

---

**MORROW COUNTY**  
PERSONNEL POLICIES  
AND  
PROCEDURES MANUAL

---

**The following action was taken by the Board of Morrow County Commissioners during regular session on July 2, 2007**

**IN THE MATTER OF  
APPROVAL TO ADOPT REVISED PERSONNEL POLICIES AND PROCEDURES MANUAL FOR MORROW  
COUNTY EMPLOYEES: 07-R-413**

**Whereas**, upon the request of Morrow County Elected Officials and Department Heads, Jeff Appel of Appel & Hellstedt LLP, Attorneys at Law, Worthington, Ohio, has prepared a revised Personnel Policy and Procedures Manual to be adopted for use by County Offices; and

**Whereas**, the Elected Officials, the Director of Operations, the Board of Commissioners, and others, have reviewed the documents prepared by Appel & Hellstedt LLP and made amendments to the documents; and

**Whereas**, offices under union contracts ( Sheriff and Engineer) and the Department of Job & Family Services will adapt the revised policies and procedures manual to their offices, to meet the requirements of their specific offices;

**Therefore**, Mr. Jackson made a motion to adopt the revised Personnel Policy and Procedures Manual with amendments, effective July 1, 2007.

Mr. Miller duly seconded the motion

Roll Call Vote: .., Mr. Miller .., “yea” .., Mr. Clinger.., “yea” .., Mr. Jackson .., “yea”

# TABLE OF CONTENTS

Page

## **SECTION 1..... GENERAL**

1.01 Introduction and Purpose of Policies .....	1
A. Purpose .....	1
B. Objectives .....	1
C. Conflict with the Law .....	1
D. Amendments .....	1
E. Employer Interpretation .....	2
F. Employee Review .....	2
G. No Contract .....	2
1.02 Management Rights .....	2
1.03 Policy Changes, Clarification and Dissemination .....	3
1.04 Classified Employment .....	4

## **SECTION 2..... MAJOR EMPLOYMENT POLICIES**

2.01 Ethics in County Employment .....	5
2.02 Equal Employment Opportunity .....	5
2.03 Americans With Disabilities Act .....	6
A. The Act .....	6
B. Definitions .....	6
C. Reasonable Accommodation .....	6
D. Undue Hardship .....	6
E. ADA Coordinator .....	7
F. Grievance Procedure .....	7
2.04 Non-Harassment Policy .....	8
A. Purpose .....	8
B. General Definition .....	8
C. Sexual Harassment .....	8
D. Examples of Sexual Harassment .....	8
E. Physical Harassment.....	9
F. Reporting Procedure .....	9
G. Retaliation .....	9
H. Discipline .....	9
I. Duty to Report .....	9
2.05 Drug and Alcohol Policy .....	9
A. Purpose .....	9
B. Use of Alcohol and Controlled Substances Prohibited .....	10
C. Events Resulting in Employee Drug and/or Alcohol Testing .....	10
D. Testing Requirements .....	11
E. Refusal to Test .....	11
F. Confirmatory Tests .....	12
G. Discipline and Rehabilitation .....	12
H. Confidentiality .....	12

I. Drug Free Workplace Policy .....	12
2.06 Political Activity .....	15
A. Purpose .....	15
B. Permissible Activities .....	15
C. Prohibited Activities .....	15
2.07 Nepotism .....	17
2.08 Violence in the Workplace .....	18
A. Zero Tolerance Policy .....	18
B. Prohibited Acts of Violence .....	18
C. Reporting .....	18
2.09 Health and Safety .....	19
2.10 Accident or Injury on the Job .....	19
A. Reporting .....	19
B. Injuries Requiring Medical Attention .....	19
C. Continued Reporting .....	19
D. Pay and Benefits .....	20
E. Utilizing Accrued Leave .....	20
F. Family Medical Leave .....	20
2.11 Solicitation and Distribution .....	20
2.12 Outside Employment .....	21
2.13 Weapons Policy .....	21
A. General Prohibition .....	21
B. Definitions .....	22
C. Employer May Search .....	22
D. Reporting .....	22
E. Posting of Policy .....	22
F. Discipline .....	22
2.14 Smoking Policy .....	22
2.15 Contagious Diseases .....	24

