



**HUMAN RESOURCES
POLICY & PROCEDURES**

INTRODUCTION

We are confident that you will find the City of Prineville a dynamic and rewarding place to work and we look forward to a productive and successful association! The employees are the most valuable resources of the City of Prineville. This handbook has been written to serve as a guide for the employee/employer relationship providing you with employment provisions and expectations.

There are several things to keep in mind about this handbook. First, it contains only general information and guidelines; it is not to be considered a contract. It is not intended to be comprehensive or to address all the possible applications of, or exceptions to, the general policies and procedures described. We have tried to anticipate many of your questions, but in no way do we believe that this document will provide every answer. For that reason, if you have any questions concerning eligibility for a particular benefit or the applicability of a policy or practice to you, you should address your specific questions to the Human Resource Department. Neither this handbook nor any other city document confers any contractual right, either express or implied, to remain in the city's employ. Nor does it guarantee any fixed terms and conditions of your employment. **Your employment is not for any specific time and may be terminated at will with or without cause and without prior notice by the city, or you may resign for any reason at any time.** No supervisor or other representative of the city (except the City Manager) has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the above.

No employee handbook can anticipate every circumstance or question about city policy. As the City continues to grow and State and Federal laws change, the need may arise to revise, supplement, or rescind policies or portions of the handbook from time to time. Any changes will be approved by the City Manager before you are notified of such changes to the handbook.

The collective bargaining agreements and applicable state and federal laws will supersede the information given in this document, unless the policy is not contained in the collective bargaining agreement.

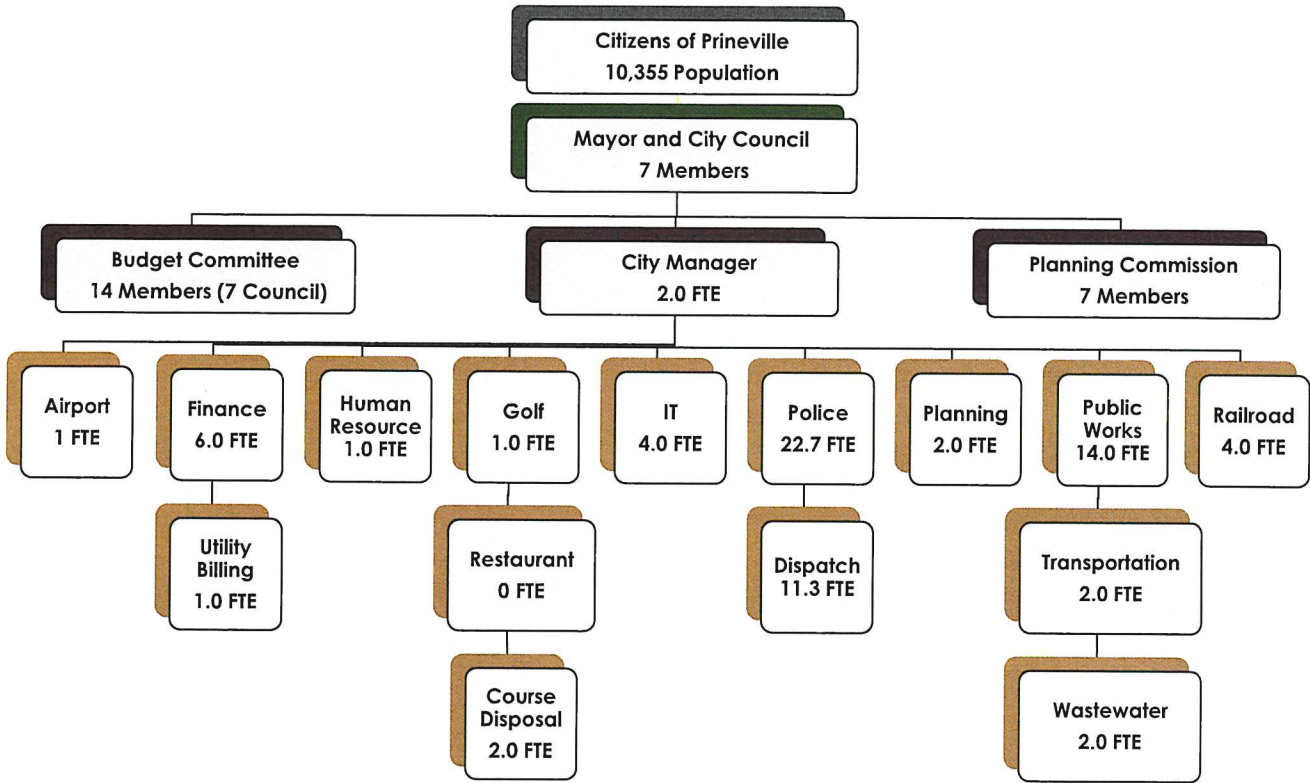
The City of Prineville's Mission Statement

The City of Prineville provides quality municipal services and programs which contribute to our reputation as a desirable place to live, work and play.

We strive to improve our quality of life through transparency; open communication; investment in essential infrastructure; public safety; community programs; and business, while staying within the constraints of fiscally responsible government.



Organizational Chart



Prineville Police officers helping with the 2021 Easter egg hunt

CITY OF PRINEVILLE

Human Resources Policy & Procedure Manual

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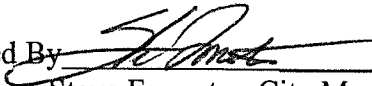
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DEFINITIONS OF EMPLOYMENT STATUS

Adopted By  Date 6/22/19
Steve Forrester, City Manager

Updated 7/1/2018

I. PURPOSE

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

II. SCOPE

These definitions apply to all City Employees.

III. POLICY

The City maintains standard definitions of employment status and classifies employees for purposes of personnel administration and related payroll transactions according to the following definitions.

- A. FLSA Exempt:** Management, supervisory, professional, and administrative employees whose positions meet specific test established by the Fair Labor Standards Act (FLSA) and State law and who are exempt from overtime pay requirements.
- B. FLSA Non-exempt:** Employees whose positions do not meet FLSA and State exemption tests and who are paid one and one-half (1-1/2) times their regular rate of pay for hours worked in excess of forty (40) hours in one (1) week.
- C. Non-union:** employees who are not included under a collective bargaining agreement.
- D. Union:** Employees who are included under a collective bargaining agreement.
- E. Full-time:** Employees scheduled to work forty (40) hours or more per week in a consistent manner.
- F. Hourly:** Employees directly hired by the City or by Mid Oregon Personnel and or by an employment agency will work less than thirty (30) hours per week and 130 hours per month.

- G. Probationary Employees:** New employees with less than one (1) year of service or as defined in policy #55.
- H. Regular:** Employees who have completed the probationary period.
- I. Temporary:** Employees filling positions on an immediate, short-term basis. May be hired through an employment agency.
- J. Seasonal:** a hourly employee that is hired with the expectation that he or she will be needed for a specified period of time or not more than Eight (8) months a year.
- K. Volunteer:** Individuals who perform services on behalf of the City of Prineville on a volunteer non-compensated basis. Volunteers may work a full-time work schedule. Regardless of the number of hours worked, volunteers are not entitled to benefits and are expected to comply with all City policies and procedures.
- L. Contract Employees:** Individuals hired for a specific job at a specific rate of pay. A contract employee does not become a regular addition to the staff and is not considered a permanent employee.

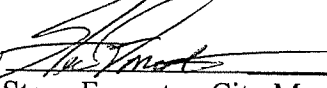
IV. Exclusions

- A. Independent contractors:** Individuals providing labor or services to the City are not considered employees.

Effective Date: July 1, 2016

POLICY # 20

**EQUAL EMPLOYMENT OPPORTUNITY
AND HARASSMENT POLICY**

Adopted By  Date 7/23/20
Steve Forrester, City Manager

Attachments:

Discrimination or Harassment complaint form
Religious Accommodations Request
Reasonable Accommodations Request

Revised 6/2020

Purpose and Scope

The Equal Employment Opportunity policies and procedures set forth below apply to all employees, volunteers, interns and public officials of the City ("covered individuals"), in accordance with applicable law. Any employee's failure to do so may result in discipline, up to and including termination.

A. DEFINITIONS

1. **"Workplace Harassment"** is defined by statute under Oregon law, and includes:
 - a. Conduct that constitutes discrimination prohibited by ORS 659A.030 (i.e. discrimination because of race, color, religion, sex, sexual orientation, national origin, marital status, or age of employee or person associated with employee, or employee's expunged juvenile record), including conduct that constitutes sexual assault.
 - b. Conduct that is prohibited by ORS 659A.082 (i.e. discrimination against an individual based on uniformed service); or
 - c. Conduct that is prohibited by 659A.112 (i.e. employment discrimination against persons with disabilities).
2. **"Sexual Assault"**: Sexual assault means unwanted conduct of a sexual nature that is inflicted upon a person or compelled through the use of physical force, manipulation, threat or intimidation.
3. **"Non-Disclosure Agreement"** means an agreement between the City and an employee or prospective employee not to disclose information related to complaints or personnel actions regarding workplace harassment.

4. **"Non-disparagement Agreement"** means an agreement between the City and an employee or prospective employee not to make negative statements about the other related to complaints or personnel actions regarding workplace harassment.

B. NON-DISCRIMINATION POLICY

It is the City's policy to provide equal employment opportunities to all qualified persons without regard to race, color, religion, sex, pregnancy, sexual orientation, gender identity, national origin, age, mental or physical disability, uniformed/military service or veteran's status, use of the worker's compensation system, expunged juvenile records, or any other protected status or activity in accordance with applicable law. It is the City's policy to make employment, internship, volunteer selection, etc. decisions based on its evaluation of an individual's qualifications, ability and contribution to the success of the City.

C. POLICY AGAINST WORKPLACE HARASSMENT

It is also the City's policy that its employees, volunteers, interns and public officials should work in an environment where individual dignity is respected. For that reason, we expect all employees and other people covered by this policy to accomplish their work in a business-like manner with concern for their coworkers and others they come into contact with through their employment or service with the City. Any conduct that could reasonably be viewed as workplace harassment of employees, volunteers, interns, public officials, citizens/customers, vendors, etc. by employees or others covered by this policy is expressly prohibited, regardless of working relationship or supervisory status. Likewise, the City does not permit others on our worksites to engage in any conduct that could reasonably be viewed as harassment of our employees, volunteers, interns and public officials.

Specifically forbidden is unwelcome conduct related to an individual's race, color, national origin, ancestry, or ethnicity, religion, sex (i.e. gender), sexual orientation, gender identity, mental or physical disability, age, veteran status, marital status, or other legally protected status or activity.

Prohibited conduct of a sexual or gender-based nature includes:

- Unwelcome sexual advances; innuendoes; requests for dates;
- Unwelcome touching or sexual assault;
- Unwelcome visual conduct, such as leering or making sexual gestures;
- Telling dirty jokes;
- Making offensive or derogatory comments about a person's gender;
- Making derogatory remarks about sexual orientation or gender identity, including comments about individuals who are gay, lesbian, bisexual, transgender, etc.;
- Talking about your sex life or asking about another person's sex life;
- Spreading rumors or telling stories about another person's sex life;

- Displaying sexually suggestive objects, pictures, cartoons or posters;
- Use of the City's computers, internet, or other communication devices or systems to access, send, receive or store material of a sexual or gender-based nature;
- Any other verbal, graphic, electronic or physical conduct of a sexual or gender-based nature that has the purpose or the effect of creating a hostile or offensive work environment or otherwise unreasonably interfering with another employee's or other covered individual's work.

Prohibited conduct related to race, ethnicity, religion, age, disability, or other protected status, includes:

- Making racial or ethnic slurs or stereotyping comments;
- Telling racial or ethnic jokes;
- Displaying racist symbols, or printed material that is racially or ethnically derogatory;
- Mimicking or making negative comments or jokes about a person's physical or mental impairments;
- Imposing your religious beliefs on others;
- Criticizing or making fun of another person's religious beliefs;
- Making derogatory age-based comments or jokes;
- Using the City's computers, internet, or other communications devices or systems to access, send, receive or store material of the type that is prohibited by this policy;
- Other verbal, graphic, electronic, physical or other conduct related to race, religion, ethnicity, age, disability, etc., which creates a hostile or offensive work environment or unreasonably interferes with another employee's or other covered individual's work.

These are just examples of the kinds of conduct that are prohibited by this policy. Employees and other covered individuals are expected to exercise common sense and refrain from other similar kinds of conduct. It is also important to understand the following:

- Conduct described above is prohibited even if it occurs *off-duty*, if it would create an offensive work environment or unreasonably interfere with another employee's or covered individual's duties.
- You should assume that conduct of this nature is *unwelcome* and will offend other covered individuals, and you are expected to refrain from engaging in such conduct regardless of the circumstances. It is not an acceptable excuse that others participated in the conduct or did not appear to be offended.
- No one should *suggest or threaten* that an individual's cooperation with or tolerance of conduct of this nature will have any effect on that person's employment or status as a volunteer, intern or public official. The City does not make decisions on that basis.

D. POLICY AGAINST RETALIATION

The City respects the rights of its employees and others in our workplace to raise harassment and discrimination concerns, and expects individuals in our workplace to cooperate and participate in investigations. The City does not permit employees or others to retaliate against a covered individual because that person has reported harassment or discrimination, cooperated with an investigation, testified in harassment proceedings, or otherwise assisted in enforcement of our policies against discrimination and harassment.

"Retaliation" is broadly construed and may include *on-duty* or *off-duty* conduct, whether related to employment or not, that would tend to discourage an employee or other covered individual from engaging in the protected activities described above. Retaliation for engaging in these protected activities may include:

- Giving "cold shoulder" treatment to a covered individual, or treating him or her rudely;
- Withholding information or cooperation necessary for the covered individual to perform his or her duties;
- Changing a covered individual's work assignments or hours;
- Badmouthing a covered individual, or giving a negative performance evaluation or reference; or
- Taking adverse action against another person who is close to the covered individual.

E. NO-BULLYING POLICY

The City of Prineville strives to promote a positive, professional work environment free of physical or verbal harassment, "bullying," or discriminatory conduct of any kind. The City, therefore, prohibits employees from bullying one another or engaging in any conduct that is disrespectful, insubordinate, or that creates a hostile work environment for another employee for any reason. For purposes of this policy, "bullying" refers to repeated, unreasonable actions of individuals (or a group) directed towards an individual or a group of employees, which is intended to intimidate and that creates a risk to the health and safety of the employee(s). Examples of bullying include:

1. Verbal Bullying: Slandering, ridiculing or maligning a person or his/her family; persistent name calling that is hurtful, insulting or humiliating; using a person as butt of jokes; abusive and offensive remarks.
2. Physical Bullying: Pushing; shoving; kicking; poking; tripping; assault, or threat of physical assault; damage to a person's work area or property.
3. Gesture Bullying: Non-verbal threatening gestures, glances that can convey threatening messages.
4. Exclusion Bullying: Socially or physically excluding or disregarding a person in work-related activities. In some cases, failing to be cooperative and working well with co-workers may be viewed as bullying.
5. Cyber Bullying: Bullying that takes place using electronic technology, which includes devices and equipment such as cell phones, computers, and tablets as well

as communication tools including social media sites, text messages, chat, and websites. Examples of cyberbullying include transmitting or showing mean-spirited text messages, emails, embarrassing pictures, videos or graphics, rumors sent by email or posted on social networking sites, or creating fake profiles on websites for co-workers, managers or supervisors or elected officials.

*This is not a complete list.

Employees who have experienced bullying in violation of this policy, who has witnessed an incident of bullying, or who have credible information about an incident, are expected and should bring the matter to the attention of their supervisor or a member of management as soon as possible. If conduct in violation of this policy is found to have occurred the City will take prompt, appropriate action, and any employee found to have violated this policy will be subject to disciplinary action, up to and including termination of employment.

F. REPORTING PROCEDURES

If you believe that you have been subjected or another covered individual has been subjected to conduct prohibited by this policy, you should *promptly* contact the City's Director of Human Resources. We believe that all of our employees, volunteers, interns and public officials have an affirmative obligation to report violations of our policy and cooperate with investigations so that we can investigate the concerns and take appropriate preventive and corrective action.

If the Director of Human Resources is not available, or the complaint or concern involves the Director of Human Resources, or you are not comfortable reporting to the Director of Human Resources for any reason, you should contact one of the following designated alternates:

- City Manager

Do not report your concern only to the person who you believe has (or is accused of having) violated this policy. Our ability to resolve these kinds of problems is dependent on all covered individuals reporting incidents before they rise to the level of a hostile work environment.

When the Director of Human Resources or a designated alternate person listed above receives a report of alleged discrimination, harassment or retaliation, he or she must document what is reported and provide the employee with a copy of this policy. Any covered individual who believes he or she has been subjected to or witnessed conduct in violation of this policy is also encouraged to document the incident(s). However, an employee will not be required to put the complaint in writing as a condition of having the concerns addressed.

Additionally, any supervisor or manager who receives information about conduct that may violate these policies is required to:

- Immediately notify the Director of Human Resources, or a designated alternate person on the list if the Director of Human Resources is not available or the concern involves the Director of Human Resources; and
- Provide the individual who reported the information with a copy of this policy.

Covered individuals are expected to report prohibited conduct and concerns of workplace harassment at the earliest opportunity, in order to maximize the City's ability to conduct a thorough investigation and prevent further occurrences of prohibited conduct.

However, the City does not place any time limits on the ability to report concerns about workplace harassment through the City's internal complaint procedures, and covered individuals have a legal right to report such concerns for up to four (4) years from the date on which the alleged harassment or prohibited conduct occurred.

G. AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act (ADA) and the Americans with Disabilities Amendments Act (ADAA) are comprehensive federal civil rights laws that specifically protect individuals with physical and mental disabilities.

Individuals are protected if any of the following conditions exist:

- They currently have a physical or mental condition that substantially limits their ability to normally conduct a major life function (e.g., walking, seeing, hearing, breathing, etc.);
- They have a history of such impairment; and/or
- They are perceived to have such impairment.

These laws prohibit discrimination on the basis of an individual's relationship (parent, sibling, child, spouse/significant other, etc.) to someone with a disability.

We offer equal employment opportunities for qualified individuals who may have a physical or mental disability but are still able to perform the essential functions of the job. Essential functions are defined as the fundamental, non-marginal duties of the position held or being sought by a disabled individual. A job function is essential if: the position exists for the performance of the function; there are only a limited number of employees available to perform it; or the function is so highly specialized that an expert must be specially hired to perform it.

Reasonable accommodation is available to employees and applicants, as long as the accommodation doesn't cause undue hardship to the City. Individuals protected by these laws should discuss their need for possible accommodation with their supervisor, manager, or the Human Resources Manager.

The City of Prineville will make reasonable accommodations for the physical and mental limitations that a qualified applicant or employee with a disability makes known to the

City upon request, unless the accommodation would cause an undue hardship on the operation of the City's business. If you require workplace modifications or other assistance to accommodate your disability, it is your responsibility to contact the Human Resources Manager to make sure we are aware of not only your disability, but also your need for accommodation. Not every physical or mental limitation qualifies as a disability. Also, accommodations will not generally be made unless they are necessary to enable a disabled employee to perform his or her essential job duties without posing an undue hardship on the operation of the City's business, or if they are enacted as a temporary step to assist an employee who has a pending worker's compensation claim to return to productive employment.

If you advise us of a condition that you believe requires accommodation, we will analyze your medical condition to determine whether it constitutes a disability. If it does, we will enter into an interactive discussion with you to determine what, if any, accommodations can be made to enable you to perform your job duties in a safe and satisfactory manner. All employees are expected to cooperate with our requests for medical confirmation of the condition the employee believes constitutes a disability, as well as requests for medical confirmation of the current, precise limitations on their ability to perform their job duties.

The City will not, however, otherwise request information about the existence, nature or severity of a disability. All requests for medical examinations or inquiries of job applicants will be limited to determination of the ability of all applicants for a particular position to perform specific job functions and will be made only on a post-offer, pre-employment basis. The City will make an individualized assessment of whether a qualified individual with a disability meets selection criteria for employment decisions. In the event that the City's selection criteria disqualify an individual because of a disability, the criteria cited to disqualify the applicant will be job-related and consistent with business necessity.

The City shall maintain employee medical records in a separate, confidential file.

H. RELIGIOUS ACCOMMODATION

The City is committed to providing a reasonable accommodation of an employee's sincerely held religious beliefs and practices unless such an accommodation would create an undue hardship or would be contrary to other provisions of this policy. A reasonable accommodation may include allowing the employee to use vacation or other appropriate leave for a holy day or other religious observations; wearing religious clothing in the workplace to the extent it does not conflict with other legitimate City or Department safety rules and/or Union contracts regarding uniforms and safety gear; and such other accommodations as may be reasonable to provide.

To apply for religious accommodation, please complete the Religious Accommodation Request form and submit it to our Human Resources Manager. The request will be analyzed and if not accepted by the City, other accommodations may be suggested. The goal is to find an accommodation acceptable to both the employee and the

employer through an interactive process.

I. ADDITIONAL RESOURCES FOR ASSISTANCE

Covered individuals who want more information may contact the Oregon Bureau of Labor and Industries (<https://www.oregon.gov/boli>), local law enforcement, or contact an attorney of their choosing. The Oregon State Bar provides a referral service through which employees may be connected with attorneys. Information regarding this service can be found at: <https://www.osbar.org/public/ris/>. The City's health insurance includes mental health treatment and Employee Assistance Program (EAP) through Cascade Centers at: <https://cascadecenters.com/>

The Oregon Health Authority or the Oregon Board of Licensed Professional Counselors and Therapists may also have additional information to help connect you with counseling and other support services. More information can be found on the websites for these agencies at: <https://www.oregon.gov/oha/pages/index.aspx> or <https://www.oregon.gov/oblpc/Pages/Websites.aspx>.

H. INVESTIGATIONS AND VIOLATIONS

All complaints of conduct prohibited by these EEO policies will be promptly investigated. If the City finds that an employee has engaged in prohibited conduct, appropriate disciplinary action will be taken, up to and including termination of employment. Action will also be taken to address conduct by volunteers, interns, public officials and others who violate our policies, which may include dismissal from a volunteer or intern status.

In addition, other corrective action, such as individualized training and other steps may be taken as the City determines appropriate. For employees and others whose legal rights are determined to have been violated, additional remedies, such as back pay, counseling or medical costs, attorney fees, pain and suffering, and punitive damages may be available.

**CITY OF PRINEVILLE, OREGON
DISCRIMINATION OR HARASSMENT COMPLAINT FORM**

1. Name(s) of complainant(s): _____
2. Name(s) of person(s) who discriminated or harassed the complainant(s): _____

3. Name(s) of witnesses: _____
4. The date(s) the incidents took place, which you consider, to be harassing or discriminating:

5. Describe how the discrimination or harassment occurred, specifically what was said and/or done, by whom, and whether the incident was isolated or part of a continuing practice.
6. List the relevant documents, if any that should be reviewed as part of the complaint investigation process and attach to this form.
7. List any action taken by complainant or other on complainant's behalf, to address/correct the situation.
8. List the corrective action desired.
9. Other comments or concerns related to this complaint:

Date Submitted to the City of Prineville: _____

Signature of Complainant

Phone Number

Received by: _____

Date: _____

Attach additional sheets, if needed.

Submit completed complaint form to the Human Resources Manager at the City of Prineville, Human Resources Department.

Accommodation is available if needed to complete this form.

City of Prineville

Religious Accommodation Request & Employer Response Form

PART 1 – To be completed by employee

Name: _____ Department: _____

Date of Request: _____

Immediate Supervisor: _____

Description of conflict (Job change, work schedule, dress/appearance code, other):

Length of Time: _____

Suggest religious accommodation:

I have read and understand the City’s policy on accommodation. My religious belief and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but the City will attempt to provide a reasonable religious accommodation that does not create an undue hardship on the City.

Signature: _____ Date: _____
(Employee)

PART 2 – To be completed by Department Manager

Employee's suggested accommodation: _____

Evaluation of Impact (if any): _____

Accepted: _____ **Not accepted:** _____

Alternative accommodations (list in order of preference):

1. _____

 2. _____

 3. _____

- _____

Discussed with employee on: _____

Accommodation agreed upon: _____

If no agreement on an accommodation, explanation:

Signature: _____ **Date:** _____

Department Manager: _____ **Date:** _____

Human Resources Manager: _____ **Date:** _____

City of Prineville

Reasonable Accommodation Request & Employer Response Form

PART 1 – To be completed by employee

Name: _____ Department: _____

Date of Request: _____

Immediate Supervisor: _____

Please identify your condition(s) and indicate how you believe each condition affects your ability to perform your job duties:

Suggest your accommodation(s) and any alternatives:

Attach Physicians recommendation for accommodation.

I have read and understand the City’s policy on ADA accommodation. I understand that the accommodation requested above may not be granted but the City will attempt to provide a reasonable accommodation that does not create an undue hardship on the City.

Signature: _____ Date: _____
(Employee)

Please deliver this form to Human Resources Department for consideration of your request and response.

RESPONSE

Employee's suggested accommodation:

Evaluation of Impact (if any): _____

Accepted: _____ **Denied:** _____

Alternative accommodations (list in order of preference):

1. _____

 2. _____

 3. _____

-

Discussed with employee on: _____

Accommodation agreed upon:

If no agreement on an accommodation, explanation:

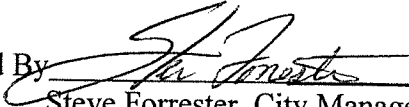
Human Resources Manager: _____ **Date:** _____

5/17

Effective Date: January 1, 2017

POLICY # 22

WHISTLEBLOWER PROTECTION POLICY

Adopted By  Date 6-14-17
Steve Forrester, City Manager

Attachments:

I. Purpose and Scope

To provide and reporting procedures should a City employee become aware of improper or wrongful activity in accordance with Oregon Revised Statute 659A.200 to 659A.224.

II. Policy

The City of Prineville prohibits the taking of any retaliatory action for reporting or inquiring about alleged improper or wrongful activity. All employees, managers/supervisors and elected officials are encouraged to report in good faith all information regarding alleged improper or wrongful activity that may constitute:

- Discrimination or harassment;
- Fraud;
- Unethical or unprofessional business conduct;
- Noncompliance with City of Prineville's policies/procedures;
- Circumstances of substantial, specific or imminent danger to an employee, managers/supervisor, elected official or the public's health and/or safety;
- Violations of local, Oregon or federal laws and regulations; or other applicable laws and regulation
- Other illegal or improper practices or policies.

The City encourages timely disclosure of such concerns and prohibits retribution or retaliation against any employee (or member of the public) who, in good faith, reports such concerns. No employee, manager or supervisor will be exempt from the consequences of misconduct or inadequate performance by reporting his or her own misconduct or inadequate performance.

III. Protection from Retaliation

Any City employee, manager/supervisor or elected official who, in good faith, reports such incidents as described above or other related unlawful or unethical conduct will be protected from retaliation (defined as an adverse action taken because an individual has engaged in protected activities), threats of retaliation, discharge, or other discrimination including but not limited to discrimination in compensation or terms and conditions of employment that occur because of the disclosure of such information. In addition, no City employee may be adversely affected because they refuse to carry out a directive that constitutes fraud or is a violation of local, Oregon, federal or other applicable laws and regulation.

IV. Reporting Process

Employees should timely report evidence of alleged improper activity as described above by contacting their immediate supervisor and/or Human Resource Manager. Any instance of alleged retaliation or retribution should be reported in the same manner.

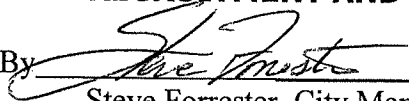
All reports will be handled as promptly and discreetly as possible, with facts made available only to those who need to know to investigate and resolve the matter.

Effective Date: July 1, 2016

POLICY # 30

RECRUITMENT AND SELECTION

Adopted By



Steve Forrester, City Manager

Date 6/14/17

Revised 7/1/2017

I. PURPOSE

To provide a competitive system of filling positions for the City with the individuals whose skills, abilities and qualifications best match those of the open positions

II. SCOPE

This policy applies to recruiting and selecting employees for regular full-time and regular part-time positions.

III. POLICY

When a position vacancy is determined and approved by the City Manager, the appropriate Department Head will contact the Finance Director to verify that the current adopted budget will not be affected by filling or refilling the position. Then the Department Head and Human Resources Manager will conduct a joint recruiting and selection process. This Process will be designed to identify the most qualified individual for the position by carefully considering current employees as well as new applicants. All recruitment and selection practices and procedures shall be conducted in compliance with all applicable state and federal laws governing equal employment opportunity. (See the EEO & Harassment Policy #30.) Veteran preference shall be provided according to Oregon Law. (See ORS 408.230)

The City is committed to using job-related criteria consistent with business necessity in its selection process. The City is also committed to providing reasonable accommodation to individuals with disabilities throughout the selection process and in its employment practices.

IV. DEFINITIONS

- A. **Job-Related.** Each qualification standard, test or other selection criterion must be a legitimate measure or qualification for the specific job it is being used for. It is not enough that it measures qualifications for a general class of jobs.
- B. **Consistent With Business Necessity.** If a test or other selection criterion excludes an individual with a disability *because of* the disability and does not relate

to the *essential functions of a job* it is not consistent with business necessity. A standard may be job-related but not justified by business necessity, because it does not concern an essential job function

- C. **Reasonable Accommodation.** Reasonable accommodation is a modification or adjustment to a job, the work environment, or the way things usually are done that enables a qualified individual with a disability to enjoy an equal employment opportunity. (See EEO & Harassment Policy #30.)

V. PROCEDURES

The following steps govern the recruitment and selection process:

- A. **City Manager Approval.** The Department Head must receive approval from the City Manager to hire for the position, whether it is a vacated position or a new one.
- B. **Verification with Finance Department.** The Department Head will verify with the Finance Director that the new or vacated position will fit within the budget allocation for their department
- C. **Request to Recruit.** When a position vacancy exists or is anticipated, the Department Head shall then make a request to the Human Resource Manager to initiate the recruitment and selection process. The request shall include a current job description listing the essential job duties and responsibilities, the essential job qualifications, and the selection criteria. Upon approval of the City Manager the Human Resource Manager shall initiate the recruitment and selection process.

D. **Job Announcement.**

Job announcements will be posted for a minimum of seven (7) working days. Job announcements will be posted at least 3 locations such as; personnel department, newspapers for inclusion in the "help wanted" ads, the State of Oregon Employment Division, and other agencies or organizations where there may exist qualified, interested applicants.

E. **Veterans Preference in hiring.**

Consistent with ORS 408.230, the City of Prineville provides preference for veterans and disabled veterans who meet the minimum qualifications for the positions for which they apply. The Human Resources Manager will provide direction to the selection committee on how to apply the preference points. The application scoring sheet has veterans preference points listed; each veteran receives an extra 5 points and each disabled veteran receives 10 extra points. Points will be applied to the total score at each stage of the hiring process.

F. Applications.

Completed employment applications and any additional required materials must be submitted by the application deadline through the City's on-line electronic application process. Employment applications must be completed by the applicant for consideration. A separate employment application must be submitted for each open recruitment.

Any City employee that wishes to apply for an open position may complete an application.

The City does not accept unsolicited applications, resumes, or letters of inquiry from persons seeking employment with the City. Persons interested in applying for upcoming recruitments with the City are encourage to fill out a job interest card. When unsolicited employment applications are received, the Human Resources Department will return the original materials to the applicant. The City does not maintain any copies of unsolicited applications materials.

G. Selection Committee. The Human Resources Manger will assist the Department Head with the selection committee process. If applicable a union/association representative may also be present. Department Heads should consider using a City Council member on their selection committee. An odd number on the selection committee is preferred so that no "ties" occur.

H. Grading Applications

The selection committee will review the experience, education, training, minimum qualifications, and exam answers, if applicable, to determine a final score for each applicant. Each application will be scored using the form provided by Human Resources. Human Resources is available to assist you with totaling the application scoring and inform the selection committee which applicants scored the highest to assist with the determination of which applicants to interview. The number of applicants that the selection committee will interview may vary by department and application process.

I. Qualifications and Screening of Applicants

1. Persons appointed to positions in City employment shall meet or exceed the minimum or desirable qualifications for the position.
2. The selection committee will use any combination of the following to determine whether the applicants meet or exceed the minimum qualifications.
 - a. Selection criteria shall be designed to measure each applicant's qualifications, experience and ability to perform the duties and responsibilities of the open position.
 - b. Any combination of two or more of the following methods may be used to determine the applicant best suited for the position:

- information supplied by the applicant, on the application, in resumes, and through supplemental examinations, if required;
- written, performance (i.e. typing test) and physical agility test (not a medical exam);
- individual or group oral interviews;
- assessment centers;
- information and evaluation provided by previous and current employers and references;
- Other appropriate job-related screening techniques.

Note: Some positions may require that medical and related information be obtained through a medical exam or other means to evaluate the ability of applicants to perform essential job functions, or to promote health and safety on the job. The City will not request this information until after a conditional job offer has been made, and then only when it is consistent with business necessity. Some positions will require applicants to be tested for drug usage as part of the pre-employment process after a conditional job offer has been made.

3. The selection committee may disqualify from consideration any person who:

- a.** Is found to lack the qualifications for appointment or is found to be less qualified than other applicants.
- b.** Inappropriate behavior during the interview process.
- c.** Practice or attempted practice of fraud or deception in connection with filing of an application.
- d.** Has used or attempted to use political influence or bribery to secure an advantage in obtaining appointment.
- e.** Failure of an applicant, after notification, to be present at the time and place designated for any portion of an examination.
- f.** Poor job performance while employed in another position in the City or other employment.
- g.** Fails a pre-employment drug and/or alcohol test.
- h.** Any applicant that has a relative or domestic partner working in the department they are applying for are disqualified. Please refer to Employment of Relatives Policy #35.

J. Interview Schedules Once the selection committee has determined the highest qualified applicants, the Department Head may request that the Human Resources Manager schedule interviews of the qualified applicants.

K. Conditional Job Offer The candidate that the selection committee suggests and Department Head accepts, must be approved by the City Manager. Once approved, the City will make a written conditional job offer to the candidate, outlining hire upon successful completion of a background check, drug testing, medical and psychological testing (if applicable). No offer of employment is valid unless it has been approved by the City Manager.

L. Pre-Employment Background Check/Investigation/Testing

The City will conduct pre-employment background check, which may include a criminal background investigation, confirmation of educational requirements, and reference checks with prior employers, on the candidate(s) selected for the a position(s) with the city. Some positions may require more in-depth background investigations, physical and/or psychological exams, and drug and alcohol screening. At the discretion of the Human Resource Manager, a candidate who possesses an unfavorable background, after determining job relatedness, will not be considered for employment in the specified position. Also at the discretion of the Human Resource Manager, applicants who do not disclose all required information when requested may be automatically denied employment for misrepresentation on their employment application. Human Resources Manager will notify the Department Head when all the post offer requirements are met. The new employee is not to work until verification comes from the Human Resources Manager.

M. Notification of Applicants Once the job offer is accepted by the candidate chosen, and the background check, testing, investigations are completed successfully, then the other applicants will be notified that the position has been filled.

N. Internal Recruitments

Internal Recruitments are restricted to current full-time, part-time City employees and recruitment stipulations in union contracts. The City intends internal recruitments to provide developmental opportunities for current employees who desire a position or career change, regardless of whether the job opportunity resides in their current profession, or represents a reassignment, internal appointment, promotion, or voluntary demotion. Employees will be eligible to apply when they meet the following criteria:

1. They have been in their current position 12 months or longer
2. They are not in a probationary period resulting from an unsatisfactory or marginal performance rating.
3. They meet the essential requirements of the position.

In order to apply for an internal position, an application must be submitted to the Human Resource Manager. If more than one employee is interested in the position,

there will be an interview process to determine the most qualified applicant for the position.

- O. Temporary Employees** On occasion we may use a hiring agency to fill temporary positions. We have an agreement with Mid Oregon Personnel. The City must carry the worker's compensation on any position filled by Mid Oregon Personnel. Such employee can become a full-time employee if recruitment was advertised on the City's website, application review and interviews were conducted with City employees and a complete background was performed.

- P. Direct Appointment** With approval from the City Manager, an employee may be hired without a competitive recruitment process. Such direct appointment will be used only in extraordinary circumstances. Applicants offered employment by a Direct Appointment will be subject to all pre-employment requirements (e.g., criminal background checks, medical exams, drug screening, etc.)

Effective Date: July 1, 2016

POLICY # 35

EMPLOYMENT OF RELATIVES/INTIMATE PARTNERS

Adopted By  Date 
Steve Forrester, City Manager

Revision 1/1/2020

I. PURPOSE

It is the practice of the City to prohibit the employment of family members in circumstances where one family member would be in a position of direct supervisory authority over another. This policy existed to discourage favoritism and to promote confidentiality, impartiality, and fairness. These values are of equal importance when applied to nontraditional models of “the family.” As a consequence, it is the purpose of this policy to promote fairness for all employees and to provide greater certainty concerning those types of relationships which cannot reasonably be accommodated within the workplace.

This policy also recognizes that individual departments are likely to have more or less flexibility in accommodating family or intimate partner relationships. It is a purpose of this policy to encourage flexibility among the departments so that a “one-size fits-all” approach is not required. Each department is expected to identify those working relationships where direct or indirect supervision of relatives or intimate partners shall be prohibited or restricted.

Finally, the limitations imposed by this policy apply exclusively to management members and not to employees covered by collective bargaining agreements. Further, to the extent that this policy may affect a relationship between two managers, the onus will always be upon the higher ranking manager in the department who, in the judgment of the City, is in the best position to recognize the risks of the relationship and who, thus, has the greater responsibility to demonstrate compliance with this policy.

II. SCOPE

This applies to all City employees.

III. POLICY

It is the policy of the City to prohibit the employment of relatives or intimate partners where one member of the relationship would be in a position of direct supervisory authority over the other member. It shall further be the policy of the City to restrict and limit the employment of a manager/supervisor in circumstances where the manager/supervisor will have indirect supervisor authority over the other member.

A. No person shall be promoted to or serve in a supervisory/management position wherein they would directly supervise a relative or intimate partner.

B. The City shall have complete discretion to transfer, reassign, or otherwise alter the terms of employment of any manager/supervisor who indirectly supervises a family member or intimate partner. The goal of such employment actions shall be to reduce the incidences of indirect supervision or otherwise reduce the likelihood of favoritism or partiality. Because the incidences of indirect supervision are likely to increase if the manager/supervisor advances further within the department, the employment of a family member or intimate partner within the same department shall generally preclude further advancement for the more senior member in the relationship. Promotion will only be considered if the position is one which is identified in the department's organizational table as one which has no indirect supervision over the subordinate member of the relationship.

C. Any manager/supervisor who is related to or is an intimate partner with another City employee in their department, shall immediately notify her or his department director, in writing, of the relationship.

D. Each City department shall develop and promulgate to all department members an organizational table which shall describe each position within the department and shall identify those positions which have direct or indirect supervisory authority over subordinate positions within the department. This organizational chart shall be updated from time to time at the direction of the department director. Any changes in the department organizational chart shall be promptly distributed to all department members.

E. This policy shall not prohibit the promotion of a bargaining unit member to a management/supervisory position, notwithstanding the fact that the promotion might require the new manager/supervisor to have indirect supervisory authority over a relative or intimate partner. The newly promoted manager/supervisor, however, shall be subject to the limitations and special employment conditions set forth in Section 5B and 5C above.

