policy.

VI. EXAMPLES OF INAPPROPRIATE/UNACCEPTABLE BEHAVIOR

Employees will be considered displaying inappropriate or unacceptable behavior if one or more of the following behaviors are shown: (NOTE: This list is not all inclusive, and serves only as a general guide.)

A. Employees acting outside the scope of their duties or violating the policies set forth in this manual.

B. Acts, errors, or omissions that discredit public service or impair the orderly services to the citizens of the County.

C. Attendance Problems
- Unexcused absence
- Chronic absenteeism
- Unexcused or excessive tardiness
- Leaving without permission

D. Work Performance Problems
- Failure to complete work assignments
- Producing substandard products or services
- Loss of minimum requirements for the job (e.g.: bondability, drivers license, etc.)

E. On-The-Job Behavior Problems
- Insubordination
- Smoking in unauthorized places
- Gambling
- Failure to use safety devices
- Failure to report injuries
- Carelessness
- Using abusive or threatening language with supervisors, co-workers, or customers
- Possession of illicit drugs or alcohol
- Under the influence of alcohol and/or drugs related to employment
- Possession of firearms or other weapons
- Sexual harassment
- Unauthorized acceptance of fees, gratuities, or other items in the performance of the employee's official duties
- Violation of a law that impacts work, working conditions, or workplace environment

F. Proven Incidents of the Following Capital Offenses Will Result in Immediate Termination
- Theft or conversion of time, money, or materials from the County or other employees
- Fighting
- Sleeping on the job
- Willfully damaging County property or other employees' property
- Falsifying records or documents
- Other actions so serious in nature as to warrant immediate termination

VII. QUESTIONS WHICH MUST BE CONSIDERED WHEN DETERMINING THE LEVEL OF DISCIPLINE

A. What is the policy violation?
B. Was the employee aware of the policy?
C. After an investigation, is the employee guilty of the wrongdoing?
D. Are there extenuating circumstances?
E. Has the rule and consequence been uniformly applied?
F. What is the employee's past work record?
G. Is there sufficient documentation to support the discipline?

VIII. DOCUMENTATION

Maintaining accurate and complete work records is an essential part of an effective disciplinary system. For documentation to be complete, the following items should be included:

1. Date, time, and location of the incident(s).
2. Negative performance or behavior exhibited by the employee—the problem.
3. Consequences of that action or behavior on the employee's overall work performance and/or the operation of the employee's work unit.
4. Prior discussion(s) with the employee about the problem.
5. Disciplinary action to be taken and specific improvement expected.
6. Consequences if improvement is not made, and a follow-up date.

IX. PROGRESSIVE DISCIPLINE

A. ***Unless specific rights are granted in labor agreements or Civil Service rules all employees are considered "at-will" employees and may be terminated from employment any time, with or without cause, and with or without notice.***

B. Discipline may be administered in increasing degrees. If the matter is not serious and an employee's first violation, an oral reprimand starts the discipline process. Each additional violation brings a higher level of discipline such as written reprimand, suspension, or discharge. However, certain offenses are so serious in nature that they will result in more severe levels of discipline, bypassing lower levels and could possibly proceed up to immediate termination.

C. Examples of Possible Progressive Discipline

1. Oral Reprimand:
   This discipline is the first and lowest level. It places the employee on notice that improvement is needed. If issued, a memo for documentation should be placed in the supervisor's working file (see attachment "A" as an example).

2. Written Reprimand:
   This second level may be for more serious violations or when there has been no correction from the Oral Reprimand. A guide for the written Reprimand is found as Attachment B.

3. Suspension:
   The third level is for more severe violations or when there has been no correction from the Written Reprimand. Suspension can start immediately or at a later date as determined by the supervisor. The supervisor's manager, Department Head, and Human Resources should be notified immediately. The suspended employee may not accrue vacation/sick leave days or hours toward retirement longevity. Exempt employees must be suspended in full workweek increments. Forfeit of vacation days may be appropriate discipline if scheduling problems exist.

4. Discharge:
   Ending the employment relationship with Spokane County.

X. OTHER POSSIBLE DISCIPLINE OPTIONS

A. Demotion:

Reducing an employee to a lower level classification may be appropriate to correct work performance deficiencies. Before such action takes place, a review of the circumstances with Human Resources and Labor Relations should be done.

B. Administrative Leave:

1. It may be prudent to place an employee on administrative leave with or without pay for an indefinite period, pending completion of an investigation or other administrative proceedings. Normally, an employee is placed on Administrative Leave when there is a concern that:

   a. The investigation would be impeded by the employee remaining at work;
   b. There is a concern for safety of other individuals at work;
   c. There is a concern for security; or,
   d. The individual would present a disruptive force by remaining at work.

2. If any employee is placed on administrative leave due to a disciplinary process, they may not accrue personal holidays, vacation, sick leave, or longevity benefits while on leave. If a suspension results for any other reason, the employee may have their benefits credited back depending upon the outcome of the investigation. Consult with Human Resources and/or Labor Relations for guidance.