**SECTION 3.....FILLING OF VACANCIES, APPOINTMENT AND CLASSIFICATION**

3.01 Vacancies .....	25
3.02 Basis for Selection .....	25
3.03 Disqualification .....	26
3.04 Appointment Status .....	27
3.05 Classification Plan .....	28
3.06 Post Offer Medical Examinations .....	28
3.07 Immigration Reform and Control Act Policy .....	28
A. General Requirements .....	28
B. List A Documents .....	29
C. List B Documents .....	29
D. List C Documents .....	29
E. Non-Discrimination .....	30

**SECTION 4.....CONDITIONS OF EMPLOYMENT**

4.01 Probationary Period ..... 30  
    A. Original Appointments ..... 30  
    B. Promotional Appointments ..... 30  
4.02 Hours of Work and Overtime and Flextime ..... 30  
    A. Regular Work Hours ..... 30  
    B. Overtime ..... 31  
    C. Flextime ..... 31  
    D. Exempt Employees ..... 31  
4.03 Compensation ..... 32  
    A. Record Keeping ..... 32  
    B. Pay Day and Pay-Period ..... 32  
    C. Deductions ..... 33  
        1. Retirement – Public Employee’s Retirement System (PERS) ..... 33  
        2. Income Tax ..... 33  
        3. Medicare Tax ..... 33  
        4. Voluntary Deductions ..... 33  
        5. Garnishments ..... 33  
        6. Deferred Compensation ..... 33  
    D. Reporting of Errors ..... 34  
    E. Automatic Salary Adjustments ..... 34  
4.04 Employee Orientation ..... 34  
4.05 Training and Education ..... 34  
4.06 Performance Evaluations ..... 35  
4.07 Employee Records ..... 36  
4.08 Transfer ..... 37  
    A. Job Assignments ..... 37  
    B. Permanent Transfers ..... 37  
    C. Temporary Transfers and Assignments ..... 37  
4.09 Voluntary Separation from Employment ..... 38  
    A. Resignation ..... 38  
    B. Abandonment ..... 38  
    C. Retirement ..... 38  
    D. Retire/Rehire Policy ..... 38  
4.10 Involuntary Separation from Employment ..... 39  
    A. Probationary Removal ..... 39  
    B. Neglect of Duty ..... 39  
    C. Disciplinary Discharge ..... 39  
    D-F. Abolishment & Layoff Policy .....40  
4.11 Separation Benefits ..... 41  
    A. Sick Leave Conversion ..... 41  
    B. Health Care Benefit Continuation (COBRA) ..... 41  
    C. Public Employees Retirement System ..... 43  
    D. Accrued Leave ..... 43  
    E. Unemployment Compensation ..... 43  
4.12 Exit Interview ..... 43

**SECTION 5..... EMPLOYEE CONDUCT AND PROTOCOL**

5.01 General .....	44
5.02 Attendance and Tardiness .....	44
A. Absence Reporting .....	44
B. Frequency of Absences .....	45
C. Tardiness / Early Departures .....	45
D. Excessive Absence / Tardiness .....	45
5.03 Personal Appearance .....	45
A. General .....	45
B. Specific Prohibitions .....	46
C. Body Piercing / Ornamentation .....	46
D. Failure to Adhere to Standards .....	47
E. Repeat Offenses and Discipline .....	47
5.04 County Vehicles / Driving on County Business .....	47
A. General Rules .....	47
B. Expectations .....	47
C. Communications/Electronic Devices .....	47
D. Vehicular Accidents/Incidents .....	48
E. Traffic Offenses .....	48
F. Driving Abstract Reviews .....	49
G. Personal Vehicles Included .....	50
5.05 County Communication System Generally .....	50
5.06 Computer Equipment, Software and Data Systems .....	50
Cybersecurity Policy .....	51
5.07 Telephones .....	67
5.08 Internet, E-Mail and Online Services .....	67
5.09 County Assigned Cellular Phones .....	68
A. General Policy .....	68
B. Daily Operations .....	68
C. Emergency Response .....	68
D. Personal Use .....	69
5.10 Timekeeping/Scotland Yard .....	69
A. Entering and Leaving the Office .....	69
B. Scotland Yard .....	70
5.11 Expense Reimbursement .....	70
A. General .....	70
B. Accountable Plan .....	71
C. Transportation Expenses .....	71
D. Lodging Expenses .....	72
E. Meal Expenses .....	72
F. Other Incidental Expenses .....	73
G. Non-Reimbursable Expenses .....	73
H. Travel Advances .....	73
I. Tool Allowance .....	74
J. Uniforms .....	74
5.12 Confidentiality .....	74
A. Generally .....	74