F. Failure of a manager/supervisor to promptly disclose the existence of a family relationship or intimate partnership as required herein or the failure to conduct one's management/supervisory responsibilities free from favoritism, partiality, or bias shall be grounds for discipline of any manager/supervisor up to and including discharge.

IV. DEFINITION

For purposes of this policy, the following special meanings shall apply:

A. "Direct Supervision" or "Direct Supervisory Authority" exists when one person regularly supervises and directs the work of another or is authorized to exercise grievance adjustment authority or conduct performance reviews of the other.


B. "Indirect Supervision" or "Indirect Supervisory Authority" exists when one may be called upon to exercise occasional, but infrequent, direct supervisory authority over another or when one may be called upon, by oneself or with others, to make decisions which will affect the working conditions of another. For example, indirect supervision includes, but is not limited to, any of the following activities:

- Approving overtime
- Approving requests for time off
- Resolving disputes
- Making work assignments
- Making training assignments
- Making promotional process decisions

C. "Relative" means the wife, husband, son, daughter, mother, father, brother, brother-in-law, sister, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, aunt, uncle, niece, nephew, stepparent, or stepchild of an individual subject to this policy.

D. "Intimate Partner" means a domestic partner or one with whom an employee has shared an intimate relationship within the preceding twelve (12) months.

Workplace Relationships

Adopted By  Date 7/10/20
Steve Forrester, City Manager

I. PURPOSE

Generally, the City considers off-duty employee personal relationships to be the employees' personal business. However, when personal relationships develop between employees, they have the potential to impact working relationships and business operations. Therefore, we have developed this policy to avoid conflicts of interest, favoritism, special treatment, harassment and retaliation, and to help ensure a positive work environment for all employees and continued excellent services to the public.

II. SCOPE

This applies to all City employees.

III. Management-Subordinate Relationships:

Romantic or sexual relationships between supervisory employees (including administrators, managers, supervisors, etc.) and subordinate employees are prohibited. This prohibition is not limited to direct reporting relationships, but also applies to a relationship between an employee and any supervisory or management employee who is in the employee's line of supervision, or has authority over the employee, or has the ability to influence the employee's position or conditions of employment.

If such a situation develops, both participants in the relationship are required to immediately notify the Human Resources Manager, or the City Manager if the Human Resources Manager is not available. The City will make personnel decisions as it determines appropriate for the proper administration and protection of its operations, which may include the transfer, reassignment, request for resignation, or termination of one or both employees.

IV. Other Consensual Relationships:

Other consensual romantic or sexual relationships between employees of the City are not automatically prohibited. However, in all cases of consensual relationships in the workplace, the City reserves the right to make personnel decisions as it determines appropriate for the proper administration and protection and of the City's business operations, including the transfer, reassignment, request for resignation, or termination of one or both employees, in accordance with applicable law.

Employees who are in romantic or dating relationships are expected to act professionally with each other in the workplace. This means that sexual or romantic conversations (including phone calls, texting, etc.), inappropriate touching (kissing, hugging, massaging, sitting on laps, etc.) and similar conduct in the workplace is strictly prohibited, even when it is consensual.

In addition, nothing in this policy changes an employee's obligations under the City's policy prohibiting sexual harassment and retaliation. All employees are expected to comply with those policies at all times. In the event a consensual romantic relationship between two employees is discontinued or becomes unwelcome or one of the participants, both parties must respect that decision. An employee may not continue to pursue a romantic or sexual relationship after being advised or having reason to know that the other employee wishes to discontinue or change the nature of the relationship. Retaliation in that situation is also expressly prohibited. "Retaliation" is broadly construed and includes the examples stated in the City's harassment policy.

Any form of unwelcome conduct or retaliation as a result of a consensual relationship no longer being consensual must be reported immediately to the Human Resources Manager or another designated person under the reporting procedure in the City's policy against harassment. In such situations, complaints and concerns will be investigated, and employees who are determined to be in violation of that policy are subject to disciplinary action up to and including discharge as we deem appropriate.

If you have any questions about your obligations under this policy, contact the Human Resources Manager, or the City Manager if the Human Resources Manager is not available.

EMPLOYMENT OF MINORS

Adopted By  Date 5/12/16
Steve Forrester, City Manager

I. PURPOSE

To establish guidelines for the occasional hire of minors during school breaks, at peak work periods, or on an internship basis.

II. SCOPE

This policy applies to minors fourteen (14) through seventeen (17) years of age.

III. POLICY

As a general rule, employees of the City are eighteen (18) years of age or older. Occasionally, the City hires students or others who are under the age of eighteen (18), but this is done only under the following special conditions and must be approved by the City Manager.

A. Number of Hours Worked. Employees that are sixteen (16) or seventeen (17) years of age may not be required to work more than forty-four (44) hours in any one (1) work week unless the City has obtained a special emergency overtime permit from the Wage and Hour Commission. (refer to OAR #839-021-0067)

Minors age fourteen (14) and fifteen (15) may only be employed between the hours of 7:00 a.m. and 7:00 p.m. for a maximum of eighteen (18) hours a week during the school year. Work for this age group is restricted to three (3) hours a day on any day when school is in session. During the summer vacation period, these employees may work up to eight (8) hours per day and forty (40) hours per week between the hours of 7:00 a.m. and 9:00 p.m. daily. (Refer to OAR #839-021-0070)

B. Rest Periods. Rest periods of at least fifteen (15) minutes with pay must be provided for all minors during each work period of four (4) hours or the major part of four (4) hours. If possible, breaks should be given approximately midway in the work period. (Refer to OAR #839-021-0072)

C. Meal Periods. Meal periods of at least one-half (1/2) hour must begin no later than five (5) hours and one (1) minute after the minor reports for work. This

time is not required to be paid if the employee is relieved of all duty. Employees age sixteen (16) and seventeen (17) years old may be required to remain on call while eating his/her meal, but this is only permissible when the nature of the work makes it impossible to relieve the employee from duty completely. In this case the time must be paid. If the minor is under fourteen (14) or fifteen (15) years of age, he/she must be relieved of all duty during their meal period. (Refer to OAR #839-021-0072)

- D. **Lifting weight.** No minor may be required to lift excessive weights.
- E. **Hazardous Work.** Because of their hazardous nature, some occupations have been prohibited for minors by Oregon Administrative Rule # 839-021-0102 and 839-021-0104. A review of the Employment Certificate will inform anyone of what specific duties are not allowed at the City facilities.

IV. PROCEDURE


- A. **Employment Certificate.** When hiring minors fourteen (14) to seventeen (17) years of age, the City must first obtain an Employment from the Child Labor Unit of BOLI's Wage and Hour Division. This employment certificate is renewable annually. A copy of the Employment Certificate is posted at each City facility that employs minors.
- B. **Verification of Age.** The City shall verify each minor's eligibility to work by requiring the minor to produce acceptable proof of age documents. Acceptable proof of age documents include, but are not limited to:
 - 1. A birth certificate issued by any state, county, or municipal authority or Certification of Birth Abroad.
 - 2. A state-issued driver's license or a state-issued I.D. card with a photograph, and other information, including, date of birth;
 - 3. A U.S. Passport;
 - 4. A US Citizen ID Card;
 - 5. Native American tribal document;
 - 6. An unexpired foreign passport with attached employment authorization (I-94 or I-94A);
 - 7. An Alien Registration Card (Form I-551)
 - 8. A Social Security card, unless the card includes one of the following restrictions (1) Not valid for employment, (2) valid for work only with INS authorization; or (3) valid for work only with DHS authorization.
 - 9. School ID card with a photograph
- C. **Record Retention.** The Human Resource Manager shall retain the Employment Eligibility Verification form (I-9) according to the instructions regarding the form I-9.

- D. **Changes.** If, after the issuance of a validated Employment Certificate, the duties of the minor will be changed from those originally authorized under the Employment Certificate, the department head should notify the Human Resources Manager. Any change must be approved by the Child Labor Unit of BOLI before it is implemented.

Effective Date: July 1, 2016

POLICY # 45

REHIRES

Adopted By  Date 5/12/16
Steve Forrester, City Manager

I. PURPOSE

To establish the authority and responsibility of the Human Resource Manager regarding the rehiring of former employees.

II. SCOPE

This policy applies to all former employees of the city, except seasonal employees.

III. POLICY

Former employees who apply to be rehired must complete the same application process, undergo the same evaluation and on the same basis as other applicants. Refer to policy #20. However, special consideration will be given to past job performance, the circumstances surrounding termination of previous employment, and the former employee's knowledge of City procedures and functions.

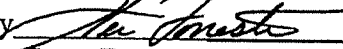
IV. PROCEDURES

- A. The rehiring of any employee must be approved by the City Manager.
- B. Employees rehired within thirty (30) consecutive working days after separation will retain their original date of hire.
- C. Employees rehired after a break of service of more than thirty (30) consecutive working days will receive a new hire date and be treated as a new employee with no longevity or leave accruals from previous employment.

Effective Date: July 1, 2016

POLICY # 50

NEW HIRE ORIENTATION

Adopted By  Date 5/12/16
Steve Forrester, City Manager

I. PURPOSE

Upon hire with the City, new employees attend New Hire Orientation to assist new hires in understanding the City's mission vision, and goals; employee benefits; City policies and procedures; and overall job expectations. For new employees, a comprehensive orientation enables them to be better integrated into the City's work force and ultimately provide better service to the public

II. SCOPE

This policy applies to all City employees

III. POLICY

In order to ensure a positive integration into the City's operations and get our new employees started on what we believe will be a productive and satisfying employment relationship. The new employee will receive detailed information about general policies, procedures and benefits, and basic information regarding pay and leave policies. The new employee shall receive copies of all City handbooks related to City policies and procedures, safety, and union contracts (if applicable).

Before an employee starts work, each supervisor will provide training in all department specific safety procedures. This shall include at a minimum the location of first aid supplies, personal protective equipment, and a review of hazard communication methods, evacuation and emergency response procedures.

IV. ORIENTATION

The first day for a new employee can be overwhelming, with a flood of new faces, introductions, and information to help them gain familiarity with their new environment. To help ease the new hire into his/her role, it is important to focus the first day on the employee's individual work space, navigating the office itself, modes of communication, use of equipment, as well as office expectations.

- A.** Human Resource Manager, on the first day.
1. Have the new employee complete all the necessary personnel forms.
 2. Explain all health insurance benefits
 - a. Medical
 - b. Dental
 - c. Vision
 - d. Life Insurance
 3. Explain Vacation and Sick Leave Accruals.
 4. Explain Retirement Package (PERS) and deferred compensation availability.
 5. Explain Probationary periods.
 6. Explain the employee's performance review process.
 7. New Hire will receive a policy and procedures handbook/safety manual. This binder will briefly explain;
 - a. Job descriptions
 - b. Policy and procedure handbook
 - c. Safety manual
 8. If the new hire will be union/association employee, they will receive a copy of the current collective bargaining unit agreement for the appropriate department.
 9. Review the City's Organizational Chart.
 10. Review our incident/accident report process

V. DEPARTMENT ORIENTATION

- A.** Provided by the Department Head or their designee to the new hire.

1. Safety

Assure that the new hire receives any pertinent training on equipment and/or on proper safety procedures that pertain to their department. Be sure that they understand what is expected before you turn them loose. Don't rely on common sense; review even the simplest of procedures. People learn by demonstrations so once you have covered the subject and shown them what to do, have them demonstrate what you have just reviewed.

- a. Personal Protective Equipment
- b. Accident/Incident reporting procedure.

- c. Fire Procedures
- d. Emergency Action Plan/ Evacuation Plan.
- e. Others

2. Chain of Command

Use the department's chain of organization to explain to who the new employee reports to; who's their immediate supervisor. Who does their supervisor report to?

3. Work Schedule

Be sure that the new hire understands the hours that they are expected to work. Also when they may have lunch or breaks.

4. Time Tracking

Show the new hire how to use the time clock or otherwise track their hours worked.

5. Accrued Leave

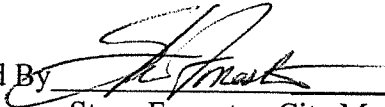
Review the paid holidays, vacation leave, and sick leave policy for your department with the new hire.

6. Facilities

Be sure that the new hire knows where to park, where the lunchroom is, location of restrooms, first-aid station, work station (if they have one). Let them know if they are responsible for any housekeeping in the department.

It is also suggested that whenever possible during the probationary period, that the new employee be given a tour of all City facilities. This helps the new employee understand how the departments fit together and how we all operate toward the City's goals.

PROBATIONARY PERIODS

Adopted By  Date 6-19-17
Steve Forrester, City Manager

Revised 7/1/2017

I. PURPOSE

To provide managers the opportunity to assess general working habits (punctuality, attendance, working relationships, etc.) and to evaluate the employee's ability to meet performance standards during the first 6, 12 or 18 months an employee is in a position.

II. SCOPE

This policy applies to all City employees.

III. POLICY

A. New Hire

Regular status employees, full-time and part-time, serve a training period during which they serve at the discretion of the City and may be dismissed with or without cause. Temporary status employees who are hired into a regular position serve a training period from date of hire in the regular position at will and may be discharged at any time.

B. Promotions

Regular, full-time and part-time status employees who are promoted may serve a probationary period up to twelve (12) months. May differ by department in compliance with the collective bargaining agreements.

C. Reclassification

Regular, full-time and part-time status employees who are reclassified may serve probationary period of six (6) months. May differ by department in compliance with the collective bargaining agreements.

D. Transfer

Regular status, full-time and part-time employees who are transferred may serve a probationary period at the discretion of the Department Head and City Manager.

E. Demotion

Regular status, full-time and part-time employees who are demoted with or without cause may serve a probationary of six (6) month period.

F. Probation Period

Prineville Police Officers Association = 18 months

911 and Police Association non-sworn employees = 12 months

City of Prineville Railway, Local 737 Members = 12 months

Public Works Department, Local 737 Members = 12 months

Non-bargaining Members = 12 months

Non-bargaining Members Promotions = 6 months

Demotion = 6 months

IV. PROCEDURE

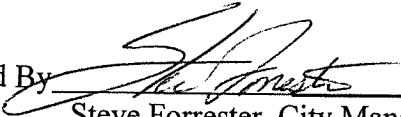
1. Department supervisors normally will be responsible for training and evaluation during the employee probationary period.
2. Informal coaching and feedback should be provided on frequent basis.
3. Upon satisfactory completion of the probationary period, employees move to regular status.

Employment may be terminated at any time and for any reason during this probation period at the discretion of your supervisor or yourself, should either party regard it necessary or appropriate. Employees are not guaranteed any length of employment upon hire or transfer/promotion; both you and the City may terminate the employment relationships during the probationary period for any lawful or no reason. Further, completion of the probationary period or continuation of employment after the introductory period does not entitle you to remain employed by the City for any definite period of time. Both you and the City are free to terminate the employment relationship, at any time, with or without notice and for any reason not prohibited by law.

Effective Date: July 1, 2016

POLICY # 60

PERSONNEL RECORDS & PRIVACY

Adopted By  Date 6-14-17
Steve Forrester, City Manager

Attachments:

Authorization and release form
Employee Change Notice

Revised 7/1/2017

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 the City.

III. POLICY

To meet state and federal legal requirements and to assure efficient personnel administration, personnel records shall be maintained for all City employees.

- A. **Notification of Changes.** Changes of address, telephone number and/or family status (births, marriage, death, divorce, legal separation, etc.) must be reported immediately to the Human Resource Manager, as an employee's income tax status and group insurance may be affected by these changes.
- B. **Files Access.** Access to personnel files is restricted to the employee, City Manager, Human Resource Manager, or designee and the Department Head on a "need to know" basis. Personnel files are the property of the City and may not be removed from the Human Resource Department.
- C. **Information Requests and Employment References.** Requests for information from employee files received from other departments and inquiries from outside the City, including requests for references on former employees, should be directed to the Human Resource Manager. To ensure appropriate compliance with Oregon Administrative Rules. Any other employees are prohibited from providing personal or employment references on ex-employees or current employees who violate this policy shall be subject to disciplinary action.

IV. FILE MAINTENANCE, ACCESS AND RETENTION

A. **Personnel File.** When an employee is hired by the City, a personnel file will be established generally containing the following:

1. Application for employment and related hiring documents, such as resumes.
2. Personal information changes and personnel action notices of pay and employment status changes
3. Performance documents including performance appraisals
4. Documentation of college class completion
5. Employee history updating information; home address and telephone disclosures, emergency contact information, changes affecting withholding tax, etc.
6. Letters of commendation and recommendation.
7. Oaths of office
8. Grievance and complaint records
9. Notice of Layoffs
10. Letters of resignations
11. Other documents pertaining to employment such as appreciation letters, corrective action reports, employment verifications, training and certification records

Personnel files shall **not** contain:

1. Medical Records
 - a. Drug testing records
 - b. Domestic Violence records
 - c. Psychological reports
 - d. Workers' Compensation records
2. Conviction or arrest records
3. Records of investigation of criminal conduct
4. Confidential reports from previous employers
5. Information related to an employee's citizenship or immigration status, including I-9 forms
6. Other materials that are excluded or maintained separately by federal or state law.

The City shall keep medical information, I-9 forms, and any confidential investigative reports in separate files and shall regulate those documents as prescribed under state or federal law.

Human Resources shall place no information that reflects critically upon an employee's personnel file unless it bears either the signature or initials of the employee indicating that the employee has seen the document. If the employee has seen the document but refuses to sign

or initial it, the supervisor must make a notation that the employee received a copy of the document and refused to sign. The supervisor shall provide the employee with a copy of the document before placing it in the employee's personnel files.

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.
 1. Employee. Employees may review their personnel file. If an employee wishes a copy of their file, the employee must make a request in writing to the Human Resource Manager. The City may charge for the expense of making copies of the information in the file. If an employee wants to review the file, he/she must arrange a mutually agreeable time to meet with the Human Resource Manager.
 2. Management Staff. The City Manager, Human Resource Manager, or designee and Department Heads may examine active and separated employee files on a "need to know" basis.
 3. Government Inquiries. The City 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 City may first seek advice of legal counsel. The City may permit a government investigator to review a personnel file on City premises, but the investigator will not be allowed to remove or reproduce this information without consent from the City Manager and/or the City's attorney.

C. Personnel Records Retention Schedule (ORS 166-200-0305)

Human Resources is responsible for the oversight of Personnel records to ensure compliance with state, federal and local laws.

1. Employee Personnel Records – Minimum retention: 6 years after separation.
2. Disciplinary Action Records – Minimum retention:
 - a. Investigation resulting in disciplinary action or exoneration retain 3 years after resolution.
 - b. Investigation resulting in termination retain 10 years after employee separation.

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

Employment references on former employee's job performance may be provided by the Human Resource Manager as follows:

1. The Human Resource Manager will not disclose information that is knowingly false or deliberately misleading or rendered with malice or a violation of any civil right of the former employee (i.e. disclosure of confidential medical information).
2. Verbal inquiries: only your name, job title, and dates of employment will be verified, unless we have a release form signed in your file.
3. Written Inquires. If the request for information is in writing and you have signed their release form, salary information will be verified in addition to the above. This verification will be in writing and a copy retained in the employee's file.

CITY OF PRINEVILLE
AUTHORIZATION AND RELEASE

I _____, do hereby authorize City of Prineville and its Human Resource Manager to release to any person any and all information, documents and records regarding or relating to, in any manner, my employment with City of Prineville. I further authorize City of Prineville and its Human Resource Manager to summarize orally and in writing for any such person any such information, documents and records.

In consideration of such release, I hereby release and discharge City of Prineville, its officers, agents and employees from any and all claims, suits, actions, causes of action and demands of whatever nature or reason for any damages, losses, injuries, costs and expenses which heretofore have been or which hereafter may be sustained or claimed to be sustained by me, my heirs, executors and assigns, forever, resulting directly or indirectly from the release of any such information, documents, record or summary.

I further acknowledge that I have been fully informed of the import of this document, and that I hereby execute the same freely and voluntarily without undue influence of any person, and I hereby acknowledge that I assume each and every risk relating to the request of otherwise confidential information.

CAUTION: READ BEFORE SIGNING!

DATED this _____ day of _____, 20_____.

Employee Signature

Employee Address Change Notice

Employee Name: _____

Department: _____

Date Effective: _____

New Address: _____


I understand that any changes in beneficiaries/dependents are my responsibility to report to Human Resources Department.

To change your address with CIS, please logon at www.cisbenefits.org and click on Self Registration.

(Signature)

PERS
OLT
Incode

Retirement Hire Back

Adopted By  Date 11/20/19
Steve Forrester, City Manager

Updated

I. PURPOSE

To define the business and operational needs that will be met by re-hiring an employee post-retirement to work, and to ensure equal and fair treatment of retirees hired back as temporary employees without a break-in-service.

II. POLICY

The City of Prineville will reserve the managerial right to select the most qualified candidate for each job vacancy. In the event that (1) management determines there is a public benefit to retain specific skills or knowledge to aid in a smooth transition of duties, and (2) an employee requests to continue working for the City post-retirement, the following process will be observed:

The affected manager will request that the employee submit their request in writing to his or her Department Head for consideration no fewer than 30 days in advance of his/her intended retirement. The Department Head shall meet with his/her supervisor to determine whether or not a continued employment relationship is beneficial to the operations and efficiency of the department. If the Department Head determines it is in the best interest of the City to retain the employee, a formal request will be submitted in writing to the City Administrator. If approved by the City Administrator, Human Resources will assist in drawing up a formal Agreement for temporary post-retirement employment.

III. COMPENSATION & BENEFITS

City of Prineville Retirees who enter into an employment agreement with the City for immediate post-retirement work will do so with the understanding that:


- The decision to retire is not based on any promise of future employment with the City. The duration of any future appointment after retiring will be based on the current and future staffing needs.
- If PERS places any restriction on the number of hours the retiree can work annually as a PERS retiree, the employee is responsible for tracking their hours and staying in compliance with PERS requirements.

- Salary for temporary work will be evaluated in regard to the skills and knowledge required in the scope of work in the employment agreement. All temporary employees will work as hourly employees without benefits, regardless of their status at the time of retirement. It will be the responsibility of management to ensure compliance with the Fair Labor Standards Act and pay overtime for hours worked in excess of 40 hours in one workweek, or arrange time off so that overtime is not incurred by the temporary employee.
- All accrued leave will be paid off at the time of retirement and additional paid leave will cease to accrue during temporary appointment. Consistent with City policy for temporary employment, retirees working in a temporary capacity will not receive holiday pay.
- No other City benefits shall accrue during post-retirement work.
- Temporary post-employment retirement is intended to mutually benefit the organization, public and the employee during a time of transition. An agreement for post-retirement work can be terminated at any time without cause if it is not working out.

Effective Date: July 1, 2016

POLICY # 110

SALARY PROGRAM ADMINISTRATION

Adopted By  Date 7/10/22
Steve Forrester, City Manager

Revised 7/1/2022

I. PURPOSE

To maintain a program of internally and externally competitive salaries.

II. SCOPE

This policy applies to regular, salaried positions, full-time, and part-time, exempt and non-exempt.

III. POLICY

The City strives to pay salaries competitive with those in surrounding jurisdictions recognizing individual effort and contribution. The City Manager is responsible for the creation and maintenance of a classification plan. The classification plan will consist of a comprehensive listing and definition of all classifications and salary ranges in City service. The Human Resource Manager will administer a review all City Classifications and assigned compensation levels on a regular schedule. The Human Resource Manager will submit findings to the City Manager for review. Compensation levels are typically reviewed every five (5) years.

IV. SALARY PROGRAM ELEMENTS

A. Classification.

1. A classification is a group of positions sufficiently alike in job duties and responsibilities and requiring the same essential job qualifications. Positions shall be analyzed in terms of essential job qualifications required to perform the duties. A listing of all the positions through written job descriptions shall be maintained to establish qualification standards, performance standards, to assist in the compensation process, and to provide a means of organizational relationships among positions.
2. Develop and Adoption. It is the responsibility of the Human Resource Manager to conduct position classification studies and to forward all

requests for review regarding changes in job descriptions or establishing new position classification to the City Manager for final approval.

3. Administration. The Human Resource Manager shall be responsible to the City Manager for the overall administration:
 - a. The Human Resource Manager periodically reviews the plan or individual positions and may add, combine, divide, or abolish classes; or revise descriptions of existing classes; or establish new classes as dictated by the City's needs. The City Manager will review positions for final determination.
 - b. The Human Resource Manager determines and allocates each position to an appropriate classification, notifying the department head and the employee.
 - c. A Department Head may request a change in classification when the duties and responsibilities of a position have changed substantially in type or level of work performed. The Department head should prepare and provide job duties and responsibilities to Human Resource Manager for review.
 - d. An employee may also request a reclassification. Such requests should be made to the employee's current Department Head. The Human Resource Manager shall determine whether the reclassification is warranted based on the position and its relationship to the organization without regard to the personal characteristics and abilities of the employee holding the position.
 - e. All reclassifications requests will need to include a job analysis questionnaire provided to the Human Resource Manager.
 - f. The effective date of position classifications will be determined based on circumstances of the request and approved by the City Manager.
 - g. A change in the Classification Plan may result in a revision to the compensation Plan.

- B. Job Descriptions. Job descriptions are written statements of each job. Descriptions include a title, a statement describing the nature and distinguishing characteristics inherent in the duties of positions in the job, representative examples of work performed, and general recruiting indicators (knowledge, skill or abilities, and experience or education) that a person

should possess to successfully perform the work. Necessary requirements such as licenses or certifications are also included.

- C. Interpretation. When determining the classification to which any position should be allocated, the statements describing each job are considered as a whole. The use of a particular expression or illustration as to duties does not exclude other duties not mentioned that are of similar kind of quality.
1. General Recruiting Indicators. The general recruiting indicators in a job related to the standards of experience and training expected at the time of appointment of a new employee and do not encompass all qualifications of employees already working in the class. General recruiting indicators are not restrictive, but are guidelines for evaluating any formal education, training, work, or other experience which result in knowledge, skills, and abilities relevant to the work of the classification.
 2. Implied Qualifications. Personal qualifications commonly required of an employee are implied as qualifications required for entrance to every job, even though the traits may not be specifically mentioned in the job descriptions. Implied qualifications include, but are not limited to, the following: honesty, loyalty, submission to supervision and compliance with suggestions from supervisors for improvement, willingness to cooperate with others, and not being under the influence of drugs, alcohol and non-prescribed substance.
 3. Job Title. The job title is the official title of every position allocated for the purpose of Personnel Actions, and is used on payrolls, budget estimates, official records, and reports relating to the position. Any other working title authorized by the City Manager may be used as a designation of any position for purposes of internal administration or in contracts with the public.
- D. Compensation. A Compensation Plan shall be maintained by the Human Resource Manager for all positions. The Plan shall include a minimum and a maximum rate and intermediate rates. These salary ranges reflect the relative responsibilities and essential qualifications as defined in the job descriptions of the Classification Plan; provided, however, bargaining unit employees' compensation plans shall be outlined in their labor agreements.

Employees shall be paid at a rate established within the salary range for the position which they are employed. Employees shall generally be hired at the first (1st) step of the range, although an employee may be hired at a higher step level dependent upon the individual's qualifications and approval from the City Manager.

A transferred employee shall be paid at the same rate received prior to transfer, absent some change in classification. A transferred employee who has been reclassified to a higher classification shall receive the nearest rate of pay. In all other cases, approval from the City Manager is required if a higher step in the range is requested by the department head. If an employee is reclassified into a lower classification, the rate of pay shall be negotiated with the employee and/ or appropriate bargaining unit, considering all factors including length of service with the City.

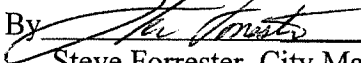
Pay increases are a reward for your dedication in your work, extra effort, and contributory performance. Management does not award increases on an automatic basis or at any preset interval unless governed by a labor agreement. Managers may determine if an increase is warranted at the time of employees performance review. All salary increases recommendations must be approved by the City Manager prior to implementation.

A salary range for each non-union position will designate a minimum and maximum rate of pay for each position and may include steps within the salary range. The salary range will be reviewed annually by the City Manager.

- E. Longevity Pay. Non-Union Employees who have worked continuously for the City shall receive an additional amount of pay per month for each five years of continuous full-time service worked.

| | |
|------------|----------|
| 60 months | \$87.50 |
| 120 months | \$175.00 |
| 180 months | \$200.00 |
| 240 months | \$225.00 |
| 300 months | \$250.00 |
| 360 months | \$300.00 |

RECOVERY OF OVERPAYMENT TO EMPLOYEES

Adopted By  Date 6-14-17
Steve Forrester, City Manager

Attachment:
Request for Recovery of Overpayment

I. PURPOSE

As stewards of the public's funds, the City has a legal obligation to collect all monies overpaid to employees of the City irrespective of the cause of overpayment.

II. SCOPE

This policy applies to all City employees.

III. POLICY

The City is entitled to recoup all overpayments of wages or reimbursements made to employees regardless of the cause of overpayment. In the case of overpayment, the City must be able to clearly show that the employee received more than he or she was due under the agreed-upon wage rate more than the hours actually worked, or more than what should have been appropriately reimbursed.

Upon verification, the City will notify the employee of the overpayment and attempt to work with the employee to develop a mutually agreeable repayment plan. Generally, the City will recoup repayments on a schedule of \$50 monthly on a total overpayment amount that is \$200 or less. For overpayments totaling over \$200, the City will try to work with the employee to develop a mutually acceptable payment plan. However, should the City and the employee fail to agree on a repayment plan, the City reserves the right to deduct up to 10% of the overpaid funds from the employee's wages each month until the City has been fully reimbursed. If an employee should separate from their employment with the City before the overpayment has been fully recovered, the final balance will be deducted from the employee's final paycheck.

The Fair Labor Standards Act (FLSA) considers a wage overpayment as a loan or an advancement of wages. Recoveries of wage overpayments may be deducted from an employee's earning even if such deductions cut into the minimum wage or overtime pay due the employee. Every effort will be made to recover overpayment debts incurred through bookkeeping errors.

Definitions Overpaid:

An employee receives wages or reimbursements in an amount that exceeds what should have appropriately been paid.

REQUEST FOR RECOVERY OF OVERPAYMENT

It has come to my attention that I have received an overpayment of wages or reimbursements from my employer, the City of Prineville. The City and I have agreed upon a mutually acceptable repayment plan listed below to recoup all overpayments to the City. If my employment at the City should end at any time prior to completing this repayment plan, the City will deduct the remaining balance from my final pay check.

Employee Name (print): _____

Employee Name (signature): _____ Date: _____

Total Amount to be Reimbursed: \$ _____

COMPLETE OPTION ONE OR OPTION TWO:

1) Deduct the entire overpayment from my next pay check. _____ (Initials)

2) This option to be used if overpayment exceeds \$50.00

\$ _____ / Month X _____ Months = \$ _____

\$ _____ / Month X _____ Months = \$ _____

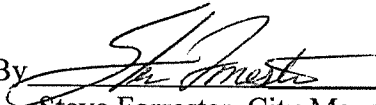
Total: \$ _____

Date of first payment: ____/____/____

Human Resource Manager _____ Date: _____

Payroll Assistant _____ Date: _____

FLSA EXEMPT / NON-EXEMPT STATUS

Adopted By  Date 6-14-17
Steve Forrester, City Manager

Revised 7/1/2017

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 all City of Prineville employees.

III. POLICY

All positions within City of Prineville will be classified as either FLSA Exempt or FLSA Non-Exempt as required by the Fair Labor Standards Act (FLSA) and other applicable federal and state laws.

DEFINITIONS

Definitions of exempt and non-exempt status are based on provisions of the Fair Labor Standards Act (FLSA) and state law. (Note: FLSA Exempt or FLSA Non-Exempt status does not relate in any way to union or non-union status.) These FLSA definitions are summarized as follows:

1. **FLSA Exempt:** Select management, supervisory, professional or administrative employees whose position duties meet the requirements established by the FLSA and state law to allow exemption from the overtime pay requirements. Employees must fit plainly and unmistakably within the exemptions provided by law. The four categories of exempt status and conditions to meet are as follows:
 - A. Executives, managers or supervisors:
 - The employee must supervise two or more employees, and
 - Must have hiring and firing authority to be able to make recommendations that carry weight, and
 - Must regularly exercise independent judgment and discretionary power, and
 - The employee's primary duty (more than 50% of work time) must be management of the enterprise or a department, and
 - The employee must be paid on a salary basis at a stated minimum amount.

- B. Administrative employees:
- The employee must perform responsible non-manual work directly related to management policies or business operations,
 - The employee must regularly assist an executive, or perform work under only general supervision, and
 - The employee must regularly exercise independent judgment and Discretionary power, and
 - The employee's primary duty must be administrative and the employee must be paid on a salary basis at a stated minimum amount.
- C. Professional employees:
- The employee must perform work requiring an advanced type of knowledge usually obtained through a prolonged course of study, or
 - The employee must perform work requiring invention, imagination, originality and/or talent in an artistic field and
 - The employee regularly exercise independent judgment and discretion; and
 - The employee's primary duty (more than 50% of the work time) must be professional as set out in bullets 1 or 2 above; and
 - The employee must be compensated on a salary or fee basis (as defined in the regulations) at a rate not less than \$455 per week;
- D. Computer employees:
- The employee must be compensated either on a salary or fee basis (as defined in the regulations) at a rate not less than \$455 per week.
 - The employee must be employed as a computer systems analyst, computer programmer, software engineer or other similarly skilled worker in the computer field performing the duties described below;
 - The employee's primary duty must consist of:
 1. The application of systems analysis techniques and procedures, including consulting with users, to determine hardware, software or system functional specifications;
 2. The design, development, documentation, analysis, creation, testing or modification of computer systems or programs, including prototypes, based on and related to user or system design specifications;
 3. The design, documentation, testing, creation or modification of computer programs related to machine operating systems; or
 4. A combination of the aforementioned duties, the performance of which requires the same level of skills.

FLSA Non-exempt: Employees whose positions do not meet FLSA exemption tests and who either accrue compensatory time at a rate of 1.5 hours for every overtime hour worked, or who are paid one-and-one-half times their regular rate of pay for hours worked in excess of 40 hours in a work week.

PROCEDURE:

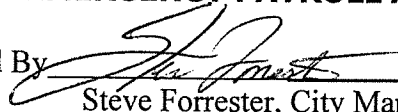
The Human Resources Department determines the FLSA Exempt or Non-Exempt status of employees. In cases where the status is in doubt, the supervisor should contact the Human Resources Department and request a review of the position duties and responsibilities against FLSA exemption standards. In order to maintain legal compliance, the Human Resources Manager will make the final decision in all cases, seeking guidance from legal counsel when necessary.

Effective Date: July 1, 2016

POLICY # 205

EMERGENCY PAYROLL ADVANCES/DRAWS

Adopted By



Date 6-14-17

Steve Forrester, City Manager

Attachments:

Emergency Pay Advance Request

Revised 7/1/2017

I. PURPOSE

The City of Prineville will help its employees in cases where an emergency causes financial hardship to the employee.

II. SCOPE

All City employees.

III. POLICY

The City's regular pay day is the end of each month. However, when an emergency causes financial hardship to an employee, a salary advance or draw may be allowed upon approval of the employee's Department Head and the City Manager. The City Manager shall determine if there is an emergency and if the employee, as a result of the emergency, is suffering a financial hardship.

IV. PROCEDURES

An employee desiring to receive a pay advance or draw on their payroll check due to an emergency that causes a financial hardship to the employee or his or her dependents, must take the following steps to request the payroll advance or draw:

1. Complete an Emergency Pay Advance Request form ("Request");
2. Discuss with and receive approval of the Request from the Employee's Department Head;
3. Deliver the Request to the City Finance Department. The Payroll clerk will make the necessary computations to determine if the amount of the emergency payroll advance requested is available to the employee and if not, the maximum payroll advance that is available. All wage withholdings required by law will be deducted from the payroll advance.

4. The payroll clerk will send the Request to the City Manager for his or her approval.
5. Once the City Manager has approved or disapproved the Request, the original Request will be placed in to the Payroll file.
6. If the Request is approved, a copy of the Request will be returned to the payroll clerk for processing of an payroll advance check on the 15th of the month unless, the 15th is a non-working day for the payroll clerk, in which event, the check will be processed on the payroll clerk's latest work day prior to the 15th.

The payroll clerk will compute the amount available for an employee's payroll advance by determining the amount of unpaid wages or salary, which will be owed to the employee on the date the payroll advance check is processed pursuant to the formula in the following paragraph. The maximum payroll advance will be 40% of the wages owed to the employee on the date the payroll advance check is processed.

The computer payroll system shows the total annual net pay-to-date. That amount will then be divided by the number of months the employee has received pay in the calendar year. The quotient is then divided by the average of 30 days. That quotient is multiplied by the estimated number of days in the current pay period that have been worked by the employee. If there is no annual net pay to date, the annual net pay for the prior calendar year shall be used. The advance allowed must be equal to or under this amount to be approved.

7. If the request is not approved by the City Manager, he will contact the employee and advise them why.



EMERGENCY PAY ADVANCE REQUEST

Pay advances are for EMERGENCIES ONLY. Requests must comply with our City Policy.

About the Employee: (Completed by Employee)

Employee ID number: _____

Name: (Last, First, MI) _____ Daytime Phone: _____

Representation Status:

Represented by _____

Non-represented _____

Other _____

About the Request: (Completed by Employee)

Choose a reason from the list below. Enter the code in the "Reason Code" box below.

DEC – Death in family necessitating unforeseen expenditures or travel.

CAR – Major car repair such as engine.

THF - Theft of cash representing major portion of most recent pay.

ACC – Automobile accident leading to loss of vehicle use.

SCK – Accident or sickness (self or family) requiring immediate substantial cash.

HOM – Destruction or major damage to home requiring immediate substantial cash.

MOV – Unreimbursed moving expenses due to transfer or promotion. This does not include personal moving situations such as purchasing a home or renting a different residence.

OTH – Other Emergency not listed above (explain): _____

Reason Code: _____ Request Amount: \$_____.00 or Max allowed. Circle One
Days worked, not paid: _____ Gross (before tax)
Net (After Tax)

If approved, I will collect this emergency pay advance check by:

___ Pickup at Payroll office ___ Shuttle/Mail to worksite ___ Mail to home address on file

I authorize the City of Prineville to deduct the amount I indicated above, or a lesser amount as calculated by the payroll office for available funds, from my next paycheck.

Employee Signature: _____ Date: _____

Supervisor Approval Signature: _____ Date: _____

Payroll Office Available Pay Calculation:

Net Pay for current calendar year _____

Divided by months of current year paid already: _____

Divided by 30 days = _____

Multiply by number of estimated days worked since last check: _____

(The advance requested must be equal to or under this amount to be approved. Payroll to issue a check on the 15th of the month.)

Calculated by: _____ Date: _____

City Manager Approval Signature: _____ Date: _____

Instructions to employees:

1. Attach documentation to this form, if applicable.
2. Obtain Supervisor or Dept. Manager's signature.
3. Return form to Payroll Dept.

Rejected:

Does not comply with policy. _____

Other: _____

Original form: Payroll for check processing.

Effective Date: July 1, 2016

POLICY # 210

HOURS OF WORK AND PAYDAYS

Adopted By  Date 7/19/22
Steve Forrester, City Manager

Attachments:

Revised 7/01/2022

I. PURPOSE

To establish the hours of employment in the City's normal workday and workweek and to establish pay periods and paydays to administer the payment of wages, salaries, and overtime.

II. SCOPE

This policy applies to all City employees except employees who work shifts or special hours at the direction of the employee's supervisor and for the benefit of the City.