XI. EXIT INTERVIEW

The supervisor should schedule the departing employee for an exit interview in Human Resources. (See Policy #920 for details.)

XII. PUBLIC DISCLOSURE

"To the extent permissible by Public Disclosure Laws of the State of Washington, Spokane County will make every attempt to keep confidential any information relating to any investigation and resultant actions. However, each employee must be aware and put on notice that should they, or anyone acting in their behalf or at their behest, divulge information to the media or any other individual relating to the investigation and/or resultant action resulting there from, Spokane County reserves the right to release factual information relating to the investigation and/or resultant action to the extent that the County determines it is necessary to convey accurate statements with regard to the investigation and/or resultant action."

The Elected Official/Department Head, Chief Executive Officer, or Human Resources should only make this statement.

Attachment A

DOCUMENTATION OF ORAL REPRIMAND

Employee Name: _____ **Supervisor**:_____

Date of Delivery: _____ **Delivered by:** _____

Problem Behavior(s): *Specific instances of behaviors that must change, demonstrated when, observed by whom.*

Required Result: *Describe the outcome the employee must attain and the deadline.*

Required Improvement: *Specify the changes in behavior that are required, to meet the desired outcome. Employee and supervisor should write this together.*

Consequences: *If the required changes are not made, the next steps will be:*

Review of Progress: *Date/time for review of progress in performance:* _____

_____ _____

Supervisor's Signature Date

I acknowledge receipt of this oral reprimand.

_____ _____

Employee's Signature Date

As of 1/97

Attachment B

WRITTEN REPRIMAND

Name:_____Job Title:_____ Hire Date:_____

Department:_____Section:_____ Bargaining Unit:: _____

_____Unauthorized Absence
_____Personal Appearance
_____Timeliness of Work
_____Quality of Work
_____Quantity of Work
_____Disregard for Safety
_____Tardiness
_____Profanity

_____Work Interest
_____Lack of Cooperation
_____Disregard to Est. Rules
_____Failure to Follow Instructions
_____Action Detrimental to Morale

_____Discourtesy
_____Carelessness
_____Complaints from:
_____Employees
_____Public
_____Failure to Work Scheduled Shift
_____Other_____

Your job performance/behavior is unsatisfactory in the following respects: ***Give description, date and time of specific incident(s) involved***:

_____
_____
_____
_____

2. You must improve your job performance/behavior in the following manner:

_____
_____
_____
_____

Date Improvement Required By: _____
Dates of Previous:
Counseling_____Corrective Action Plans____
Oral Reprimands_____Written Reprimands _____
Suspensions (give reasons for suspensions)_____

NOTE TO EMPLOYEE: Please understand that your performance must be up to Spokane County's standards if you are to continue working with the County. If these matters are not corrected, further disciplinary action could occur and your services may be terminated.

Employee's Statement:

_____
_____
_____

_____
Supervisor Signature Date

_____
Employee Signature* Date
*Signature Indicates Receipt Only

_____
Employer Witness

_____
Union Rep/Person of Comfort Date

_____ _____
Elected Official/Department Head Date

3 Copies: Original to Human Resources employee file, 1 for departmental records, 1 to employee.

FOLLOW-UP ON WRITTEN REPRIMAND
(When Needed)

Use the following to document follow-up meetings regarding a Written Reprimand. Addition sheets may be used when needed.

Date: _____

_____
_____
_____
_____
_____

_____ Supervisor's Signature

_____ Employee's Signature

Date: _____

_____
_____
_____
_____
_____

_____ Supervisor's Signature

_____ Employee's Signature

Date: _____

_____
_____
_____
_____
_____

_____ Supervisor's Signature

_____ Employee's Signature

Date: _____

_____
_____
_____
_____
_____

_____ Supervisor's Signature

_____ Employee's Signature

cc: Human Resources (When the report is completed forward the original to Human Resources for entry into the employee's personnel file.)

WRITTEN REPRIMAND INSTRUCTIONS

This Written Reprimand is given in the interest of the employee as well as the County. It is given with a sincere desire to help the employee correct the deficiency identified and succeed on the job.

Written Reprimand sessions - Written Reprimand sessions must be given privately and must bring improvement. If improvement is not timely and permanent, additional disciplinary actions may be appropriate.

Written Reprimands - The written record must be constructive, accurate, and specific. It must be given to the person in private and discussed. A Written Reprimand is appropriate for repeated or deliberate minor infractions. It is quite appropriate in the case of a serious or major offense. For a Written Reprimand be effective, there must be follow through to see that the improvement is definite and permanent.