B. Prohibitions .....	74
C. Penalty for Violators .....	75
5.14 Credit Card Use .....	75
A. Authorization .....	75
B. Uses .....	75
C. Ineligible Expenses .....	76
Procedure .....	76
5.15 Procurement Card Program .....	77
Background .....	78
Authority .....	78
Policies and Procedures .....	78

**SECTION 6..... EMPLOYEE BENEFITS AND LEAVE PROVISIONS**

6.01 Insurance Benefits and COBRA Coverage .....	81
6.02 Workers' Compensation .....	81
A. Wage Continuation .....	81
B. Workers' Compensation .....	82
6.03 Retirement – Public Employees' Retirement System (PERS).....	82
6.04 Sick Leave .....	83
A. Accrual .....	83
B. Reasons for Leave .....	83
C. Physician's Excuse .....	83
D. Notification .....	84
E. Use of Other Leave .....	84
F. Misrepresentation .....	84
G. Investigation .....	84
H. Transfer of Accrued Leave .....	85
I. Family Defined .....	85
J. Increments of Use .....	85
K. Payment at Retirement .....	85
6.05 Family and Medical Leave .....	85
A. Statement of Policy .....	85
B. Definitions .....	85
C. Leave Entitlement .....	90
D. Use of Leave .....	90
E. FMLA Leave and Disability / Worker's Compensation Plans or Programs .....	91
F. Procedures for Requesting FMLA Leave .....	91
G. Certification of Need for FMLA Leave .....	92
H. Certification for leave taken because of a qualifying exigency.....	93
I. Intermittent/Reduced Schedule Leave.....	93
J. Employee Benefits.....	94
K. Reinstatement.....	94
L. Records.....	95
6.06 Catastrophic Leave Donation Policy .....	95
A. Purpose .....	95

B. Scope and Authority .....	95
C. Definitions .....	96
D. Operation .....	96
E. Eligibility .....	96
F. Applications for Donation .....	96
G. Donation of Accrued Leave .....	97
H. Approval by the Employer .....	97
I. Limitations .....	97
6.07 Other Unpaid Leaves of Absence .....	98
6.08 Paid Leave of Absence .....	99
6.09 Medical Examinations and Disability Separation .....	100
A. Medical Examinations .....	100
B. Paid Leave / Voluntary Disability .....	100
C. Involuntary Disability Separation .....	100
D. Appeal .....	100
E. Reinstatement Rights .....	100
F. Employee Refusal .....	101
6.10 Vacation Leave .....	101
6.11 Holiday Leave .....	102
6.12 Military Leave .....	103
6.13 Funeral Leave .....	103
6.14 Weather Emergency Leave .....	103
6.15 Civic Duty Leave .....	104
6.16 Personal Days .....	104

**SECTION 7..... EMPLOYEE DISCIPLINE**

7.01 General .....	105
7.02 Principles of Progressive Discipline .....	106
7.03 Offenses and Penalties .....	106
A. Group I Offenses .....	106
B. Group II Offenses .....	108
C. Group III Offenses .....	110
7.04 Disciplinary Procedures .....	112
7.05 Related/Unrelated Offenses .....	114
7.06 Last Chance Agreements .....	115
7.07 Appeals .....	115

**SECTION 8..... MISCELLANEOUS**

8.01 Complaint Procedure .....	115
8.02 Bulletin Boards .....	116
8.03 Wage Garnishments .....	117
8.04 Gambling .....	118