III. POLICY

- A. Hours of Work The general office hours are from 8:00 AM to 5:00 PM, Monday through Friday. Management reserves the right to modify schedules consistent with the needs of the City, and as addressed in any collective bargaining agreement.
- B. Work Week is a seven-day work period beginning Sunday at 12:01 a.m. Through Saturday at 12:00 p.m. (The Airport's workweek begins 12:01 a.m., Monday and ends at 12:00 pm on Sunday)
- C. Lunch and Rest Periods Non-exempt employees are required to take a paid, uninterrupted 15-minute rest break for every four-hour segment or major portion thereof in the work period. The rest break should be taken in the middle of each segment, whenever possible. Whenever a segment exceeds two hours, the employee must take a rest break for that segment.

Non-exempt employees are required by law to take at least a 30 minute unpaid meal period when the work period is six hours or greater. The City has establish a one (1) hour lunch break unless otherwise designated. The law requires at least 30 minute uninterrupted period in which the employee is relieved of all duties. No meal

period is required if the work period is less than six hours. If, because of the nature or circumstances of the work, an employee is required to remain on duty or to perform any tasks during the meal period, the employee must inform his/her supervisor before the end of the shift so that the City may pay the employee for that work.

Meal periods and rest breaks are mandatory and are not optional. An employee's meal period and rest break(s) may not be taken together as one break. Meal periods and rest breaks may not be "skipped" in order to start work late or leave early. An employee who fails to abide by this policy and applicable laws may be subjected to discipline, up to and including termination.

Meal periods and rest breaks do not apply to exempt positions, as there are not any required meal and rest periods for such positions.

An employee who works a work shift longer than 10 hours is entitled to a third fifteen (15) minute rest break.

- D. Personnel Action All transactions affecting pay or employment status must be sent to Human Resources for processing. In order to ensure timely processing, approved changes must be submitted no later than the 21st of each month to Human Resources.
- E. Paydays Employees are paid on a monthly basis (1st through the last day of the month). Paydays are on the last working day of each month. If the last day of the month falls on a Saturday or Sunday, paychecks will be distributed on the Friday prior to the established payday. If a City holiday falls on a payday, paychecks will be distributed on the last work day prior to the holiday.
- F. Delivery of Paychecks Direct deposit notices or paychecks will be delivered each payday to each employee or to a person designated in writing by an employee.
- G. Time Records All non-exempt employees should complete their timesheets in ExecuTime and approve their time by 20th of each month. It is the supervisor's responsibility to approve their employee's timesheet(s) in ExecuTime by the 21st of each month. Any discrepancy noted by a supervisor should be resolved with the employee prior to the timesheet being approved.

New Employees during new hire orientation will be trained on how to login in to ExecuTime and correctly enter in their time. It will be the employee's responsibility to ask a supervisor or Human Resources if they have any questions. Inaccurate time records may lead to discipline, up to and including termination.
- H. Exempt employees will only record exemptions in ExecuTime.
- I. Attendance and time records are City records, and careful attention must be exercised in recording the hours worked, overtime hours, vacation, sick leave

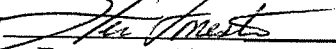
and other absences. You may not clock in or out, sign in or out, or prepare time records for anyone else. Inaccurate time records or tampering with any time record may lead to discipline, up to and including termination.

- J. If there is an error on an employee's paycheck, the employee shall immediately notify Human Resources.

Effective Date: July 1, 2016

POLICY # 215

OVERTIME/COMPENSATORY TIME

Adopted By 
Steve Forrester, City Manager

Date 6-14-17

Revised 7/1/2017

I. PURPOSE

To provide guidelines for the administration of overtime payments to comply with applicable federal and state wage and hour regulations.

II. SCOPE

This policy applies to all non-exempt employees except those otherwise covered by collective bargaining agreements.

III. POLICY

The City's overtime pay policy conforms to overtime provisions of the Federal Fair Labor Standards Act (FLSA) and applicable state laws. Exemption from these provisions can be honored only when it can clearly be established that the employee's duties and responsibilities meet the requirements for exemption from the FLSA. (See Policy No. 110, FLSA Exempt/Non-Exempt Status.)

Overtime pay policy for employees includes the following principal elements:

- ◆ Non-exempt employees will be paid straight time for all hours worked up to a maximum of forty (40) hours in a work week. For purposes of overtime payment, the City's established work week is 12:00am Sunday through 11:59pm Saturday. (The airport's work week begins 12:01am Monday and ends at 12:00am midnight on Sunday.)
- ◆ Non-exempt employees will either accrue comp time at a rate of one and one-half (1.5) hours for every one (1) overtime hour worked, or be paid time-and-one-half the regular pay rate for hours worked in excess of forty hours in one week.
- ◆ Non-exempt employees who work on a holiday will receive double time pay.
- ◆ Paid time off for holidays, jury duty, vacation, sick leave or any other paid leave of absence will be considered "hours worked" when calculating overtime pay.

- ◆ Overtime worked by non-exempt employees must be authorized in writing in advance by the employee's supervisor and/or Department Head. An employee's signature on their timesheet is an acknowledgement that they are accepting receipt of compensatory time in lieu of overtime pay.
- ◆ Only in emergency situations where health and safety of the public are involved will overtime be allowed without Department Head approval. In such instances, approval after the fact should be obtained as soon as possible.
- ◆ Work compensated at overtime levels will be paid to bargaining unit employees in accordance with the provisions of collective bargaining agreement(s).
- ◆ If compensatory time is given rather than overtime payment, it must be mutually agreed to have compensatory time in lieu of overtime pay. Every effort shall be made to allow eligible employees to utilize earned compensatory time off within the pay period in which the time was earned. All compensatory time must be taken before any annual leave is approved.
- ◆ Compensatory time is accrued at the overtime rate and paid at the straight time rate. Earned compensatory time may be taken off with the Department Head's approval. Employees may accumulate up to sixty (60) hours of compensatory time. Should any employee accumulate more than sixty (60) hours, the employee will receive payment for the compensatory time accumulated in excess of sixty (60) hours on the next regular pay day.
- ◆ Compensatory time will be paid out at full-value upon termination of employment.
- ◆ If an employee is reclassified to FLSA exempt status, they may be given the option of payout or carryover for use within 60 days.

Effective Date: July 1, 2016

POLICY # 225

MANAGEMENT LEAVE

Adopted By


Steve Forrester, City Manager

Date 5/25/16

Attachments:

I. PURPOSE

To recognize individual efforts, performance, and achievements, and to compensate for times when exempt employees spend more hours at work than normal due to special projects or increased workloads.

II. SCOPE

All FLSA Exempt City employees.

III. POLICY

According to the Fair Labor Standards Act (FLSA) certain employees are to be compensated on the basis of actual hours worked while others, who are primarily responsible for management of programs and services, are compensated on the basis of performing that function, without regard to actual hours worked. If you have any questions as to whether your position is exempt or non-exempt, contact Human Resources.

FLSA Exempt employees may be granted up to eighty (80) hours additional paid leave per fiscal year to non-represented employees who are not eligible for overtime compensation. The granting of management leave hours will be at the discretion of the City Manager.

The intent of management leave is to recognize, however, that employees in these positions often work in excess of forty (40) hours per week attending Council meetings, Planning Commission meetings, meeting with advisory boards and citizen groups, directing the work of others in unusual and emergency situations, and completing projects and assignments.

Time management leave is subject to approval by supervisor.

Management leave cannot be cashed out or carried over from year to year.

VACATIONS

Adopted By



Steve Forrester, City Manager

Date

6/2/20

Attachments:

Revised 5/01/2020

I. PURPOSE

To provide a paid-time-off benefit that will provide a restful break in year-round routine and support the City's goals of attracting and retaining quality employees.

II. SCOPE

This policy applies to full-time employees of the City.

III. POLICY

The City encourages and recommends each employee to take an annual vacation as paid time off away from work. All Finance employees are required to take 5 consecutive days off per year. The City does not provide vacation pay unless vacation time is actually taken as time off from work, or upon separation.

IV. VACATION LEAVE ELEMENTS

A. Eligibility. All regular and probationary, full-time employees accrue vacation.

1. Accrual. Vacation normally accrues monthly and increases with your longevity.

a. Full-time employee not covered by a collective bargaining agreement with the exception of Police Sergeants. Vacation leave accrual on a graduating scale as follows:

| | | |
|-------------|---------------------------|----------------|
| 1-5 years | 8 hours earned per month | Cap: 96 hours |
| 5-10 years | 10 hours earned per month | Cap: 120 hours |
| 10-15 years | 12 hours earned per month | Cap: 144 hours |
| 15-20 years | 14 hours earned per month | Cap: 169 hours |
| 20+ years | 16 hours earned per month | Cap: 192 hours |

b. Patrol Sergeants will accrue vacation time based on a graduating scale as follows:

| | | |
|-------------|---------------------------|----------------|
| 1-5 years | 8 hours earned per month | Cap: 144 hours |
| 5-10 years | 10 hours earned per month | Cap: 180 hours |
| 10-15 years | 12 hours earned per month | Cap: 216 hours |
| 15-20 years | 14 hours earned per month | Cap: 252 hours |

Sergeants may accumulate vacation accruals to a maximum of one- and one-half years of accruals.

- c. If impossible to use vacation because of City's inability to provide vacation time off (due to short-staffing), such vacation time shall be paid at actual cash value.
- d. Vacation leave benefits will stop accruing once the cap has been reached. Once it is lowered below the cap, vacation will again accrue.
- e. Vacation leave shall not accrue during a leave of absence without pay in excess of fifteen (15) calendar days.

B. Use of Vacation.


- 1. An employee may take vacation subject to the advance approval. Employee shall submit a request to his/her Supervisor.
- 2. Approval or denial of requested time off shall be given to the employee within ten (10) days of receipt of request. If an employee's request for vacation is denied, the employee shall receive a written reason for the denial. If an employee's first and second choices of vacation time of two (2) weeks or less are denied, the employee shall have the right to request a cash payment in lieu of vacation time off for the appropriate accrual year.
- 3. An employee may not use vacation leave during his/her first (1st) month of employment although vacation leave shall be credited from the date of employment. Employees may use accrued vacation leave beginning with their second (2nd) month of employment unless stated otherwise in union contract.

C. Payment. All earned but unused vacation shall be paid as part of the final paycheck. In case of death of the employee, compensation for earned vacation will be paid to the employee's designated beneficiary.

Effective Date: July 1, 2016

POLICY # 315

HOLIDAYS

Adopted By  Date 6-22-18
Steve Forrester, City Manager

Revised 7/1/2018

I. PURPOSE

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

II. SCOPE

This policy applies to regular, full-time employees, except Patrol Sergeants and those covered by a collective bargaining agreement.

III. POLICY

- A. Regular, full-time employees are eligible for holiday pay from the employee's date of hire.
- B. The Following days are recognized as paid holidays:

| <u>Holiday</u> | <u>Date Observed</u> |
|--------------------------|-----------------------------|
| New Year's Day | January 1 st |
| Martin Luther King Day | Third Monday in January |
| Presidents Day | Third Monday in February |
| Memorial Day | Last Monday of May |
| Independence Day | July 4 th |
| Labor Day | First Monday in September |
| Veterans Day | November 11 th |
| Thanksgiving Day | Fourth Thursday in November |
| Day after Thanksgiving | Fourth Friday in November |
| Christmas Eve – 4 hours | December 24 th |
| Christmas Day | December 25 th |
| New Year's Eve – 4 hours | December 31 st |
| Floating Holiday | Employee's Choice |

When the holiday occurs on a Saturday, the holiday will be observed the Friday before it occurs and when the holiday occurs on a Sunday, the following Monday will be observed as the holiday.

Department heads shall determine whether or not part-time employees will work on holidays or not.

If a paid holiday falls on a normal work day for the full-time Meadow Lakes employees, and the employee works on such holiday, the employee shall be entitled to take one day off with pay within thirty (30) days after the holiday unless other arrangements are made with his/her supervisor.

If a City-paid holiday falls during an employee's scheduled vacation, or sick leave, the holiday will not be counted as vacation or sick leave taken.

Police Sergeants may accrue 8 hours of holiday leave per month to a maximum of one and one-half years of accrual.

Holiday payout option is only available to Police Union Employees and Police Sergeants. Non-Union Police personnel will be loaded 88 hours per fiscal year and is not eligible for payout.

Effective Date: July 1, 2016

POLICY # 320

SICK LEAVE

Adopted By


Steve Forrester, City Manager

Date

6/2/20

Attachments:

Release to Return to Work Form

Revised 5/1/2020

I. PURPOSE

To provide income for employees who, because of non-job related illness or off-the-job accident, are temporarily disabled and absent from work for limited periods.

II. SCOPE

All employees accrue sick leave with pay.

III. POLICY

The City expects all employees to assume diligent responsibility for their attendance and promptness. Recognizing, however, that illnesses and injuries may occur, the City has established sick leave for employees or their immediate family members. Sick leave runs concurrently with Oregon Family Medical Leave, federal Family and Medical Leave and other leave where allowed by law.

Employees with questions about this policy may contact Human Resources. Please also refer to the Oregon Sick Leave Law poster that is posted on your department's employee bulletin board and is incorporated here by reference.

IV. SICK LEAVE ELEMENTS

A. Accrual.

- a. Full-time employee accrues sick leave at the rate of eight (8) hours per 173.34 work month.
- b. Department Heads have the authority to send employees home if they are incapacitated, and the employees are to cooperate with the decision.
- c. Notification to immediate supervisor should be made before your shift is to begin. An employee who fails to properly notify his/her supervisor of an absence under this policy will be subject to disciplinary action.

- d. Employee shall submit a sick leave request to their supervisor upon returning to work.
- e. If required by Department Head, employees returning from sick leave of three (3) days or more days must submit a qualified health care provider's verification of their fitness to return to work.
- f. During a leave of absence without pay, sick leave does not accrue except as may be required by state or federal law.
- g. Employee who is absent from work due to a catastrophic health condition and has exhausted all accrued leave and benefits may qualify for the Leave Donation Program. Refer to policy #326.

2. Beginning January 1, 2016, employees who are not full-time employees accrue sick leave at the rate of 1 hour for every 30 worked. The payroll system will calculate your accrual based on hours that you report on your timesheet. You may accrue up to 40 hours of paid sick leave per calendar year. Paid sick leave shall be taken in hourly increments.

An employee who begins employment after January 1, 2016, begins to accrue paid sick leave on the first day of employment, but may not use paid sick leave until the 91st day of employment. After the 91st day of employment, paid sick leave may be used as it is accrued.

An employee who begins employment on or **before** January 1, 2016, is eligible to accrue sick leave on January 1, 2016 and may use sick leave as it is accrued.

- a. Paid sick leave will be paid at the employee's regular rate of pay.
- b. Generally, sick leave pay will be included in the paycheck for the next payroll period after sick leave is used, provided the employee submits adequate documentation verifying that the absence was for a qualifying reason as defined in the "Use of Sick Leave" section below.
- c. Part-time sick leave is meant to be used or carried over; any unused sick leave will not be cashed out upon separation from employment. If an employee leaves employment and is rehired within 180 days, the employee's sick leave balance will be restored.
- d. Employees may carry over up to a maximum of 40 hours of accrued and unused sick leave for use in subsequent calendar year, but may use only 40 hours of sick leave each calendar year. Sick leave accrual is capped at 40 hours.

B. Sick Leave Caps. Full-time employee sick leave caps may differ by department in compliance with the collective bargaining agreements. For full-time employees not covered in collective bargaining units and hired after August 2006, you may earn up to 1,200 hours maximum. Sick leave benefits will stop accruing once the

cap has been reached. When this total is reduced below the maximum allowable, the benefit will begin accruing again.

At the full time employee's option sick leave accrued time may be paid out at retirement at the following rates:

After 10 years of service 50%

After 15 years of service 66%

After 20 years of service 100%

This payout option is available if employment is terminated other than just cause.

Any remaining sick leave accrued time not paid out will be reported to PERS for calculation in your retirement benefit. If you are Tier 1 or Tier 2, you may wish to run a calculation on the PERS website to see what the benefit difference may be with the sick leave accrual added or not added prior to making payout choice.

Part time employees who are not covered under a collective bargaining agreement have a cap of 80 hours, but may only use 40 hours per calendar year. There is no payout for this sick leave.

C. Use of sick leave.

Accrued paid sick leave may be used for the following reasons:

- a. For the diagnosis, care or treatment of a mental or physical illness, injury, or health condition or need to preventive medical care. This is available for the employee or his/her covered family member. Family member means the eligible employee's parent, grandparent, grandchild, spouse, or registered same-gender domestic partner, and the domestic partner's child or parent; the employee's stepchild, parent-in-law or a person with whom the employee was or is in a relationship of in loco parentis; and the employee's biological, adoptive or foster parent of child.
- b. For any purpose allowed under the Oregon Family Leave Act, including bereavement leave.
- c. If the employee, or the employee's minor child or dependent, is a victim of domestic violence, harassment, sexual assault or stalking as defined by Oregon law and requires leave for any of the purposes under Oregon's domestic leave law (ORS 659A.272).
- d. In the event of certain public health emergencies or other reasons specified under Oregon's sick leave law.

Employees absent from work for a qualifying reason must use accrued sick time hours for that reason and on each subsequent day of absence.

D. Employee Notice of Need for Sick Leave

Foreseeable Sick Leave. If the need for sick leave is foreseeable, an employee must notify their supervisor and Human Resources as soon as practicable before the leave. Generally, an employee must provide at least 10 days' notice for foreseeable sick leave. The request shall include the anticipated duration of the sick leave, if possible. Employees must make a reasonable effort to schedule foreseeable sick time in a manner that minimally disrupts the operations of the City of Prineville. Employees must notify their supervisor and Human Resources of any change in the expected duration of sick leave as soon as is practicable.

Unforeseeable Sick Leave. If the need for sick leave is unforeseeable, the employee must notify their supervisor as soon as practicable. An employee should notify his/her immediate supervisor of unforeseeable sick leave at least 1 hour prior to the beginning of his/her shift, unless physically unable to do so, at which time notice should be given as soon as possible.

An employee must contact his/her supervisor daily while on sick leave, unless an extended period of sick leave has been prearranged with the supervisor or when off work on protected leave. The employee shall inform his/her supervisor of any change in the duration of sick leave as soon as practicable.

If an employee fails to provide proper notice or make a reasonable effort to schedule leave in a manner that is only minimally disruptive to the organization and operations, City of Prineville may deny the use and legal protections of sick leave.

E. Sick Leave Documentation

If an employee takes more than three consecutive scheduled workdays as sick leave, City of Prineville may require reasonable documentation showing that the employee was absent for an approved reason. Reasonable documentation includes documentation signed by a healthcare provider, or documentation for victims of domestic violence, harassment, sexual assault or stalking.

F. Sick Leave Abuse

If the City of Prineville suspects sick leave abuse, including but not limited to repeated use of unscheduled sick leave or repeated use of sick leave adjacent to weekends, holidays, vacation and paydays, City of Prineville may require documentation from a healthcare provider on a more frequent basis. Employees found to have abused sick leave as described here may also be subject to discipline, up to and including termination.

G. Prohibited Use of Sick Leave

Sick leave is allowed only when an employee is unable to work because of illness or injuries and not for disabilities resulting from outside employment. Willful violation of sick leave use is recognized as grounds for discipline.

An employee on approved sick leave may not be engaged in work for another employer; perform work as a contractor or be self-employed; or be engaged in volunteer work; without the express written approval of the Human Resources Manager.

RELEASE TO RETURN TO WORK

| | |
|----------------|--------------|
| Name of worker | Claim number |
|----------------|--------------|

Please fill out this form and return it to us at the address indicated above.

(Provide closing information and complete Form 827.)

1. Is the worker medically stationary? Yes No If yes, date: _____

If no, estimated medically stationary date: _____ Are there permanent restrictions? Yes No Unknown

Next scheduled appointment date: _____

2. Worker is released to:

full duty without limitations Date: _____ (Do not complete lines 3 through 11. Sign below.)

modified duty from (date): _____ through (date): _____ (specify limitations below)

modified hours specify hours: _____ from (date): _____ through (date): _____

not released to work Est. RTW date: _____ If modified release, provide date of anticipated regular release: _____

| | Hours: | No limitations | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Other (specify) |
|--|--------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| 3. In a/an <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> other _____ -hour workday, worker can stand/walk a total of _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. At one time, worker can stand/walk _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. In a/an <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> other _____ -hour workday, worker can sit a total of _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. At one time, worker can sit _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

7. The worker is released to return to work in the following range for lifting, carrying, pushing/pulling:

| Pounds | <10 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 | 95 | 100 | >100 |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Occasionally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Worker can use hands for repetitive:

| | | | |
|------------------------|--|--|---|
| | Right | Left | |
| a. Fine manipulation | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dominant hand <input type="checkbox"/> Right <input type="checkbox"/> Left |
| b. Pushing and pulling | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Simple grasping | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. Keyboarding | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Worker can use feet for repetitive raising and pushing (as in operating foot controls): Yes No

10. Worker is able to:

| | Continuous 67-100% of the day | Frequently 34-66% of the day | Occasionally 6-33% of the day | Intermittently 1-5% of the day | Not at all |
|---------------|----------------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------|
| a. Stoop/bend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Crouch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Crawl | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Kneel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Twist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Climb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Balance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Reach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Push/pull | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Other functional limitations or modifications necessary in worker's employment:

Additional comments may be written on back of form.

| | | |
|--|--------------|------|
| Signature of medical service provider* | Printed name | Date |
|--|--------------|------|

* See OAR 436-010-0210 regarding who may provide medical services and authorize time loss.

CITY OF PRINEVILLE

Overtime / Time-Off / Training Request Sheet

Name: _____

Date: _____

| Overtime | |
|---|--|
| <input type="checkbox"/> CITY <input type="checkbox"/> RAILROAD <input type="checkbox"/> MEADOW LAKES | <input type="checkbox"/> STREETS <input type="checkbox"/> PW <input type="checkbox"/> WWTP |

| Time Off |
|----------|
|----------|

Date Worked: _____ Total Hours: _____

From: ____ To: ____ Dept/Task _____

Regular Overtime Comp. Time Holiday OT

Dates Requested:

Dates: _____ Reason:* _____

Hours: _____ To: _____

Total Hours: _____

Date Worked: _____ Total Hours: _____

From: ____ To: ____ Dept/Task _____

Regular Overtime Comp. Time Holiday OT

Dates: _____ Reason:* _____

Hours: _____ To: _____

Total Hours: _____

Date Worked: _____ Total Hours: _____

From: ____ To: ____ Dept/Task _____

Regular Overtime Comp. Time Holiday OT

Dates: _____ Reason:* _____

Hours: _____ To: _____

Total Hours: _____

Date Worked: _____ Total Hours: _____

From: ____ To: ____ Dept/Task _____

Regular Overtime Comp. Time Holiday OT

Dates: _____ Reason:* _____

Hours: _____ To: _____

Total Hours: _____

Date Worked: _____ Total Hours: _____

From: ____ To: ____ Dept/Task _____

Regular Overtime Comp. Time Holiday OT

*Doctor * Vac *Sick * LWOP * Comp Time
 *OFLA Sick Child * Time Management
 * FMLA
 *Bereavement – Relationship: _____

Date Worked: _____ Total Hours: _____

From: ____ To: ____ Dept/Task _____

Regular Overtime Comp. Time Holiday OT

| Training |
|----------|
|----------|

Signatures:

Dates Requested:

From: _____ To: _____

Employee Signature _____ Date _____

Total Hours: _____ Dept: _____

Supervisor Section: (Signature Needed)

Type of Training Requested: _____
 (Attach Training Request Form)

Approved: _____

NOTES:

Date: _____

Not Approved (Explanation): _____

Effective Date: July 1, 2016

POLICY # 321

**PROTECTED LEAVE
Absence without Pay**

Adopted By 
Steve Forrester, City Manager

Date 11/20/19

Attachments:

Health Care Provider Certification
Request for Medical and Family Leave
Release to Return to Work Form

Revised 9/01/2019

I. PURPOSE

The purpose of the Protected Leave Policy is to ensure that the City of Prineville complies with all federal and state laws regarding protected leave including the Oregon Family Leave Act ORS 659a.150 - 659a.186 (OFLA), Oregon Military Family Leave Act 659a.090 – 659a.186 (OMFLA) and 29 CFR § 825.301 Family and Medical Leave Act of 1993 (FMLA), Oregon Victims of Certain Crimes Leave Act, ORS 659A.190 through 659A.198 (OVCCLA).

II. SCOPE

All City employees.

III. POLICY

City of Prineville provides protected leave for qualifying employees in the form of family, medical, domestic violence, and military leave in conformance with the family Medical Leave Act (FMLA), Oregon Family Medical Leave Act (OFLA), Oregon Victims of Certain Crimes Leave Act (OVCCLA), and Oregon Military Family Leave Act (OMFLA).

1. **Responsibilities.** Human Resources is responsible for implementing this policy. Implementation includes training, advice, and assistance to management staff on the City's obligations under the laws.
2. **Federal and State Laws.**
 - A. **Family Medical Leave Act (FMLA):** A federal law that provides unpaid protected leave (up to 12 weeks or 480 hours) for serious health conditions of employees and their family members, the birth, adoption or foster care placement of a child, and leave time for pregnant employees to seek prenatal and postnatal care.
 - B. **Oregon Family Medical Leave Act (OFLA):** A state law that provides unpaid protected leave for: serious health conditions of employees and their family members, the birth, adoption or foster care placement of a child, bereavement leave, and leave time for pregnant employees to seek

prenatal and postnatal care. The Oregon law is more comprehensive, allowing more than 12 weeks or 480 hours per year under certain conditions. Employees are entitled to OFLA leave if they have worked for the City for 180 calendar days.

- C. Victims of Certain Crimes Leave Act (OVCCLA):** This act is an extension of the OFLA and provides leave for an employee who is the victim of domestic violence, sexual assault, or stalking; or is the parent or guardian of a minor child or dependent who is the victim of domestic violence, sexual assault, or stalking. Leave may be used to seek legal or law enforcement assistance, to seek remedies to ensure health and safety, to seek medical treatment for injuries or to recover from injuries, to obtain counseling, to seek other domestic violence services, to relocate or secure existing housing, or to attend criminal proceedings related to these circumstances.

To the extent the employee's need for leave under ORS 659A.285 is also covered by the Oregon Family Leave Act (OFLA), the employer may run the two types of leave concurrently.

- D. Oregon Military Family Leave Act (OMFLA):** This act is an extension of OFLA and provides up to 14 calendar days of leave per deployment for a spouse or same-sex domestic partner of a member of the Armed Forces of the United States, the National Guard, or the military reserve forces.

An eligible employee need not be eligible for protected leave under the Oregon Family Leave Act (OFLA) in order to take protected leave under the Oregon Military Family Act (OMFLA). Protected leave taken by an eligible employee under OMFLA may be included in the total amount of leave authorized under ORS 659A.162(1) of OFLA if the employee is also eligible for OFLA leave and has any leave entitlement remaining.

3. Definitions.

- A. Bereavement Leave:** Leave in order to attend the funeral or alternative to a funeral of a family member; make arrangements necessitated by the death of a family member; or, for the process of grieving the loss of the family member. This runs concurrent with Policy #325.
- B. Chronic Condition:** A condition that requires periodic visits to a healthcare provider for treatment and occurs over an extended period of time. An employee may use intermittent leave to care for a chronic condition that is generally episodic.
- C. Crime Victim:** A person who is a victim of domestic violence, criminal harassment, sexual assault or stalking.

D. Exigency Leave (National Guard or Reserves):

- i. For a short-notice deployment, meaning a call or order that is given no more than 7 calendar days before deployment (the employee can take up to 7 days beginning on the date of notification);
- ii. For military events and related activities, such as official military-sponsored ceremonies and family support and assistance programs sponsored by the military and related to the family member's call to duty;
- iii. For urgent (as opposed to recurring and routine) child-care and school activities, such as arranging for child care;
- iv. For financial and legal tasks, such as making or updating legal arrangements to deal with the family member's active duty;
- v. For counseling for the employee or his/her minor child that is not already covered by the FMLA;
- vi. To spend time with the covered service member on rest and recuperation breaks during deployment, for up to 5 days per break;
- vii. For post-deployment activities such as arrival ceremonies and reintegration briefings or to address issues from the service member's death while on active duty; or
- viii. For other purposes arising out of the call to duty, as agreed on by the employee and employer.

E. Family Member:

- i. **FMLA** defines family members to include the employee's spouse, including those in same-sex marriages, parent, son or daughter. "Spouse" means a husband or wife as recognized under state marriage laws where the employee resides. A "parent" is the biological or legal parent or one who is in loco parentis. Son and daughter are defined as a biological, adopted or foster child; a legal ward; or a child of a person standing in loco parentis, under the age of 18, or older if incapable of self-care because of mental or physical disability.
- ii. **OFLA** defines family members to include parents, spouses, and children. OFLA includes parents-in-law, same-sex domestic partners, the parents of a same-sex domestic partner, grandparents, and grandchildren.
- iii. **OVCCLA** defines immediate family members for purposes of attending a criminal proceeding as a crime victim's spouse, domestic partner, father, mother, sibling, child, stepchild, and grandparent.

- F. Parental Leave:** This OFLA leave provides for the birth or adoption of a child, and placement of foster children and cannot be an intermittent or reduced schedule.

- G. Pregnancy Disability:** FMLA and OFLA cover a variety of absences related to pregnancy or childbirth incapacity, such as absences for serious morning sickness, period of bed rest ordered by a healthcare provider, pregnancy complications, and routine prenatal visits to healthcare providers.
- H. Serious Health Condition:** Absences for inpatient care, terminal illnesses, and illnesses that result in incapacity for more than three calendar days and require continuing treatment by a health care provider. A serious health condition can be intermittent or require a reduced schedule.
- I. Serious Injury or Illness in the Line of Duty:** For a veteran, a serious injury or illness is one that was incurred by the veteran in the line of duty on active duty in the Armed Forces or that existed before the veteran's active duty and was aggravated by service in the line of duty on active duty, and that is either:
- a continuation of a serious injury or illness that was incurred or aggravated when the veteran was a member of the Armed Forces and rendered the service member unable to perform the duties of the service member's office, grade, rank, or rating; or
 - a physical or mental condition for which the veteran has received a Department of Veterans Affairs Service-Related Disability Rating (VASRD) of 50 percent or greater. (The rating may be based on multiple conditions).
 - a physical or mental condition that substantially impairs the veteran's ability to work because of a disability or disabilities related to military service, or would do so absent treatment; or
 - an injury that is the basis for the veteran's enrollment in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

Any one of these definitions meets the FMLA's definition of a serious injury or illness for a veteran regardless of whether the injury or illness manifested before or after the individual became a veteran.

- J. Sick Child Leave:** OFLA allows time off to any eligible employee whose child requires home care for an illness or injury that is not a serious health condition. Sick child leave is not for routine medical or dental appointments, or because school is not in session, or for other child care issues.

- K. Week:** For purposes of protected leave as defined above, a week is the employee's normal workweek schedule. The City will count family medical leave from the first day of absence under the qualifying purpose.
- L. Year:** For the purposes of protected leave as define above, the 12 month period begins on the first day an employee begins protected leave. The City will count family medical leave from the first day of absence under the qualifying purpose.

4. Qualifying Purposes of Leave:

City of Prineville designates leave based on qualifying conditions, regardless of whether the employee has leave accruals to cover the absence or whether the employee requests family medical leave. Employees who qualify may be entitled to protected leave in the following situations:

- A.** When the employees' own serious health condition prevents them from performing the essential functions of the job.
- B.** The birth or adoption of a child under the age of 18 (including the legal placement of a foster child under the age of 18) within 12 months of the event.
- C.** To care for a spouse, parent, or child under the age of 18 who has a serious health condition, or a mentally/physically impaired child aged 18 or over (FMLA); a biological, adopted or foster child, grandparent, grandchild, parent- in-law, domestic partner, or child or parent of a same-sex domestic partner (OFLA).
- D.** To provide home care for a child under the age of 18 with a non-serious health condition, provided another family member is not willing and able to care for the child.
- E.** To care for a spouse, parent, child, or next of kin who is a covered service member or a veteran discharged under conditions other than dishonorable within the five (5) year period before you first take military caregiver leave to care for that veteran who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.
- F.** For an exigency leave related to a spouse, child, or parent of a covered service member who is on active duty, called to active duty, and during leave from deployment.
- G.** To seek legal assistance, medical treatment, counseling, or to relocate or secure an existing residence when the employee is a victim of domestic violence, sexual assault, or stalking; or the parent or guardian of a minor child or dependent who is the victim of domestic violence, sexual assault, or stalking.

- H. To attend a criminal proceeding as a crime victim or family member of a crime victim.

5. Eligible Employees:

- A. Eligible employees under Oregon protected leave laws are:
 - i. Full-time or part-time employees who meet the qualifying purposes for leave and the following criteria:
 - a. Have been employed by the City for at least 180 days (26 weeks) or more before the first day of the protected leave; and have worked an average of 25 or more hours per week for the City as of the day before the request for leave is made. This average will be calculated over the 180 days preceding the request for leave. However for the purpose of taking leave in the event of the birth or adoption of a child, or the legal placement of a foster child, an employee does not need to meet the hours requirement. For leave related to a spouse being called to active duty, the employee must have worked an average of 20 or more hours per week for the City of Prineville.
- B. Employees who are victims of or at risk of domestic violence, sexual assault, or stalking, regardless of how long he or she has worked for City of Prineville and regardless of how many hours per week the employee works.
- C. Employees are also eligible for protected leave under FMLA if they have been employed by the City for a total of at least 12 months (does not need to be consecutive) and have worked at least 1,250 hours during the 12-month period immediately preceding the family medical leave.

6. Request for Protected Leave:

- A. Anticipated Situations:
 - i. In situations where the need for protected leave is known, employees are expected to give 30 days advanced notice to take protected leave.
 - ii. If the anticipated leave is known less than 30 days in advance, employees must give notice as soon as possible. Upon notice, the city will provide the employee with a Protected Leave Request Form. All employees are required to complete a Family/Medical Leave Request form and submit to Human Resources prior to the commencement for approval or denial of protected leave.
 - iii. An employee who intends to take leave to attend a criminal proceeding must give reasonable notice to his/her supervisor of the

impending leave once the employee has received official notice of the proceeding.

- iv. An employee who intends to take domestic violence-related leave must give reasonable notice to his/her supervisor of the impending leave unless giving advance notice is not feasible (see Section 6.B).
- v. An employee who intends to take military-related leave must give notice to a supervisor within five business days of receiving official notice of an impending call or order to active duty, or of a leave for deployment.

B. Unanticipated Situations:

In unanticipated or emergency situations in which there is no opportunity to give notice, employees must notify their Department Head verbally within two working days of the emergency situation. The required paperwork must be completed and returned as soon as is practicable. Notice may be provided by a family member or other individual when an employee is unable to provide notice.

7. Certification/Designation:

A. Certification of Need:

- i. Certification of the need for family medical leave may be required. If certification is required in the event of an employee health condition or that of a family member, it must be provided by a medical professional on the applicable certification form within 15 days of the request for family medical leave. Failure to provide required medical certification may delay the start of family medical leave or may cause the denial of family medical leave. The employee may be required to furnish the city with periodic medical reports as frequently as every 30 days and to complete the full recertification process every six months.
- ii. In the event of a request for parental leave to care for a newly adopted child or a newly placed foster child, the employee may be required to provide verification from the agency representative regarding the adoption or placement of the child.
- iii. In the event of a request for domestic violence-related leave, the employee may be required to certify that he/she qualifies for leave and that the leave is to be taken for an authorized purpose.
- iv. In the event of a request for leave to attend criminal proceedings, the employee may be required to provide copies of the notice of the scheduled proceedings.

B. Intermittent or Reduced Schedule:

- i. Medically necessary family medical leave may be taken on an intermittent or reduced schedule. Details of the proposed schedule must be verified by the certifying medical professional on the applicable certification form.
- ii. Employees who have received a designation of intermittent family medical leave must comply with the sick leave notification policy in effect in his or her division or department. Failure to do so may result in disciplinary action.
- iii. Intermittent leave or a reduced schedule is not allowed upon the birth or adoption of a child, except to accommodate the required legal process leading to the adoption of a child or the placement of a foster child.

C. Employer Designations: The City will designate leaves of absence as covered under FMLA and/or OFLA, even when not requested by the employee, if the reason for the absence is a qualifying purpose under one or both of the laws. The Human Resources Manager will notify an employee of such designation.

D. Concurrent Designations:

- i. When the qualifying purpose of the leave is covered under both FMLA and OFLA, the leave will be designated concurrently toward the time allowed under both laws.
- ii. Leaves potentially covered under workers' compensation will be provisionally designated under both FMLA and OFLA if the absence is for a qualifying purpose under the applicable laws. If a workers' compensation claim is found to be compensable, the designation will be withdrawn and the leave taken will not count toward the employee's available leave under FMLA and/or OFLA.

8. General Provisions:

A. Calculation Period:

The "twelve month period" during which leave is available (also referred to as the "one year Calculation Period" will be determined by a rolling twelve-month period measured backward from the date an employee uses any Family Medical Leave. Under the "rolling" 12-month period, each time an employee takes FMLA leave, the remaining leave entitlement would be the balance of the 12 weeks which has not been used during the immediately preceding 12 months.

B. Use of Accrued Leave:

- i. While on approved leave employees may choose to use other forms of paid leave prior to using sick leave. All leave accruals must be exhausted prior to leave without pay and accruals will not accrue while on leave without pay as stated in Policies #310 and #320.

C. Benefits During Leave:

- i. FMLA: While the employee is on an absence covered by FMLA, City of Prineville will continue to pay its share of benefit premiums whether or not the employee is receiving wages while on leave.
- ii. OFLA: If the absence is only covered under OFLA, the City will **not** continue the employee's health coverage through the end of the month in which the leave began. For the following months the employee will be responsible for the full premium payments in order to continue benefit coverage.

D. Medical Release: Employees returning from family medical leave taken for their own health condition are required to provide a Medical Release to Return to Work Form prior to or upon return indicating that they are able to return to work and whether they have any restrictions.

E. Reinstatement: Employees returning from family medical leave will be reinstated to the same or an equivalent position with equivalent benefits, pay, and other terms and conditions of employment; unless their former positions have been eliminated.

F. All qualified protected leave must be reported on an employee's time sheet. Reporting qualified leave is required regardless of whether the leave is paid or unpaid. FMLA and OFLA are not voluntary; it is mandatory when the condition qualifies for protected leave. Exempt employees may not be required to utilize accrued leave for intermittent protected leave; however, they are required to record all hours taken as protected leave on their time sheet.

9. Violations:

Failure to complete and submit required documentation and/or submitting insufficient documentation may result in denial of Protected Leave status. Employees may not be engaged in work for another employer; perform work as a contractor or be self-employed; or be engaged in volunteer work during a "serious health condition" leave may be subject to discipline up to and including termination. Additionally, all employees who use Family Medical Leave for reasons other than the reason for which leave had been granted may to be subject to discipline up to and including termination.

10. Periodic Review:

This policy will be reviewed as state and federal regulations are revised and necessitate a change in the policy.