In preparing the Written Reprimand, keep the following points in mind:

1. Be specific. Deal with the aspects of job performance or behaviors that are observed.
2. Specify improvements necessary for continued employment.
3. Prepare the form in advance of the time you sit and discuss it with the employee.
4. Prepare three copies. Have all available at the time you discuss it with the employee.
5. Sign and date the form yourself at the time you discuss it with the employee.
6. After you have discussed it, ask the employee to sign all copies. That signature is not an admission nor agreement of the content. It only indicates that the employee has received a copy of the Corrective Action Plan and that the employee will be held responsible for the content and instructions regardless if they agree or not. Give the employee a copy. Send the original to the Human Resources Department to be made part of the employee's official personnel file, and a copy may be placed in your department employee file.
7. These meetings are private and will not be repeated, shared, or discussed with other employees by management other than on a subject need to know basis.
8. If required, insure the employee's union representative/person of comfort is present.

NOTE: If the employee refuses to sign the report, do not become involved in a discussion or dispute over the matter. Simply have a witness (must be higher in position to the employee) sign the form attesting to the fact that the employee was counseled and an attempt was made to have the employee sign the form and was provided a copy.

Attachment C

Date

_____
_____
_____

Re: **LOUDERMILL NOTICE**

Dear_____:

This correspondence should act as official notification that I am considering disciplinary action against you, including, but not necessarily limited to discharge.

The office records reflect that you were hired as a_____on or about the day of a_____, 19 _. Both the Job Posting of that position, as well as the Class Specification, enumerate the duties, which this position is responsible for maintaining. The duties of a _____include, but are not necessarily limited to, the following:

(1)_____;

(2)_____; and

(3)_____.

(Attachment "A")

The Class Specification of a_____additionally sets forth Selection Factors. In part, such Selection Factors require _____ _____(Emphasis added).

In conjunction with your employment as a_____, and having a bearing on the above-listed duties, you were required to read and understand an office policy and procedural manual. Attachment "B" acknowledges your receipt and understanding of that document.

Various sections within the Department Manual are directly related to certain facts set forth hereinafter. Those sections include the following:

A. CODE OF CONDUCT

B. SEXUAL HARASSMENT

C. PERFORMANCE OF BASIC DUTIES IN A COMPETENT MANNER

D. GIFTS, GRATUITIES, PRIVILEGES

Employees will not directly or indirectly solicit or accept any gratuities, loans, gifts, merchandise, meals, beverages or any other thing of value in connection with or resulting from their official position. Nor will employees use their official position, badges or identification cards to obtain privileges not otherwise available to them.

E. CRIMINAL CONDUCT

Employees will obey all laws of the United States, Washington state, and this jurisdiction. Violations of any law, an indictment or information filed against an employee, or a conviction may be cause for disciplinary action up to and including termination of employment.

Finally, I am familiar with the terms of the present Working Agreement between _____ and _____, which provide that "... The Employer shall not discharge any employee without just cause."

On the_____day of_____I received information alleging that you committed certain actions and/or non-actions.

I have attached, as Attachment "C", a photocopy of the documents which enumerate in detail your actions and/or non-actions which I believe indicate your violation of your job duties.

Generally speaking, your actions can be categorized as follows: (Example provided. List specifics here.)

(1) Sexual Harassment

(2) Use of official position to obtain privileges not otherwise available to you.

(3) Inattention to or dereliction of duties.

The above information and facts, I believe, indicate a most serious violation of your duties and responsibilities as a_____. Moreover, such actions, unless explained, undermine not only my, but the public's confidence in the operation of the office.

Prior to determining what ultimate disciplinary action should be taken with respect to the above facts, I will afford you an opportunity to respond in writing to the facts and assertions within this correspondence.

Accordingly, I will give you until 5:00 P.M. on the day of_____, 19 , to submit in writing any comments and/or information which you believe may have a bearing upon the above information and what disciplinary action I should take with respect to such information.

Lastly, to the extent permissible by Public Disclosure Laws of the State of Washington, Spokane County will make every attempt to keep confidential any information relating to this investigation and any resultant actions. However, I must put you on notice that should you, or anyone acting in your behalf or at your behest, divulge information to the media or any other individual relating to the investigation and/or resultant action resulting there from, Spokane County reserves the right to release factual information relating to the investigation and/or resultant action to the extent that the County determines it is necessary to convey accurate statements with regard to the investigation and/or resultant action.

Very truly yours,

_____

cc: Shop Steward (if applicable)
Elected Official/Department Head
Human Resources
Personnel File

Enclosures:
Attachment “A” - Job Description
Attachment “B” - Acknowledgment of Policy and Procedural Manual
Attachment “C” - Reports

As Of 1/97

900 - EMPLOYEE SEPARATION

910 - EMPLOYEE SEPARATION

I. PURPOSE

To ensure timely and accurate removal of employees from the County payroll, consistent with positive employee relations practices.

II. SCOPE

This policy applies to all employees.

III. DEFINITIONS

The categories of separation and their definitions are:

A. Resignation: A voluntary separation, including:

1. Resignation (employees should give two weeks written notice).

2. An absence of three or more consecutive working days without notice to the County may be perceived as a voluntary separation. (See Policy No. 713, Attendance)

3. Failure to return from leave of absence without management approval.

B. Deceased: The death of an active employee.

C. Retirement: A voluntary separation, which usually includes qualification for benefits under the County's retirement plan.