**SECTION 9.....**

**APPENDICES**

- Form 1 Employee Review Form
- Form 2 ADA Request for Reasonable Accommodation
- Form 3 ADA Complaint Form
- Form 4 Harassment Complaint Form
- Form 5 Nepotism Understanding Statement
- Form 6 Report of Unsafe/Unhealthy Work Condition
- Form 7 Workers' Compensation Accident/Injury Form
- Form 8 Workers' Compensation Doctor's Report of Injury
- Form 9 Application for Employment
- Form 10 Fair Credit Reporting Act Authorization and Consent to Background Investigation and Release
- Form 11 Form I-9 Employment Eligibility Verification Form
- Form 12 Request for Overtime Approval
- Form 13 Record of Hours Worked
- Form 14 Employee Performance Evaluation
- Form 15 Employee Emergency Contact Information
- Form 16 Request for Sick Leave Payout
- Form 17 COBRA Continuation Coverage Election Notice
- Form 18 Separation from Employment Checklist
- Form 19 Exit Interview
- Form 20 Request for Leave
- Form 21 Report of Traffic Violation, Arrest and/or Incident
- Form 22 Annual Driver's License Check
- Form 23 Suspended Driver Statement of Understanding
- Form 24 Travel Expense Voucher
- Form 25 Request for FMLA Leave
- Form 26 Employer Response to FMLA Request
- Form 27 Certification of Healthcare Provider
- Form 28 Medical Certification for Re-Employment
- Form 29 Request for Catastrophic Leave Donation
- Form 29A Application for Catastrophic Leave Donation
- Form 30 Request for Unpaid Leave of Absence
- Form 31 Notice of Pre-Disciplinary Conference
- Form 32 Order of Removal, Reduction, Suspension, Fine, Involuntary Disability Separation
- Form 33 Piper/Garrity Notice
- Form 34 Oral or Written Warning
- Form 35 Cell Phone Expense Form
- Form 36 Confidentiality Form
- Form 37 Expense Reimbursement Form **may be the same as Form24**
- Form 38 Time Sheet
- Form 39 Vacation Balance Notification
- Form 40 Encumbering Request
- Form 41 Employee Identification Card/Prox. Card/FOB Application

- Form 42 Voluntary Unpaid Leave of Absence Acknowledgment Form
- Form 43 Acknowledgment of receipt of Auditor of State Fraud Reporting-System Information
- Form 44 Barracuda Web Filter Employee Acknowledgement
- Form 45 Barracuda Web Filter Employee Change Request Form
- Form 46 Retire/Rehire Checklist
- Form 47 Retire/Rehire Public Hearing Discussion Checklist

## SECTION 1 GENERAL

### 1.01 Introduction and Purpose of Policies

- A. Purpose. The purpose of this Personnel Policies and Procedures Manual (“Manual”) is to set forth the employment policies and procedures for the employees of the Morrow County Offices and Departments (“COUNTY” or “Employer”). These policies have been established by the Morrow County Board of Commissioners (“BCC”) and Appointing Authorities to be utilized by management to provide for uniform application of the terms and conditions of employment. These policies and procedures are applicable to all employees of the COUNTY.
- B. Objective. It is the Employer’s belief that outlining personnel policies and procedures will aid in recruitment and retention of competent and dependable employees, in order to provide a high level of service to the citizens of Morrow County. The policies and procedures outlined in this Manual are designed to accomplish all of the following:
1. Promote high employee morale and foster good working relationships among employees by providing uniform personnel policies, equal opportunities for advancement and consideration for employee needs;
  2. Provide fair and equal opportunity for qualified employees to enter and progress in service based upon merit and fitness as determined through objective and practical personnel management methods;
  3. Encourage courteous and dependable service to the public; and
  4. Assist employees in conducting themselves in an ethical and legal manner while promoting the reputation of the Employer.
- C. Conflict with Laws. The policies contained in this Manual are subject to, and in accordance with, the laws of the State of Ohio. If a policy contained in the Manual conflicts with the terms or conditions of a collective bargaining agreement affecting a group of employees, the terms of the negotiated agreement will be followed. In the event of a conflict between this Manual and the civil service rules, any other applicable Federal or State law, or legal document, the civil service rules, applicable Federal or State law or legal document will prevail.
- D. Amendments. The Employer cannot foresee all personnel issues and concerns that may arise. Accordingly, it may be necessary, and the Employer reserves the right, to revise, modify, amend, or delete any policy, procedure, benefit, or regulation. An amendment shall affect only the specific policy it modifies and shall not affect the enforceability of the remainder of this Manual.

- E. Employer Interpretation. There may be situations that require administrative interpretation of the policies and procedures expressed in this Manual. Every effort will be made to ensure that such decisions are made objectively with the general intent of the policy or procedure in mind. Additionally, there may be occasions when the Employer must add, delete or revise specific policies or give current rules a different interpretation from those interpretations previously made. The Employer has the right to change practices and policies, both written and unwritten, as business requires. Updated policies will be issued and in accordance with Section 1.03.
  