REQUEST FOR MEDICAL AND FAMILY LEAVE

This form is used for the purpose of requesting Family and Medical Leave Act (FMLA), Oregon Family Leave Act (OFLA), Medical, and Parental Leave

Employee _____ # _____

Contact Phone Number (while on leave) _____ Date of Request _____

Date(s) of Leave

Single Day(s): _____
Date Date Date

Continuous Leave: _____ to _____
First Day of Leave Return to Work Date

Intermittent Leave: _____ to _____
First Day of Leave Return to Work Date

*Partial Reduction in FTE Hours per day Hours per week
From _____ to _____ To _____
*reduction may be paid or unpaid, depending upon paid leave balance(s)

I am requesting the following leave:

- MEDICAL (Employee Only):** To recover from or seek treatment for a serious health condition. This includes a pregnancy-related disability or period of absence. (FMLA and OFLA leave) Work Related Yes No
Note: The Health Care Provider Certification form must be submitted to Human Resources prior to this leave being approved. If it is a work related medical leave, a completed Employee Accident/Incident Report form and Saif 801 form need to be submitted to Human Resources.
- FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION.** (FMLA and OFLA leave) Identify relationship, as defined or recognized under State law (**Note: The Health Care Provider Certification form must be submitted to Human Resources prior to this leave being approved.**):
 - spouse parent child (age _____)
 - domestic partner parent of spouse child of domestic partner (age _____)
 - grandparent parent of domestic partner grandchild (age _____)
- PARENTAL:** To care for a newborn, newly adopted, or newly placed foster child. (FMLA and OFLA leave)
- SICK CHILD LEAVE FOR A NON-SERIOUS HEALTH CONDITION:** To care for my child who is suffering from an illness or injury which requires home care but is not a serious health condition. (OFLA leave)
- MILITARY LEAVE:** Extended service with the armed forces of the United States. (FMLA and OFLA leave)
- MILITARY CAREGIVER LEAVE:** To care for a son, daughter, spouse, parent, or next of kin who is in the military on active duty and is injured or ill as a result of active duty. (FMLA and OFLA leave)
- QUALIFYING EXIGENCY UNDER MILITARY LEAVE:** Related to military service for short notice deployment, military events and activities related to deployment, to arrange for alternate childcare, financial and legal arrangements related to deployment, counseling, rest and recuperation (up to five days to spend with a service member), and post deployment activities sponsored by the Military. (FMLA and OFLA leave)

By signing below, I, the employee, fully understand the impact that this leave may have on my salary and benefit eligibility, including PERS, and that all approvals of this request are conditional pending certification by Human Resource Manager. Furthermore, I understand that this leave will be applied, as allowable under law, concurrently to my FMLA and OFLA protected leave entitlement.

Employee Signature

Signature Date

I recommend this request be Approved Denied

Comments _____

Supervisor Signature

Signature Date

Human Resources Use Only

The leave requested above is Approved Denied Supporting Documentation Received in HR

Comments _____

Human Resource Manager

Signature Date

HEALTH CARE PROVIDER CERTIFICATION FOR SERIOUS HEALTH CONDITION

This optional form is designed to help determine if an employee is eligible for leave under either or both the federal Family and Medical Leave Act (FMLA) and/or the Oregon Family Leave Act (OFLA).

▲ Indicates that an affirmative answer to this question is *not required* for OFLA or concurrent OFLA & FMLA leave.

* Indicates categories that qualify as OFLA leave *only*.

Employers are *not required* to use this form in order to designate leave as OFLA or FMLA protected.

Information sought on this form relates only to the condition for which the employee is taking leave.

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) and the Oregon Family Leave Act (OFLA) provide that an employer may require an employee seeking FMLA/OFLA protections because of a need for leave to care for a covered family member with a serious health condition or *because of a need for leave due to employee's own serious health condition* to submit a medical certification issued by the health care provider of the covered family member or a medical certification issued by the employee's own health care provider, whichever is appropriate. 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, 29 C.F.R. § 825.500(g), and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies. This also applies to OFLA. ORS 659A.186(2); ORS 659A.136.

Employer name: _____

Employer contact: _____

If this form is being completed for employee's own serious health condition, please also provide the following information:

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 *patient's (your own or your covered family member's)* health care provider. FMLA/OFLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA/OFLA leave due to your own or your covered family member's serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA/OFLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in delay or denial of FMLA protection. 29 C.F.R. § 825.313. Your employer must give you 15 calendar days to return this form. 29 C.F.R. § 825.305(b), OAR 839-009-0260(4).

Employee's Name: _____

Patient's Name (if different from employee): _____

If patient is a child, date of birth (mm/dd/yyyy): ___ / ___ / _____

Patient's Relationship to Employee (if employee is not the patient):

- Spouse, or (*OFLA only) Same-gender Domestic Partner

- Parent, or (*OFLA only) Parent-in-law, or
 (*OFLA only) Parent of employee's same-gender Domestic Partner

- Child, or (*OFLA only) Child of employee's same-gender Domestic Partner

- Employee is currently *in loco parentis* (see definition below) to patient who is under age 18 or incapable of self-care due to disability. (Employee has financial or day-to-day responsibility for care of the patient – covered by OFLA and FMLA)

- (*OFLA only) Employee was *in loco parentis* to patient. (Employee had financial or day-to-day responsibility for care of the patient when the patient was under 18 – OFLA only)

- Patient was *in loco parentis* to employee (Patient had financial or day-to-day responsibility for care of the employee when employee was under 18)

- Grandparent (*OFLA only)

- Grandchild (*OFLA only)

“*In loco parentis*” means in the place of a parent, having financial or day-to-day responsibility for the care of a child. A legal or biological relationship is not required.

(*OFLA only) Check here if requesting “Sick Child Leave”, which is available under OFLA for a child's non-serious health condition. (Completion of this form is only necessary *after* a 3rd occurrence of using Sick Child Leave during a “leave year”.)

Employee Signature: _____

SECTION III : For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Either your patient has requested leave under the FMLA/OFLA *or the employee listed above has requested leave under the FMLA/OFLA to care for your patient.* 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/OFLA coverage. Limit your responses to the condition for which the employee is seeking leave.

Printed Name of Physician/ Practitioner

Date Signed

Signature of Physician/ Practitioner

Type of Practice/ Field of Specialization

Address

Phone Number

PART A: MEDICAL FACTS

Note: *If this form is being used for the purposes of filing for the certification of OFLA’s non-serious health condition of a child, only complete # 1*.*

- 1) Approximate date condition commenced: _____
 - a) Probable duration of condition: _____
 - b) Was the patient admitted for inpatient care in a hospital, hospice, or residential medical care facility?

No- Yes- If “yes”, dates of admission: _____
 - c) Date(s) you treated the patient for the condition: _____
 - d) Was medication, other than over-the-counter medication, prescribed? No- Yes-
 - e) Will the patient need to have treatment visits at least twice per year due to the condition?

No- Yes-
 - f) Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? No- Yes- If “yes”, state the nature of such treatments and expected duration of treatment:

2) Is the medical condition pregnancy? No- Yes- If "yes", expected delivery date: _____

3) If patient is EMPLOYEE: 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.

a) Is the employee unable to perform any of his/her job functions due to the condition?

No- Yes-

If "yes", 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 CARE NEEDED When answering these questions, keep in mind that your patient's need for care may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

5) Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? No- Yes-

If "yes", estimate the beginning and end dates for any period of incapacity: _____

If this certification relates to the employee's seriously ill family member(s), also complete the following:

a) Does the patient require assistance for basic medical or personal needs or safety, or for transportation? No- Yes-

b) Would the employee's presence to provide psychological comfort be beneficial or assist in the patient's recovery? No- Yes-

c) If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration and frequency of this need: _____.

Please explain the care needed by the patient: _____

▲ Affirmative answer to the following question is not required for OFLA or concurrent OFLA/FMLA leave.

↳ Is this care medically necessary? No- Yes-

6) 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:

▲ Affirmative answer to the following question is not required for OFLA or concurrent OFLA/FMLA leave.

↳ Is this care medically necessary? No- Yes-

7) Will it be necessary for the employee to take leave only intermittently or to work on a less than full-time schedule basis because of the condition or treatment? No- Yes-

If "yes", expected duration: _____

Frequency (Check One):

- One (1) to two (2) days per month
- Two (2) to three (3) days per month
- Three (3) to four (4) days per month
- Other - *Explain*: _____

Please explain how employee will use leave intermittently, being as specific as possible including frequency and duration of absences: _____

8) Will the patient require a regimen of treatment? No- Yes-

If "yes", describe the nature of the treatments: _____

Estimated number of treatments: _____

Estimated interval between treatments: _____

Estimated or actual dates of treatments: _____

What is the duration (and any period required for recovery) for a treatment?

▲ Affirmative answer to the following question is not required for OFLA or concurrent OFLA/FMLA leave.

↳ Is this care medically necessary? No- Yes-

RELEASE TO RETURN TO WORK

| | |
|----------------|--------------|
| Name of worker | Claim number |
|----------------|--------------|

Please fill out this form and return it to us at the address indicated above.

1. Is the worker medically stationary? Yes No If yes, date: _____ (Provide closing information and complete Form 827.)

If no, estimated medically stationary date: _____ Are there permanent restrictions? Yes No Unknown

Next scheduled appointment date: _____

2. Worker is released to:

full duty without limitations Date: _____ (Do not complete lines 3 through 11. Sign below.)

modified duty from (date): _____ through (date): _____ (specify limitations below)

modified hours specify hours: _____ from (date): _____ through (date): _____

not released to work Est. RTW date: _____ If modified release, provide date of anticipated regular release: _____

| | Hours: No limitations | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Other (specify) |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. In a/an <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> other _____ -hour workday, worker can stand/walk a total of _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. At one time, worker can stand/walk _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In a/an <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> other _____ -hour workday, worker can sit a total of _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. At one time, worker can sit _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. The worker is released to return to work in the following range for lifting, carrying, pushing/pulling:

| Pounds | <10 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 | 95 | 100 | >100 |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Occasionally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Worker can use hands for repetitive:

| | Right | Left | |
|------------------------|--|--|---|
| a. Fine manipulation | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dominant hand <input type="checkbox"/> Right <input type="checkbox"/> Left |
| b. Pushing and pulling | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Simple grasping | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. Keyboarding | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Worker can use feet for repetitive raising and pushing (as in operating foot controls): Yes No

10. Worker is able to:

| | Continuous 67-100% of the day | Frequently 34-66% of the day | Occasionally 6-33% of the day | Intermittently 1-5% of the day | Not at all |
|---------------|----------------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------|
| a. Stoop/bend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Crouch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Crawl | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Kneel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Twist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Climb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Balance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Reach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Push/pull | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Other functional limitations or modifications necessary in worker's employment:

Additional comments may be written on back of form.

| | | |
|--|--------------|------|
| Signature of medical service provider* | Printed name | Date |
|--|--------------|------|

440-3245 (10/05/DCBS/WCD/WEB)

* See OAR 436-010-0210 regarding who may provide medical services and authorize time loss.

Effective Date: July 1, 2017

POLICY # 322

OFF THE JOB INJURIES

Adopted By


Steve Forrester, City Manager

Date 6-14-17

Attachments:

Release to Return to Work Form

I. PURPOSE

To provide guidelines for employees recovering from an off-the-job injury or illness.

II. SCOPE

All City Employees

III. POLICY

There is no mandatory requirement to place employees recovering from an off-the-job injury or illness into a modified duty assignment.

When an employee suffers off-the-job injury or illness and is not able to perform the full range of functions required by their position, the employee may request a modified duty assignment. The restrictions to the duty are established by the employee's qualified health care provider and based upon the review of the essential functions of the employee's current position. The employee's request, together with the restrictions noted on the **Release to Return to Work Form** is to be provided to Human Resources.

The Department Head and Human Resource Manager will make the determination, on a case by case basis, if modified duty request is approved for employee in job assignment.

If the modified duty request is denied, employees must use sick leave and/or FMLA leave until such time as either the restriction change (modified duty request is re-evaluated) or a full duty release is received.

A full duty release, documented on the **Release to Return to Work Form** is required from the physician before an employee may be approved to return to full duty.

RELEASE TO RETURN TO WORK

| | |
|----------------|--------------|
| Name of worker | Claim number |
|----------------|--------------|

Please fill out this form and return it to us at the address indicated above.

(Provide closing information and complete Form 827.)

1. Is the worker medically stationary? Yes No If yes, date: _____

If no, estimated medically stationary date: _____ Are there permanent restrictions? Yes No Unknown

Next scheduled appointment date: _____

2. Worker is released to:

full duty without limitations Date: _____ (Do not complete lines 3 through 11. Sign below.)

modified duty from (date): _____ through (date): _____ (specify limitations below)

modified hours specify hours: _____ from (date): _____ through (date): _____

not released to work Est. RTW date: _____ If modified release, provide date of anticipated regular release: _____

| | Hours: No limitations | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Other (specify) |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. In a/an <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> other _____ -hour workday, worker can stand/walk a total of _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. At one time, worker can stand/walk _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In a/an <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> other _____ -hour workday, worker can sit a total of _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. At one time, worker can sit _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. The worker is released to return to work in the following range for lifting, carrying, pushing/pulling:

| Pounds | <10 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 | 95 | 100 | >100 |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Occasionally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Worker can use hands for repetitive:

- | | | | |
|------------------------|--|--|--|
| | Right | Left | |
| a. Fine manipulation | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Pushing and pulling | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dominant hand |
| c. Simple grasping | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| d. Keyboarding | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Worker can use feet for repetitive raising and pushing (as in operating foot controls): Yes No

| 10. Worker is able to: | Continuous 67-100% of the day | Frequently 34-66% of the day | Occasionally 6-33% of the day | Intermittently 1-5% of the day | Not at all |
|------------------------|----------------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------|
| a. Stoop/bend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Crouch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Crawl | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Kneel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Twist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Climb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Balance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Reach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Push/pull | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Other functional limitations or modifications necessary in worker's employment:

Additional comments may be written on back of form.

| | | |
|--|--------------|------|
| Signature of medical service provider* | Printed name | Date |
|--|--------------|------|

440-3245 (10/05/DCBS/WCD/WEB)

* See OAR 436-010-0210 regarding who may provide medical services and authorize time loss.

LEAVES OF ABSENCE WITH PAY

Adopted By



Steve Forrester, City Manager

Date

6/2/20

Revised 1/1/2020

I. PURPOSE

To provide a means for employees to secure limited time off when such time is needed for official court appearance, bereavement, and dental and medical appointments

II. SCOPE

All full-time City employees are entitled to the leave provisions of this policy.

III. POLICY

Any employee may be granted regular pay for any leave of absence caused by jury duty, appearance when subpoenaed as a witness for official court appearance, other judicial proceedings, or the death of an immediate family member. Criminal proceedings against an employee shall not apply.

IV. TYPES OF LEAVES

A. Jury Duty.

When an employee is called for jury duty, the employee shall be granted leave of absence with pay. However, the employee shall be required to transfer any compensation received for the performance of such duty to the City.

B. Doctor Appointments.

Employees receive up to 4 hours a month for doctor appointments. Hours cannot be carried over from month to month.

C. Death of Immediate Family Member.

In the event of a family death, Full-time City employees are allowed up to 4 days off (with pay) for the loss of an immediate family member. Part-time employees may request up to 4 days off without pay. The term immediate family member is define as spouse or domestic partner, parent, sister, brother, child, grandchild and grandparents of the employee or the employee's spouse or domestic partner.

D. Expression of Breast Milk.

Expression of Breast Milk. The City will provide reasonable rest periods to accommodate an employee who needs to express milk for her child eighteen (18) months of age or younger. If possible, the employee will take the rest periods to express milk at the same time as the rest breaks or meal periods that are otherwise provided to the employee. If not possible, or if the employee is exempt from

overtime laws, the employee is entitled to take a reasonable period each time the employee has a need to express milk.

The City will treat the rest breaks used by the employee for expressing milk as paid rest breaks up to the amount of time the City is required to provide as paid rest breaks and/or meal periods under applicable personnel rules or collective bargaining agreements. Additional time needed beyond the paid rest breaks and/or meal periods may be taken as unpaid time.

If an employee takes unpaid rest breaks, the City may, at the discretion of the employee's supervisor, allow the employee to work before or after her normal shift to make up the amount of time used during the unpaid rest periods. The City will allow, but not require, an employee to substitute paid leave time for unpaid rest periods taken in accordance with this policy.

The City will make a reasonable effort to provide the employee with a private location within close proximity to the employee's work area to express milk. For purposes of this policy, "close proximity" means within walking distance from the employee's work area that does not appreciably shorten the rest or meal period. A "private location" is a place, other than a public restroom or toilet stall, in close proximity to the employee's work area for the employee to express milk concealed from view and without intrusion by other employees or the public.

If a private location is not within close proximity to the employee's work area, the City will identify a private location the employee can travel to. The travel time to and from the private location will not be counted as a part of the employee's break period.

Notice

An employee who intends to express milk during work hours must give their supervisor or Human Resources a reasonable oral or written notice of her intention to do so in order to allow the City time to make any preparations necessary for compliance with this rule.

Storage

Employees are responsible for storing expressed milk. Employees may bring a cooler or other insulated food container to work for storing the expressed milk. If an office provides access to refrigeration for personal use, an employee who expresses milk during work hours may use the available refrigeration.

Effective Date: July 1, 2016

POLICY # 326

CATASTROPHIC LEAVE DONATION PROGRAM

Adopted By



Steve Forrester, City Manager

Date

11/20/19

Attachments:
Leave Application

Revised 7/1/2019

I. PURPOSE

The purpose of this policy is to provide a method for employees to assist fellow employees who have exhausted their paid leave time due to a catastrophic illness or injury. It is not the intent of this policy for any employee to enrich themselves, but to aid only those individuals or their immediate family who are truly in need of financial assistance.

A. Definition of Catastrophic Illness or Injury

A catastrophic illness or injury is an illness or injury which is expected to incapacitate the employee for an extended period of time and which creates a financial hardship because the employee has exhausted all of his/her accumulated leave. Catastrophic illness or injury is further defined as a debilitating illness or injury of an immediate family member that results in the employee being required to take time off from work for an extended period to care for the family member, when this creates a financial hardship because the employee has exhausted all of his/her accumulated leave.

B. Definition of Eligible Employee

1. Full time employee with the City.
2. Applied for and been approved by the HR Manager for a leave absence due to a catastrophic illness or injury under the Family and Medical Leave Act (FMLA) and/or Oregon Family Leave Act (OFLA).
3. Exhausted his or her own sick, vacation and all other leave banks.
4. Employee will not be receiving workers' compensation or long-term disability benefits.
5. There is no right to receive catastrophic leave. The Human Resource Manager must approve any request to receive catastrophic leave.
6. "Immediate family member" means the employee's spouse, parent, son, or daughter, as defined in the Federal Family and Medical Leave Act.
7. The City has the discretion to deny catastrophic leave for employees with a written record of sick leave abuse or misuse within the past 24 months.

C. Donor Eligibility

1. Participation in this program is voluntary. Donating employees shall not receive anything of value from another employee in exchange for donating leave.

2. Donating employees must have successfully passed their probationary period to donate leave.
3. Donating employees shall remain anonymous. HR will not identify the donor publically or to the recipient employee, but some employees may need to be aware of the donation in order to process and administer the donation.

II. PROCEDURE

1. An employee or a supervisor may initiate this process on behalf of the employee.
2. Medical verification from a physician or other licensed health care provider concerning the nature and anticipated duration of the health condition or injury must be submitted by the employee or supervisor who is requesting participation on behalf of an employee as a recipient. Decision regarding eligibility will be made on a case by case basis by Human Resources and or City Manager.
3. Once an employee is approved for the program, an announcement will be made for donated leave.
4. The recipient employee may receive up to a maximum of twelve-week full-time equivalent (e.g. 480 hours for an employee whose normal work week is 40 hours) donated leave. The City Manager may approve exceptions to or expansion of this policy on a case-by-case basis upon written request from the employee.
5. Human Resources will determine eligibility under this provision by the use of the "rolling 12-month" basis, in which the 12-month period is measured backward from the date the leave request is effective.

III. SERVICE ACCRUALS AND OTHER BENEFITS

1. Donating employees may donate accrued vacation, sick and holiday leave. Donated vacation and or sick leave will be converted on a straight hour-for-hour basis to the recipient employee's sick leave account. Leave may be donated in increments of one hour up to a maximum of 40 hours per donor.
2. The recipient employee, while using donated leave, will not earn sick leave and vacation leave, but will continue to be eligible for City-paid health benefits. If the donated sick leave is unused when the employee returns to work, the donator will retain any balance remaining.
3. For employees who terminate employment, sick leave on the books as a result of a donation will **not** be reported to PERS for purposes of calculating retirement benefits in accordance with PERS regulations.
4. Employees may choose to continue or terminate optional deductions (e.g., miscellaneous insurance, deferred compensation or credit union deductions) while using donated leave. Mandatory deductions are taken from gross pay first, then optional deductions as funds are available and as authorized by the employee. Union dues deductions will continue as long as employee has sufficient earnings to cover the dollar amount certified to the employer after

deductions for social security, federal taxes, state taxes, retirement, health and dental insurance, and life insurance.

Human Resources Responsibility:

Requests:

Notification of determination of approval or denial will be made by Human Resources, in writing, within ten (10) calendar days of receipt of a request.

If the request is approved, the employee will be notified of the decision, the maximum amount of donated leave time the employee may receive, and the effective date.

The request shall be filed in the employee's Family Medical Leave file with the final decision and all supporting documentation.

Human Resources will work with the Department Heads to post approved requests for donation of vacation/sick leave.

Due to the emotional atmosphere and high sensitivity surrounding these health conditions and issues, it is extremely important to respect each employee's decision to donate or not donate. It is not acceptable or appropriate to pressure, intimidate or otherwise attempt to convince any employee to take action in a donation issue that is not of the employee's own volition.

Human Resources will receive requests to donate leave, clarify any needed information, and review leave records in conjunction with Payroll. The review process is necessary to verify that leave balances to be donated comply with program policy. Donated vacation/sick leave requests will be processed by date of submission until the eligible amount of donated leave is reached. Donated vacation/sick leave requests that exceed the amount for which the employee is eligible will be returned to the donating employee, and will not be transferred. Human Resources will then forward the approved requests to Payroll.

TAX LIABILITY

The tax liability for catastrophic donated leave will be the responsibility of the recipient, in compliance with IRS Revenue Ruling 90-29. Paid time will be subject to all tax liability associated with regular pay including Federal, State and FICA withholding.

CATASTROPHIC LEAVE PROGRAM

LEAVE APPLICATION

Confidential

Employee Name _____
Last First MI

Department _____ Work Phone # _____

Phone # _____ Last Day Worked _____

According to provisions of the Catastrophic Leave Sharing Program, I, _____, hereby request donated vacation/sick leave. My signature below certifies that:

1. A leave of absence in relation to a catastrophic illness or injury;
2. I have exhausted or will soon exhaust all of my accumulated leave; and
3. I am not receiving Workers Compensation and or disability payments.

FMLA medical certification has been submitted or is attached

I **do** authorize the use of my name in requesting donations of leave from fellow City employees.

You must sign to authorize the release of your name.

Employee Signature

Date

Human Resources will notify all departments to request donated leave on your behalf.

Catastrophic Illness/Injury is an illness or injury which is expected to incapacitate the employee for an extended period of time. Catastrophic illness or injury is further defined as a debilitating illness or injury of an immediate family member that results in the employee being required to take time off from work for an extended period to care for the family member, when this creates a financial hardship because the employee has exhausted all of his/her accumulated leave.

Submit original signed and completed form to: Human Resources

Questions regarding this program should be directed to the Human Resources: 541-447-2366

Department Head Signature

Date

Application Approved

Application Denied

Reason :

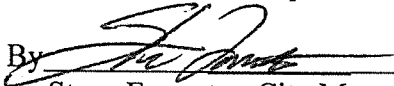
Human Resources Signature

Date

Effective Date: July 1, 2018

POLICY # 327

Military Leave

Adopted By  Date 6/22/18
Steve Forrester, City Manager

I. PURPOSE

The purpose of this policy is to define the provisions for employees to take leaves of absence for military service or training.

II. SCOPE

Applies to all City of Prineville employees.

III. Policy

Uniformed Services Leave and Reemployment regular employees who require a leave of absence for service in the uniformed services are provided leave and will be reemployed at the end of the leave. Policies governing this leave are designed according to the Uniformed Services Leave and Reemployment Act and applicable state regulations. The policy covers all full time employees who enter active military duty voluntarily and extends to Reservists or National Guard members who are called to limited active duty or extended training duty, including regularly scheduled active duty for training.

(1) Federal Annual Active Duty for Training Leave with Pay under ORS 408.290

- (a) Eligible employees called to annual active duty for training or active duty in lieu of training shall be granted military training leave with pay for all regular workdays that fall within a period not to exceed 120 hours (15 days) in any federal training year.
- (b) In order to be eligible for federal annual active duty for training leave with pay under ORS 408.290, an employee:
 - (A) has been employed with the City of Prineville for six (6) consecutive months.
 - (B) is a member of any National Guard, National Guard Reserve or of any reserve component of the Armed Forces of the United States; and
 - (C) has provided advance written or verbal notice of the absence, except in instances involving "military necessity" or where the giving of notice is otherwise impossible or unreasonable.
- (c) To receive pay for the annual active duty for training, the employee must provide, before, during or after the leave, and at the City's request, confirming documentation which indicates the call-up was for annual

active duty for training or active duty in lieu of annual training. The City shall request confirming documentation (military orders, training/drill schedule or other official documents) for the absence.

- (d) The federal training year for the purpose of this policy is the federal fiscal year (October 1 through September 30).
- (e) If an eligible employee is called to active duty for a period longer than 120 hours/15 calendar days, the employee is paid for all regular workdays that fall within the first 15 days, only if such time is served for the purpose of discharging an obligation of annual active duty for training as described above.
- (f) If the employee has been on military active duty for training leave for 15 days or less, the employee shall return to work at the beginning of the first regularly scheduled work period following completion of service, after allowance for safe travel home and an 8-hour rest period.

(2) Federal/State Military Leave Without Pay

(a) Military Leaves of Absence

- (A) An employee shall be entitled to military leave without pay for military duty when an employee is a member of the organized militia of Oregon, or a member of an organized militia of another state, and is called into active service. The City shall grant an employee a leave of absence for military duty that continues through the applicable decompression time. Military duty means training and involuntary or voluntary service performed by an inductee, enlistee or reservist or any entrant into a temporary component of the Uniform Services of the United States, and authorized time spent reporting for and returning from such training or service, or, if a rejection occurs, from the place reported to. Decompression time means the applicable period of time after military service during which the employee is entitled to request reemployment under USERRA. (See Section (3) Reemployment Rights)
- (B) Leave shall be granted in accordance with ORS 408.240, ORS 399.065, 399.075 and ORS 659A.086. The employee shall provide verbal or written notice of military service to their supervisor. The City shall request confirming documentation (military orders or other official documents) for the absence. The employee may provide the documents prior to, during, or upon completion of the military training leave. In instances involving "military necessity" or where the giving of notice is otherwise impossible or unreasonable, the employee will be relieved of this obligation.
- (C) An employee may only be paid during active military leave or applicable decompression time if the employee elects to use accrued vacation leave, personal leave and compensatory time.

- (D) If the employee is a member of the Oregon organized militia and is called to active state duty under ORS 399.065 and 399.075, the employee shall be paid in accordance with that statute. Otherwise, military leave and applicable decompression time is without pay. (For pay during Federal Active Duty Training Leave see Section (1) (a)-(d)).
 - (i) Accrued leave does not have to be exhausted before leave without pay is granted for military leave.
 - (ii) While the employee is on military leave without pay, he or she will not accrue vacation, sick or personal leave but shall receive full credit for time spent on military leave.
- (F) An employee who entered or re-entered active military leave shall receive up to 12-months of employer paid health plan coverage. Upon exhausting the employer-paid health plan coverage, the employee may elect to continue his or her health plan coverage at his or her own expense. For more information on this process, contact Human Resources.

(3) Reemployment Rights

- (a) State Active Duty – For employees who are members of the Oregon militia and are called into active service of the state by the Governor under ORS 399.065 and 399.075 and for employees who are members of the organized militia of another state and are called into active service of the state by that state’s Governor.
 - (A) To be eligible for reemployment an employee shall report back to work within seven calendar days from the last day of state active duty.
 - (B) Upon meeting the requirement for reemployment, the employee shall be restored to the employee’s position or an equivalent position without loss of seniority or other benefits.
- (b) Federal Active Duty – other than Federal Annual Active Duty for Training under ORS 408.290

(A) To be eligible for reemployment an employee shall:

- (i) Have performed military duty as defined above in Section (2) (a) (A); and
- (ii) Have given proper advance notice of the military, unless not notice is required; and
- (iii) Have performed military duty that did not exceed five-year requirement shall be made if the service is necessary to complete an initial period of obligated service, or the employee cannot return because the period of additional duty was imposed by law or resulted from inability of the employee to obtain a

release relieving the employee from active duty and the inability of the employee to obtain a release relieving the employee from active duty and the inability to obtain the release was through no fault of the employee; and

- (iv) Have made application for reemployment either verbally or in writing within 90 days after the employee is relieved from military duty, unless the employee was hospitalized or convalescing due to military duty and the hospitalization/convalescence continued after discharge. An employee then has up to two years to make application for reemployment. This will be extended to accommodate a circumstance beyond an individual's control that would make applying for reemployment within the two-year period impossible or unreasonable; and
- (v) Have separated from the service with an honorable discharge; and
- (vi) Return or make application for reemployment within the applicable decompression time following release from military duty as follows:

- (I) Service of 1 to 30 days: the employee shall return to work at the beginning of the first regularly scheduled work period that begins on the next calendar day following completion of military duty, after allowance for safe travel from the military duty location and an eight-hour rest period; or if returning at that time is impossible or unreasonable through no fault of the employee, then the employee shall return to work as soon as possible after the end of the eight-hour rest period;
- (II) Service of 31 to 180 days: the employee shall make application for reinstatement 14 days after release from military duty; or if making application for reinstatement within 14 days is impossible or unreasonable through no fault of the employee, then the employee shall make application on the next calendar day on which it is possible to do so; or
- (III) Service of 181 or more days: the employee shall make application for reinstatement within 90 days after release from military duty.

(IV) Failure to return to work within the required time period indicates that you forfeit your right to reemploy.

- (c) Upon reemployment, the agency shall request the employee to provide documentation showing that:
- (A) the employee's application for reemployment is timely;
 - (B) the employee has not exceeded the five-year service limitation of documentation of an exception under federal or state law; and
 - (C) the employee's separation from military duty was not a disqualifying discharge or under other than an honorable condition.
- (d) Application for reemployment means the returning service member communicates to the City that he or she is a former employee returning from military duty.
- (A) Upon meeting the requirements for reemployment, the agency shall restore the employee to his or her former position without loss of seniority, status or other benefits as if the employee had remained continuously employed. If the employee is not qualified to perform the duties of such position by reason of military duty, but is qualified to perform the duties of any other position within the agency, equal to or lower than the employee's current position, the employee shall be restored to such other position. The other position will provide the employee with like seniority, status and pay, or the nearest approximation thereof, consistent with the circumstances in the case.
 - (B) For an employee reemployed after military leave, his or her vacation accrual rate, salary eligibility date, and service credits shall be treated as though the employee had remained continuously employed. An employee who has not completed trial service at the time military leave begins may, under certain circumstances, be required to complete probation upon return from military leave.

(4) Protection from Discrimination/Retaliation/Discharge

- (a) An employee shall not be discriminated or retaliated against based upon a service obligation, military status or the taking of military leave.
- (b) A reemployed employee shall not be discharged without cause within one year of such reemployment.

(5) Tracking of Leave

- (a) Employees should report the time served appropriately on their time sheets as "military leave" to receive compensation at their regular rate of pay.

Effective Date: July 1, 2016

POLICY # 335

EMPLOYEE ASSISTANCE PROGRAM

Adopted By



Steve Forrester, City Manager

Date 11/20/19

Revised 7/1/2019

I. PURPOSE

To provide employees and/or their eligible family members with counseling and/or life balance services.

II. SCOPE

This policy applies to all CIS insured employees and such employee's family members insured by CIS ("Insureds")

III. POLICY

The employee assistance program ("EAP") is designed to provide the Insureds with free, confidential counseling service. It helps Insureds with problems at work or at home, including but not limited to problems associate with:

| | |
|-----------------------|----------------------------|
| Alcoholism/Drug Abuse | Parent-child relationships |
| Depression | Behavioral disorders |
| Drug Abuse | Divorce/Separation |
| Gambling | Personal Relationships |
| Anxiety and Stress | Eating Disorders |

The EAP services are provided by Cascade Centers, which employs state certified, professional counselors who will provide information, immediate treatment or referral to other sources.

Access face to face, over the phone, secure chat, or secure video conference. Cascade EAP providers will help identify problems, establish goals make recommendations, and develop action plans to reach you goals.

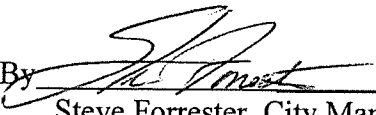
IV. PROCEDURE

- A. Insureds may contact by phone at 1-800-433-2320
- B. Your first five (5) visits are covered by the City's insurance premium.
- C. Callers may remain anonymous.
- D. Insureds who are City employees may voluntarily seek EAP services or may be referred by their supervisor using City policy guidelines to refer an employee in to the program.
- E. Services are provided 24 hours per day, 7 days per week, 365 days a Year.

Effective Date: July 1, 2016

POLICY # 340

EDUCATION INCENTIVE

Adopted By  Date 6-14-17
Steve Forrester, City Manager

Attachment:
Educational Assistant Request Form

Revised 7/1/2017

I. PURPOSE

To support City of Prineville employee' self-development and educational efforts by providing reimbursement for tuition to continuing education courses as an incentive to further their education.

II. SCOPE

This Policy applies to full-time employees.

III. POLICY

All full-time employees are eligible for benefits under this policy when funds are available. Employees may pursue a degree or take individual courses at approved and accredited educational institutions under this program.

Approval Required:

To qualify for reimbursements under this policy, each class must be job related or meet a requirement of a course of study leading to the employee receiving a degree that the City determines is beneficial to the City. The employee must submit a written request to their Department Head, and their request must be approved in writing by the applicable Department Head and City Manager in advance of registration.

Tuition Reimbursement:

- A. The City reimburses fifty percent (50%) of tuition for employees who successfully complete approved, job-related college courses or courses within an institutional approved degree program with a "C" grade or better or a "Pass" in a pass/fail college course. The City reimburses as follows:
 - 1. The rate of reimbursement shall be the actual tuition rate, but in no event shall it be more than in-state tuition at Oregon State University.
 - 2. Prior approval must be obtained from the employee's Department Head and the City Manager for each course.
 - 3. College transcripts shall be required in order to obtain reimbursement.
 - 4. Employee will remain employed by the City for a two year period upon completion of the courses/degree or they will forfeit the payment of tuition and repay the City for that expense. If terminated by the City, the employee will not be required to repay costs related to the Education Incentive program.

**City of Prineville
Employee Educational Assistance
Request Form**

Employee Name _____ Position/Title _____

Department _____

Course Title and Number _____

Institution Offering Course _____

Start Date _____ End Date _____ Class Days/Times _____

Describe information relative to the course/training program and the tangible benefit to you and to the City Of Prineville.

Tuition \$ _____

The purpose for the course is: (check one)

_____ course required by supervisor _____ job related _____ degree requirement

I understand that reimbursement of allowable expenses is subject to funding being available and that approval below is necessary for that and other purposes. I also understand the City reimburses fifty percent (50%) of tuition. The rate of reimbursement shall be the actual tuition rate, but in no event shall it be more than in-state tuition at Oregon State University. I must provide documentation of costs and show a successful completion of the course with a "C" or better grade, or a "P" for a pass/fail system.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____

_____ Approved _____ Denied

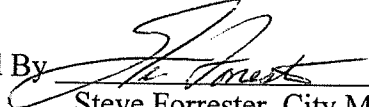
Signature of City Manager _____ Date _____

_____ Approved _____ Denied

Effective Date: July 1, 2016

POLICY # 345

BENEFITS

Adopted By  Date 6-14-17
Steve Forrester, City Manager

Revised 7/1/2017

I. PURPOSE

To summarize the insurance and other benefits the City of Prineville offers.

II. SCOPE

This policy applies to full-time employees and part-time employees working an average of thirty (30) hours or more per week on an average in a calendar year.

III. POLICY

In recognition of the influence employment benefits have on the economic and personal welfare of City employees, the City strives to provide its employees the best, most equitable, and most cost-effective benefits. The total cost to provide the benefit program described in this Policy and other documents amounts to a significant supplement to each employee's pay and should be viewed as additional compensation.

The City shall comply with provisions of the Affordable Care Act (ACA). Policies, provisions, and procedures that govern our benefit program apply to the following:

| Appointment | Medical & Dental Insurance Eligibility? | Vacation/Sick/Holiday Accruals? | Other City-paid benefits? (Ex: Life/LTD Ins.) |
|---|--|--|--|
| Regular: An appointment to a position that is intended to be ongoing, subject to the needs of the City, and does not have an established ending date. Appointments can be full or part-time regular positions. Part-time appointment benefits are cost shared and pro-rated. | Yes | Yes | Yes |
| Limited Term: An appointment of more than one year but less than three years in which the term of the employment is limited to an established duration. Appointments can be full or part-time limited term positions. Part-time appointment benefits are cost shared and pro-rated | Yes To be determined at time of appointment | Yes To be determined at time of appointment | Yes To be determined at time of appointment |
| Temporary: An “at-will” appointment which has duration of less than one year and less than 2,080 hours. Appointments can be full or part-time temporary positions. Part-time appointment benefits as mandated by the ACA are cost shared and pro-rated. | As mandated by the ACA | No | No |
| Intermittent: An appointment that does not require a regular work schedule and does not exceed 600 work hours in a calendar year. | No | No | No |
| Retiree Re-hire: An appointment of an Employee who is currently receiving PERS or other retirement benefits. | Only if approved by City Mgr | Only if approved by City Manager | Only if approved by City Manager |
| Volunteer: volunteers or donates services without receiving or expecting remuneration. | No | No | No Life Ins. For Police Reserves |

Benefit Pro-ration and Employee Cost of Sharing

Part-time employee benefits are cost shared and pro-rated and are determined on a prorated amount of hours according to an employee’s benefit accrual rate or other formula. The accrual rate is based on the number of hours an employee’s position is budgeted and/or the number of hours the employee actually worked.

Discretionary employment benefits

Benefits that are not mandated by state or federal law—are subject to change as agreements are negotiated with benefit providers. Decisions to provide and continue providing these benefits are based on considerations including cost, composition of the City’s workforce, operational efficiency, and desirability of benefit provisions. Where costs of discretionary insurance benefit plans exceed the City’s interest, ability, or

willingness to pay the full premium rate to maintain the current benefit level, employees may be required to share in the cost to continue the insurance plan coverage.

Benefit Design and Modification

The City reserves the right to design plan provisions and to add, eliminate, or in other ways modify any discretionary benefits described in this Policy or elsewhere in plan documents, where and when it is deemed in the City's best interest to do so. These benefits are subject to change depending on available resources. Any changes to other benefits may be subject to labor negotiations of existing collective bargaining agreements.

Benefit Plan Documents

Employees will be provided with summary plan descriptions upon eligibility and enrollment and when benefit programs change. The benefit programs are explicitly defined in legal documents, including insurance contracts, official plan texts, and trust agreements. In the event of a conflict between these documents and this policy, the plan documents will govern. All of these official documents are readily available from the Human Resources Manager for review. Any questions about benefit plan documents shall be referred to the Human Resources Manager.