D. Reduction in Force: (Also see Policy No. 912, Reduction-in-Force and Recall.)
Work is no longer available (job eliminated, contract expired, department closed, reorganization, budget constraints, etc.).

E. Discharge: An involuntary separation in which the employee is removed from the payroll for violation of employee standards of conduct or safety regulations, unsatisfactory job performance, "at will" status, or any other reason deemed by the County to warrant discharge.

IV. PROCEDURE

A. Notice to Employee: In accordance with appropriate labor agreements and current County codes, advance notice may be given, when appropriate.

B. Management Approvals: When an employee is released, separated due to a reduction-in-force, or discharged, written approvals will be required from the Elected Official or Department Head, in addition to the acknowledgment of the Human Resources Department.

C. Change in Status: The immediate supervisor of the separated employee is responsible for initiating the Personnel Action Form.

D. Resignation/Termination:

1. EMPLOYEE RESPONSIBILITIES:
   a. An employee who wishes to leave County employment in good standing should provide a minimum of two weeks written notice of resignation.
   b. An employee who resigns, with or without notice, will be asked immediately by the supervisor to complete a voluntary resignation form (See Attachment A). The completed notice will be forwarded to the Human Resources for filling in the employee's permanent record.
   c. An employee is required to report to work their last day of employment; an employee may not utilize sick, vacation or PTO leave on their final day. If an employee fails to report to work on their last day, the date of termination will be modified to the last date the employee physically worked. Modifying the date of termination may impact the effective date of health insurance coverage.

2. SUPERVISOR'S RESPONSIBILITIES:
   a. This two-week notice may be waived by the employee's Elected Official/Department Head.
   b. The supervisor or employer will respond in writing to the employee's resignation.

E. Return of Equipment and Keys: By the last day of work, the supervisor must obtain and the separating employee must return all County equipment, keys, and computer code information.

F. Return of Identification Badges: Spokane County identification badges should be returned or collected on the last day of employment with the County.

G. Exit Interview: Separating employees, whether voluntary or involuntary, will be referred to the Human Resources Director for an exit interview on or before their last day of work. (See Policy No. 920, Exit Interviews.)

H. Employment References for Separated Employees: Refer to Policy No. 040, Personnel Records and Privacy.

V. BENEFIT ELIGIBILITY

Generally, when an employee is separated, benefit credits are lost (beyond those paid for at the time of termination), with these exceptions:

A. Reduction-in-Force: Refer to Policy No. 912.

B. Vested Right Retirement: General provisions of benefit credit are specified in the appropriate retirement plan booklet. (See the Benefits Coordinator.)

C. Health Insurance Benefits: Extended coverage and conversion privileges of the health insurance benefit plan are provided in accordance with conditions outlined by COBRA. (See the Benefits Coordinator.)

D. Vacation/Sick: Refer to Policy No. 311, Vacations, and Policy No. 313, Sick Leave.

E. Death: Upon the death of an employee, all compensation due shall be paid to the surviving spouse or the estate of an employee.

Attachment A

VOLUNTARY RESIGNATION

Employee Name_____Department _____

I voluntarily resign my employment with _____

effective: _____ _____ _____
Month Day Year

My reasons for leaving are:

_____

_____

_____

_____

_____

_____

_____

_____

Forwarding Address:_____

_____

_____

_____ _____
Employee Signature Date

Resignation accepted. Effective Date: _____

_____ _____
Elected Official/Department Head Signature Date

As of 1/97

912 - REDUCTION-IN-FORCE AND RECALL

I. PURPOSE

To provide guidelines for reduction in the workforce and recall procedures.

II. SCOPE

This policy applies to employees of Spokane County. Labor agreements may vary. See specific labor agreements in reference to specific represented employees

III. POLICY

A. Elected Official/Department Heads may lay off employees for lack of work, budgetary restrictions or other changes that have taken place.

B. Extra-help, seasonal, temporary, limited term, part-time employees or employees who have not completed their initial review period will be laid off before regular employees are affected.

C. In determining who is to be laid off, consideration will be given to individual performance and the qualifications required for remaining jobs. Seniority will be considered when performance and qualifications are equal.

D. Economic conditions, changes in technology or other unforeseen circumstances may require adjustments in staffing levels by means of personnel reduction-in-force (RIF). Before competent employees are separated due to lack of work, the County may explore reasonable possibilities for reassignment. Elected Officials/Department Heads, managers, and supervisors to accomplish any possible inter-department transfers of personnel will maintain liaison concerning this subject with the Human Resources Department.

IV. DEFINITIONS

A. "Reduction-in-Force" (RIF): Reducing the number of employees when work is no longer available (e.g.: job eliminated, budgetary reductions, reorganization, or departmental closures, etc.).