- F. Employee Review. All COUNTY employees have been notified of the existence of this Manual and each supervisor shall be provided with a copy. Additionally, an electronic copy of the Manual will be posted on the Employer's website. Employees shall be given time to review these policies during their orientation and thereafter as permitted by their supervisors. Employees are expected to understand and comply with the Manual and the Employer will require each employee to sign an acknowledgement evidencing that they have been given notice of the existence of the Manual and has been given the opportunity for review. (Utilize [Form 1 – Employee Review Form](#)). Questions concerning this Manual should be directed to the employee's supervisor.
  
- G. No Contract. The provisions of this Manual are not intended and shall not operate, to create a contract of employment between the Employer and its employees. The policies contained herein, along with any subsequent amendments and interpretations, shall supersede all previous policies and communications.

## **1.02      Management Rights**

The Employer maintains the authority to establish, interpret and administer policies and procedures of the operations. This authority includes, but is not limited to, the following management rights:

- A. Determine the goals, objectives, programs and services and to utilize employees in the manner designed to effectively and efficiently meet these purposes;
- B. Exercise complete control and discretion over the budget, organizational structure and method of performing the work required;
- C. Manage and determine the location, type and number of physical facilities, equipment, programs and work to be performed;
- D. Determine the adequacy, size, composition and qualification of the work forces, staffing patterns and organizational structure;
- E. Set standards of service and determine the procedures and standards of selection for employment;
- F. Determine the hours of work and work schedules;

- G. Establish the work rules, policies and procedures for all employees;
- H. Manage and direct employees, including the right to select, hire, promote, transfer, assign, evaluate, supervise, layoff, recall, reprimand, suspend, discharge and discipline for just cause and to maintain order among employees;
- I. Determine when a job vacancy exists, the duties to be included in each job classification and the standards of quality, productivity and performance to be maintained;
- J. Take necessary action to abolish and create classifications;
- K. Determine the necessity to schedule overtime and the amount required;
- L. Determine and implement necessary actions in emergency situations;
- M. Maintain the security of records and other pertinent information; and
- N. Implement and enforce rules regarding workplace health and safety.

### **1.03 Policy Changes, Clarification and Dissemination**

- A. Every supervisor shall keep a copy of this Manual available for review by employees at any time. Additionally, the manual will be available for review on the Employer's website.
- B. Any questions regarding particular portions of this Manual or questions regarding items not covered should be directed to the employee's supervisor.
- C. Periodically, the entire Manual will be reviewed and revised to address changes in the law and current practice. All changes are subject to the approval of the Appointing Authority and/or BCC.
- D. As conditions warrant, portions of this Manual may be amended or deleted by the Employer. Additionally, the Employer may draft certain work rules or directives which act to supplement or explain certain aspects of this Manual. Such amendments, clarifications or deletions shall be disseminated to the effected employees prior to their application. Additionally, such work rules and other guidance with respect to the manual will be available on the Employer's website.

**1.04      Classified Employment**

A. All employees of the COUNTY shall be in the unclassified or classified service in accordance with Ohio Revised Code Section 329.02

B. Accordingly, after completion of the established probationary period as set forth in Section 4.01, an employee may be discharged only for cause and in accordance with the procedures established by law. Classified employees have the right to appeal certain employment actions to the Local Board of Appeals. If such Board does not exist, then the employee may appeal them to the State Personnel Board of Review (“SPBR”). (See Section 7.06 Appeals).

## **SECTION 2 MAJOR EMPLOYMENT POLICIES**

### **2.01 Ethics in County Employment**

A. All employees are expected to maintain the highest possible moral and ethical standards in the performance of their duties. Ohio law prohibits public employees from using their influence to benefit themselves or their family members. As such, the following Code of Ethics is established:

1. No employee shall use his or her official position for personal gain, nor shall they engage in any business or have a financial or other interest, direct or indirect, which is in conflict with the proper discharge of their official duties.
2. No employee shall, without proper legal authorization, disclose confidential information concerning the affairs of the County, nor shall they use any such information to advance private interest of themselves or others.
3. No employee shall accept any gift, whether in the form of service, loan, item or promise from any person, firm or corporation which is interested directly or indirectly in any manner whatsoever in business deals with the County; nor shall an employee accept any gift, favor or item of value that may tend to influence the employee in the discharge of their duties or grant.
4. No employee shall represent a private interest in any action or proceeding against the interest of the County in any matter in which the County is a party.
5. No employee shall engage in, accept private employment, or render services for private interests when such employment or service is incompatible with the proper discharge of the employee's official duties or would tend to impair their independent judgment or action in the performance of official duties. Other employment, private or public, shall not interfere in any way with the employee's regular, punctual attendance and faithful performance of the employee's assigned job duties.