A. Group Insurance Benefit

Health, dental, and vision insurance coverage are currently provided for eligible employees and their dependents as mandated by the ACA. Employees will be provided with information about the plan at the time they become eligible to participate in the plan. Employees shall review the summary plan description for answers to questions regarding coverage, eligibility, and cost. Requests for further information should be directed to the Human Resources Manager.

Eligibility

This benefit is provided for all eligible employees and their dependents as mandated by the ACA. Full-time employees may begin to participate in the plan on the first of the month after completion of a full 30-day period of continuous employment.

Plan Enrollment

Upon eligibility, Employees shall be contacted by the Human Resources Manager who will make entry to provider's website, and then have the employee complete enrollment online. Coverage can NOT be waived; it is not an option. Annually, an open enrollment period will be conducted during which times employees may make changes to his or her elections and dependent coverage.

Plan Changes

Changes to coverage on the policy is accomplished by completing an online addition or deletion on the provider's website within 30 days of a qualifying event. Qualifying event shall include adding a new spouse or a new child. Copies of the marriage certificate or birth certificate must be provided to Human Resources and an "Employee Change Notice" form must be submitted to Human Resources after changes are completed online. Failure to make the online changes within 30 days of the qualifying

event will prevent a spouse or child from being added to the coverage until the next open enrollment period.

Termination of Coverage

If an employee or his or her dependents lose eligibility to participate in the health plan, they may have their health plan coverage extended for a period of time. Eligibility can be lost due to a prolonged absence from work or upon the occurrence of certain "qualifying events," that would otherwise cause the person's group health coverage to terminate. Examples of qualifying events are termination of employment, reduction of hours, divorce or legal separation, entitlement to benefits under Medicare, a child dependent reaching age 26 or a leave of absence.

Each employee, their spouse, and/or their dependents are permitted to continue group health insurance for a certain period of time at such person's own expense. However, continuation does not occur automatically. C.I.S (City County Insurance Services) or O.L.T. (Oregon Laborers Employers Health & Welfare Trust) must be notified in writing within 60 days after the date a covered family member will lose coverage because of an event or the covered family member will permanently lose the right to continuation coverage. Election of coverage and payment of the premium must then occur within a specified time limit for coverage to continue. The employee and any covered dependent will be given a notice covering the provisions of the law at the time the employee enrolls and again upon the occurrence of any qualifying event.

B. PERS (Public Employees Retirement System) Retirement Benefit.

Except for City of Prineville Railway employees, the City provides both employer and employee contributions to full-time employee PERS accounts. After a six-month waiting period and working 600 hours, employees become PERS members. Members are fully vested after 5 years of employment by the City.

The City of Prineville Railway employees are members of the Railroad Retirement Program; therefore they do not participate in the Oregon Public Employees Retirement System.

Questions regarding the City's retirement plan should be directed to Human Resources, or to the PERS website at <http://www.oregon.gov/pers> using the Member link under Category.

C. Deferred Compensation is a voluntary payroll deduction, intended for additional retirement funding. At the present time, the City has four different companies that may be used for deferred compensation: MassMutual (formerly Hartford), Nationwide Retirement Solutions (formerly PEBSCO), Valic, and Forester's Financial (formerly First Investor).

D. Group Life Insurance

The City offers full-time employees who have been employed for 30 days an employer-paid basic group term life policy along with an accidental death and dismemberment

policy. This policy does not continue once an employee leaves the City's employment; however, an employee may request a continuance of the policy and pay the insurance company directly for the premiums.

Employees can purchase additional life and/or AD&D insurance, and a payroll deduction can be set up for this insurance. More information is available from Human Resources. The voluntary insurance is portable if an employee leaves City employment.

E. Long-Term Disability Benefits

The City purchases long-term disability insurance (LTD) for each full-time employee. An employee is automatically enrolled as of the first day of the calendar month following completion of 30 days of employment. Long-term disability coverage terminates on the last day of employment.

F. Flexible Spending Account

The City currently offers an employee-funded flexible spending account to insured employees. Plan participants may elect an annual amount of flexible dollars to pay for eligible health care expenses, including medical insurance deductibles, copayments and out-of-pocket cost for vision or dental care.

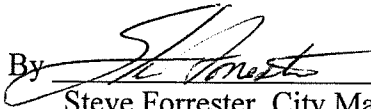
If eligible medical, dental and/or vision expenses are less than the elected annual amount of flex dollars for that year, the balance (up to \$500) will be carried over into next calendar year.

For City policies on Sick Leave, Vacation, and Holidays please refer to Policies #310 (Vacations), #315 (Holidays), and #320 (Sick Leave).

Effective Date: July 1, 2016

POLICY # 350

**WORKERS' COMPENSATION
Injured Worker Policy**

Adopted By  Date 6-14-17
Steve Forrester, City Manager

Attachments:

Work Related Accident/Incident Analysis Report
801

Revised 7/1/2017

Release to return to work

I. PURPOSE

The purpose of the injured worker policy is to establish organizational guidelines and procedures regarding the rehabilitation of employees injured while performing assigned duties and encourage the employee's return to meaningful employment as soon as possible

II. SCOPE

The injured Worker Program is designed to provide an injured employee, who is currently unable to perform his or her regular job duties, with temporary light duty or modified (transitional) work during the period of medical recovery.

III. POLICY

It is the policy of the City of Prineville to provide temporary modified City jobs or assist in finding other available and suitable City jobs for employees who are injured while working for the City and performing his or her assigned duties. The City shall provide workers' compensation insurance as required by state law. Employees who file a claim for workers' compensation shall be provided all benefits and rights.

A. OBJECTIVES

1. Attempt to return injured employees to good health and productive employment at the earliest possible opportunity.
2. Minimize the impact of workers' compensation benefits on the City's SAIF policy by lowering claim related costs.
3. Assure compliance with State Workers' Compensation Rules and Bureau of Labor and Industries (BOLI) Injured Worker Laws.

4. Provide consistent citywide guidelines for managers, supervisors and employees on the coordination of workers' compensation claims.
5. Maintain effective communications with employees, physicians, departments, and City's Human Resource Manager to promote cost effective claims management.

B. ADMINISTRATION

1. The Human Resource Manager is responsible for the implementation and revision of this policy. Supervisors of injured employees will coordinate the initial investigation, and documentation of the injury. The return-to-work plan for injured employees will be managed by Human Resources to assure applicable rules and policies are followed. Human Resources will keep the supervisor apprised of any changes that may affect them.
2. When a disabling, compensable injury or illness occurs, the employee will be compensated consistent with ORS 656.210. Payments will continue until the injured employee has returned to work, the employee has been released by the attending physician to return to work, or the employee has been deemed medically stationary by his/her attending physician and/or the claim is closed.
3. If time loss is paid by workers' comp, the employee is required to deliver such check to the City to receive their full City pay check. (The amount paid by workers' comp is not included in PERS retirement calculation, in accordance with PERS rules.)
4. Vacation time taken after an employee has been released for temporary modified work when work is available, shall be deducted from the employee's vacation leave accrual. If an employee suffers a non-work related illness after he/she is released for work, sick time shall be charged.
5. Step increases that normally would be granted and/or cost-of-living increases that are due to the employee will be applied to the employee's wage. Any workers' compensation payment for time loss (temporary disability) will be based on the employee's wage at the time of injury.

IV. PROCEDURES

A. Injured Workers and Early Return to Work

Light duty or modified work are considered to be any work within the employee's physical capacities, as outlined in writing by a qualified health care provider. All light work or modified (transitional) duty positions must be approved by the Human Resource Manager and availability is subject to the business needs of the City, which are determined at its sole discretion.

B. Employee Responsibilities for On-The-Job Injuries

1. Every employee should report an on-the-job injury to his or her supervisor immediately. Failure to do so could result in delay or denial of the employee's worker's compensation claim.
2. An Employee **Work Related Accident/Incident Analysis Report** should be completed by the employee as soon as possible after an on-the-job injury. If the injured employee is not seeking medical attention, the Incident Analysis Report is the only form that needs to be completed.
3. If it is necessary to see a qualified health care provider, the injured employee should obtain and complete sections one (1) through twenty-nine (29) of the **801** form before leaving for or immediately upon return from the qualified health care provider. The **801** form should be returned to Human Resource Manager by no later than the following business day. If a **Work Related Accident/ Incident Analysis Report** form was not completed earlier, it must be completed and submitted with the 801 form. An employee's supervisor may assist an employee with these documents, however employees are required to sign the **801** unless unable to do so due to the injury, in which event the supervisor would sign for the employee.
4. The employee should obtain a release to **Return-to-Work** form and completed **Job Description** form (if available) from Human Resources. The qualified health care provider should issue a **Return-to-Work** form upon completion of the employee's first visit. This may be a full-release to return to work or a transitional duty form indicating what job restrictions they believe are necessary. The employee will immediately return this form to Human Resources.
5. The employee cannot return to work without a **Release to Return to Work** form from the health care provider.
6. Employees who suffer an on-the-job injury during the evening or weekend should immediately notify their supervisor. The **801** form

must be completed and provided to the Human Resource Manager the morning of the next regular business day.

- 7.** The injured employee shall inform his or her qualified health care provider that the City of Prineville has an Early Return to Work Program and may provide light duty work if available. These duties may vary and will be developed to fit within restrictions of the injured employee. The light duty job may or may not include portions of the injured employee's regular work.
- 8.** If the injured employee is not released for either regular or light (transitional) duty, he or she must maintain weekly contact with the Human Resource Manager throughout the duration of any time off as a result of an on-the-job injury. Human Resources will keep the employee's supervisor apprised of changes throughout the claim.
- 9.** If the injured employee is released by his or her qualified health care provider for either regular or transitional duty, (including part-time, light, temporary, or modified work), he or she must report to work at the time and location determined by Human Resources.
- 10.** Light duty or modified (transitional) jobs are temporary in duration and will be within the restriction stated by the qualified health care provider.
- 11.** Human Resource Manager, upon receiving new or additional information pertaining to the condition of the injured employee, will reevaluate the modified job with the supervisor and they may reassign duties based on the restrictions outlined by the qualified health care provider.
- 12.** The Early Return to Work Program will end when the injured worker is released back to regular job duties, is declared medically stationary, permanent restrictions are known, or if the City determines that its business needs are not being served by the light duty or modified (transitional) job assignment. If restrictions change, the employee must notify the Human Resource Manager immediately. The new restrictions may result in a reassignment of job duties. The employee's supervisor and Human Resource Manager will work out details if reassignment is necessary.
- 13.** If an employee refuses the offer of light duty or modified job, time loss benefits may be discontinued. An injured employee may not refuse light duty work which has been approved by his or her qualified health care provider and offered to the employee.

14. Failure by the injured worker to comply with the responsibilities set out in this Section IV B., may result in disciplinary action up to and including discharge.

C. Supervisor's Responsibilities for On-The Job Injuries

1. The supervisor must notify the Human Resources Manager of all on-the-job accidents within twenty-four (24) hours of the accident. The supervisor shall document all information related to the accident.
 - a. Although it is the employee's responsibility, Human Resources Manager should ensure that contact is maintained with the injured employee after his/her first visit to the qualified health care provider and all subsequent provider visits, as well as on a weekly basis. The employee's supervisor is to be kept apprised of any changes by Human Resources.
2. After learning of the status of an injured employee, the Department Head or supervisor shall help Human Resources design a light duty or modified (transitional) job that fits the situation until the employee is able to return to regular duty. The employee may be assigned duties across City departments.
3. Before the injured employee starts the modified job, the supervisor of the modified job will meet with the employee and review the job responsibilities and employee limitations as stated by the attending qualified health care provider.
4. If the employee will be on extended light duty or modified (transitional) job assignments, the Human Resource Manager may request updates from the attending qualified health care provider and determine whether there is a release date to return to regular duty.

D. Released with Permanent Restrictions

1. When an employee is given a release with permanent restrictions, his/her status is referred to as medically stationary, which means the status of the injury/illness will not improve with treatment or with the passage of time. The employee now has permanent medical restrictions and may be unable to perform his/her regular (prior to injury) job. Medically stationary conditions are determined by the attending qualified health care provider. When an employee is medically stationary, he/she will be returned to his/her regular

job, if possible, or a comparable position if one is available and the employee meets the minimum job qualifications.

2. Pursuant to ORS 659A.046, when an injured employee becomes medically stationary, Human Resources will assist in placing that employee in the first job that is available and the attending physician deems suitable. Within seven (7) days from the time the employee is notified in writing that they have been released to return to work, the employee must return to work. An employee who refuses to accept an available and suitable position approved by his/her qualified health care provider is subject to termination.
3. If the injured employee is unable to return to work under the procedures listed above, the employee may request accommodation by completing the required forms available from Human Resources Manager. The Human Resources and Legal Departments will review all such requests for permanent accommodation under the Americans with Disabilities Act (ADA).

E. Other Information

1. If a department is unable to provide a temporary modified position, a written explanation shall be provided to Human Resources setting out the circumstances as to why the department is unable to accommodate the injured employee.
2. If a transitional position is not available within the employee's normal city department, the Human Resources Manager will seek other transitional opportunities within the City that the employee may have the skills for. The employee would continue to be paid from their normal work department's budget.

CITY OF PRINEVILLE
**Employee Work Related
 Accident / Incident Analysis Report**

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION AND RETURN TO HUMAN RESOURCES MANAGER WITHIN 24 HOURS FROM THE TIME OF INJURY.

| | |
|-------------------------------------|-----------------------------------|
| Employee Name: _____ | Location: _____ |
| Job Title: _____ | Date of Hire: _____ |
| Date of Accident/Incident: _____ | Time of Accident/Incident: _____ |
| Date Reported: _____ | To Whom Reported: _____ |
| Dates of Work Lost: _____ | Supervisor: _____ |
| Accident / Incident Location: _____ | 801 Claim Form Filed? Y () N () |

Complete if medical treatment sought or time lost from work

| Parts of Body Affected | | |
|--------------------------|------------------|-------------------|
| <u>Head/Neck</u> | <u>Left Side</u> | <u>Right Side</u> |
| () Scalp | () | () |
| () Neck | () | () |
| () Ears | () | () |
| () Eyes | () | () |
| () Mouth | () | () |
| () Teeth | () | () |
| () Face | () | () |
| | | |
| <u>Upper Extremities</u> | <u>Left Side</u> | <u>Right Side</u> |
| () Shoulder | () | () |
| () Upper Arm | () | () |
| () Elbow | () | () |
| () Forearm | () | () |
| () Wrist | () | () |
| () Hand | () | () |
| () Fingers | () | () |
| | | |
| <u>Lower Extremities</u> | <u>Left Side</u> | <u>Right Side</u> |
| () Thigh | () | () |
| () Lower Leg | () | () |
| () Knee | () | () |
| () Ankle | () | () |
| () Foot/Toes | () | () |
| | | |
| <u>Trunk</u> | <u>Left Side</u> | <u>Right Side</u> |
| () Lower Back | () | () |
| () Upper Back | () | () |
| () Chest | () | () |
| () Abdomen | () | () |
| () Hip | () | () |
| () Groin | () | () |

Names of Witnesses: (Please provide witness information on a separate sheet of paper)

| Nature of Injury | |
|--------------------------|--|
| () Cut | () Foreign Body in Eye or Sliver |
| () Scrape | () Burn |
| () Bruise | () Electric Shock |
| () Skin Rash | () Difficulty Breathing |
| () Numbness | () Pain in Body Part Identified at Left |
| () Inflammation | () Dizziness |
| () Jammed Finger or Toe | () Other: _____ |

| Contributing Factors |
|--|
| () Machinery Defect (Save defective parts & pieces) |
| () Tool or Equipment Broke (Save broken parts & pieces) |
| () Equipment Guarding |
| () Proper Tools/Equipment Not Available |
| () Floor, Work Surface, or Walking Surface |
| () Housekeeping |
| () Lighting |
| () Clothing or Jewelry |
| () Improper Ergonomics |
| () Other: _____ |

| Work Behavior At Time of Injury | |
|---|--|
| <i>(Please check all items that pertain)</i> | |
| () Lifting | () Running |
| () Carrying | () Stepping (walking or moving from one level to another) |
| () Reaching | () Typing / Office Related Repetitive Motion |
| () Pushing | () Other Repetitive Motion Tasks |
| () Pulling | () Jumping |
| () Bending or Twisting (circle correct item) | () Driving (If so, what vehicle?) |
| () Operating Equipment | () Innocent Bystander |
| () Other _____ | () Other _____ |

Safety Equipment/ Personal Protective Equipment In Use At Time of Accident/Incident:

Describe what happened (include sequence of events; equipment, materials, and substances being used; and environment -- PLEASE BE SPECIFIC): _____

How long have you been doing this particular job?: _____

Have you had any similar incidents in the past? Yes _____ No _____ (If yes, please describe by including date, type of incident, and if any action was taken): _____

Have you injured this part(s) of your body previously or is there any pre-existing condition that could affect the injury? Yes _____ No _____ (if yes, please explain): _____

What do you think can be done to prevent this incident from reoccurring? _____

To Be Completed By Employee's Supervisor:

Why did the accident/incident happen or the condition exist? _____

What could have been done, or should be done, to prevent this accident/incident?: _____

Have there been accidents or incidents in this same activity? Was action taken? _____

****Please Provide Witness Information On A Separate Piece of Paper****

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Risk Manager's Signature: _____

Date: _____

SAFETY COMMITTEE EVALUATION OF ACCIDENT/INCIDENT

Corrective Action Needed: _____

Corrective Action Assigned To (if applicable): _____

Date Corrective Action Completed: _____

Committee Recommendations: _____

For SAIF Customer Use

Area _____

Dept. _____

Shift _____ CC _____

CLAIM NO. _____

SUBJECT DATE _____

CLASS _____

DEFAULT DATE _____

EMPLOYER'S ACCOUNT NO. _____

Email: saif801@saif.com

Toll-free phone: 1.800.285.8525

Toll-free FAX: 1.800.475.7785

Report of Job Injury or Illness

Workers' compensation claim

Worker

To make a claim for a work-related injury or illness, fill out the worker portion of this form and give to your employer. If you do not intend to file a workers' compensation claim with SAIF Corporation, do not sign the signature line. Your employer will give you a copy.

1. Date of injury or illness: 2. Date you left work: 3. Time you began work on day of injury: 4. Regularly scheduled days off: 5. Time of injury or illness: 6. Time you left work: 7. Shift on day of injury: 8. What is your illness or injury? 9. Check here if you have more than one job: 10. What caused it? DEPT USE: Emp, Ins, Occ, Nat, Part, Ev, Src, 2src

Information ABOVE this line: date of death, if death occurred; and Oregon OSHA case log number must be released to an authorized worker representative upon request.

11. Your legal name: 12. Worker's language preference other than English: 13. Birthdate: 14. Gender: 15. Your mailing address, city, state and zip: 16. Home phone: 17. Social Security no. (see back*): 18. Occupation: 19. Work phone: 20. Names of witnesses: 21. Name and phone number of health insurance company: 22. Name and address of health care provider who treated you for the injury or illness you are now reporting: 23. Have you previously injured this body part? 24. Were you hospitalized overnight as an inpatient? 25. Were you treated in the emergency room? 26. By my signature, I am making a claim for worker's compensation benefits. 27. Worker signature: 28. Completed by (please print): 29. Date:

Employer

Complete the rest of this form and give a copy of the form to the worker. Notify SAIF Corporation within five days of knowledge of the claim. Even if the worker does not wish to file a claim, maintain a copy of this form.

30. Employer legal business name: 31. Phone: 32. FEIN: 33. If worker leasing company, list client business name: 34. Client FEIN: 35. Address of principal place of business (not P.O. Box): 36. Insurance policy no.: 37. Street address from which worker is/was supervised: 38. Nature of business in which worker is/was supervised: 39. Address where event occurred: 40. Was injury caused by failure of a machine or product, or by a person other than the injured worker? 41. Class code: 42. Were other workers injured? 43. Did injury occur during course and scope of job? 44. OSHA 300 log case no: 45. Date employer knew of claim: 46. Worker's weekly wage: \$ 47. Date worker hired: 48. If fatal, date of death: 49. Return-to-work status: 50. If returned to modified work, is it at regular hours and wages? 51. Employer signature: 52. Name and title (please print): 53. Date:

A guide for workers recently hurt on the job

The following information is provided by SAIF Corporation at the request of the Workers' Compensation Division

saifcorporation

400 High St. SE, Salem, OR 97312

How do I file a claim?

- Notify your employer and a health care provider of your choice about your job-related injury or illness as soon as possible. Your employer cannot choose your health care provider for you.
- Ask your employer the name of its workers' compensation insurer.
- Complete **Form 801, "Report of Job Injury or Illness,"** available from your employer and **Form 827, "Worker's and Physician's Report for Workers' Compensation Claims,"** available from your health care provider.

How do I get medical treatment?

- You may receive medical treatment from the health care provider of your choice, including:
 - Authorized nurse practitioners
 - Chiropractors
 - Medical doctors
 - Naturopaths
 - Oral surgeons
 - Osteopathic doctors
 - Physician assistants
 - Podiatrists
 - Other health care providers
- The insurance company may enroll you in a managed care organization at any time. If it does, you will receive more information about your medical treatment options.

Are there limitations to my medical treatment?

- **Health care providers may be limited in how long they may treat you and whether they may authorize payments for time off work.** Check with your health care provider about any limitations that may apply.
- **If your claim is denied, you may have to pay for your medical treatment.**

If I can't work, will I receive payments for lost wages?

- You may be unable to work due to your job-related injury or illness. In order for you to receive payments for time off work, your health care provider must send written authorization to the insurer.
- Generally, you will not be paid for the first three calendar days for time off work.
- You may be paid for lost wages for the first three calendar days if you are off work for 14 consecutive days or hospitalized overnight.
- If your claim is denied within the first 14 days, you will not be paid for any lost wages.
- Keep your employer informed about what is going on and cooperate with efforts to return you to a modified- or light-duty job.

What if I have questions about my claim?

- SAIF Corporation or your employer should be able to answer your questions. Call SAIF Corporation at 800.285.8525.
- If you have questions, concerns, or complaints, you may also call any of the numbers below:

Ombudsman for Injured Workers:

An advocate for injured workers

Toll-free: 800.927.1271

Email: oiw.questions@oregon.gov

Workers' Compensation Compliance Section

Toll-free: 800.452.0288

Email: workcomp.questions@oregon.gov

* **Do I have to provide my Social Security number on Forms 801 and 827? What will it be used for?**

You do not need to have an SSN to get workers' compensation benefits. If you have an SSN, and don't provide it, the Workers' Compensation Division (WCD) of the Department of Consumer and Business Services will get it from your employer, the workers' compensation insurer, or other sources. WCD may use your SSN for: quality assessment, correct identification and processing of claims, compliance, research, injured worker program administration, matching data with other state agencies to measure WCD program effectiveness, injury prevention activities, and to provide to federal agencies in the Medicare program for their use as required by federal law. The following laws authorize WCD to get your SSN: the Privacy Act of 1974, 5 USC § 552a, Section (7)(a)(2)(B); Oregon Revised Statutes chapter 656; and Oregon Administrative Rules chapter 436 (Workers' Compensation Board Administrative Order No. 4-1967).

RELEASE TO RETURN TO WORK

| | |
|----------------------|--------------------|
| Name of worker _____ | Claim number _____ |
|----------------------|--------------------|

Please fill out this form and return it to us at the address indicated above.

(Provide closing information and complete Form 827.)

1. Is the worker medically stationary? Yes No If yes, date: _____

If no, estimated medically stationary date: _____ Are there permanent restrictions? Yes No Unknown

Next scheduled appointment date: _____

2. Worker is released to:

full duty without limitations Date: _____ (Do not complete lines 3 through 11. Sign below.)

modified duty from (date): _____ through (date): _____ (specify limitations below)

modified hours specify hours: _____ from (date): _____ through (date): _____

not released to work Est. RTW date: _____ If modified release, provide date of anticipated regular release: _____

| | Hours: No limitations | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Other (specify) |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| 3. In a/an <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> other _____ -hour workday, worker can stand/walk a total of _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. At one time, worker can stand/walk _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. In a/an <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> other _____ -hour workday, worker can sit a total of _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. At one time, worker can sit _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

7. The worker is released to return to work in the following range for lifting, carrying, pushing/pulling:

| Pounds | <10 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 | 95 | 100 | >100 |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Occasionally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Worker can use hands for repetitive:

- | | | | |
|------------------------|--|--|---|
| | Right | Left | |
| a. Fine manipulation | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dominant hand <input type="checkbox"/> Right <input type="checkbox"/> Left |
| b. Pushing and pulling | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Simple grasping | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. Keyboarding | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Worker can use feet for repetitive raising and pushing (as in operating foot controls): Yes No

| 10. Worker is able to: | Continuous 67-100% of the day | Frequently 34-66% of the day | Occasionally 6-33% of the day | Intermittently 1-5% of the day | Not at all |
|------------------------|----------------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------|
| a. Stoop/bend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Crouch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Crawl | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Kneel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Twist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Climb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Balance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Reach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Push/pull | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Other functional limitations or modifications necessary in worker's employment:


Additional comments may be written on back of form.

| | | |
|--|--------------|------|
| Signature of medical service provider* | Printed name | Date |
|--|--------------|------|

440-3245 (10/05/DCBS/WCD/WEB)

* See OAR 436-010-0210 regarding who may provide medical services and authorize time loss.

WORKPLACE EXPECTATIONS

Adopted By  Date 7/8/20
Steve Forrester, City Manager

Revised 6/1/2020

I. PURPOSE

The City believes policies and procedures are essential for the orderly operation of our business and for the protection and fair treatment of all employees. As a result, the City has clearly identified performance expectations so that all employees can act in accordance with our workplace standards. (City values, respect, communication, integrity, teamwork, and family, as well as courtesy and common sense should always prevail.)

II. SCOPE

This policy applies to all City employees

III. POLICY

The following standards of conduct are established for the guidance of all employees.

- A. All employees are expected to regard their workplace with respect and attention. City of Prineville records, equipment, and property are to be treated carefully and appropriately. Employees are responsible for items in their custody and will be held accountable for their basic maintenance, appropriate use and/ or accuracy.
- B. All employees are expected to act in accordance with all appropriate codes, laws, regulations, and policies, regardless of whether they are set by the City or outside regulatory bodies.
- C. All employees are expected to conduct themselves in a professional manner and exhibit a high regard for City customers, vendors, business associates, and co-workers. No breach of professional behavior (i.e. abusive language, harassment, for-profit business during work time, etc.) will be allowed.
- D. All employees are expected to maintain the confidentiality of organization information or customer information in his/her possession.
- E. All employees are expected to be honest in all their actions as an employee. This applies to communications with other City employees and the general public.

- F. As a City employee, you represent the City and your department when you are on duty and/or when you are in a City uniform. Dress and personal grooming communicates a professional image to our citizen's, potential employees, and community visitors and helps to instill confidence in our ability to provide a high standard of quality services. Therefore, you are expected to be neat and clean and to dress for work according to generally accepted business and professional standards as determined by your department and work assignment as described in this policy. The overall goal in this policy is to insure maximum flexibility to maintain good morale, respect individual style, and give due consideration to sound business practice. Therefore, the guidelines in this policy serve as a tool to help you gauge what may or may not be considered appropriate.

Appearance: All personnel are expected to arrive at work for their scheduled shift ready to work and dressed appropriately for the work the employee performs. All clothing regardless of position should be clean and free of holes and tears.

a) Administrative staff are expected to dress in "casual professional" attire. Overall, attire must be properly fitting in size and shape, neat, clean, and in conformance with safety standards. Generally, attire should be button-up shirt, polo shirt or similar. Pants should be casual slacks, or nice jeans that are free of holes, frays, and stains. Skirts and dresses should be professional and be free of holes, frays and stains. T-Shirts, halter tops/strapless or tight fitting clothing, sweatshirts, and anything that would be worn to a gym, beach or to do yard work is not considered appropriate attire and is not professional and shall not be worn while at work or conducting City business.

I) In determining your attire, it is important to keep your daily schedule in mind. If you are attending a City Council meeting, or meetings with external customers or contacts, more formal business attire may be appropriate.

II) All footwear is expected to appropriate to the employee's position. Shoes are to be neat, clean and in good repair (no tennis shoes except on Fridays).

III) Hair and facial hair, if any, shall be well groomed and professional in appearance. Accommodations may be made for religious or medical reasons.

b) All other personnel shall wear work appropriate clothing, personal protective equipment that is serviceable and free of holes, frays, stains and conforms to safety standards.

I) Hair and facial hair, if any, shall be groomed and neat. In some positions it may be necessary to prevent hair from being caught in equipment. Accommodations may be made for religious or medical reasons.

c) Public Works and Railroad departments shall wear appropriate clothing intended for working outdoors. This will include personal protective equipment that is in working order and conforms to their work assignment and safety standards.

I) Facial hair, if any, shall be groomed and neat. Long hair must be "Securely Fastened" which means the hair is tied back to prevent hair from being caught in equipment.

II) Due to the nature of their position, the employee may use department time to shower and change clothes.

d) Departments may have stricter policies for grooming, clothing that conform to safety standards.

e) If a manager or supervisor determines an employee's dress or appearance is not appropriate as outlined in these guidelines, he or she may take corrective action and require the employee to leave the work area and make the necessary changes to comply with these guidelines. The employee will be required to use vacation time to cover the amount of time necessary for the employee to change and comply with this policy; otherwise, the time spent will be unpaid.

Hygiene: All employees are expected to maintain good personal hygiene and be free of excessive body odor, perfume, cigarette or other smoke, and cologne. The City recognizes that positions within the City are physically demanding. Employees should take preventative action to avoid offensive smells by using antiperspirant/deodorant or by smoking in open areas where the smoke is less likely to remain on the employee's clothes or hair. The City also understands that some personnel and members of the public may have allergic or other sensitivity to smells. The City further understands that some employees may have a medical condition that causes increased body odor. Those employees should follow the advice of the medical provider. Accommodations may be made for religious or medical reasons

G. All employees are expected to be at work on time, remain until their workday ends, and perform the work assigned to or requested of them. If an employee is unable to be at work on time, they are expected to contact their supervisor prior to the start of their work shift. If that individual cannot be reached, the employee is expected to contact an alternate supervisor.

Poor attendance or excessive tardiness may lead to disciplinary action, up to and including termination of employment. If an employee fails to report for work or call in for three (3) days in a row, he/she will be deemed to have abandoned or resigned from his/her job. (This does not apply during FMLA/OFLA leave, workers' compensation claims where time-loss is authorized, or where the employee is on a leave of absence as a form of reasonable accommodation for a disability.)

The following represents only a partial list of unacceptable behaviors and conduct.

- A. Falsifying any reports or records such as employment application, absence, and sickness reports, or time records, including falsifying a report, written or oral, against any City employee, or member of the public.
- B. Unauthorized possession of weapons and/or explosives on City property or at worksites.
- C. Fighting, throwing things, horseplay, practical jokes or other disorderly conduct which may endanger the well-being of co-workers or of City operations.
- D. Engaging in acts of dishonesty, fraud, theft or sabotage.
- E. Threatening, intimidating, coercing, using abusive or vulgar language, or interfering with the performance of other employees.
- F. Insubordination or refusal to comply with instructions or failure to perform reasonable duties which are assigned.
- G. Unauthorized use of City material, time, equipment or property.
- H. Being rude or otherwise uncooperative in dealing with co-workers, supervisors, or the public.
- I. Damaging or destroying City property through careless or willful acts.
- J. Conduct which the City feels reflects adversely on the employee or the City.
- K. Performance which, in the City's opinion, does not meet the requirements of the position.
- L. Engaging in such other practices as the City determines may be inconsistent with the ordinary and reasonable rules of conduct necessary to the welfare of the City, its employees or customers.
- M. Performing job duties in an unsafe or careless manner. Committing repeated or serious violations of safety rules or safe working habits or permitting subordinates to violate safety rules or safe working habits.
- N. Failure to work scheduled overtime or working overtime when it was unnecessary, unauthorized or inappropriate.
- O. Unsatisfactory attendance, including any unauthorized absenteeism, tardiness, failure to notify of intended absence or tardiness, or failure to comply with other reporting policies.

- P. Any other conduct, which is in the view of the City, serious enough to justify discipline or termination.
- Q. Failure to promptly report an accident or injury or cooperate in an accident or injury investigation.
- R. Use of discriminatory behavior or harassment of any protected class.
- S. Any insubordination.
- T. Making false charges or accusations against City employees or members of the public.
- U. Talking on a cell phone, texting, or any other activity that detracts from safe driving, or safe equipment operations.
- V. Possession of intoxicating beverages, drugs, or chemicals not medically necessary in City facilities or on City premises.

This list is not comprehensive. It is intended to be representative of the types of activities which may result in disciplinary action.


In addition to heeding these rules, employees are urged to use reasonable judgement at all times and to seek supervisory advice in any doubtful or unclear situation.

As a matter of policy, the City seeks to resolve conduct and performance problems in the most informal and positive manner possible. However, when employees do not conduct themselves in accordance with the intent of the work rules, the City will take action to correct the situation promptly and completely. Outright violations of workplace rules will result in corrective action, up to and including termination.

Effective Date: July 1, 2016

POLICY # 415

DRUG FREE WORKPLACE

Adopted By  Date 6/2/20
Steve Forrester, City Manager

Revised 5/1/2020

I. Purpose

The City of Prineville (“City”) views illegal drug use and excessive use of legal drugs and alcohol as a threat to the public welfare and the health, safety and productivity of employees of the City.

The City has a strong commitment to its employees to provide a safe work environment and promotes high standards of employee fitness. Consistent with the intent of this commitment, the City established this policy regarding drug and alcohol abuse. The City’s goal is to establish and maintain a work environment that is free from the effects of drug and alcohol abuse.

While the City has no intention of interfering with the private lives of employees, the city expects its employees to report to work in a condition to perform their duties in a safe, effective and efficient manner.

All persons covered by this rule should be aware that violations will result in discipline, up to and including termination, or in removal from the application process.

II. Scope

This policy applies to all City employees.

III. Definitions

As used in the policy the following terms have the following meanings:

- a. **Managers and Supervisors** refers to all employees with supervisory responsibility.
- b. **City** is the City of Prineville and all its departments.
- c. **Department** is the particular City department or office where the employee involved works.
- d. **Prescription medication** is a medication for which an employee has a valid prescription from a qualified physician.
- e. **Drugs** includes any substance, capable of altering the mood, perception, pain level or judgment of the person using it, including prescription drugs, illegal drugs, marijuana (medical, recreational, and marijuana extracts), and/or hemp.

- f. **Reasonable Suspicion** means a determination by a supervisor or other manager that an employee may be under the influence of drugs and/or alcohol. This determination must be based on specific contemporaneous, articulable, objective facts and reasonable inferences drawn from those facts, and must be made by a trained supervisor and/or manager. Examples would include, but are not limited to, one or more of the following: Direct observations of on-duty use or possession of drugs or alcohol; directive observation of on-duty odor of alcohol; and/or direct observation of behaviors which appear to be indicative of the use of drugs or alcohol and are not attributable to other factors.
- g. **Covered Employee- FMSCA** means the employees who are required to hold and use a Commercial Driver's License (CDL).
- h. **Safety Sensitive Position** is a position in which the employee has responsibilities where the immediacy of the threat posed by a potential drug-or alcohol-induced mistake or failure in performance of specific job duties would invoke such great risk to the health and safety of the employee, co-workers, or the public, that even a momentary lapse of attention, judgement, or reaction time could have disastrous consequences.
- i. **Medical Review Officer (MRO)** is a licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by an employer's drug testing program that has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test results together with his/her medical history and any other relevant biomedical information
- j. **Designated Employer Representative (DER)** is a position in which Human Resource Manager serves and coordinates/point of contact with the TPA.
- k. **Substance Abuse Professional (SAP)** is a person who evaluates employees who have violated a DOT drug and alcohol program regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.

IV. Prohibited Conduct.

No employee shall:

1. Manufacture, distribute, dispense, possess, or use drugs on City property. This prohibition shall not apply to an employee that has a valid prescription from a licensed physician or for substances not classified in Schedules I through V under the United States Controlled Substances Act, 21 USC 802, 811 to 812.
2. Report for duty under the influence of alcohol or drugs.
3. Report for duty with the odor of alcohol on their person;
4. Absent themselves from duty or be unfit to fully perform duties for reasons attributable to, or produced by, indulgence in alcohol, drugs, or the excessive or other improper use of prescription or other medications.

5. Use any prescription or nonprescription medications, which may interfere with the safe and effective performance of duties or operation of City equipment or vehicles, without notifying their supervisor prior to beginning work or operating the equipment or vehicle.
6. Refuse to respond to questions within the scope of this policy.
7. Refuse to submit to a reasonable suspicion drug and alcohol test when required by the City. Refusal to submit includes:
 - a. Refusing an order to take a required test;
 - b. Inability to provide a urine specimen or breathe sample without a valid medical reason, confirmed by a physician;
 - c. Tampering, adulterating, or substituting a specimen or any other attempt to defeat or obstruct a drug or alcohol test;
 - d. Delaying arrival at the designated collection site;
 - e. Leaving the collection site before the drug or alcohol testing process is complete;
 - f. Failing to permit an observed or monitored collection when required;
 - g. Failing to take a second test when required;
 - h. Failing to undergo a medical evaluation when required; or
 - i. Failing to cooperate with any part of the testing process.

While working (in a City facility or at an off-site location), operating a City vehicle (on or off duty) or wearing a City uniform, no employee shall:

1. Have the odor of alcohol on their person;
2. Possess drugs unless lawfully prescribed by a licensed physician;
3. Use alcohol or drugs;
4. Have their ability to work impaired as a result of the use of alcohol or drugs;
5. Provide, manufacture, deliver, transfer, offer, or sell alcohol or drugs to any other employee or to any person while on duty.

If there is a question regarding an employee's ability to work safely and effectively while using prescription or nonprescription medications, clearance from a qualified physician will be required. The City will continue to retain the right to make the final determination concerning an employee's fitness to perform work.

V. Exceptions.

The following are exceptions to the Prohibited Conduct stated above.

1. Law enforcement employees may possess or transfer alcohol or drugs during the performance of their law enforcement duties.
2. Meadow Lakes employees may possess, transfer, and sell alcohol during the performance of their duties as a Meadow Lake employee.
3. Railway employees may possess or transfer drugs or alcohol as part of their employee duties for hauling freight.
4. Possession and use of alcohol during events that have been approved by the City Manager. Such events include, but are not limited to, City employee holiday banquets, employee golf-tournaments, and/or employee appreciation events. Such events shall not occur during normal business hours.

VI. Searches in Areas and Property in which the City Maintains Joint Control or Full Control

The City reserves the right to search, without employee consent, all areas and property over which the City maintains joint or full control. All City vehicles, equipment, offices, desks and lockers are subject to search by management. Searches, which are undertaken specifically to investigate violations of this policy, shall be conducted in the presence of the employee if practical. If the employee is not available, or if the employee so requests, a reasonable time will be allowed for a union representative or a witness to be present before a search is conducted. The limitation on the City's right to examine City property contained in this paragraph does not apply to property used jointly by more than one (1) employee.

Managers and supervisors shall not physically search employees.

VII. Searches of Other Areas and Property.

The manager or supervisor shall first ask the employee to consent to a search of the areas where the manager or supervisor believes there is evidence of a violation of this policy.