B. Recall: Re-employment of an individual on a current certified lay-off list.

C. Certified Lay-off List: A list of employees who have been terminated due to a reduction in force within the past 18 months.

V. PROCEDURE FOR REDUCTION-IN-FORCE
(Exception: Refer to appropriate labor contract.)

These procedures will guide decreases in the workforce:

A. When the number of employees must be reduced, employee performance will generally govern. Where two or more employees are of similar ability, length of service may also be a consideration.

B. The County may occasionally retain certain employees without regard to length of service because of the employee's special knowledge, skill, training, or experience.

C. Written management approvals for RIF are required as provided in Policy No. 910, Employee Separation.

D. County elected officials/department heads, managers and supervisors, respectively, are required to give all non-represented employees, except as provided for hereinafter, ten (10) working days notice prior to their layoff as a result of a RIF due to: (i) changes in economic conditions; or (ii) changes in technology; or (iii) restructuring/reorganization. County elected officials/department heads, managers and supervisors, respectively, are encouraged to give additional notice, but are only required to give (10) working days notice. **PROVIDED HOWEVER,** this notice requirement shall not be applicable to those classifications/positions set forth in the following and incorporated herein by reference: (Resolution 3-0067)

9-1-1 EMERGENCY COMMUNICATIONS – Director, Operations Manager
ANIMAL PROTECTION – Director
ASSESSOR'S OFFICE – Chief Deputy
AUDITOR'S OFFICE – Accounting Manager; Vehicle License Manager; Elections Manager; Records Manager
BOARD OF EQUALIZATION – Director
BOUNDARY REVIEW BOARD – Director
BUDGET AND FINANCE – Director
BUILDING & CODE ENFORCEMENT – Director
CLERK'S OFFICE – Chief Deputy Clerk; Court Services Manager
COMMISSIONERS' OFFICE – Chief Executive Officer
COMMUNITY SERVICES – Director of Community Services, Housing & Community Development
COUNSEL FOR DEFENSE – Manager
DISTRICT COURT – District Court Administrator; Judicial Operations Manager; Clerk of District Court
EMERGENCY MANAGEMENT– Deputy Director of Emergency Services
ENGINEERING & ROADS – County Engineer; Assistant County Engineer (Engineer 4) Road Maintenance Superintendent; Engineering Office Administrator
FACILITIES – Director; Senior Facilities Manager; Facilities Design and Construction Manager
FAIR & EXPO CENTER – Director; Facilities Manager

HEARING EXAMINER'S OFFICE – Hearing Examiner
HUMAN RESOURCES – Director
INFORMATION SYSTEMS – Director, ERP Project Manager, Systems Manager/Software, Systems Manager/Operations, GIS Manager
JUVENILE COURT SERVICES – Director; Business Manager; Administrator (Probation), Administrator (Detention)
LABOR RELATIONS - Director
MEDICAL EXAMINER'S OFFICE – Chief Medical Examiner
OFFICE OF PRE-TRIAL SERVICES – Pre-Trial Service Manager
PARKS & RECREATION – Director; Parks Superintendent
PLANNING DEPARTMENT – Director
PROSECUTING ATTORNEY'S OFFICE – Chief Deputy Attorney; Administrative Attorney
PUBLIC DEFENDER'S OFFICE – Public Defender; Chief Deputy Attorney
PURCHASING – Director
RISK MANAGEMENT – Risk Manager
SHERIFF'S OFFICE- Undersheriff (2); Inspector; Jail Commander; Chief Criminal Deputy (2)
SUPERIOR COURT - Administrator; Assistant Court Administrator
TREASURER'S OFFICE – Chief Deputy
UTILITIES – Director; Sewer Planning and Design Manager; Water reclamation Manager; Regional Solid Waste and Solid Waste Closure Manager, Sewer Operations and Maintenance Manager; Administrative Services/Office Manager
VETERAN'S SERVICES - Director

E. Appropriate benefit information will be covered at time of termination.

VI. RECALL

These guidelines will guide increases in the workforce:

A. Human Resources will forward qualified former employee's applications to the hiring authority.

B. When considering recall of employees with similar skills and abilities to positions for which they qualify, needs of the department, past performance and seniority will be considered as primary selection criteria.

C. An employee to be recalled will be notified by Human Resources.

Related policy: #025 - Rehires

Revisions: April, 2001; January, 2003

920 - EXIT INTERVIEWS

I. PURPOSE

To determine and document the reasons employees leave Spokane County, to provide benefits information and an opportunity to solicit feedback to improve the County.

II. SCOPE

This policy applies to all employees.

III. POLICY

Prior to leaving County employment, employees will have an exit interview with Human Resources.

IV. PROCEDURE

A. Elected Officials/Department Heads, managers, and supervisors will coordinate and schedule an exit interview with Human Resources on or before the last day of employment.