B. An employee who is offered a gift or favor, and who is not sure if its acceptance is a violation of the Code of Ethics, should inform his supervisor or the Appointing Authority of the gift offer. No employee will accept from any contractor or supplier doing business with the County, any material or service for the employee's private use.

C. Ohio law generally prohibits County employees and officials from having a financial interest in companies that do business with public agencies. Employees who have any doubt concerning a possible violation of these laws are advised to consult an attorney.

### **2.02 Equal Employment Opportunity Policy**

A. It is the policy of the Employer to provide equal opportunity in employment to all employees and applicants for employment. No County official, supervisor or other employee may discriminate against a person with respect to hiring or the terms and conditions of

employment, because of a person's race, sex, religion, color, national origin, age, ancestry, disability or military status.

B. All applicants for employment and all employees shall be treated fairly and equitably based on their respective merit, fitness and bona fide occupational qualifications.

C. A proven violation of this policy by any employee shall be considered justification for his or her dismissal.

D. This manual does not address all possible forms of unethical conduct. Therefore, employees should familiarize themselves with the mandates of Ohio's Ethics Law found in the Ohio Revised Code Sections 102 and 2921.42. Furthermore, if an employee has any doubt as to the applicability of any of these provisions, the employee should consult with their supervisor or the Appointing Authority.

### **2.03 Americans With Disabilities Act Policy**

A. The Act. The Americans with Disabilities Act, 42 U.S.C. §§12101 *et seq.* (hereinafter the "ADA"), prohibits discrimination, in terms of hiring, promotion, transfer, or any other benefits or privileges of employment, of any qualified individual with a disability who satisfies the requisite skill, experience, education and other job-related requirements of the position such individual holds or desires, and with or without reasonable accommodation, can perform the essential functions of the position. The Employer has established the following policy and grievance procedure in order to ensure compliance with the requirements of the ADA.

B. Definitions. For purposes of the ADA, a "disability" is defined as: (1) a physical or mental impairment which substantially limits a major life activity; (2) a record of having that type impairment; or (3) being regarded as having that type of impairment. The ADA defines a "qualified individual with a disability" as an individual with a disability who can, with or without reasonable accommodation, perform the essential functions of the job that the individual holds or desires.

C. Reasonable Accommodation. The physical or mental limitations of an otherwise qualified applicant or employee with a disability shall be reasonably accommodated unless the accommodation would pose an undue hardship. Undue hardship, for purposes of this policy, means an action that requires significant difficulty or expense when considered in the light of other relevant factors or would be extensive, disruptive or would fundamentally alter the nature or operation of the Employer.

D. Undue Hardship. The factors to be considered in determining whether an accommodation would create an undue hardship include the nature and the cost of the accommodation, the size of the department and its overall financial resources, the nature and structure of the operation, the effect of the accommodation on expenses and resources, conflict with state and federal law, and the impact of the accommodation on other employees. Decisions as to whether an accommodation is reasonable shall be made on an individual

case-by-case basis. Employees who believe they are in need of a reasonable accommodation should make their supervisor or the Appointing Authority aware of this need. (Utilize [Form 2 – ADA Request for Reasonable Accommodation](#)).

E. ADA Coordinator. The Employer has designated the Appointing Authority or the Appointing Authority’s designee as the individual who is to serve as the “ADA Coordinator” for the COUNTY. The ADA Coordinator shall coordinate the efforts of the COUNTY to ensure compliance with the mandates of the ADA.