VIII. Responsibility of Employees.

All employees must:

1. Comply with all aspects of this policy.
2. Notify their supervisor before beginning work, when taking any prescription or non-prescription medications which may interfere with the safe and effective performance of duties or operation of City equipment.
3. Consult with the supervisor if there is any question concerning whether the use of a particular prescription or non-prescription medication is covered by this rule. Note: This policy is not intended to prohibit the safe and legal use of prescription and nonprescription medications.
4. Notify a supervisor of any arrest or conviction by the next regularly scheduled workday.

IX. Responsibility of Management.

Managers and supervisors are responsible for consistent enforcement of this policy. Any supervisor who knowingly permits a violation of this rule by employees under their direct supervision shall be subject to disciplinary action.

Managers and supervisors must:

1. Investigate any question, which arises about an employee's fitness to work due to use of prescription or nonprescription medications.
2. Investigate any employee who appear to be in violation of this rule.
3. Refer for reasonable suspicion testing any employee who appears to be under the influence of drugs or alcohol while on duty.
4. Advise an employee of their right to have another employee present during an investigatory interview.

Employee Assistance Program.

The City has established an Employee Assistance Program (EAP) to assist employees with a full range of personal issues including alcohol and drug abuse problems. The EAP provider can evaluate an employee's case and determine the appropriate level and type of treatment, if any.

1. Employees are encouraged to voluntarily seek professional assistance for alcohol and drug abuse with or without contacting management.
2. Employees are encouraged to utilize chemical dependency programs offered under benefit plans.
3. A manager or supervisor who has reason to believe that an employee may have a drug or alcohol problem, which is affecting the employee's work performance, may suggest that the employee go to the City's EAP provider for an assessment. Participation in the assessment is voluntary.
4. A referral to the City's EAP program is separate from disciplinary action that may result from the employee's violation of this policy.
5. A referral to the City's EAP program does not increase the employee's EAP benefits.

See policy #335 for more information on Employee Assisted Program.

XI. Alcohol and Drug Testing

1. Employees may be tested for drugs and alcohol when a trained supervisor has reasonable suspicion that the employee may be under the influence of drugs or alcohol while on duty.

2. Applicants for positions covered by this policy shall be tested for drug or alcohol usage as part of the pre-employment process.
 - a. An applicant who tests positive for drugs or alcohol will not be considered for hire where the applicant's use of drugs and/or alcohol could affect requisite job standards, duties, or responsibilities.
 - b. A positive result for an applicant who is presently a City employee will be forwarded to their supervisor for investigation.
3. All drug and alcohol testing will be performed by a laboratory selected by the City and in accordance with the Drug and Alcohol Testing Procedure. The laboratory or laboratories shall retain a sample for retesting for a minimum of six (6) months.
4. Laboratory reports or test results will be retained in an employee or applicant's confidential medical file. The reports or test results may be disclosed to City management on a strictly need-to-know basis and to the tested employee upon request. Disclosures, without patient consent, may also occur when: (1) the information is compelled by law or by judicial or administrative process; (2) the information has been placed at issue in a formal dispute between the employer and employee or applicant; and/or (3) the information is needed by medical personnel for the diagnosis or treatment of the patient who is unable to authorize disclosure.
5. Employees are subject to testing when they cause or contribute to accidents that damage a city vehicle and/or equipment; or any work related accident which results in bodily injury to anyone or any property damage which is determined by the supervisor to require repair or restoration.

The employee shall be escorted by a supervisor to the hospital and/or emergency room for intoxicant testing immediately after an accident.

XII. Safety Sensitive Positions under the Federal Department of Transportation

Federal Department of Transportation (DOT) regulation under the Federal Motor Carriers Safety Administration (FMCSA) and the Federal Transit Administration (FTA) require the City to test safety sensitive employees as defined by the DOT for prohibited drug use and alcohol misuse. Participation in the City's DOT drug and alcohol testing program is a condition of employment for all safety sensitive employees. A covered employee who refuses to submit to a drug or alcohol test as defined by the DOT will be treated as if the employee had received a positive test result. Refusing to submit to such a test is a violation of this Policy, and the employee may be subject to discipline, up to and including termination.

In compliance with Federal regulations, covered employees who test at 0.02 or greater alcohol concentration levels but less than 0.04 shall be ordered off the worksite and may not perform safety sensitive functions until a negative return to an alcohol test is obtained per FMCSA or FTA guidelines. In addition, covered employees must not consume alcohol while performing a safety-sensitive function and up to eight hours following an accident or until the employee undergoes a post-accident drug and/or alcohol test, whichever occurs first.

FTA regulation 49 CFR part 655, "Prevention of Alcohol Misuse and prohibited Drug Use in Transit Operations," prohibits the use and ingestion of prohibited drugs at all times.

All DOT-covered employees receive training regarding the effects and consequences of substance abuse on personal health and safety and the work environment. Training is provided regarding the manifestations and behavioral cues indicating substance abuse. Supervisors and managers are responsible for determining when it is appropriate to administer reasonable suspicion drug and/or alcohol tests. Employees who receive training on the physical, behavioral, and performance indicators of probable drug use and alcohol misuse.

Applicants for employment in a DOT-covered position, employees transferring into a covered position, and covered employees are required to participate in the City's drug and alcohol testing program and submit to drug and alcohol testing as mandated by Federal regulations and as a condition of employment with the City. The DOT "Procedures for Transportation Workplace Drug and Alcohol Testing Programs" prescribes the testing methods that will be used.

All DOT-covered employees will be subject to drug and alcohol testing as mandated and defined by the FMCSA or the FTA including:

- Pre-employment,
- Random,
- Reasonable Suspicion,
- Post-Accident,
- Negative Dilute Re-test,
- Return-to-duty
- Follow up

Testing in compliance with the Federal mandate and procedures.

If an employee is unable to submit to a Random test because the employee is off work for an extended period of time, another employee may be randomly selected from the pool at that time. An extended period of time is defined as twelve (12) weeks or longer.

FMCSA Drug and Alcohol Clearinghouse

In compliance with Federal regulations, 49CFR 382.701-727, for covered employees under the FMCSA, the following personal information will be collected and maintained in the secure FMCSA Drug and Alcohol Clearinghouse:

- Verified positive, adulterated, or substituted drug test result,
- Alcohol confirmation test with a concentration of 0.04 or higher,
- Refusal to submit to a required test,
- The City's report of actual knowledge of on-duty alcohol use, pre-duty alcohol use, alcohol use following accident, and controlled substance use,
- Substance Abuse Professional report of successful completion of the return to duty process,
- Negative return-to-duty test results, and
- The City's report of completion of follow-up testing.

Contractors for the city shall also be required to comply with any mandated controlled substances procedures for public improvement contracts.

FMCSA regulations require that all employers conduct a post offer limited query of the Federal Drug and Alcohol Clearinghouse to determine if there are open reported drug and/or alcohol issues associated with the driver. A driver with open issues reported in the Clearinghouse may not work in a DOT-defined safety sensitive position, and any offer of employment may be

rescinded. In order for the query to pull up further required information, the driver must be registered in the Clearinghouse and must give electronic consent to a full query in the event a record is found and reported.

FMCSA regulations also require an annual limited query of the Federal Drug and Alcohol Clearinghouse to determine if any information exists in the Clearinghouse about regulated employees. The City will obtain consent via authorization and release to conduct this limited query. If a record exists, the City will remove that driver from their safety sensitive position and seek consent to view the full record available in the Clearinghouse. If a regulated employee refuses to grant consent to either the limited or full query they shall be removed from safety sensitive duties pending a full investigation and may be subject to discipline up to and including termination.

Types of Testing:

1. Pre-employment

All applicants for employment in safety-sensitive position or individuals under the City's Authority requesting to be transferred or promoted into safety-sensitive positions must submit to and pass urine testing for drugs and may be required to submit to a breath alcohol test and have results indicating an alcohol concentration level less than 0.02 prior to being hired or assigned to a safety sensitive position. An applicant who has a breath alcohol results of 0.20 or greater and less than 0.04 may be allowed to submit to submit to a retest. Testing will be conducted after the employer makes a contingent offer of employment or transfer subject to the employee passing the test.

2. Random

All covered employees will be subject to random and unannounced drug and/or alcohol testing. Testing will be spread reasonably throughout all periods of the calendar year. Testing will be unannounced and immediate and will allow no discretion by personnel as to who is selected or notified to proceed to testing. When a covered employee has been notified that s/he has been selected for testing, s/he must report immediately to the collection site designated by the City. Transportation to and from the collection site will be provide by the City. The covered employee will not be permitted to use rest room facilities, consume beverages, or smoke until specimen collection is completed. The number of random drug and alcohol tests to be conducted each year will meet the current federal drug and alcohol testing requirements.

All covered employees will have an equal chance of being selected for testing and will remain in the random selection pool even after being tested. For example, it is possible for some covered employees to be tested several times in one year, and other covered employees not to be tested for several years.

3. Reasonable Suspicion

Covered employees will be required to submit to urine testing for drugs and/or alcohol breath testing when there is a reasonable suspicion that the covered employee is under the influence of a prohibited drug or has misused alcohol. The authorization to administer a reasonable suspicion test will be made by a supervisor(s) trained to identify the signs and symptoms of drug use and alcohol misuse. The supervisor(s) are required to articulate

and substantiate physical, behavioral, and performance indicators of probable drug use or alcohol misuse.

When a covered employee has been notified that s/he will be required to submit to reasonable suspicion drug and/or alcohol testing, s/he must report immediately to the collection site designated by the City. A supervisor will transport employee to and from the collection site. The covered employee will not be permitted to use rest room facilities, consume beverages, or smoke until specimen collection is completed. The employee will not be permitted to return to duty and placed on a paid leave pending the receipt by the City of a verified test results.

A written record shall be made of the observations leading to an alcohol or controlled substance reasonable suspicion test, and signed by the supervisor (s) who made the observations, within 24 hours of the observed behavior or before the results of the alcohol or controlled substances test are released, whichever is earlier. All documents generated in connection with decisions to administer a reasonable suspicion drug and/or alcohol test will be forwarded to and maintained by the Human Resource Manager.

4. **Post-Accident**

As soon as practicable following the occurrence involving a commercial motor vehicle operating on a public road in commerce, each employee shall be tested for alcohol and controlled substance if the accident involved:

1. Bodily injury to any person who, as a result of an injury immediately received medical treatment away from the scene of the accident; or
2. One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

| Type of accident involved | Citation Issued | Test must be performed by employer |
|---|------------------------|---|
| Human fatality | YES | YES |
| | NO | YES |
| Bodily injured with immediate medical treatment away from the scene | YES | YES |
| | NO | NO |
| Disabling damage to any motor vehicle requiring tow away | YES | YES |
| | NO | NO |

Any individual that receives a citation within 32 hours of the occurrence shall be tested.

Post-accident drug and alcohol tests must be performed as soon as possible. Transportation to and from the collection site will be provided by a supervisor. The covered employee will not be permitted to use rest room facilities, consume beverages, or smoke until specimen collection is complete.

Alcohol tests should be performed within two hours following the accident. If not, a file must be prepared and maintained stating the reasons the test was not promptly administered. Alcohol test must be performed within eight hours following the accident. If not able to obtain a specimen in eight hours, cease attempts to obtain a specimen and update the two-hour written report.

If the **Drug test** is not administered within 32 hours following the accident, all attempts should cease to administer the drug test. Documentation must be prepared and maintained stating the reasons the test was not promptly administered.

Requirements for the accident testing is stayed while employee assists in the resolution of the accident or receives medical attention following the accident, however, testing could be administered simultaneously, if conscious, to the covered employee while receiving necessary medical attention.

A driver involved in an accident must remain readily available for drug and/or alcohol testing for up to eight hours after the accident. The covered employee is responsible for notifying the City of his/her location if he or she leaves the scene of the accident prior to submission to testing. Failure by the covered employee to remain readily available may be determined to be a refusal to submit to testing and may lead to disciplinary action up to and including discharge.

Note: Post-accident drug and alcohol tests required by this policy are in addition to and/or separate from any tests conducted for law enforcement purposes.

5. Return to Duty

Prior to being permitted to return to duty, all covered employee who have previously had a verified positive drug test, and alcohol test result of 0.40 or greater, refused to submit to a test, or engaged in any activity that violates this policy, must be evaluated by a SAP to determine whether the covered employee has followed the recommendations for action by the SAP and must pass a return to duty drug test and/or submit a breath alcohol test with result showing an alcohol concentration level of less than 0.20. Return to duty test are observed tests by the same gender, per DOT Regulations.

The City may require covered employees returning to work from a leave of absence, illness, or layoff of a duration of more than 180 days or not doing a safety sensitive job for 90 days and had not been in the random pool, or from a voluntary drug and/or alcohol treatment program to undergo a physical evaluation, by a physician of the City's choice. The covered employee may be required to pass a pre-employment drug test and/or submit to a breath alcohol test with a result showing an alcohol concentration level of less than 0.20, prior to return to work.

6. Follow-up

A covered employee who had been permitted to return to duty, following a verified positive drug test, and alcohol test result of 0.40 or greater, or a refusal to submit to a test **WILL BE SUBJECT TO UNANNOUNCED FOLLOW-UP DRUG AND/OR ALCOHOL TESTING FOR A LEAST 12 MONTHS BUT NOT MORE THAN 60 MONTHS. THE FREQUENCY AND DURANTION OF THE FOLLOW-UP TESTING WILL BE RECOMMENDED BY THE SAP, WITH A MINIMUM OF SIX TESTS DURING THE FIRST 12 MONTHS AFTER THE COVERED EMPLOYEE HAS RETURNED TO DUTY.** A covered employee, who has been permitted to return to duty, following voluntary treatment for a drug and/or alcohol problem, may be required to submit to a follow-up drug and/or alcohol testing.

When a covered employee had been notified that s/he had been selected for testing, s/he must report immediately to the collection site designated by the City. Transportation to and from the collection site will be provided by the City. The covered employee will not be permitted to use rest room facilities, consume beverages, or smoke until specimen collection is completed. Follow-up test are observed tests by the same gender, per DOT Regulations.

Drug/Alcohol Testing Procedures:

Drug testing will be conducted using laboratory testing of urine specimens for all substances required by Department of Transportation (DOT) regulations 49 CFR Part 40. Breath alcohol testing must be collected through the use of an evidential breath testing device (EBT).

All urine specimens will be collected at a collection site, designated by the City, which meets the guidelines established by the Department of Transportation (DOT).

The collection site personnel will be responsible for maintaining the integrity of the specimen collection and transfer process and for protecting the dignity and privacy of the covered employee providing the sample.

Return to Duty After Specimen Collection:

A covered employee who is required to submit to random or follow-up drug testing may be returned to duty immediately following specimen collection. If the covered employee is also subject to random or follow-up alcohol testing, the covered employee's return to duty will be dependent upon the outcome of the breath alcohol testing. If the results of the breath alcohol test are below .02, the employee may be returned to work immediately.

A covered employee who is required to submit to a reasonable suspicion or post-accident drug and/or alcohol test will not be permitted to return to duty and will be placed on paid leave pending the receipt by the City of a verified test result.

Drug Test Results:

All drug test results will be reported by the testing laboratory to a qualified MRO designated by the City. The MRO will be responsible for verifying and validating drug test results. The MRO will review and interpret a covered employee's confirmed positive drug test result by reviewing the individual's medical history and affording the covered employee an opportunity to offer any clarifying information that would explain a positive test result. The MRO will report each verified test result to the City and will notify each covered employee who has a verified positive test result.

Positive Drug/Alcohol Test Results:

A covered employee who has a verified positive drug/alcohol test result will be immediately removed from his/her safety-sensitive position, advised of resources available to evaluate and resolve problems associated with drug abuse, and be evaluate by a SAP. The covered employee will be placed on leave of absence pending the results of the evaluation by the SAP and may be subject to discipline, up to and including suspension or discharge.

Employees who test positive and seek the recommended treatment and counseling may be responsible for the cost incurred through the City provided EAP insurance program.

Refusal to Submit to Test:

Any covered employee who refuses to submit to a drug or alcohol test must be evaluated by a SAP. A covered employee who refuses to submit to a drug or alcohol test will be placed on leave of absence pending the results of the evaluation by the SAP and may be subject to discipline, up to and including suspension or discharge. A determination of a covered employee's refusal to submit to a test includes:

- Refusal to take the test
- Failure to provide a sample
- Failure to provide a sufficient specimen with no medical information
- Failure to remain at the testing site until the test is complete.
- Tampering with or attempting to adulterate the specimen or collection procedure
- Not reporting to the collection site in the time allotted
- Not cooperating with the collection process
- Leaving the scene of an accident without a valid reason before the test have been conducted
- Failure to undergo a medical evaluation as required by and MRO or DER for drug & alcohol testing

IN ANY EVENT, A REFUSAL TO TAKE THE TEST WILL BRING THE SAME CONSEQUENCES AS A POSITIVE RESULT; AND THE EMPLOYEE WILL IMMEDIATELY BE REMOVED FROM ANY SAFETY-SENSITIVE DUTIES.

Discipline:

Compliance with the City's Drug Free Workplace policy is a condition of employment for all covered employees. A violation of any part of the City's Drug Free Workplace policy may result in discipline, up to and including suspension or discharge.

Last Chance Agreement:

Covered employees who test positive on a drug test, have a confirmed breath alcohol concentration level of 0.04 or greater, or who are referred to drug and/or alcohol treatment that requires them to be away from work, will be required to sign a last change agreement prior to being permitted to return to his/her safety-sensitive position. The agreement may include, but is not limited to the following requirements:

- A release to work statement from an approved treatment specialist.
- A negative test for drugs and/or alcohol.
- An agreement to follow-up testing.
- A statement to follow specified aftercare requirements as determined by the SAP.
- An expressed understanding that violation of the last chance agreement may result in discipline, up to and including suspension or discharge.

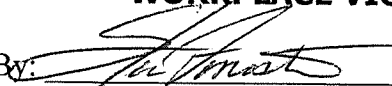
The last chance agreement is not a guarantee of continued employment. Covered employees working under a last chance agreement must also follow all other City policies and procedures.

Effective Date: July 1, 2016

POLICY # 435

WORKPLACE VIOLENCE

Adopted By:


Steve Forrester, City Manager

Date:

6/21/17

Attachments:

Workplace Violence Incident Report Form

Revised 7/1/2017

I. PURPOSE

To help prevent incidents or threats of violence from occurring in or about City facilities at any time.

II. SCOPE

This policy applies to all City employees and anyone who comes onto City premises.

III. POLICY

The City understands the importance of a safe and secure environment for our employees and recognize the need to create a violence-free workplace for both employees and the public. This policy is intended to prevent workplace violence from occurring and describes prohibited conduct, warning signs identified with potentially violent behavior, procedures for reporting violations of this policy, and other pertinent information that is necessary to help deter violence in the workplace.

The City has a "zero tolerance" policy for any actions that threaten City employees, vendors, or customers in the workplace. All violent behavior is considered inappropriate in the workplace, on both the part of employees, vendors and customers, and will not be tolerated. Violence is strictly and specifically prohibited. The use of appropriate force by police officers is not considered violence. No existing policy, practice, or procedure should be interpreted to prevent decisions designed to prevent a threat from being carried out, a violent act from occurring or a life threatening situation from developing.

The policy applies to all City departments with respect to the conduct of all City employees. For the purpose of this policy, the term "employees" of the City includes volunteers in all City departments but excludes all independent contractors.

Weapons in the Workplace.

Bringing an unlawful weapon to City facilities or carrying an unlawful weapon while at work is strictly prohibited. This prohibition does not apply to individuals described in ORS 166.370(3). For the purpose of this policy, "unlawful weapon" means a weapon defined by ORS 166.360 which is possessed or used in a manner that violates any

federal or state statute or City ordinance. No firearms shall be stored in a City-owned vehicle or facility. The prohibition does not apply to personal defense devices.

Reporting.

Employees are responsible for notifying their supervisor if they become aware of any threat or violent act in the workplace or on City property. If and when workplace violence occurs, any City employee who is a victim of the workplace violence must file an *incident report form* with his or her supervisor. The incident report form is to be signed by the employee, his or her supervisor, and filed with Human Resources Manager. Under some circumstances, the Police Department may be informed of the contents of a report for the safety and well-being of employees.

Confidentiality.

Information about any complaint will be treated as confidentially as possible, and will be handled consistently with proper investigation and responsive action. Generally, this means that confidential information will be shared on a need-to-know basis.

Police Intervention.

The role of police officers is to enforce the law, and the Police Department will be asked to intercede in situations where criminal wrongdoing is evident or suspected. The City may also involve the Police Department in the event of safety threats.

Restraining Order.

If an employee applies for or obtains a protective or restraining order which lists his or her place of work or makes a reference to a person not being within a certain distance from such employee, such employee is encouraged to inform his or her supervisor and Human Resources so they may assist in eliminating any chance of this person causing the employee or any fellow employees harm at employee's workplace.

Searches.

The City reserves the right to search any property owned by the City. Therefore, employees have no expectation of privacy concerning City property, e.g., desks and lockers. This policy is for the welfare and well-being of City employees and to prevent any unauthorized persons from bringing a deadly weapon into the workplace.

Workplace Violence.

For the purpose of this policy, "workplace violence" is defined as: any act of physical aggression by an individual or by a group that occurs in the workplace or arises out of work activities: any attempts at physical aggression: or verbal or physical threats of immediate harmful physical contact.

Warning Signs of Potentially Violent Individuals.

There is no exact method to predict when a person will become violent. However, there can be clues based on an individual's behavior change. One or more of the following warning signs may be displayed before a person becomes violent, but does not necessarily indicate that an individual will become violent. A display of these signs should trigger concern. The signs include, but are not limited to, the following:

- Irrational beliefs and ideas
- Displays of unwarranted anger
- Verbal, nonverbal or written threats or intimidation
- New or increased source of stress at home or work
- Fascination with weaponry and/or acts of violence
- Inability to take criticism
- Feelings of being victimized
- Expressions of a plan to hurt oneself or others
- Intoxication from alcohol or other substances
- Externalization of blame
- Unreciprocated romantic obsession
- Expressions of hopelessness or heightened anxiety
- Taking up much of supervisor's time with behavior or performance problems
- Violence towards inanimate objects
- Productivity and/or attendance problems
- Any activity that causes fear in employees or City customers
- Stealing or sabotaging projects or equipment
- Drastic change in belief systems
- Lack of concern for the safety of others

Results and Repercussions.

The City will take corrective action in response to workplace violence on a case-by-case basis. In determining the appropriate corrective action (if any), the City will consider all of the circumstances, including the nature of the complaint and the context in which events occurred. If evidence exists to support the allegations, corrective action, up to and including discharge, will be taken against the offender and a record of any corrective action taken will be included in the offending employee's personnel file. Anyone who lodges a good faith complaint, or who participates in the City's investigation, will not be retaliated against or otherwise treated adversely relating to the reporting of the situation or participation in an investigation.

City of Prineville

WORKPLACE VIOLENCE INCIDENT REPORT

Return completed form immediately following incident to Human Resources.

| | |
|-------------------------------|-------|
| Date of Incident: | Time: |
| Address/Location of Incident: | |

Individuals involved in the incident (use additional sheet(s) if necessary)

| | |
|---|---|
| Name: | Name: |
| <input type="checkbox"/> Victim or <input type="checkbox"/> Assailant | <input type="checkbox"/> Victim or <input type="checkbox"/> Assailant |
| Title: | Title: |
| Division: | Division: |
| Phone: | Phone: |
| Immediate Supervisor: | Immediate Supervisor: |

Assailant Relationship to Employee

| | |
|--|--|
| <input type="checkbox"/> Co-worker | <input type="checkbox"/> Former Employee |
| <input type="checkbox"/> Other (specify) | |

Possible Reason for Incident: (If known, check all that apply)

| | |
|--|--|
| <input type="checkbox"/> Conflict with co-worker(s)/former co-worker | <input type="checkbox"/> Receiving corrective action |
| <input type="checkbox"/> Conflict with management | <input type="checkbox"/> Other (specify) |

City of Prineville

Nature of Incident

| |
|---|
| <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Engaging in actions intended to frighten, coerce, or induce duress |
| <input type="checkbox"/> Destruction of Property |
| <input type="checkbox"/> Physical Assault - Hitting, fighting, pushing, or shoving |
| <input type="checkbox"/> Armed Assault - Use of object as weapon (specify) |
| <input type="checkbox"/> Armed Assault - Use of weapon such as gun, knife, etc. (specify) |
| <input type="checkbox"/> Verbal Harassment |
| <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Other (specify) |

How was the incident communicated? (Check one or more)

| | | | | |
|--|---------------------------------|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Communicated directly to victim | <input type="checkbox"/> Verbal | <input type="checkbox"/> Mail | <input type="checkbox"/> Note | <input type="checkbox"/> Email |
| <input type="checkbox"/> Communicated to another person | <input type="checkbox"/> Verbal | <input type="checkbox"/> Mail | <input type="checkbox"/> Note | <input type="checkbox"/> Email |
| <input type="checkbox"/> Other (specify) | | | | |

Victim Injury (Check all that apply)

| |
|--|
| <input type="checkbox"/> Physical injury |
| <input type="checkbox"/> Physical Injury - Medical care required |

Initial Response or Follow up Activity: (Check all that apply)

| | |
|--|--|
| <input type="checkbox"/> Situation defused | |
| <input type="checkbox"/> Medical Attention | <input type="checkbox"/> Law Enforcement notified If Yes, Name of Agency and Report Number: |
| <input type="checkbox"/> Other (specify) | <input type="checkbox"/> |

City of Prineville

Describe Incident in Detail

When (date) and where (physical location) did alleged threat or act of violence/prohibited behavior occur?

What events occurred immediately prior to the incident?

What was the specific language of the alleged threat/prohibited behavior?

Provide specific details of the alleged threat or act of violence/prohibited behavior:

Describe the conduct and appearance of the person demonstrating the alleged threat or prohibited behavior (physically and emotionally):

City of Prineville

List Names and Phone Number of Other Witnesses

Employee Signature

Date

Supervisor Signature

Date

Effective Date: July 1, 2016

POLICY # 440

CODE OF ETHICS

Adopted By: _____

Steve Forrester, City Manager

Date: _____

6/20/20

Revised 7/1/2019

I. PURPOSE

This policy is meant to provide all City employees with an understanding of the City's expectations regarding ethical standards and principles.

II. SCOPE

A public office is a public trust. All city employees are public officials under ORS 244 and must conform to this policy and all relevant provisions of ORS 244.

III. POLICY

It shall be the policy of the City of Prineville that its employees, officers of the organization, board members, immediate family members of the foregoing, agents/contractors of the organization, and individuals about to be hired by the City shall adhere to the highest ethical standards and principles in complete compliance with law and regulations in the conduct of City business. Each individual employee is a representative of the City and, therefore, is responsible through his or her actions for projecting high ethical standards.

There are eight (8) basic elements considered in this ethics policy. They are:

1. Conflict of Interest
2. Confidentiality
3. Political Activity
4. Gratuity and Gifts
5. Conversion of City Property for Private Use.
6. Off Duty Conduct
7. Outside Employment
8. Criminal Acts

A. Conflict of Interest.

Any employee who is responsible for decisions in the selection of or participates in the recommendation and selection of any individual or business organization that furnishes merchandise, supplies, property, or services to the

City is prohibited from having any direct interest with those organizations. For purposes of this section, "direct interest" is intended to include financial interest, interest by virtue of any employee's position of authority in such business or organization, or interest in such business or organization by an employee's family member, domestic partner, member of the employee's household, or other person having a close interpersonal relationship with the employee.

Any employee who is responsible for making arrangements to receive loans, commissions, royalties, property shares, or anything of value, or list or sell properties will not have any direct financial interest with those organizations.

When an individual city employee has an interest in a business, organization, or individual seeking to do business with the City, the City employee must refrain from participating in a decision or recommendation that would result in a business relationship, declare a conflict of interest for the particular enterprise and advise his or her supervisor of the conflict of interest. The supervisor shall then make such decision or recommendation.

B. Confidentiality.

City employees have access to highly confidential, legally protected, and proprietary information. Confidential information includes all information acquired by an employee during the course of employment that is not generally available to the public, including legally protected information.

Examples include:

1. Records concerning ongoing law enforcement investigations or administrative investigations conducted by the City or other public entity.
2. Employee personnel files and related documents.
3. Personally identifying information (names, addresses, telephone numbers, date of birth and social security numbers) of employees, court defendants, utility account holders, and users of public facilities.
4. Any privileged or confidential commercial or financial information.
5. Any records of discrimination or harassment complaints and investigations, whether or not part of a personnel file.
6. Records submitted by an applicant for employment by the City.
7. Any record revealing or indicating a person has a disability.
8. Any medical, mental health, or sociological records.

The contents of records or information otherwise obtained in regard to the City business may not be disclosed to anyone, except where required for a business purpose or unless directed to do so by a court of competent jurisdiction or upon direction from the City Manager.

No records or information including (without limitation) protected medical data, documents, files, records, computer files or similar materials (except in the ordinary course of performing duties on behalf of the City) may be removed from City premises without written permission from the City Manager.

Employees are subject to appropriate disciplinary action up to, and including, dismissal for revealing information of a confidential nature.

All information acquired by an employee during the course of employment is to be used solely for the benefit of the City and, through the City, for the benefit of our customers. The use of such information for personal advantage or disclosure to others is strictly prohibited. Likewise, any materials developed by City employees in the performance of their jobs, is the property of the City. Employees may not take this material with them when they leave City's employment, remove it from City offices for non-work related reasons, or copy or distribute it to persons or companies, other than as required in the course of business, without written approval from the City Manager.

C. Political Activity.

All employees must comply with the provisions of Oregon law that provides "No public employee may solicit money, influence, or otherwise promote or oppose any political committee, or promote, or oppose the nomination or election of a candidate, the gathering of signatures on an initiative, referendum or recall petition, the adoption of a measure or the recall of a public office holder while on the job during working hours."

Nothing in this section shall affect an employees' right to hold membership in and support a political cause or candidate, express their opinion on political subjects and candidates, and/or maintain neutrality while not performing City duties.

D. Gratuity and Gifts.

City employees and members of their households may not receive from City suppliers or agents, anything of value, whether cash or any other property. Even if the gift is not intended for the purpose of securing or appearing to secure preferential treatment, it will have that appearance. This includes any form of gratuity to employees or members of their households from City suppliers or agents. Employees may not attend a conferences at the expense of anyone other than the City. However, employees may participate in joint presentations with suppliers or contractors so long as there is no payment of employee

expenses by the supplier or contractor. Employees may participate in training presented by suppliers or contractors so long as there is no payment of employee expenses by the supplier or contractor or if such training is needed as a result of City's purchase of equipment from such supplier or contractor. Admission provided to, or the cost of food or beverage consumed by an employee at a reception, meal, or meeting held by an organization is allowed when the employee is representing the City.

Employees that are offered a gift, gratuity, recognition item, payment of expenses or other item of personal benefit, from City suppliers or agents, must notify his or her Department Head. Employees that are made aware of a member of his or her household being offered a gift, gratuity, recognition item, payment of expenses or other item of personal benefit, from City suppliers or agents, must notify his or her Department Head. If the offer does not violate the spirit of this policy, the City may accept it on behalf of the City as long as the item may be used for the public or the City's good. Small gifts that may be shared by a group of employees (a dozen donuts) may be accepted on behalf of the City so long as the gifts may be shared by all. An employee may not accept any containers of alcoholic beverage from a supplier, contractor or other person or entity that does or may do business with the City, however, a employee may consume alcohol or food at a reception where the food or beverage is provided as an incidental part of the reception and no cost is placed on the food or beverage, i.e. hospitality room at a conference.

E. Conversion of City Property for Private Use.

1. Each City Department Head is responsible and accountable for materials and equipment purchased for and used by their department. All equipment and materials are for the use of City employees on City business.
2. The City is oftentimes offered price differentials that are not offered to the public at large. City employees may not purchase goods for their own benefit through the City purchasing process.

F. Off Duty Conduct.

As a general rule, City employees regard most off-duty activities to be their own personal matter. However, certain types of off-duty activities are of concern because of the potential negative impact on the City's reputation. For that reason, employees who either engage in, or are associated with, criminal acts, or other conduct, the nature of which adversely affects the City or their own ability or credibility to carry out their employment responsibilities, may be subject to disciplinary action including discharge.

For purposes of this section, off-duty activities also includes participation in online activities, including, but not limited to, forms of online publishing and

discussion such as blogs, wikis, file-sharing, user-generated video and audio, virtual worlds, and social networks.

G. Outside Employment.

Outside employment that creates a conflict of interest is prohibited. Employees cannot receive any income or material gain from individuals or organizations outside the City or for materials produced or services rendered while performing their jobs for the City of Prineville.

Employees may hold outside employment if the additional work does not interfere with or adversely affect their City job performance, does not create a conflict of interest, does not cause the use of City time/equipment/property/premises, does not involve the solicitation of private business or other work, and does not otherwise discredit the employee's position or the City's reputation.

Authorization for an employee to engage in outside employment must be approved by their Department Head and the City Manager. The employee must satisfactorily perform his or her job responsibilities with the City. All employees will be judged by the same departmental performance standards and will be subject to the City's scheduling demands, regardless of any existing outside work requirements.

H. Criminal Acts.

Employees are required to report if they are arrested and/or charged with any misdemeanor or felony, including a DUII, as well as if they receive any citations (other than minor traffic citations), or plead guilty or no contest to charges (including diversions). Employees must inform Human Resources and or supervisor of any arrest or conviction by the next regularly scheduled workday. Upon conviction or dismissal of charges, the employee must report the matter to Human Resources and/or supervisor within two business days and must submit documentation concerning the resolution.

An arrest or conviction of a crime is not an automatic bar to continued employment. The City will review the underlying facts of the matter; any action taken will be on a case-by-case basis taking into account the totality of the circumstances. At the City, actions may range from no action, to disciplinary action including discharge.

Failing to report a conviction constitutes grounds for discharge. Furthermore, misrepresentation of the circumstances of the events can serve as grounds for discharge. Employees who are unavailable to report for work due to incarceration may be subject to disciplinary action, including discharge.

Effective Date: July 1, 2016

POLICY # 445

SMOKING IN THE WORKPLACE

Adopted By:



Steve Forrester, City Manager

Date: 6-14-17

Revised 7/1/2017

I. PURPOSE

The City of Prineville is dedicated to providing a healthy, comfortable, and productive work environment for all employees.

II. SCOPE

All City employees

III. POLICY

Pursuant to Prineville Code Chapter 38, all City facilities are "smoke free" areas. City employees share in the responsibility for adhering to this policy and for bringing it to the attention of persons visiting City buildings and facilities.

Smoking Instruments are defined as cigars, cigarettes, pipes, e-cigarettes, vaping instruments, or other smoking equipment.

Smoking in City Vehicles and Motorized Equipment

City vehicles are considered designated work areas under this policy and as such are "smoke free."

Smoking Inside of City Owned Buildings

Smoking and carrying any lighted smoking instrument is prohibited in all City owned and operated facilities within the City.

Smoking Outside Of City Owned Buildings

Smoking or carrying any lighted smoking instrument is prohibited within 20 feet of the exterior of any building the City owns and is occupied by City employees. The no smoking area does not extend into the roadway, but does include driveways, planting strips, sidewalks and pedestrian ways within 20 feet of any City Owned Building.


Smoking Breaks

No additional breaks or rest periods will be granted to employees who smoke.

Effective Date: July 1, 2016

POLICY # 510

BULLETIN BOARDS

Adopted By  Date 5/12/16
Steve Forrester, City Manager

I. PURPOSE

To provide an effective and open channel of communication between employees and City leadership.

II. SCOPE

This policy applies to all City departments, except those otherwise covered by collective bargaining agreements.

III. POLICY

Important job-related information may be displayed on department bulletin boards. Information should normally be of the following types:

- Legally required posters and notices
- City standards and rules of conduct
- Safety rules and related information
- Management memos and announcements
- Job vacancy postings
- Employment or benefits-related materials

IV. PROCEDURE

Information posted on bulletin boards must be approved in advance by the Department Head or his/her designee.

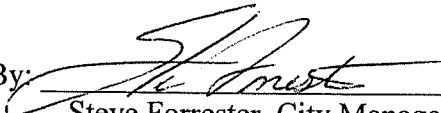
Each department will be responsible for maintaining the orderly appearance of their bulletin boards which includes the posting of new information and the removing of outdated material.

Effective Date: July 1, 2016

POLICY # 515

SOCIAL MEDIA

Adopted By:


Steve Forrester, City Manager

Date:

6/14/17

Revised 7/1/2017

I. PURPOSE

This Social Media Policy ("Policy") establishes guidelines for the establishment and use by the City of Prineville ("City") of social media sites as a means of conveying information to members of the public.

II. SCOPE

This policy applies to all City employees and City contractors that use City social media accounts created for the purpose of conveying information to the public in an official capacity.

III. POLICY

The City of Prineville has a business need to augment traditional communication methods with the use of social media channels. The use of social media presents an opportunity and risk to the City. In general, the City supports the use of social media to further City and department missions and goals.

IV. DEFINITIONS

- A. **Social Networking Site (SNS)** means content created by individuals, using accessible, expandable, and upgradable publishing technologies, through and on the internet. Examples of Social Networking Sites include, but are not limited to, Facebook, Twitter, Blogs, YouTube, LinkedIn, and Flickr.
- B. **Posts or Postings** means any information, articles, pictures, video or any other form of communication posted by a city employee, volunteer or authorized contractor to the public presence of any SNS through an official city SNS account.
- C. **Comment or Reply** means any comment posted to an official city SNS account by a user of that service, who is not affiliated with the City of Prineville.

D. Direct Messaging means any message posted privately through an official City SNS account between the user of any SNS and a City employee, volunteer, or authorized contractor.

V. PROCEDURES

- A. City's Official Web Presence.** The City's official website at www.cityofprineville.com (or any other domain owned by the City) will remain the City's primary means of internet communication.
- B. Establishment of approved SNS.** Establishment of an official City or department account on any SNS requires that site to be approved for use by the IT Department. The following SNS are currently approved for use by the City and individual departments: Facebook, Twitter, YouTube, and Sound Cloud. Any department wishing to establish an official presence on any other SNS, should submit to the IT Department a Social Media plan outlining the target audience, their expected reach, how the new SNS furthers their departmental mission, and why adding a new SNS instead of using an existing approved SNS is needed. No City employee shall establish or communicate on any SNS that is not an official City SNS account.
- C. Establishment of SNS Accounts.** The establishment of official City SNS accounts is subject to the approval by the IT Manager. Upon approval, City social media sites shall bear the name and the official logo of the City or department within the City that the account represents.
- D. Authenticity Establishment.** Official SNS Accounts will be registered using an official cityofprineville.com email account, or an email address associated with any other domain name that the City owns.
- E. Designated Social Media Coordinator.** Each SNS account will be assigned a social media coordinator who is responsible for the content published through that account. This person can delegate additional individuals who can publish, edit, comment or view content on the SNS account.
- F. User Behavior.** The same standards, principles and guidelines that apply the City of Prineville employees in the performance of their assigned duties apply to employee social media technology use.
- G. Site Content.** Departments are responsible for establishing and maintaining content posted to their social media sites.
- a. Social media coordinators shall review site activity daily for exploitation or misuse.
 - b. Social media content shall comply with all city of Prineville Human Resources Policies and Procedures.

- c. Content posted to official City SNS accounts must be of a nature that furthers the business goals of the City or of the City department that established the SNS account or would be of general interest to the public.