B. Human Resources will use the exit interview form (See Attachment A) to cover the following points:

1. Type of termination;
2. Reasons for leaving;
3. General comments.

C. Human Resources will use the Benefits Exit Interview form to cover:

1. COBRA
2. Life Insurance
3. Deferred Compensation
4. Retirement

D. A copy of the completed exit interview form will be forwarded to the Elected Official/Department Head. The original will remain in the employee's personnel file in the Human Resources Department.

BENEFITS EXIT INTERVIEW

Employee Name:_____Birthdate: _____

Current Address: _____

Future Address: _____

(For COBRA and group medical plan changes-Also complete address change form)

Social Security Number: _____Separation Date: _____

Note: If termination is the 1st through 15th, benefits will terminate the end of the month of termination. If termination is the 16th thru the end of the month, benefits will terminate the end of the following month of termination.

1. COBRA ❑ Self ❑ Spouse ❑ Child(ren)

A. Medical Plan: _____ Monthly Premium: _____

B. Dental Plan: _____ Monthly Premium: _____

Total Premium: _____

Medical and Dental coverage will terminate on:_____.

You may choose to pay for medical, dental or both premiums for up to 18 months. A.W. Rehn will be mailing out the COBRA offer and all payments must be made to them.

2. LIFE INSURANCE *If you have voluntary life insurance, you have 31 days from the date of termination to complete the paperwork and mail it to Standard Life Insurance Company.*

A. County-Provided **Yes** **No** *Never Portable*

B. Voluntary? **Yes** **No** *Always Portable*

List Voluntary Insurance: Employee _____

Spouse _____

Child(ren) _____

Total Voluntary Monthly Premium: _____ + ($10.00 service charge per billing)

(Billing is only available Annually, Semi-Annually or Quarterly)

Life Insurance coverage will end on:_____.

3. DEFERRED COMPENSATION

You may roll this over to another 457 plan, an IRA, a 401k plan or a 403b plan. You may also leave the account open and withdraw it later or withdraw it at termination. Consult your representative.

Employee enrolled in Deferred Compensation Plan? **Yes** **No**

Available Options:

A. Roll-Over B. Leave Account Open C. Withdraw Funds

(Stop deduction paperwork only if contributions are not to be made through final paycheck)

4. RETIREMENT

You may roll this over to another qualified retirement account as defined by the IRS, or you may leave the money in, and if vested, you may retire at a later date as defined by the PERS 1, PERS 2, PERS 3 or LEOFF rules, or you may withdraw only the money that you have contributed, if prior to retirement eligibility -- see attached form.

PERS/LEOFF Plan: _____ Starting Date: _____ Vested? **Yes** **No**

Available Options:

A. Roll-Over B. Leave Account Open C. Withdraw Funds

5. IS EMPLOYEE ELIGIBLE FOR A VEBA CASH OUT? **Yes** **No**

6. PARKING/BUS PASS RETURN REMINDER **Yes** **No**

This form is presented for information purposes only and is not to be construed as a contract in any portion. You may wish to consult independent financial advice before making any financial decisions.

Signature: _____ Date Signed: _____

EXIT INTERVIEW

NAME: _____ ***SSN:*** _____ ***EXIT DATE:*** _____

CLASS: _____ ***SALARY:*** _____ ***HIRE DATE:*** _____

DEPARTMENT: _____ ***SUPERVISOR:*** _____

INVOLUNTARY TERMINATION

1. WHAT WAS THE REASON GIVEN TO THE EMPLOYEE FOR THE TERMINATION?

   _____

   _____

2. WAS THE EMPLOYEE AWARE OF THE REASON FOR TERMINATION?

   ☐ YES ☐ NO

3. WAS UNSATISFACTORY PERFORMANCE OR CONDUCT DISCUSSED WITH EMPLOYEE WITHIN 90 DAYS PRIOR TO BEING NOTIFIED OF TERMINATION?

   ☐ YES ☐ NO BY WHOM?

   _____

VOLUNTARY TERMINATION

1. HAS EMPLOYEE FOUND NEW POSITION?

   ☐ YES ☐ NO IF YES, WHERE?

   _____

2. WILL WORK BE SIMILAR TO SPOKANE COUNTY ASSIGNMENT?

   ☐ YES ☐ NO

VOLUNTARY TERMINATION (continued)