F. Grievance Procedure.

1. The Employer’s ADA grievance procedure may be used by anyone who wishes to file a compliant alleging discrimination on the basis of disability in employment practices by the Employer. The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date and description of the problem. (Utilize [Form 3 - ADA Complaint Form](#)). Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons upon request.
2. The ADA complaint should be submitted by the grievant as soon as possible but no later than sixty (60) calendar days after the alleged violation to the ADA Coordinator. Within fifteen (15) calendar days after receipt of the complaint, the ADA Coordinator will meet with the complainant to discuss the complaint and possible solutions or accommodations that may be available to the complainant. Within fifteen (15) calendar days of the meeting, the ADA Coordinator shall respond in writing, and, if necessary, will respond in an alternative format accessible to the complainant, such as large print, Braille, or audio type. The response will explain the position of the Employer and offer options for substantive resolution of the complaint.
3. Nothing included within this grievance procedure shall preclude an individual from filing a complaint with the Equal Employment Opportunity Commission (“EEOC”), the Ohio Civil Rights Commission (“OCRC”) or any other State or Federal agency with applicable jurisdiction.
4. All written complaints received by the ADA Coordinator and responses there to will be kept in a separate file by the Employer and maintained for at least three (3) years.

## **2.04 Non-Harassment Policy**

A. Purpose. The Employer has a continuing commitment to provide its employees with a productive and satisfying work environment and to maintain a workplace free from verbal or physical harassment. Harassment of any employee by a non-employee will not be tolerated in the day-to-day work environment, at work-related events outside the workplace.

Harassment of any employee by a fellow employee will not be tolerated in the workplace, at work-related events outside the workplace or outside the workplace altogether. Workplace harassment is considered an act of misconduct which will result in disciplinary action, up to and including termination. All employees are responsible for implementing and monitoring compliance with this policy.

B. General Definition. Harassment includes derogatory or vulgar oral or written communications regarding a person's race, sex, sexual orientation, age, religion, ethnic background, national origin or disability.

C. Sexual Harassment. Sexual harassment is a form of harassment and is specifically prohibited. Sexual harassment consists of unwelcome or unsolicited sexual advances, demands or requests for sexual favors, and/or other verbal or physical conduct of a sexual nature when:

1. Submission to that conduct is made either explicitly or implicitly a term or condition of employment; or
2. Submission or rejection of such conduct by an individual is used as the basis for employment decisions; or
3. The conduct has the purpose or effect of substantially interfering with an individual's work performance by creating an intimidating, hostile or offensive work environment.

D. Examples of Sexual Harassment. All sexually harassing conduct in the workplace, whether committed by supervisors or non-supervisory personnel is strictly prohibited. Examples of sexual harassment include, but are not limited to:

1. Repeated unwelcome or offensive sexual flirtations, advances or propositions.
2. Verbal abuse of a sexual nature.
3. Graphic verbal commentaries about an individual's body or appearance.
4. Harassment on the basis of sexual preference.
5. Sexually degrading words used to describe an individual.
6. Display in the workplace of sexually suggestive objects or pictures.
7. Unwelcome or offensive verbal or written communication of sexually suggestive material, including "jokes".
8. Unwelcome or offensive physical contact.
9. Any other conduct or behavior that may be construed as being sexually degrading or offensive.

E. Physical Harassment. “Physical Harassment” is not limited to hitting, pushing, or other aggressive physical conduct and shall include threats to take such action.

F. Reporting Procedure. An employee who believes that he or she has been or is being harassed must promptly report the behavior to a supervisor, the Appointing Authority, the Appointing Authority’s designee, or to a member of the BCC. There will be no retaliation against any employee making a good faith report of sexual or other harassment. Any retaliation should also be immediately reported to any one of the individuals previously listed. (Utilize [Form 4 – Discrimination and Harassment Complaint Form](#)).

G. Retaliation. Anyone to whom an allegation of harassment is reported has the obligation to promptly inform the Appointing Authority or, if the Appointing Authority is involved in the complaint, to inform an officer of the BCC. Allegations of harassment will be investigated promptly, fully and fairly. It will be a violation of this policy for any person who learns of the investigation or complaint to take any retaliatory action that affects the work environment of the complainant or any person involved in the investigation. Failure of any employee to cooperate with the investigation of a complaint will be a violation of this policy.

H. Discipline. If the allegation of harassment is found to be credible, appropriate disciplinary action will be taken with penalties up to and including termination for a first offense, in accordance with the COUNTY disciplinary policy in Section 7. Findings of fact will be fully documented and shared with the complainant and affected parties, along with the disciplinary action warranted and taken. Records of the allegations, findings and actions taken will be maintained by the Appointing Authority, or designee.