- d. All content posted to an official City SNS must be owned by the City of Prineville or the City of Prineville must have exclusive right to publish and reproduce the content. Work product created by independent contractors of the City will become property of the City when published through an official City SNS account unless specific contract language between the City and an independent contractor supersedes such assignment of rights.
- e. Commercial solicitation or advertising of private businesses through official City of Prineville SNS accounts is prohibited. This does not exclude advertising of events or opportunities sponsored by private businesses provided the event or opportunity would be beneficial to the general public and furthering dissemination of the information is in the public's interest.
- f. Comments posted to official City SNS Accounts may be removed if they contain the following:
 - i. Profane language or content
 - ii. Content that promotes, fosters or perpetuates discrimination of protected classes
 - iii. Sexual harassment content
 - iv. Solicitations or commerce or advertisements including promotion or endorsement
 - v. Promotion of endorsement of political issues, groups or individuals
 - vi. Conduct or encouragement of illegal activity
 - vii. Information that may tend to compromise the safety or security of the public or public systems.
 - viii. Content intended to defame any person, group or organization
 - ix. Content that violates the legal ownership interest of any other party, such as trademark or copyright infringement
 - x. Making or publishing of false, vicious or malicious statements concerning any employee, the City or its operations.
 - xi. Violent or threatening content
 - xii. Disclosure of confidential, sensitive or proprietary information

- xiii. Advocating for alteration of hours, wages and terms and conditions of employment (applies to City of Prineville employees only)
- xiv. Unacceptable content and repeat individual violators shall be removed.

H. Social Media Postings and Comments as Public Records. Oregon public records law may apply to messages and comments posted on SNS accounts. The City's IT department will employ technology to accurately capture and retain legally true copies of all original postings and comments to all official City SNS sites. These records shall be maintained in accordance with ORS 192.108 and subject to disclosure through public records request.

I. Solicitation of Public Employee Regarding Political Activities. No City employee or City contractor shall violate the following provisions of ORS 260.432:

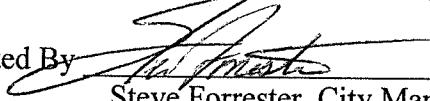
- a. No person shall attempt to, or actually, coerce, command, or require a public employee to influence or give money, service, or other thing of value to promote or oppose any political committee or to promote or oppose the nomination or election of a candidate, the gathering of signatures on an initiative, referendum, or recall petition, the adoption of a measure or the recall of a public office holder.
- b. No public employee shall solicit any money, influence, service, or other thing of value or otherwise promote or oppose any political committee or promote or oppose the nomination or election of a candidate, the gathering of signatures on an initiative, referendum, or recall petition, the adoption of a measure or the recall of a public office holder while on the job during working hours. However, this section does not restrict the right of a public employee to express personal political views.

Effective Date: July 1, 2016

POLICY # 520

PERSONAL COMMUNICATIONS DEVICES

Adopted By



Steve Forrester, City Manager

Date

6/21/17

Attachments:

Personally Owned PCD Agreement Form

Revised 7/1/2017

I. PURPOSE

This Personal Communications Device ("Policy") establishes guidelines for the assignment and use of cellular telephones and data devices by City of Prineville employees.

II. SCOPE

This policy applies to all City owned and provided cellular telephones and data devices as well as personally owned cellular telephones and data devices used for conducting City business.

III. POLICY

The City of Prineville has a business need to provide certain employees access to cellular telephones and data devices which are to be used in a manner consistent with acceptable business practices and within IRS taxable fringe benefit rules. Employees are advised and cautioned that use of a personally owned PCD for business-related purposes may subject the employee and the employee's PCD records to civil or criminal discovery or disclosure under applicable public records laws.

IV. DEFINITIONS

- A. **Cellular Telephone** Means any personal communications device which provides access to the public voice telephone network.
- B. **Data Device** means any device which provides a wide-area-network connection to the Internet or the City's network, including but not limited to, air cards, cellular modems, jet pack devices, and any other device which includes an embedded modem.
- C. **Authorized Provider** means any telecommunications service provider which has been approved for use by the City of Prineville and has negotiated a master agreement for services with the City, or is part of a State, Federal, or other cooperative purchase agreement to which the City of Prineville is a member and authorized buyer.

D. **Personal Communications Device (PCD)** means the generic reference to all Cellular Telephones or Data Devices.

V. PROCEDURES

- A. **Approved Telecommunications Provider.** The City's IT Department will select and enter into an agreement for PCD services with one or more telecommunications providers. Should any department have a need for telecommunications services from a vendor that is not currently an approved telecommunications provider, they should make a request for new services with the City's IT Department.
- B. **Centralized account management.** All requests for City issued PCDs shall be made through the IT Department. Departments having multiple PCDs can request a sub account to manage their own devices with approval from the IT Department and Finance.
- C. **Shared Pool Minutes.** The City will manage its telecommunications accounts in such a way to obtain the best value to the City overall, regardless of individual department usage. As such, individual department usage will be pooled to a single, shared-use plan. The total charges per line issued to each department shall be authorized and paid for from the department's appropriation. In the event that certain PCDs have substantially higher usage than other similarly featured PCDs, that individual device may have a higher rate plan assigned to it, in order to fairly distribute shared pool resources.
- D. **Equipment purchasing, approved models.** The IT department will establish a list of devices that are approved for use on the City's network. Such devices will have appropriate software versions to work with the enterprise products the City uses such as Exchange email and VPN security products. If a device model is not listed as approved for use, any Department Head may request that the model be approved for use and the IT Manager will evaluate and make a determination if the new model is compatible with current systems.
- E. **No Expectation of Privacy.** Employees shall have no expectation of privacy with regard to any communication made with or stored in or through city issued PCDs. Communications or data reception on personal, password-protected, web-based email accounts or any other services are subject to monitoring if used on City owned PCDs.
- F. **Limited Administrative Searching.** Supervisors are authorized to conduct a limited administrative search of electronic files, without prior notice, consent or a search warrant, on City issued or personally owned PCDs that have been used to conduct city-related business. Administrative searches can take place for work-related purposes that may be unrelated to investigations of employee misconduct and, as practicable, will be done in the presence of the affected employee. Prior to

conducting any search of personally owned devices, supervisors shall consult with the City Manager. All such searches shall be fully documented in a written report submitted to Human Resources.

- G. City-Issued PCD.** Depending on an employee's assignment and the needs of the position, the City may, at its discretion, issue to such employee a PCD. City-issued PCDs are provided as a convenience to facilitate the performance of the employee's official duties. Such devices and the associated telephone number shall remain the sole property of the City of Prineville and shall be subject to inspection or monitoring (including all related records and content) at any time without notice and without cause.
- H. Employee Separation.** In the event an employee leaves employment with the City, the PCD shall be turned over to a supervisor and routed to the IT department for decommissioning. In some circumstances, the employee may be allowed to retain the associated phone number by porting the number to their personal account. Such port requests should be made to the IT department through the employee's supervisor. Decisions on whether to release a City owned telephone number to a former employee will be at the sole discretion of the City Manager.
- I. Device Decommissioning.** PCDs may contain confidential information and shall be treated as removable media for the purposes of data sanitization and decommissioning. All city PCDs shall be decommissioned in accordance with IT Policy IT-11-002 (Media Protection).
- J. Personally Owned PCD.** Employees may carry a personally owned PCD and use it to conduct City business, subject to the following conditions and limitations:
- a. The use of a personally owned PCD for city communications must be authorized in writing by the employee's direct supervisor.
 - b. The City accepts no responsibility for loss of, or damage to a personally owned PCD
 - c. Employees shall promptly notify the City in the event a personally owned PCD is lost or stolen.
 - d. The PCD, and any associated services shall be purchased, used and maintained solely at the employee's expense. The employee will receive an amount up to, but not exceeding \$30.00 monthly, as a cell phone allowance, subject to the supervisor's approval. This stipend will be provided in a manner consistent with current IRS regulations regarding taxable fringe benefits.

- e. Should the personally owned PCD be deactivated, or the employee opt to use a City provided PCD instead, the employee's supervisor must be notified within 5 days.
- f. Employees will have a reduced expectation of privacy when using a personally owned PCD in the work place and have no expectations of privacy with regard to any city business related communication.
- g. The device shall not be utilized to record or disclose any business-related information, including photographs, video or the recording or transmittal of any information or material obtained or made accessible as a result of employment with the City of Prineville, without the express authorization of the City Manager, or authorized designee.
- h. Use of a personally owned PCD constitutes consent for the City to access the PCD to inspect and copy data to meet the needs of the City, which may include litigation, public records retention and release obligations and internal investigations.
- i. If a personally owned PCD is connected to the City's Exchange platform, the user expressly consents to application of the City's Exchange Security Protocol onto their device. This security protocol may require undesirable user experience changes such as requiring a screen lock, as well as enabling remote device erasure. Should the City invoke a remote device erasure on a personally owned PCD, the City shall bear no liability for personal information that was deleted or otherwise removed from the device through the procedure.

K. Obligation to carry and answer. Except with prior express authorization from their supervisor, employees are not obligated or required to carry, access, monitor or respond to electric communications using a PCD while off-duty. If an employee is in an authorized status that allows for appropriate compensation consistent with policy or existing collective bargaining agreements, or if the employee has prior express authorization from his/her supervisor, the employee may engage in business-related communications while off-duty. Should employees engage in such approved off-duty communications or work, employees entitled to compensation shall promptly document the time worked and communicate the information to their supervisors to ensure appropriate compensation. Employees who independently document City-related business activities in any manner shall promptly provide the City with a copy of such records to ensure the accurate record keeping.

L. Use of app store, micro transactions. Some PCDs contain an application procurement platform that allow in-device purchase of applications or other software and usage credits. These payments are frequently billed to the account. Employees should only purchase software that is authorized and used for legitimate city business. Employees making such purchases shall have purchasing authority

within their department and submit a GL account to charge for the purchase to the finance department. Use of the app-store, micro-pay, or any other in-device service which incurs specific line charges to the City's telecommunications account for uses outside of City business is expressly prohibited. Violation of this section will be subject to Discipline and Discharge Policy #615 in the Human Resources Policy and Procedure Manual, which may result in sanctions beyond reimbursement of the charges to the City.

M. Use of Personal Communications Devices. The following protocols shall apply to all City owned PCDs and those City employee owned PCDs approved pursuant to Section V. J., that are used to conduct City business.

- a. A PCD may not be used to conduct personal business while on-duty, except for brief personal communications (e.g. informing family of extended hours). Personal use of a City owned PCD shall be minimal and infrequent. Employees shall endeavor to limit their use of PCDs to authorized break times, unless an emergency exists.
- b. Employees may use a PCD to communicate with other personnel.
- c. While on City duty, employees are prohibited from taking pictures, video or making audio recordings or making copies of any such picture or recording media unless it is directly related to official City business. Disclosure of any such information to any third party through any means, without the expressed authorization of the City Manager or their designee, may result in discipline.
- d. Using PCDs to harass, threaten, coerce or otherwise engage in inappropriate conduct with any third party is prohibited.
- e. PCDs will be used in accordance with all local, state and federal laws.
- f. Applications installed on PCDs not expressly related to conducting City business may be used provided they do not inhibit employee performance, cause a workplace distraction, utilize excessive network bandwidth, or otherwise violate City policy, or information security policies. A determination of excessive network bandwidth utilization will be made at the sole discretion of the IT manager.



City of Prineville

387 NE THIRD STREET ♦ PRINEVILLE, OREGON 97754

INFORMATION TECHNOLOGY

Phone: (541) 447-2374
EMAIL: support@cityofprineville.com
Web Site: www.cityofprineville.com

Election to use personally owned Personal Communication Device (PCD) instead of City Provided PCD

Name of Employee: _____

Position: _____ Effective Date: _____

- PCD required based on job description?
- Decline City Provided PCD and elect to use Personally Owned PCD
- Standard \$30.00/month | Wireless Priority Service Required - \$40.00/month

Supervisor Approval for use of Personally Owned Device

Supervisor Signature: _____ Date: _____

AGREEMENT

Consistent with City Policy #520, I hereby decline a City provided PCD, and instead, elect to use a personally owned device under the following conditions:

1. The City accepts no responsibility for the loss of, or damage to my Personally Owned PCD and the city may not replace or pay for replacement of a lost or damaged device, even if the loss or damage occurred within the scope of my employment.
2. I will promptly notify the City's IT department should my Personally Owned PCD become lost or stolen.
3. I understand that I will have a reduced expectation of privacy when using a personally owned PCD in the work place and have no expectations of privacy with regard to any city business related communications occurring on my personally owned PCD.
4. I give consent for the city to access, inspect and copy data from my personally owned PCD to meet the business needs of the City, including but limited to, installing mobile device management software on my personally owned PCD.

- 5. I understand that the City may have the ability to remotely wipe the data from my device to protect city data, however a remote wipe could include loss of data not directly related to city business and I release and hold harmless the City of Prineville for any data loss occurring through remote management of my personally owned PCD, even if such data removal occurs after the termination of my employment with the City.
- 6. I understand that the City's remote management software may require a screen lock, pin code, or biometric token to access my device, and I agree to using this enhanced security measure, if required.
- 7. I understand that by using a personally owned PCD in the course and scope of my employment, I may be creating records subject to disclosure under Oregon Public Records law, and I agree to maintain any such records, and produce them if requested by the City.
- 8. I understand I can terminate this agreement and elect to use a City Owned PCD at any time, after giving the City 5 business days' written notice of my intent to switch to a City Owned PCD. I understand that the City provided stipend will cease, once the City issues a PCD to me.
- 9. I understand that the cell phone stipend provided by the City, indicated above, may be considered as taxable income consistent with IRS guidelines.

Wireless Priority Service (WPS) Enabled:

Yes | No

- 10. If my position with the City is designated to be essential within the Emergency Support Functions of the National Response Framework, I understand that my personally owned PCD will be enrolled in Wireless Priority Service (WPS), and I may incur additional charges from my carrier. These charges will not exceed a one-time enrollment fee of up to \$10.00 and up to \$4.50/month for the service. Calls placed through Wireless Priority Service incur a \$0.75/min charge. I understand that if my device is enrolled in WPS, I will receive an additional stipend of \$10.00/month to offset these fees, and I can submit for reimbursement, actual costs incurred for the use of WPS in an emergency by submitting a copy of my billing statement showing the charges incurred.

I agree to the above terms and conditions and hereby elect to use a personally owned PCD:

Employee: _____ Date: _____

PCD Telephone number: _____ Carrier: _____

Effective Date: July 1, 2016

POLICY # 525

ELECTRONIC COMMUNICATION SYSTEMS

Adopted By



Steve Forrester, City Manager

Date 6-14-17

Revised 7/1/2017

I. PURPOSE

This Electronic Communication Systems policy ("Policy") establishes guidelines for the use of City owned computers, email, telephone and other communications systems.

II. SCOPE

This policy applies to all City owned and provided computers, laptops, tablet devices, e-mail, mobile data terminals, and internet access accounts.

III. POLICY

This policy establishes the ways in which City of Prineville employees may access and use its electronic communication systems, including electronic mail, access to and use of the World Wide Web, telephones and any other electronic communications.

IV. DEFINITIONS

- A. **Electronic Communication Systems ("Systems")** means any system which exchanges information electronically including, but not limited to, electronic mail, the internet, telephones, network file shares, databases, voicemail, text messaging and instant messages.
- B. **Electronically Stored Information (ESI)** means any data stored electronically within a City of Prineville Electronic Communication system.

V. PROCEDURES

- A. **Ownership of systems, right to work product.** All City computers, e-mail, voice mail facilities, and access tokens are property of the City of Prineville and are to be used to facilitate the City's business. In addition, software that has been installed on City computers and any data collected, downloaded, and/or created on City computers is the exclusive property of the City of Prineville and may not be copied or transmitted to any outside party or used for any purpose not directly related to City business. Upon termination of employment, no employee shall remove any software or ESI from City-owned computers.

- B. Services provided.** The City provides Systems to maintain communications both within the City and with outside parties. Systems include computers, software, electronic mail, copiers, scanners, fax machines, telephones, voice mail, cell phones and various on-line services.
- C. Personal Internet Usage.** Exploring the Internet for personal use should only be done before or after work hours or during breaks. Employees shall have no expectation of privacy when using the internet, including password protected personal service accounts, from a City owned computer or across a City provided network.
- D. Software Approved for Use.** Only City allowed and authorized software will be installed on City devices. The City honors all licenses, copyrights, patents, restrictions and terms and conditions associated with commercial proprietary computer software. To protect the integrity of City Systems, all software used on City computers must be registered with the IT Manager. All licensing and versioning of approved software will be handled by the IT Department.
- E. No Expectation of Privacy.** The use of these Systems is not private or confidential. All communications are considered to be public record and subject to disclosure. The City, within the bounds of current laws, reserves and intends to exercise the right to review, audit, intercept, access, and search these Systems at will, monitor data and messages within them at any time for any reason, and disclose selected contents without notice or other restrictions. Messages, including text messages, sent through these Systems remain the property of the City.
- F. Application of Professional Standards.** Any messages or communications used through these Systems are subject to the City of Prineville administrative policies. Employees are expected to carefully compose and review the wording, tone and content of communications before transmission. Employees should be courteous to other users of the System and always conduct themselves in a professional manner. Texting is also included as a form of message and is subject to the same rules.
- G. Prohibited Content.** The display or transmission on City Systems of sexually-explicit images, messages, or cartoons, or any transmission that contains ethnic slurs, racial epithets, or anything that may be construed as harassment or derogation of others based on their race, national origin, sex, sexual orientation, age, disability, religious or political beliefs is not permitted before, during or after business hours.
- H. Immediate Reporting.** All Systems users who discover violations of this policy are expected to notify their supervisors immediately. Improper use or violation of this policy can result in disciplinary action, up to and including termination.

- I. **Electronic Mail as Public Record.** Email messages themselves are not considered a public record in and of themselves according to Oregon Public Records law, instead, Email is considered a medium which may contain other public records. As such, any messages transmitted from, or received into, the City of Prineville mail server, or any domain name owned by the City, may contain material that is subject to disclosure.
- J. **Email Messages other than Correspondence.** For purposes of records retention, all email messages will be classified as correspondence and retained by the City for at least one (1) year. Employees receiving email messages other than correspondence, shall move the message into another storage system with a retention period appropriate for the type of record received. For example, an employee evaluation sent to HR from a supervisor should be printed and retained in the employee's file.
- K. **Email Retention.** The City retains email messages for 1 year. Messages which need to be retained beyond one year shall be removed from the Email system and stored in the appropriate storage medium. Creating local archive folders to inflate retention periods of bulk email messages is prohibited.
- L. **Personal Use of E-mail.** Occasional use of the City's email system for personal use is permitted provided the information transmitted is consistent with other City policies. No expectation of privacy is extended to personal email. Employees may subscribe to trade publications and other information list services provided such subscriptions contain information that is beneficial to the employee's job duties.
- M. **Personal Telephone Usage.** City of Prineville realizes that employees must occasionally make and receive personal telephone calls at work. Such calls must be held to a minimum, and should not impact employee productivity.
- N. **Voice Mail Systems.** The voice mail system belongs to the City and is provided for use in conducting business. All communications and information transmitted by, received from, or stored in this system are City records. City employees have no right of personal privacy in any matter stored in, created, received, or sent over the voice mail system. Messages on the voicemail system are subject to public records disclosure laws.
- O. **Access Control Mechanisms and Individual Accountability.** Individually assigned user IDs and passwords must not be shared. Automated sign-on scripts should not be used. Password complexity, change frequency and reuse policies are implemented per department and enforced by technical controls. Users are expected to comply with password policies specific to their departments.
- P. **File Storage.** All ESI created by a user shall not be stored on the local drive of the computer. All City documents are stored on the appropriate network drive to allow for greater security and regular backup. Information stored on a computer's local drive is not backed up.

- Q. Screen Locks Required.** When leaving a computer unattended, employees are required to engage a screen lock or log off of the computer. Computers should be signed out at the end of the day by logging off. Locking the computer is not the same as logging off.
- R. 2-Factor Authentication (2FA).** The City of Prineville will make available Common Access Card token based authentication for any employee accessing restricted systems from a site that is not under the direct control of the City. Such tokens shall not be shared between multiple employees. Employees being issued a 2FA token shall adequately safeguard that token to prevent loss or theft. In the event of a lost, missing or stolen 2FA token, the employee to which the token was issued is required to immediately report the loss to the IT Department so the certificate contained on the token can be revoked.

Effective Date: July 1, 2016

POLICY # 610

EMPLOYEE PERFORMANCE EVALUATION

Adopted By  Date 6-14-17
Steve Forrester, City Manager

Attachments:
Job Performance Review

Revised 7/1/2017

I. PURPOSE

To provide a process by which the job performance of each employee is appraised for purposes of professional development, merit compensation action and/or continued performance counseling or correction.

II. SCOPE

This policy applies to performance evaluation of all employees.

III. POLICY

The employee performance evaluation process will be managed to accomplish the following objectives:

- ◆ To enhance individual employee performance and ensure effective and efficient business operations.
- ◆ To summarize both formal and informal performance discussions held with employees throughout the review period.
- ◆ To document performance areas in which employees are meeting expectations and to identify opportunities for improvement.
- ◆ To establish performance goals and set action plans to correct performance shortcomings.
- ◆ To enhance the development plan for the employee's career.

IV. PROCEDURE

Each supervisor is responsible for setting and communicating clear performance standards for his/her employees throughout the review period. Part of this process includes the observing, documenting, and discussing of his/her employees both the positive and negative performance aspects. On a regular basis each supervisor is also responsible for conducting formal performance evaluations on each subordinate employee summarizing past discussions and setting performance goals.

1. **Timing:** The Human Resources Department maintains a system to assist supervisors in the timely completion of performance evaluations. Generally employees are evaluated as follows:

- Regular full-time and part-time employees will receive an annual performance evaluation; more frequent evaluations may be conducted at any time at the discretion of the Department Head.
- Newly-hired employees shall be evaluated at any time throughout their probationary period (See Policy No. 055, Probationary Periods) and then on an annual basis.

- 2. Performance Evaluation Form:** The official City Performance Evaluation form is to be used by all departments. Additional pages for comments authored by either the employee or the evaluator are welcomed as attachments to the official evaluation form.
- 3. Performance Evaluation Discussion:** Supervisors should meet with the evaluated employee regarding his/her performance evaluation. The discussion should be held at a prearranged time in a location free from interruptions. The content of an employee performance evaluation is not a grievable item.
- 4. Management Approval:** In addition to the supervisor's signature, the Department Head must review and approve the evaluation prior to the employee's performance meeting.
- 5. Employee Signature:** Employees are asked to provide comment on the evaluation and acknowledge it by signing the form. He/she should be provided with a copy of the signed evaluation form and all attachments. The original shall be forwarded to Human Resources for inclusion in the employee's file. If the employee declines to sign the form, he/she should be encouraged to discuss any issues and provide comment on the review content. A supervisor may indicate an employee's decision to not sign the review by indicating "employee declined to sign" on the signature line along with his/her initials and the date. The supervisor should advise his/her Department Head of any such situation.

City of Prineville Employee Evaluation

The City of Prineville Employee Evaluation is based on the premise that all employees have a commitment and responsibility to continued improvement in their performance. The purpose of the evaluation is to improve employees' job performance, skill, and expertise through a systematic and constructive evaluation system.

In addition, the evaluation is used for corrective actions and in making personnel decisions. The Employee Evaluation:

- 1) Provides an opportunity for the supervisor and the employee to mutually develop performance goals; and
- 2) Assists the supervisor to determine areas for improvement and assist in correcting deficiencies.

All employees are to be evaluated annually no later than June 30th of the evaluating year and all evaluations must be sent to Human Resources no later than July 10th. The immediate supervisor of the employee is the primary evaluator. Probationary employees may request feedback on these standards at any time during their probationary period.

The annual evaluation process is as follows:

1. The supervisor completes the Employee Evaluation form and shares results with their Department head before presenting at a Performance Evaluation meeting.
2. If employee supervision is shared with other supervisor(s), input from relevant supervisor(s) should be obtained.
3. During the Performance Evaluation meeting, supervisor and employee review overall performance and set goals for the next evaluation period.

The Performance Evaluation meeting can be as important as the information that goes into it. Careful preparation and scheduling may take a little time, but the results are worthwhile. Consider the following in conducting a Performance Evaluation meeting:

1. Pre-schedule a time to meet with the employee, giving the employee sufficient notice to prepare.
2. Be prepared. Review the employee's job description and review other resources related to the employee's job performance.
3. Give your full attention to the meeting. Ensure you are in a quiet place where you will not be interrupted.
4. Create a positive atmosphere.
5. Ask open-ended questions.
6. Give honest and constructive work-related feedback.
7. Encourage an interactive discussion on the review and establishment of goals and objectives.
8. Ask the employee what you can do to assist them to be successful.
9. Discuss how you will follow-up and close the meeting by thanking the employee for participating.

PERFORMANCE EVALUATION RATINGS

| RATING | DEFINITION |
|------------------------|---|
| Ineffective | Minimal or no evidence of employee performing duties at an acceptable level. Performance is clearly inadequate. Immediate corrective measures are required. |
| Area for Growth | Some evidence of employee performing duties at an acceptable level. Some performance is inadequate. Corrective measures may be necessary. |
| Effective | Employee performs duties adequately and effectively. Evidence of meeting expectation. |
| Exemplary | Employee exceeds performance standard. Evidence of exceeding expectation. |

City of Prineville
EMPLOYEE EVALUATION

| | | | | | |
|----------------------|---------------------------------|--|---|--------------------------------|--|
| Evaluation Period: | | to | | Date: | |
| Employee Name: | | | | Employee No: | |
| Location/Department: | | | | | |
| Position Title: | | | | | |
| Reason for Review: | <input type="checkbox"/> Annual | <input type="checkbox"/> 6 Month Probation | <input type="checkbox"/> 12 Month Probation | <input type="checkbox"/> Other | |

| <i>Please provide a rating for every indicator. Write an explanation below for each rating of "Ineffective" and/or "Area for Growth." Attach additional sheets if necessary.</i> | Ineffective | Area for Growth | Effective | Exemplary |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Quality of Work – Work is accurate, thorough, neat, and completed in a timely manner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Communications – Clearly expresses ideas. Readily shares appropriate work – related information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Oral Communication – Verbally conveys information in a clear and accurate manner in variety of situations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Written Communication – Uses clear and appropriate language in writing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Flexibility and Adaptability – Learns new tasks and assignments willingly. Handles situations appropriately as they arise, even under stress. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Initiative – Seeks new or additional assignments when appropriate or necessary. Involved in solving problems and offers constructive solutions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Judgment and Decision Making – Uses good judgment and makes appropriate decisions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Organization – Tasks are organized, prioritized, and planned out. Materials, equipment, and work area are clean, organized, and ready. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Productivity – Reflects the accuracy, volume, and timely manner in which work is performed. Ability to determine priorities and maximize efficiency. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Care and Operation of Equipment – Proficient use of work-related equipment, tools and technology. Properly maintains and operates equipment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Safety – Adheres to Safety Manual policies and procedures. Maintains and promotes a safe work environment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Adherence to Policy and Procedure – Has adequate knowledge of and adheres to City and department policies and regulations, including appropriate recordkeeping and documentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Attendance – Attends work and leaves at appropriate times. Complies with department and City policies and procedures around the use of leaves. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <i>Please provide a rating for every indicator. Write an explanation below for each rating of "Ineffective" and/or "Area for Growth." Attach additional sheets if necessary.</i> | Ineffective | Area for Growth | Effective | Exemplary |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 14. Job Knowledge – Demonstrates knowledge of job duties and their purpose. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Customer Focus – Establishes and maintains good working relationships with customers by understanding and responding promptly and courteously to customer needs and expectations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Problem Solving - Reviews facts and data, using sound judgement, to arrive at the most efficient solution. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Interpersonal Relations – Builds productive rapport with employees at all levels within and outside the City. Treats others with fairness, dignity, and respect. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Major Strengths and Accomplishments:

Areas Needing Improvement (Ineffective and/or Areas for Growth):

Goal(s) to Achieve During Next Evaluation Period:

Employee Comments:

Completed by Employee

Prohibition of Harassment Policy

EE Initial _____

Are you familiar with the City's commitment to a harassment free workplace?

- Yes No (Please describe why)

Do you have any questions about the City's policies governing sexual discrimination or harassment?

- Yes (Please describe) No

Have you been the subject of, and /or are you aware of any harassment or discrimination in the workplace?

- Yes (Please describe) No

| | |
|---------------------------|------|
| SIGNATURES | |
| | |
| Supervisor Signature | Date |
| Department Head Signature | Date |

I understand that in signing this performance evaluation, I certify that I have met with my supervisor to review this document and I was offered the opportunity to discuss the comments and information contained within. I understand that my signature does not necessarily mean that I agree with the conclusion of the evaluator.

Name of Employee (Printed)

Employee's Signature _____ **Date**

Make 2 copies:
1 for the employee
1 for the evaluator/supervisor
Send the original to Human Resources to be placed in the employee's personnel file.

City of Prineville Supervisor Evaluation

The City of Prineville Employee Evaluation is based on the premise that all employees have a commitment and responsibility to continued improvement in their performance. The purpose of the evaluation is to improve employees' job performance, skill, and expertise through a systematic and constructive evaluation system.

In addition, the evaluation is used for corrective actions and in making personnel decisions. The Employee Evaluation:

- 1) Provides an opportunity for the supervisor and the employee to mutually develop performance goals; and
- 2) Assists the supervisor to determine areas for improvement and assist in correcting deficiencies.

All employees are to be evaluated annually no later than June 30th of the evaluating year and all evaluations must be sent to Human Resources no later than July 10th. The immediate supervisor of the employee is the primary evaluator. Probationary employees may request feedback on these standards at any time during their probationary period.

The annual evaluation process is as follows:

1. The supervisor completes the Employee Evaluation form and shares results at a Performance Evaluation meeting.
2. If employee supervision is shared with other supervisor(s), input from relevant supervisor(s) should be obtained.
3. During the Performance Evaluation meeting, supervisor and employee review overall performance and set goals for the next evaluation period.

The Performance Evaluation meeting can be as important as the information that goes into it. Careful preparation and scheduling may take a little time, but the results are worthwhile. Consider the following in conducting a Performance Evaluation meeting:

1. Pre-schedule a time to meet with the employee, giving the employee sufficient notice to prepare.
2. Be prepared. Review the employee's job description and review other resources related to the employee's job performance.
3. Give your full attention to the meeting. Ensure you are in a quiet place where you will not be interrupted.
4. Create a positive atmosphere.
5. Ask open-ended questions.
6. Give honest and constructive work-related feedback.
7. Encourage an interactive discussion on the review and establishment of goals and objectives.
8. Ask the employee what you can do to assist them to be successful.
9. Discuss how you will follow-up and close the meeting by thanking the employee for participating.

PERFORMANCE EVALUATION RATINGS

| RATING | DEFINITION |
|------------------------|---|
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| Area for Growth | Some evidence of employee performing duties at an acceptable level. Some performance is inadequate. Corrective measures may be necessary. |
| Effective | Employee performs duties adequately and effectively. Evidence of meeting expectation. |
| Exemplary | Employee exceeds performance standard. Evidence of exceeding expectation. |

City of Prineville
SUPERVISOR EVALUATION

| | | | | | |
|----------------------|---------------------------------|--|---|--------------------------------|--|
| Evaluation Period: | | to | | Date: | |
| Employee Name: | | | | Employee No: | |
| Location/Department: | | | | | |
| Position Title: | | | | | |
| Reason for Review: | <input type="checkbox"/> Annual | <input type="checkbox"/> 6 Month Probation | <input type="checkbox"/> 12 Month Probation | <input type="checkbox"/> Other | |

| <i>Please provide a rating for every indicator. Write an explanation below for each rating of "Ineffective" and/or "Area for Growth." Attach additional sheets if necessary.</i> | Ineffective | Area for Growth | Effective | Exemplary |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Quality of Work – Work is accurate, thorough, neat, and completed in a timely manner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Communications – Clearly expresses ideas. Readily shares appropriate work – related information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Oral Communication – Verbally conveys information in a clear and accurate manner in variety of situations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Written Communication – Uses clear and appropriate language in writing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Flexibility and Adaptability – Learns new tasks and assignments willingly. Handles situations appropriately as they arise, even under stress. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Initiative – Seeks new or additional assignments when appropriate or necessary. Involved in solving problems and offers constructive solutions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Judgment and Decision Making – Uses good judgment and makes appropriate decisions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Organization – Tasks are organized, prioritized, and planned out. Materials, equipment, and work area are clean, organized, and ready. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Productivity – Reflects the accuracy, volume, and timely manner in which work is performed. Ability to determine priorities and maximize efficiency. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Care and Operation of Equipment – Proficient use of work-related equipment, tools and technology. Properly maintains and operates equipment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Safety – Adheres to Safety Manual policies and procedures. Maintains and promotes a safe work environment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Adherence to Policy and Procedure – Has adequate knowledge of and adheres to City and department policies and regulations, including appropriate recordkeeping and documentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Attendance – Attends work and leaves at appropriate times. Complies with department and City policies and procedures around the use of leaves. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <i>Please provide a rating for every indicator. Write an explanation below for each rating of "Ineffective" and/or "Area for Growth." Attach additional sheets if necessary.</i> | Ineffective | Area for Growth | Effective | Exemplary |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 14. Job Knowledge – Demonstrates knowledge of job duties and their purpose. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Customer Focus – Establishes and maintains good working relationships with customers by understanding and responding promptly and courteously to customer needs and expectations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Problem Solving - Reviews facts and data, using sound judgement, to arrive at the most efficient solution. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Interpersonal Relations – Builds productive rapport with employees at all levels within and outside the City. Treats others with fairness, dignity, and respect. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FOR SUPERVISORS (ADDITIONAL FACTORS) | | | | |
| 18. Planning & organizing - Establishes courses of action for oneself and/or others that are appropriately comprehensive and effective in meeting short and long-term goals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Manages Execution – Assigns responsibilities; delegates and empowers others to accomplish assignments; when necessary, coordinates work efforts; monitors progress; gets things done. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Project Management – Defines expectations and task clearly. Plans and organizes work, coordinates with others, establishes appropriate priorities to ensure work completion. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Leadership - Demonstrates the ability to direct others in accomplishing work. Functions effectively under pressure, represents self and situations honestly. Responds appropriately to criticism and to suggestion for work improvement. Provides opportunities for others to develop skills. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Judgement & Decisiveness - Makes timely and sound decisions based upon logical presumptions and which reflect factual information; understands the short and long-term consequences when making decisions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Major Strengths and Accomplishments:

Areas Needing Improvement (Ineffective and/or Areas for Growth):

Goal(s) to Achieve During Next Evaluation Period:

Employee Comments:

Completed by Employee

Prohibition of Harassment Policy

EE Initial _____

Are you familiar with the City's commitment to a harassment free workplace?

Yes

No (Please describe why)

Do you have any questions about the City's policies governing sexual discrimination or harassment?

Yes (Please describe) No

Have you been the subject of, and /or are you aware of any harassment or discrimination in the workplace?

Yes (Please describe) No

SIGNATURES

Supervisor's Signature

Date

**I understand my signature signifies I have read the material to be filed. It does not indicate agreement with its content. I understand I have the right to respond in writing within 10 working days. My comments will be attached to the form in my personal file.*

Employee's Signature

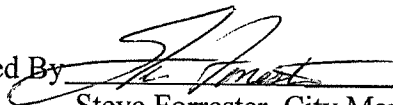
Date

Make 2 copies:
1 for the employee
1 for the evaluator/supervisor
Send the original to Human Resources to be placed in the employee's personnel file.

Effective Date: July 1, 2016

POLICY # 615

DISCIPLINE AND DISCHARGE

Adopted By  Date 6-14-17
Steve Forrester, City Manager

Revised 7/1/2017

I. PURPOSE

This policy is meant to provide all employees and management staff with an understanding of the discipline and discharge process.

II. SCOPE

This policy applies to all City employees

III. POLICY

Discipline

The principle of progressive discipline shall normally be used for all discipline which is intended to address performance-related deficiencies. The goal of progressive discipline is to correct inappropriate and unproductive behavior and to allow the employee a reasonable opportunity to modify his/her behavior. Good supervision includes coaching sessions between the supervisor and the employee as a means to correct a behavior before it leads to written discipline. Progressive discipline is not appropriate to address "serious offenses" such as theft, workplace violence, harassment, or dishonesty which would warrant immediate discharge. Employees who are the focal point of an employer investigation related to an alleged "serious offense," or actions that create a hindrance to the effective performance of city functions, reflect discredit upon the city, or otherwise render the employee unfit for duty; may be subject to administrative leave without pay pending the conclusion of the investigation. Serious violations, as determined by the City, may be dealt with by any of the disciplinary measures listed below on the first or subsequent offenses. It is not the intent of this policy to promote or require a lock-step progression of disciplinary measures to every disciplinary action.

A. Disciplinary actions may be invoked in the following order:

1. Oral reprimand
2. Written reprimand
3. Demotion, suspension with loss of pay,* reduction in salary*, or loss of paid leave
4. Discharge

*For exempt employees, any reduction in pay must be in accordance with the provisions of the Fair Labor Standards Act.

- B. Disciplinary action shall be for just cause. If a supervisor has reason to discipline an employee, he/she shall make reasonable efforts to impose such discipline in a manner that will not embarrass or humiliate the employee. Upon request, any employee required to appear before a supervisor or Department Head to discuss matters for which disciplinary action is being contemplated may be allowed to have a witness present at the discussion.
- C. Cause for disciplinary action shall include but not be limited to the following:
 - 1. Incompetence, inadequate performance or nonperformance of assigned duties.
 - 2. Neglect of duty or negligence in performance of duty causing a substantial risk of personal injury or damage to property.
 - 3. The use of drugs and/or alcohol, or illegal use or possession of controlled substances on the job; reporting for work under the influence of drugs and/or alcohol; or the use of drugs which create a substantial risk of injury to self or others or which impair work performance. Presence of intoxicants (as defined in policy 415) in the employees system.
 - 4. Habitual or excessive absence or tardiness, or abuse of sick leave privileges.
 - 5. Absence from duty without authorization or failure to notify one's supervisor when unable to report to work on time.
 - 6. Conviction of a felony or a conviction of any crime where the conviction would tend to impair effectiveness as a City employee or tends to bring discredit or reproach upon the City.
 - 7. Violation of safety rules or policies.
 - 8. Violation of the provisions of federal or state law, or any City rules or regulations including City policies.
 - 9. Discourteous treatment of the public or other employees, offensive conduct or conduct unbecoming a City employee.
 - 10. Insubordination, willful disobedience or failure to follow a lawful supervisory directive.
 - 11. Inappropriate or unauthorized personal use of City resources, including, but not limited to tools and equipment, materials and supplies, vehicles, facilities and grounds, work time and information resources and technologies.
 - 12. Fraud in securing employment.
 - 13. Falsification of timesheets or any other City paperwork or documentation.
- D. Before undertaking discipline, the supervisor shall meet with the Human Resources Manager to review the proposed action.

- E. Prior to the imposition of discipline, the supervisor and the Human Resources Manager shall determine the procedure to be used in each phase of the disciplinary process. The procedure will be intended to provide the affected employee with the full due process rights to which he/she is entitled by law or by any applicable collective bargaining agreement.
- F. All written documentation must be sent to the Human Resources Department for appropriate filing. The only exception is City Police Internal investigation files which shall be securely housed in the Prineville Police Department. An employee shall receive a copy of all written reprimands and the original shall be kept in the employee's personnel file.