3. WHY DID EMPLOYEE VOLUNTARILY QUIT?

   ☐ SALARY INCREASE $_____/MONTH

   ☐ PROMOTION

   ☐ LACK OF OPPORTUNITY FOR ADVANCEMENT

   ☐ BETTER UTILIZATION OF SKILLS

   ☐ GEOGRAPHIC LOCATION

   ☐ WORKING RELATIONSHIP W/ SUPERVISOR

   ☐ WORKING RELATIONSHIP W/ CO-WORKERS

   ☐ CAREER CHANGE

   ☐ BETTER COMPANY BENEFITS

   ☐ TAKE CARE OF CHILDREN

   ☐ PERSONAL/FAMILY ILLNESS

   ☐ MOVING TO OTHER CITY/STATE

   ☐ RETURN TO SCHOOL

   ☐ OTHER

   _____

   _____

   _____

EMPLOYEE GENERAL COMMENTS

Employee Signature: _____ Date: _____

Interviewer: _____

000 - POLICY RECEIPT & CHANGE TRACKING LIST

Policy Change Tracking List

POLICY NUMBER	POLICY EFFECTIVE DATE	DATE UPDATED IN	BY WHOM
011-Residency	January, 2005 (New policy)	January-05	Janine
011-Residency	January, 2008 (Revised)	December-07	Janine
011-Residency	August, 2009 (Revised)	9/03/2009	Janine
011-Residency	January, 2013 (Revised)	01/30/2013	Janine
011-Residency	July, 2016 (Revised)	7/7/2016	Janine
018-Applicant Travel	Feb, 2016 (New)	8/15/2016	Janine
020-Recruiting and Selection	April, 2009 (Revised)	4/02/2009	Janine
020-Employment Application	May, 2009 (Updated)	5/1/2009	Janine
025-Rehires	May, 2009 (Revised)	5/1/2009	Janine
030-Review Period	May, 2009 (Revised)	5/1/2009	Janine
040-Personnel Records & Privacy (Chg copy per page charge)	June, 2009 (Revised)	6/17/2009	Janine
050-Veterans' Preference Policy	May, 2009 (Revised)	5/1/2009	Janine
110-Exempt/Non-Exempt Employees	April, 2013 (Revised)	4/18/2013	Janine
110-Exempt/Non-Exempt Employees	December, 2014 (Revised)	12/30/2014	Janine
115-Creation of New Clas, Reclass, Title Chg, Wage Adjustments	June, 2014 (New Policy)	6/17/2014	Janine
120-Salary, Longevity rate increase	January, 2014 (Revised)	5/15/2020	Toni
121-Setting Salaries for County Non-Represented Promotions	June, 2016 (New Policy)	6/30/2016	Janine
130-Sign-On Bonus Policy	April, 2015 (New Policy)	4/24/2015	Janine
211-Overtime: Non-Exempt Employees	April, 2013 (Revised)	4/18/2013	Janine
211-Overtime: Non-Exempt Employees	December, 2014 (Revised)	12/30/2014	Janine
212-Time Sheet & Missed Breaks	December, 2016(New	01/05/2017	Janine
217-Percentage employees (chg %'s at 5% intervals)	January, 2004 (Revised)	January-04	Janine
217-Percentage Employees (chg to 50,60 or 80% only)	January, 2009 (Revised)	January-09	Janine

217 – Percentage Employees (update procedure)	January, 2019	7/8/20	Toni
217 – Percentage Employees (update policy)	January 2019 (Revised)	8/11/20	Toni
220-Telecommuting	June, 2008 (New Policy)	6/3/2008	Janine
312-Holidays	June, 2014 (Revised)	6/17/2014	Janine
312-Holidays	July, 2014 (Revised)	7/23/2014	Janine
313-Sick Leave (add State certified domestic	July, 2007	4/10/08	Janine
313-Sick Leave (delete bereavement leave)	January, 2008	4/10/08	Janine
314-Paid Time Off (PTO) Plan	January, 2013 (New	10/3/2013	Janine
314-Paid Time Off (PTO) Plan	January, 2014	02/28/2014	Janine
314-Paid Time Off (PTO) Plan	April, 2020 (Revised)	5/7/2020	Toni
314- Paid Time Off (PTO) Plan	April, 2020 (Revised) Aug 2020 (Effective)	8/19/20	Toni
315-Other Leaves (add bereavement leave)	January, 2008 (Revised)	4/10/08	Janine
315-Other Leaves (add military spousal leave)	July, 2009	7/31/09	Janine
315-Other Leaves (modify Jury Duty)	May, 2019	5/7/2020	Toni
316-Military Activation & Training	May, 2009 (Revised)	5/1/2009	Janine
316-Military Activation & Training	July, 2009	7/28/2009	Janine
317-Shared Leave (Chg donor's vacation balance)	June, 2009	6/18/2009	Janine
317-Shared Leave (Add forms)	April, 2015	4/24/2015	Janine
322-Family and Medical Leave Act (FMLA)	July, 2009 (Revised	8/5/09	Janine
322-Family and Medical Leave Act (FMLA)	December,2011	12/29/2011	Janine
322-Family and Medical Leave Act (FMLA)	June, 2014	6/17/2014	Janine
322-Family and Medical Leave Act (FMLA) (Revised expiration date to 5/31/2018 on forms)	June, 2015	6/4/2015	Janine
324-Leaves of Absence Without Pay (Chg military days to 21)	June, 2009	6/18/2009	Janine
324-Leaves of Absence Without Pay (Added Personal Leave of Absences extending beyond one (1) year).	February, 2010	2/24/2010	Janine
330-EAP (vendor update)	February, 2007	February-07	Janine

330-EAP (vendor update)	January, 2011	12/30/2010	Janine
340-Benefits	June, 2009	6/17/2009	Janine
340-Benefits	February, 2014	02/18/2014	Janine
340-Benefits	June, 2015	6/23/2015	Janine
341-VEBA	December, 2005 (New	5/10/2006	Janine
350-Education Benefit Program	July, 2017 (New	07/14/2017	Janine
410-Bulletin Boards	March, 2012	03/28/2012	Janine
440-Wireless Communications Devices (Cell Phone) Policy	June, 2019 (New Policy)	12/3/2019	Toni
446-County Official Use of Social Media	October, 2012 (New	10/25/2012	Janine
447-Personal Use of Social Media	October, 2012	10/25/2012	Janine
450-Reporting Improper Governmental Actions and Protecting Employees Against Retaliation (*Whistleblower)*	April, 2009 (Revised	4/30/2009	Janine
530-Training	June, 2015	6/23/2015	Janine
530- Training (Updated policy)	June, 2020	7/8/20	Toni
605-Workplace Violence Prevention Program	December, 2011	3/1/2012	Janine
610-Safety, Accidents & Reporting Injuries	June, 2015	6/23/2015	Janine
630-Vehicle Use Policy	March, 2009	3/19/2008	Janine
640-Smoking in the workplace	December, 2005	December-05	Janine
640-Smoking in the workplace	July, 2012 (Revised	8/15/2012	Janine
650-Drug-Free Workplace	Nov, 2016 (Revised)	12/20/2016	Janine
670-Fitness for Duty & Return to Work Evaluations	August, 2009 (Revised)	8/5/09	Janine
715-Discrimination	October, 2016	10/13/2016	Janine
717-Telephone Use (Included cell phones)	June, 2009	6/18/2009	Janine
720-Identification & Security Access Card	February, 2011	02/10/2011	Janine
720-Identification & Security Access Card	November, 2011 (Revised)	11/09/2011	Janine
720-Identification & Security Access Card	March, 2014 (Revised IV.A.5Aa,b,c	03/26/2014	Janine
720-Identification & Security Access Card	April, 2014	4/18/2014	Janine

725-Use of county equip & resources	June, 2004	June-04	Janine
726-Travel Policy	June 1, 2020 (Revised-Res 20-0370)	6/3/2020	Toni
745-Impermissible conduct after leaving county service	January, 2008 (New	January-08	Janine
910-Employee Separation	July, 2016	7/1/2016	Janine
910-Employee Separation	May, 2009 (Revised)	5/1/2009	Janine
912-Reduction-in-force and recall	January, 2003 (Revised)	January-03	Janine
912-Reduction-In-Force and Recall	May, 2009 (Revised)	5/1/2009	Janine
912-Reduction-In-Force and Recall	September, 2009	9/9/2009	Janine
920-Benefits Exit Interview	May, 2009 (Updated)	5/1/2009	Janine

RECEIPT FOR PERSONNEL POLICY MANUAL

I have received a copy of the County Personnel Policy Manual dated_____.

The policy binder number is_____.

This manual will be kept in _____ **(Office/Dept. where retained).**

I understand this Manual is the sole property of the County and that I may not copy or give any part of it to individuals outside the County not connected with my official capacity.

I understand that all employees under my responsibility must review and acknowledge such on the attached form within six months of issuance of this manual. All new hires must read and acknowledge the same within 60 days of hire. A copy of this record will be forwarded to Human Resources for filing.

I further understand that I must return the Manual in its entirety at such time as I leave the employ of the County.

_____	_____
Date	Elected Official/Department Head/Manager's Signature
_____	_____
Date	Human Resources Signature

Editor's Note: *One copy of this Receipt should be retained with the Personnel Policy Manual, and one copy should be placed in the supervisor's personnel file.*

EMPLOYEE POLICY MANUAL REVIEW

I have read and understand the contents of this manual. I also understand that I can review this manual at anytime within the department or on the County's computer network.

EMPLOYEE'S PRINTED NAME	EMPLOYEE'S SIGNATURE	DATE	

QUICK

REFERENCE

GUIDE

PERSONNEL POLICY MANUAL
QUICK REFERENCE GUIDE

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Administrative Leave	#800, pg 4	Relating to Discipline
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Advance Step Hires	#120, pp 4-5	Procedures & Criteria
Alternative Work Schedules	#213, pg 1	Policy
American with Disability Act (ADA)	#022, pg 1	Policy
	#022, Atch	Legal Obligation/Form
Apparel (Issues & Problems)	See 'Dress & Appearance' (Policy #716)	
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	#313, IIIJ	Sick Leave Review Procedures
	#713, pp 1-2	Attendance Policy & Procedures
	#713, pg 3	How to Count Tardies
	#713, pg 3	Discipline for Tardy & Unexcused Absences
	#910,	Employee Separation - Absence w/o Notice
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