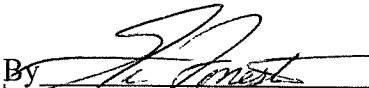
Discharge

- A. Training period, probationary period, and temporary employees shall serve at the pleasure of the City and may be released at any-time. However, prior approval of the Human Resources Manager shall be obtained before such an action is taken.
- B. All employees having satisfactorily completed his/her probationary period shall be discharged only for cause. However, prior approval of the Human Resources Manager shall be obtained before such an action is taken.

Appeal

Employees have the right to appeal any discipline other than an oral reprimand in accordance with Administrative Grievance Policy #620 or in accordance with their Collective Bargaining Agreement.

ADMINISTRATIVE GRIEVANCE

Adopted By  Date 6-14-17
Steve Forrester, City Manager

Revised 7/1/2017

I. PURPOSE

This policy is meant to provide employees and supervisors with the procedure for filing and resolving employee grievances.

II. SCOPE

This policy applies to all City employees

III. POLICY

An administrative grievance is a formal complaint by an employee asserting that he/she has been improperly treated in violation of policy, procedures or rules.

Procedure for Non-Represented Employees

1. An employee has no right to appeal an oral reprimand.
2. An employee who believes they have received improper treatment because of some work place condition may appeal for relief from that condition.
3. An employee must discuss any grievance initially with their immediate supervisor within ten (10) working days from the event(s) which lead to the grievance or from when he/she first became aware of the events. The supervisor must contact the Human Resources Manager to alert him/her of the grievance. If an employee's immediate supervisor is a department head, his or her grievance shall be submitted to the City Manager.
4. If the matter is not settled after the meeting between the employee and the immediate supervisor, the employee may submit the grievance in writing to the Department Head within ten (10) working days following that meeting.
5. The Department Head must conduct a separate investigation and inform the employee in writing of the decision stating a reason for the decision within ten (10) working days of the appeal to her/his level. The Department Head must notify the Human Resources Manager upon

- notification of the grievance and must allow the Human Resources Manager to review the appeal letter before it is given to the employee.
6. If an employee feels the grievance has not been satisfactorily resolved by the immediate supervisor or the Department Head, the employee may submit the grievance in writing to the City Manager within ten (10) working days of receiving the Department Head's decision. The City Manager will investigate the grievance as quickly as possible and notify the employee in writing of her/his decision. The City Manager must contact the Human Resources Manager upon notification of the grievance.

The Department Head or City Manager may elect to have the Human Resources Manager investigate the grievance in lieu of conducting the investigation themselves. If the grievance has to do with discriminatory or harassment complaints whether stated as the initial complaint or is revealed during the investigation, the immediate supervisor, the Department Head, or the City Manager must turn the investigation over to the Human Resources Manager to resolve. A decision on a grievance by the City Manager shall be the final decision in the grievance process.

Represented Employee Procedure


Bargaining unit employees must follow their respective Collective Bargaining Agreements for filing a grievance.

Effective Date: July 1, 2016

POLICY # 710

EMPLOYEE SEPARATION

Adopted By



Date 6-14-17

Steve Forrester, City Manager

Revised 7/1/2017

I. PURPOSE

To ensure timely and accurate processing of employees who are being removed from City Payroll; to provide for a consistent termination process using positive employee relations practices.

II. SCOPE

This policy applies to all City employees except those otherwise covered by collective bargaining agreements.

III. DEFINITIONS

For the purpose of this policy, an employee's last day of work shall be the last day on which the employee was physically working the job.

Voluntary Termination: A voluntary separation of employment which includes the following circumstances:

- Resignation (employees are expected to provide a minimum of two weeks written notice).
- An absence of three (3) or more consecutive working days without any notice to the employee's department head and/or supervisor is considered a "voluntary resignation for job abandonment".
- Failure to return from an approved leave of absence.
- Failure to return from a reduction in force/layoff recall.

Involuntary Termination: A separation in which the employee may not be qualified or adapted for the type of work assigned. This category also includes employees who are unable to perform satisfactorily during the probationary employment period, or employees who are terminated for violation of employee standards of conduct or safety regulations, unsatisfactory job performance, or any other reason deemed appropriate by the City.

Retirement: A voluntary separation which usually includes qualification for benefits under the City's pension plan.

Reduction in Force or Layoff: Work is no longer available, the job has been eliminated, the contract expired, the department closed, etc.

Deceased: The death of an employee.

IV. PROCEDURE

Resignation: an employee who resigns, should be asked to provide his/her supervisor with a letter documenting their voluntary resignation. The original letter should be forwarded to the Human Resource Manager for retention in the employee's file. Employees who do not provide a two (2) week notice may be considered "*not eligible for rehire*".

Return of Equipment and Keys: Prior to or on the last day of work the supervisor must obtain all equipment and keys from the separating employee.


Final Paychecks: Final Paychecks: Employees who are involuntarily terminated will receive their final paycheck no later than the end of the next business day following the termination (ORS 652.140(1)). Every effort will be made to provide employees who voluntarily terminate employment their final paycheck on their last day worked. Employees will pick-up their final paychecks from Human Resources so that the appropriate out-processing can occur.

Effective Date: July 1, 2016

POLICY # 720

EXIT INTERVIEWS

Adopted By


Steve Forrester, City Manager

Date 6-14-17

Attachments:
Exit Interview
Authorization and release

Revised 7/1/2017

I. PURPOSE

To determine and document the reasons employees leave the City, to provide an opportunity for the airing of unresolved grievances, and to solicit constructive feedback to improve the City.

II. SCOPE

This policy applies to all City employees.

III. POLICY

Prior to leaving the City upon separation, employees will be provided an Exit Interview form which will be returned to Human Resource Manager at a scheduled exit meeting or if none by mail.

IV. PROCEDURE

- A. Supervisors and/or Department Head will refer separating employees to the Human Resource Manager for an Exit Interview as soon as possible after the separation decision has been made and communicated.
- B. The Human Resource Manager will use the current Exit Interview form to cover the following points:
 - 1. Job duties and work load, understanding of the job, match with interests and abilities, quality of training;
 - 2. City policies and practices: working environment, opportunities for advancement, wages and benefits;
 - 3. Quality of supervision: fairness, supportiveness; and
 - 4. Reasons for leaving.
- C. The employee shall be requested to sign the exit interview form. The employee shall be given a copy upon request.

- D.** Following the Exit Interview the Human Resource Manager will make an appointment with the Department Head for the purpose of reviewing the Exit interview form, if there is a concern that needs to be addressed. The information gathered in the Exit Interview is intended to provide City management with the important perspectives of the departing employee. In some cases these perspectives could initiate change in procedures, policies and/or practices with regard to performance, behavior and operations.

If the Exit Interview raises cause for concern regarding a co-worker's performance and/or behavior then the Department Head should research the complaint and gather any relevant information. Appropriate action should then be taken.

If the Exit Interview raises cause for concern regarding the Department Head's performance and/or behavior then the Human Resource Manager will make an appointment with the Department Head and the City Manager to discuss the issues that were raised.

- E.** The Exit Interview will be placed in the employee's personnel file.

8. What did you think of the management/supervision you received, based on the following points?

| Check to box that best applies: | Almost always | Usually | Sometimes | Never |
|--|---------------|---------|-----------|-------|
| Follows policies & procedures | | | | |
| Demonstrates fair & equitable treatment | | | | |
| Provides recognition on the job | | | | |
| Fosters cooperation & teamwork | | | | |
| Resolves complaints, grievances & problems | | | | |
| Encourages suggestions | | | | |
| Follows safety practices | | | | |

Comments:

9. Do you feel your job description accurately reflected the responsibilities and duties you performed? Yes ___ No ___

10. How would you rate your compensation (pay and benefits)?

| Check to box that best applies: | Excellent | Good | Fair | Poor |
|-------------------------------------|-----------|------|------|------|
| Rate of pay for your job | | | | |
| Paid holidays | | | | |
| Paid vacations | | | | |
| Retirement Plan | | | | |
| Medical, Dental & Vision Insurances | | | | |
| Paid sick leave | | | | |
| Long Term Disability | | | | |

Comments:

11. How would you rate how the city treats its employees in general?

___ excellent ___ fair ___ poor

Comments:

12. How would you describe the morale in your department?

_____ excellent _____ fair _____ poor

Comments:

13. How would you rate the following in your department/division?

| Check to box that best applies: | Excellent | Good | Fair | Poor |
|------------------------------------|-----------|------|------|------|
| Cooperation within the department | | | | |
| Cooperation with other departments | | | | |
| On-the-job training | | | | |
| Equipment provided | | | | |
| Work environment | | | | |
| Opportunity to use your abilities | | | | |
| Advancement Opportunities | | | | |

Comments:

14. Was your workload usually:

_____ too heavy _____ about right _____ varied, but all right _____ too light

Comments:

15. Would you recommend employment with the City of Prineville to others? Why or why not?

Your Signature

Any additional comments you wish to make? Please feel free to use this sheet and attach more if you desire to.

CITY OF PRINEVILLE
AUTHORIZATION AND RELEASE

I _____, do hereby authorize City of Prineville and its Human Resource Manager to release to any person any and all information, documents and records regarding or relating to, in any manner, my employment with City of Prineville. I further authorize City of Prineville and its Human Resource Manager to summarize orally and in writing for any such person any such information, documents and records.

In consideration of such release, I hereby release and discharge City of Prineville, its officers, agents and employees from any and all claims, suits, actions, causes of action and demands of whatever nature or reason for any damages, losses, injuries, costs and expenses which heretofore have been or which hereafter may be sustained or claimed to be sustained by me, my heirs, executors and assigns, forever, resulting directly or indirectly from the release of any such information, documents, record or summary.

I further acknowledge that I have been fully informed of the import of this document, and that I hereby execute the same freely and voluntarily without undue influence of any person, and I hereby acknowledge that I assume each and every risk relating to the request of otherwise confidential information.

CAUTION: READ BEFORE SIGNING!

DATED this _____ day of _____, 20____.

Employee Signature

Effective Date: July 1, 2016

POLICY # 805

TRAINING REQUEST AND DOCUMENTATION

Adopted By  Date 6-19-17
Steve Forrester, City Manager

Attached:
Request to Attend Training
Statement of Travel Expenses Form

Revised 7/1/2017

I. PURPOSE

The purpose of this policy is to establish a procedure by which applications for training are processed within the City, and to describe the method of recording outside training received by City employees.

II. SCOPE

This policy applies to all employees of the City.

III. PROCEDURE

A. Responsibilities of the Employee

1. Employees requesting training shall complete and submit *the Request to Attend Training Form as far in advance of the training as possible.*
2. Employee shall explain in a memorandum how this training will benefit the employee and the City of Prineville.
3. The copy of the training announcement will be attached to the request form and forwarded to the employee's supervisor.

B. Responsibilities of the Supervisor

Upon receipt of a training request the supervisor will:

1. Review the request form for accuracy and completeness
2. Evaluate the need for the training
3. Evaluate the manpower constraints
4. Approve or disapprove the request in writing
5. Ensure, if the request is approved, that the employee's absence is noted on the work schedule.
6. Original request will be returned to the employee with a copy staying in the supervisors file.

C. Training Documentation

1. Employees are responsible for reporting training content to fellow employees.
2. All employees who are authorized for training are required to attend.
3. All training certificates shall be delivered to Human Resources to be maintained in the employees personnel file and the verification of attendance shall be delivered to Finance.

D. Employee Reimbursement

1. All employees approved for training shall fill out and submit *a Statement of Travel Expense Form* and the signed original *Request to Attend Training* to the Finance Department. (Refer to Policy #810)

CITY OF PRINEVILLE

Request to Attend Training

Employee: _____

Date: _____

Supervisor: _____

Name of Training: _____

Fees/Tuition: _____

Location: _____

Meal Cost: _____

Training Dates: _____

Lodging: _____

Travel Method: _____

Attachments Needed:

Copy of Training Announcement

Memorandum:

Explain how this training will benefit the employee and the City of Prineville. Use attachment if needed.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

____ Approved

____ Denied

City of Prineville
Statement of Travel Expenses, Request for Advance or Reimbursement

| | |
|--------------------------------------|--|
| Employee | |
| Purpose of travel or purchase | |

| | | | |
|--------------------------------|--|-------------------------------------|--|
| Destination | | | |
| Date leaving Prineville | | Date returning to Prineville | |

| TRANSPORTATION COSTS | | | |
|---|--|-----------|-------------------------|
| Supervisor initials for personal vehicle use | | | |
| From | | To | |
| From | | To | |
| Estimate of total miles of passenger car travel* | | | X 0.575 / mile = |

**Note: If travel in a City vehicle necessitates fueling with personal funds, please attach fuel receipts. Travel in a City vehicle is not eligible for mileage reimbursement on its own.*

| LODGING/MEALS | | | | | |
|--|----|----------|--|---|----|
| Per diem allowed for lodging based on destination* | \$ | X nights | | = | \$ |
| Per diem allowed for meals based on destination* | \$ | X days | | = | \$ |
| Per diem allowed for meals based on destination - first & last day (75% of M&IE rate) | \$ | X days | | = | \$ |
| Amount owed to Employee | | | | | \$ |

**Note: To determine the per diem amount visit <http://www.gsa.gov/perdiem>, select the appropriate state, then the specific travel destination. Refer to the rates listed for other cities within the same county if the destination is not listed. Standard CONUS rates apply to cities/counties with no listing (\$89.00 for lodging, \$51.00 for M&IE). The first and last day of travel are only eligible for 75 percent of the meal per diem rate regardless of time spent traveling.*

| | | |
|--|---|----|
| Itemized list of additional expenses requesting advance funding or seeking reimbursement for: | | |
| | = | \$ |
| | = | \$ |
| | = | \$ |
| | = | \$ |
| | = | \$ |
| Total advance/reimbursement requested | = | \$ |

**Note: For reimbursement requests, please attach receipts for expenses paid for with personal funds in order to be eligible for reimbursement. Without receipts, the reimbursement will not be granted.*

| | | | |
|------------------------------|--|--------------------------------|--|
| Employee signature | | Date | |
| Supervisor signature* | | Date | |
| | | Date check is needed by | |

**Note: A supervisor signature is required for all requests. If a department head is requesting the advance/reimbursement, their immediate supervisor must sign off on the request.*

| | |
|----------------------|--|
| G/L account | |
| Date approved | |
| Approved by | |

City of Prineville
Statement of Meal Expenses
Charges by Employees for Business Related Meals

| | |
|----------------|-------|
| Account # | _____ |
| Date Approved: | _____ |
| Approved By: | _____ |

| | |
|--------|-------|
| Date: | _____ |
| Venue: | _____ |
| Cost*: | _____ |

*The supplied receipt **must** show an itemized breakdown of the meal, not a receipt with only the cost. If a charge is made for items other than food and non-alcoholic beverages, the receipt **must** show it even if it is against policy.

| | |
|------------------------------|-------|
| # of People Served: | _____ |
| List People in Attendance**: | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |


**If the event is a co-sponsored or large gathering, it is acceptable to indicate as such. However, all City employees in attendance must be listed.

| Answer the following questions: | | |
|--|-----|----|
| Did the meal occur at the employee(s) primary business location? | YES | NO |
| Was the meal associated with overnight travel? | YES | NO |
| Is the meal at the convenience of the employer? (see AP desk if "Yes") | YES | NO |
| Did the meal occur at a professional or trade association meeting? | YES | NO |
| Was the meal associated with the active conduct of city business? | YES | NO |
| If the meal is associated with city business, what business occurred and what business benefit is gained or expected to be gained? | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Effective Date: July 1, 2016

POLICY # 810

EMPLOYEE INCURRED EXPENSES AND REIMBURSEMENT

Adopted By  Date 6/22/18
Steve Forrester, City Manager

Attachments:
Statement of Travel Expenses Form

Revised 7/1/2018

I. PURPOSE

Provide a method to reimburse expenses incurred by City employees while traveling on official City business; monitor expenditures for travel against budgeted amounts; and ensure that training opportunities are used.

II. SCOPE

All employees of the City who engage in any approved travel and training, including local seminars, conferences and educational programs.

III. POLICY

The City will pay all allowable expenses involved in carrying out general business, subject to the following provisions:

- Employees will be reimbursed for all necessary travel expenses which
 1. are directly related to, or associated with, their performance of the City's business;
 2. are properly authorized;
 3. are reasonable expenditures of public funds.
- To obtain reimbursement, employees must submit itemized receipts with Travel Expense Form.
- A volunteer is considered an employee when there is a benefit or compensation involved. This includes meals or other benefits that could be considered a fringe benefit as outlined by the IRS.

ALLOWANCES

A. Transportation

1. Employees using their personal vehicles for City business will be reimbursed at the current General Service Administration (GSA) approved rate upon submittal of mileage. Employees may use personal vehicles for City business only with the approval of their supervisor.

Normally, City-owned vehicles will be used for the conduct of City business. *See Vehicle Usage and Safety Policy # 820.*

2. In addition to the standard mileage rate, as allowed by the GSA at <http://www.gsa.gov/mileage>, parking fees and bridge tolls are also reimbursable/substantiated if receipts are submitted.

3. All travel reimbursements will be based on the cost of the most reasonable and economical form of available transportation. Receipts **must be itemized** and attached to the travel expense form. The receipt must be returned to the Finance Department. Any missing receipts must be addressed in writing with approval from supervisor to be eligible for reimbursement or otherwise substantiated if charged to the City credit card. Failure to do so will exclude the cost from reimbursement.

B. Lodging

1. As a guideline, the cost of lodging will be reimbursed up to the maximum Standard Rate in all other Oregon locations not listed in the General Services guidelines (GSA); however, advance reservations will insure that the "government rate" is obtained for all lodging. Employees attending conferences or training sessions held in a hotel or motel will be authorized to stay at the same or nearby location with prior approval from their Department Head, even if the expense exceeds the authorized guidelines, so long as the rates are deemed reasonable, given the area and purpose. Out of state travel will be reimbursed according to current federal per-diem rates in effect for that area. Department heads are urged to exercise prudent management to insure that the best lodging values are obtained. Lowest rates will be utilized at all times. It is the intent of this policy that any lodging expense paid in advance shall be made payable to the vendor, not the employee.

C. Meals

1. When the employee is not away from home overnight, meals will be reimbursed at actual cost only. An itemized receipt for each meal must be provided with the employee's reimbursement request/meal expense form and will be taxed as wage. The IRS defines this by stating that any meal provided without an overnight stay is a fringe benefit, which also included meals charged to credit cards, therefore, is subject to tax as a wage, if items outlined in #3 and 4 are not met. This reimbursement is not included as wages for the purpose of calculating retirement benefits; however, it shall be taxed and included as wages, in Box 1 of the employee's W-2 form.
2. When the employee is away from home overnight, the employee is responsible to verify the per diem amount by visiting <http://www.gsa.gov/perdiem> website, select the appropriate state, then the

specific travel destination. Refer to the rates listed for other cities within the same county if the destination is not listed Standard CONUS rates apply to cities/counties with no listing (\$83.00 for lodging, \$46.00 for M&IE). The first and last day of travel are only eligible for 75 percent of the meal per diem rate regardless of time spent traveling. No receipts are required for the meals purchased as long as the information on the Travel Expense Form is provided in advance for the training substantiating business purpose, dates, and location.

3. Under accountable plan guidelines as indicated by the IRS, two requirements must be met to be able to exclude meals as a taxable fringe benefit when not in travel status. Meals are excluded if they are provided:
 - On the employer's business premises (either a place where the employee performs significant portion of their duties or where the employer conducts a significant portion of its business); and
 - For the employer's convenience (must be provided for a substantial non-compensatory reason, see Finance Department for qualified situations).
4. Business meal expenses occur when a City employee entertains a nonemployee business associate over a meal during which business is actively conducted. In order for the meal to be considered nontaxable there must be a clear business reason for incurring the expense. GSA per diem rates are not allowed in these instances. The IRS provides the following guidelines to assist in the determination of whether a business meal expense is non-taxable. Meals involving only the employee(s) can't be classified as a business exemption and needs to qualify under #3 guidelines.

Is the meal:

1. Associated with immediate benefit or expected future benefit of the employer's business(directly related)and/or
2. Consumed directly before or after a substantial business discussion. Generally, an expense is associated with the active conduct of business, if there is a clear business reason for incurring the expense. The employee or City official must clearly document that the business discussion was substantial in relation to the meal expense (associated entertainment).

Or:

3. Directly related and necessary to conducting business if meeting and business are conducted at the same time. This applies to conventions or organization meetings like the Chamber of Commerce, Rotary, Business Leagues, and Trade Organizations, as long as attendance is related to your trade or business.

The City requires the following information to support the reimbursement of non-taxable business meal expenses:

- a. Date of business meal
- b. City/Venue
- c. Person (s) with whom the business meal was consumed
- d. Affiliation of such person
- e. Business purpose
- f. Itemized breakdown of the meal charges
- g. Total amount incurred including a reasonable gratuity
- h. Response to the questions "*Is the meal 1) associated with the active conduct of the employer's business and 2) consumed directly before or after a substantial business discussion?*"

Ultimately the IRS has the final decision authority for making the determination that the meal is non-taxable. Should the City ever be subject to an audit by the IRS, the decision could be made, by the IRS representative, that a business meal expense is taxable even if all of the above is documented.

- 5. These limits are subject to change generally semi-annually depending on the area in which you are traveling, as well as change in transportation cost as determined by the GSA. Please confirm the current rate at <http://www.gsa.gov/perdiem>.

D. Unallowable Expenses

- 1. The City does not reimburse for:
 - ◆ fines and parking tickets
 - ◆ towing or impounding fees
 - ◆ traffic violations
 - ◆ alcoholic beverages
 - ◆ personal entertainment
 - ◆ tobacco
 - ◆ personal telephone calls (a phone call home to advise of safe arrival is allowable, as is a call home to advise of changes in plans to return.)
 - ◆ Extravagant costs of any kind.
 - ◆ Repairs to personal vehicles incurred on City business.
- 2. An employee's family (or other person not attending for a valid business reason on behalf of the City) may accompany the employee on City business. The City will not, however, pay the additional expenses incurred including the incremental room costs. Any items charged to the City on behalf of a companion must be reimbursed no later than a week after the training/event/meeting/ etc. occurred. Otherwise, the associate cost will be treated as a taxable fringe benefit and therefore treated as a wage.

IV. PROCEDURE

1. Statement of Expenses

- A. Whenever possible, expenses should be billed, paid by check or credit card in advance. Conference registrations are paid separately, with a copy of the registration usually attached to the *Advance Travel Expense Form* for proof of attendance. The vendor's invoice or registration confirmation must be signed by the employee incurring the expense and the Department Head.
- B. All expenses should be detailed on the *Travel Expense Form* with itemized receipts attached and required for any reimbursement. All travel and meal expense requests must be approved by the employee's Supervisor. Responsibility for compliance with this policy will be up to the Department Head. Employees are responsible to request copies of missing receipts or otherwise submit written explanation with approval from Supervisor.
- C. Travel Expense Reimbursement Requests are to be submitted within one week following any trip. Employee is required to return any excess expense advance. According to IRS, Excess reimbursement means any amount for which you did not adequately account within a reasonable period of time.
- D. Employees with City credit cards are to use these cards for City expenses only. Any items charged to the City must be submitted on a *Travel Expense Form* or appropriate meal form no later than one week after training/event/meeting/etc. According to the Oregon Attorney General, any use of City credit cards for personal expenses is unethical, even if the employee subsequently reimburses the City.

2. Request for Per Diem of Meals Allowance

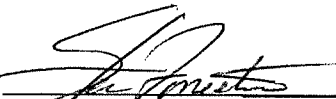
❖ recommended for overnight travel

- A. Employees may request a check to cover anticipated per diem meal expenses before leaving on an overnight trip. Such a request is made using the computation form for meal allowances. Advance requests must be made not more than 30 days before departure. Otherwise, the expense reimbursement request form must be turned in within one week after return.
- B. If meals are included as part of the registration, the per diem request should be reduced by the amount of the meal, even if, as is usually the case, the cost of a conference meal is more. The City will pay the full cost of a banquet at a conference for the employee in addition to conference registration. However, the per diem meal allowance should be reduced by the specific meal type amount, even when the meal is complimentary. See GSA per diem breakdown for deduction by meal type (dinner, lunch, etc.).

Effective Date: July 1, 2016

POLICY # 820

VEHICLE USAGE AND SAFETY

Adopted By  Date 6/19/17
Steve Forrester, City Manager

Attachment:
Ride-A-Long Waiver

Revised 7/1/2017

I. PURPOSE

The purpose of this policy is to maximize the safety of drivers, passengers and the public when vehicles are driven on City business and to mitigate the risk of loss from motor vehicle accidents.

II. SCOPE

Applies to all City officials, employees, volunteers, who drive city owned or private vehicles on City business.

III. POLICY

This policy is to provide guidance to employees regarding vehicles used to perform City business; to maximize the safety of drivers, passengers, and the public when vehicles are driven for City business; to ensure lawful, appropriate use of City-owned vehicles. City vehicles are to be used only in the performance of official City business. Use of City vehicles for personal purposes is prohibited except as authorized in this policy.

A. Definition:

1. Take-Home Vehicle: Any vehicle that is owned, leased, rented or otherwise under the care, custody or control of the City and is taken from the City premises after normal working hours to remain in "home storage" overnight for the use of a City employee or authorized representative for a bona fide city purpose. Take-home vehicles are used by employees for **On-call** purposes only.
2. Bona fide City Purpose: A bona fide city purpose is defined as conducting only official city business.
3. Personal Use: Any use other than for a bonafide City purpose.
4. Exempt Vehicles: According to Federal guidelines and for purposes of tax calculation only, certain vehicles and equipment, particularly emergency and certain utility service vehicles designated by Federal law, are exempt for the purpose of increased tax liability. This exemption means that the taxable income of the employee assigned one of these vehicles will not be affected.

5. Non-Exempt Vehicles: According to Federal guidelines and for purposes of tax calculation only, all other vehicles of the City that do not meet the criteria to be exempt vehicles are classified as "non-exempt." By "non-exempt" the Federal government means that a tax liability will be incurred by the employee to whom the use of the vehicle is assigned.
6. Qualified Non-Personal Use Vehicles: Police, Fire and public safety officer vehicles meeting all criteria for "clearly marked" vehicles, unmarked law enforcement vehicles meeting appropriate criteria, and "**clearly marked**" qualified specialized utility repair trucks, utility repair vans and utility repair pickup trucks with appropriate modifications made. Monthly vehicle driver logs are not required for Qualified Non-Personal Use Vehicles.
7. Home Storage: is defined as a vehicle kept at the employee's residence. Vehicles may not be parked in the streets, must be secured, and employees must avoid situations that would give rise to a legitimate complaint from neighbors, such as blocking streets, driveways, alleys, etc.
8. Tax Liability: An employee who has a non-exempt, assigned take-home vehicle will have an assessment, as set by the IRS under the guidelines for fringe benefit vehicle valuation under the commuting rule. This assessment will only be added for the days the vehicle is used, not to include vacation, sick leave or holidays. The assessed amount is added to the employee's taxable income only for the purpose of calculating the tax liability. The employee assigned the use of a non-exempt take-home vehicle will be responsible for the tax on the assessed amount.
9. Control Employee: Is defined as an elected official or an employee compensated at least the same value as a federal employee at Executive Level V.
10. De minimis Personal Use: As defined by IRS code. An essential element of a de minimis benefit is that it is occasional or unusual in frequency. It also must not be a form of disguised compensation. De minimis fringe benefits include property or services, provided by the City or city-appointed contractors for employees, with a value so small that accounting for it is unreasonable or administratively impractical. The value of the benefit is determined by the frequency it is provided to an employee, or, if this is not administratively practical, by the frequency provided by that employer to the workforce as a whole. Examples of de minimis use of an employer-provided vehicle that can be excludable include:
 - 1) A small personal detour while on business, such as driving to lunch while out of the office on business,
 - 2) Infrequent (not more than one day per month) commuting in employer vehicle. This does not mean an employee can receive excludable reimbursements for commuting 12 days a year regardless of how those days are spread out in the taxing period. The rule is available to cover infrequent, occasional situations.

B. Use of Vehicles by City Employees in the Performance of City Business:

The provisions of this section apply those who operate City-owned or personal vehicles in the performance of bona fide City business.

1. The vehicle operator must have a valid driver's license for the class of vehicle(s) they operate.
2. Operators are responsible for knowing and following all applicable motor vehicle laws, including the latest amendments applicable to the class of vehicle operated.
3. Firearms are not permitted in City vehicles while performing City work, except as authorized for law enforcement personnel conducting official business or as authorized by the City Manager.
4. Operators are responsible for paying fines for parking and traffic violations if the fines are incurred during the operation of a vehicle on City business. The City will not reimburse for fines unless there are extenuating circumstances such as unknowingly driving a City-owned vehicle with defective equipment.
5. Employees who drive vehicles to perform City business must notify their supervisor within 24 hours about any of the following:
 - City vehicle damage
 - Accident involving a City vehicle or personal vehicle used while engaged in City business
 - Testing is required if an employee is involved in any work-related accident, while driving a vehicle or operating any heavy equipment including mowers, tractors, back-hoes, bulldozers, graders, etc.; or any work-related accident which results in bodily injury to anyone or any substantial property damage which is determined by the supervisor to require repair or restoration.
 - Employee shall be escorted by a supervisor to the Hospital and or ER for drug and alcohol testing immediately after the accident.
 - Citation convictions or no contest pleas while operating City vehicles or personal vehicles engaged in City business
 - Moving violation including but not limited to DUII
 - No insurance or loss of insurance
 - Driver's license suspension or revocation

Notice is required whether driving a City vehicle or a personal vehicle. The Department Head must forward the notice to the Human Resource Department within 24 hours.

In general, only City employees may be passengers in City vehicles. However, non-City employees may be passengers in City vehicles if the vehicle is operated by a City employee and the transportation of non-City employee directly relates to City business and falls within the employee's job responsibilities. If a family member or friend is traveling with you on City business, you are to use your personal vehicle. The Department Head may authorize written exceptions to this general provision of the policy.

C. Safe Harbor Rules for City's Vehicles

Safe harbor rules relieves the city of the requirement to keep detailed records of employee use of vehicles. How the safe harbor rule applies depends on whether the vehicles are used for any personal purposes, or for no personal use other than commuting.

Employees using employer vehicles are **NOT** required to keep detailed records of vehicle use if all of the tests below are met.

- ❖ The vehicle is owned or leased by City and is provided to the employee for use in the City's business.
- ❖ When not in use, the vehicle is kept on employer's premises.
- ❖ No employee using the vehicle lives at the employer's business premises.
- ❖ The employer has a written policy prohibiting personal use, except de minimis use (such as driving to lunch while away for the office).
- ❖ The employer reasonably believes the vehicle is not used for any personal use (other than de minimis).

For vehicles not used for personal purposes:

- ❖ The vehicle is owned or leased by the employer and is provided for use in the employer's business.
- ❖ For bona fide noncompensatory reasons, the employer requires the employee to commute to and/or from work in the vehicle.
- ❖ The employer has established a written policy prohibiting personal use other than commuting and de minimis use.
- ❖ The employer reasonably believes that, except for commuting and de minimis use, no individual uses the vehicle for personal purposes.
- ❖ The employee is not a control employee (for the definition, see "Commuting Rule Not Available for Control Employee")
- ❖ The Employer accounts for the commuting use by including the commuting value in the employee's wages.

D. Vehicle Operation Requirements:

No individual applying for a City job that involves operating a vehicle to perform City business shall be offered employment if the applicant does not meet the criteria listed in this section. The driver's license requirements in this policy are a condition of continued employment with the City for positions that require

driving. Employees must not operate a City vehicle or any vehicle to perform City business unless he/she meets the following requirements:

1. No employee may operate a vehicle in the course of his/her duties without a valid Oregon driver's license. Persons who accept employment with the City and who possess a non-Oregon driver's license are required to obtain an Oregon driver's license within 30 days of employment.
2. Employees are expected to drive in a safe and responsible manner and maintain a good driving record. All employees who drive as a part of their employment will have their driving records monitored in compliance with the Department of Motor Vehicles' State of Oregon automated reporting system (A.R.S.). City may annually review driving records of employees who drive as part of their employment. The Human Resource Manager will review records, including accidents, moving violations, etc., in order to determine if a driving record is unacceptable. City employees who have a record or pattern of unsafe or irresponsible driving will be disqualified from driving City vehicles and may be disqualified from driving while on City business.
3. Employees must be at least 18 years old.
4. If any employee has been convicted of three or more minor violations within the most recent three year period, he/she shall not operate a City vehicle until his/her record has been reviewed by the Human Resource Manager and his/her supervisor and they authorize the employee to continue operating a city vehicle. Minor violations include:
 - Speeding
 - Failure to yield
 - Improper lane change
 - Suspension of driver's license
 - Running a red light or stop sign
5. Any Major violation (Traffic Crime) reported shall be reviewed by the Human Resource Manager before an employee is authorized to drive a City vehicle. Major violations include:
 - Driving Under the Influence of Intoxicants (DUII)
 - Failure to Perform the Duties of a Driver
 - Reckless Driving
 - Attempting to Elude a Police Officer
 - Commission of a vehicular felony, including vehicular manslaughter

If an employee has had any combination of three automobile accidents or moving violations within the most recent past three year period, his/her record shall be reviewed and they shall not be permitted to operate a City vehicle until the review has been completed and they have been authorized to do so.

E. City Vehicles:

1. The City owns, maintains, and operates vehicles for the purpose of conducting City business.
 - a. Drivers are prohibited from modifying or altering City vehicles without prior approval from their Department Head.
2. City-owned vehicles are to be used only for the performance of official duties.
 - a. Nothing in this policy may be construed as limiting the authority of a Department Head or elected official to temporarily assign a vehicle for official business.
 - b. When City vehicles are used by employees, elected officials or volunteers to attend state or federal appointed positions, any mileage amounts issued as a Per Diem or other reimbursements for travel issued by the agency or governing body must be reimbursed to the City.
3. Personal use of City vehicles is prohibited. Incidental use is allowed as follows:
 1. Stops for meal or restroom breaks, and
 2. Short, infrequent stops of a personal nature that are en route of travel and are accomplished during a normal break period.
4. The use of City vehicles is prohibited in all instances where it could reasonably expose the city to the public perception of misuse or abuse of driving privileges. Such uses include but are not limited to stops at a liquor store, a bar or tavern, an adult bookstore, or a gambling establishment, unless the stop is required as part of the job assignment.
5. Employees are responsible for any tax liability accrued by personal use of a city-owned, non-exempt vehicle. This includes, but is not limited to, commuting.
6. Employees may not be accessed tax liability on use of an exempt vehicle, specifically those meeting the requirements to be considered qualified non-personal use vehicles.
7. Employees are responsible for Home Storage of vehicles kept at the employee's residence.
8. Employees using a city-owned vehicle are required to sign a statement acknowledging acceptance of the city's policy, including agreeing to no personal use of a city-owned vehicle other than commuting.
9. Personal use of City vehicles is not allowed while the vehicle operator is on-call. Family members and non-City employees are not allowed in

a City take-home vehicle. Any exceptions to this policy must be approved by the Department Head.

Use of Personal Vehicle for City Business:

A private vehicle is a vehicle, other than a City owned vehicle, which is used on City business.

1. Use of privately owned vehicles to conduct City business is permitted when authorized by a Department Head.
2. A privately owned vehicle used for City business must be a mechanically safe conventional four-wheel motor vehicle that is licensed to operate on public roadways. Vehicle equipment must conform to Oregon requirements.
3. Oregon law (ORS 806.011) requires all vehicle owners to carry valid and current automobile insurance on their vehicles.
4. The employee's private vehicle insurance is primary with respect to bodily injury and property damage. The City's insurance applies only as excess to statutory limits for bodily injury and property damage, or the aggregate of all the other applicable insurance limits, whichever is greater.
5. The City may request that a driver provide proof of insurance for a private vehicle at any time, but will require that proof of insurance be provided no less than annually. A copy of such proof of insurance will be kept in an employees personnel file.
6. Mileage reimbursement for use of privately owned vehicles is considered full payment (including depreciation, insurance, maintenance, and operating costs) for its use. Mileage reimbursement rates are based on the current General Services Administration (GSA) reimbursement rate.

F. Ride-A-Long Program:

Ride-A-Long or job shadowing programs involve non-employees accompanying an employee in a City vehicle or personal vehicle while the employee conducts City business. Non-employees include family members as well as members of the public. A Ride-a-long waiver signed by the non-employee is required before the ride-a-long may occur.

G. Safety:

1. Oregon law requires that all motor vehicle operators and passengers be properly secured with a safety belt or safety harness.
2. Consumption of intoxicants while operating a motor vehicle on City business is prohibited.

3. Drivers may not operate a motor vehicle while using medication that may impair their ability to safely operate a motor vehicle. Drivers taking such medications must notify their supervisors.
4. Oregon law prohibits drivers from talking on a mobile communication device while driving (ORS 811.507). A mobile communication device is defined in ORS 811.507 as a text messaging device or a wireless, two-way communication device designed to receive and transmit voice or text communication. City policy strongly discourages making or receiving cellular phone calls using a hands free device, except in an emergency situation.
5. Sending or receiving text messages, email or other similar activities are prohibited while operating a motor vehicle. This prohibition does not apply to operators of City of Prineville patrol vehicles that are equipped with mobile data systems.
6. City-owned vehicles will not be relinquished to a non-city driver except in the case of an emergency.
7. When exiting a City vehicle, drivers are required to turn off the engine, remove the key and lock the vehicle. The two exceptions will be Public Works vehicles while on the job site, and City Police Officers during traffic stops or in emergency situations that otherwise restrict following the above process.

Violation of Policy:

Violation the driving policy and/or misconduct involving the use of a motor vehicle may be grounds for disciplinary action up to and including termination.

City of Prineville

387 NE THIRD STREET ♦ PRINEVILLE, OREGON 97754
541-447-5627
541-447-5628 (fax)

Ride-a-long

Waiver and Release of All Claims for Personal Injury and Property Damage

I _____ am under/over the age of 18 and am not an employee of the City of Prineville. I have made a voluntary request to ride as a guest in a City of Prineville vehicle and to accompany an employee or employees of the City of Prineville during the performance of their official duties.

In consideration of the permission given to me to participate in the ride-a-long, I release the City of Prineville, its officials, agents and employees from any claim for any loss, damages, injuries, liability or expense to me or my property related in any way to the ride-a-long including claims for any negligence by the City of Prineville or its officials, agents and employees. I understand that the ride-a-long may place me in a dangerous situation(s) and other conditions of heightened risk of injury or damage and voluntarily accept those risks.

I agree to hold harmless and indemnify the City of Prineville, its officials, agents and employees from loss, damages, liability or expense incurred or claimed by anyone for the reason of any damage or injury caused by me.

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| <p>I authorize the Prineville Police Department to conduct a complete criminal history records check on me.</p> <p>Full Name: _____ Date of Birth: _____</p> <p>Driver's Lic No: _____ State: _____ Phone Num: _____</p> <p>Date: _____ Signature: _____</p> |
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|---|
| <p>Parent or Lawful Guardian of Minor</p> <p>I, _____ the parent or lawful guardian of _____ a minor, have read and fully understand the above waiver and release and give my consent, including my consent to the criminal history records check.</p> <p>Date: _____ Signature: _____</p> |
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|--|
| <p>Official Use Only</p> <p>Records Check Completed by: _____ Date: _____</p> <p>Approved: _____ Denied _____ Supervisor: _____</p> <p>Date ride completed: _____ City Employee _____</p> |
|--|