I. Duty to Report. Any employee who has been advised or has knowledge that this policy has been violated must promptly and fully inform a supervisor, the Appointing Authority, or an officer of the BCC. Failure to so inform may subject the employee to disciplinary action, up to and including termination.

## **2.05 Drug and Alcohol Policy**

A. Purpose. The Employer’s policy is to ensure that employees are free from the effects of alcohol and/or illegal drugs at all times while on duty. The goal is to reduce accidents, injuries and fatalities resulting from drug and alcohol abuse and to ensure that employees are drug and alcohol free while serving the needs of the County. The Employer recognizes alcoholism and drug addiction as treatable diseases and encourages those employees who suspect that they have an alcohol or drug problem to seek professional treatment and assistance. This provision does not prohibit the Employer from taking appropriate disciplinary action against employees for inappropriate behavior. Additionally, this provision does not affect or alleviate any additional requirements concerning drug and alcohol testing under regulations or policies promulgated regarding receipt and maintenance of a Commercial Driver’s License (CDL).

- B. Use of Alcohol and Controlled Substances Prohibited. No employee shall report for duty or remain on duty with any evidence of alcohol use. No employee shall report for duty or remain on duty while using, or while under the influence of, any controlled substance, except when the use is prescribed by a physician who has advised the employee that the substance does not adversely affect the employee's ability to safely perform his or her job duties. In the event that the employee reports to or remains on duty while under the influence of prescription medication, the employee shall provide his or her supervisor with the physician's report concerning prescriptions that could adversely affect their ability to safely perform their job prior to reporting for work.

Pursuant to Ohio law, an employee who tests positive for controlled substances or alcohol following an on-the-job accident or injury may not be eligible for workers' compensation benefits. Similarly, an employee who refuses to submit to a request for drug or alcohol testing following an on-the-job accident or injury may also be prevented from receiving workers' compensation benefits.

- C. Events Resulting in Employee Drug and/or Alcohol Testing. All employees may be subject to drug and/or alcohol testing conducted under any of the following conditions:
1. Pre-employment, post-offer testing. All individuals applying for a safety-sensitive position and those transferring into a safety-sensitive position will be required to undergo and pass a drug and/or alcohol screening conducted by a contractor that the Employer designates following a conditional offer made by the Employer.
  2. Reasonable suspicion of drug and/or alcohol use. Whenever the Employer has reasonable suspicion to believe that the employee is under the influence of alcohol or a controlled substance, the Employer may require such employee to submit a urine or other sample for alcohol and/or controlled substance testing. Reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee.
  3. Post-accident testing. As soon as practicable following an accident involving a County vehicle or involving a personal vehicle driven while on County business that results in personal injury or property damage estimated to be in excess of \$2,000, the Employer shall test each employee involved in the accident for alcohol and controlled substances. Any employee who is subject to post-accident testing shall make themselves readily available for such testing or shall be deemed to have refused to submit to testing. If the test is not administered within eight hours following the accident, the test shall not be administered and a written statement explaining why the test was not administered shall be submitted to the Employer.
  4. Return to work testing. The Employer shall require that, before an employee returns to work after engaging in prohibited alcohol and/or controlled substance conduct, the employee undergoes a return to work alcohol test with a result indicating an alcohol concentration of less than 0.02 and a verified negative result for controlled substance abuse.

5. Follow-up drug and alcohol testing. Any employee who tests positive for the use of alcohol or controlled substances while on duty may be evaluated by a substance abuse professional. If, following an evaluation, the employee is directed to undergo substance abuse counseling, such employee may be subject to unannounced follow-up alcohol and/or controlled substance testing consisting of six (6) tests in the twelve (12) month period following the employee's return to work.

Any employee may voluntarily undergo a drug screening and/or alcohol screening test. Testing done under these circumstances will be treated in the same manner as if the employee had been ordered to undergo screening.

- D. Testing Requirements. All drug screening tests shall be conducted by medical laboratories meeting the standards of, and certified by, the National Institute of Drug Abuse, the National Institutes of Health, and the Department of Health and Human Services.

Any employee who is notified of selection for drug and alcohol testing shall be relieved of any job responsibilities immediately and shall proceed to the designated test site immediately. The employee shall be accompanied by the Appointing Authority or his designee. A selected employee shall not make any stops from the time of notification until reaching the designated test site. Failure to proceed immediately to the drug-testing site may be considered a refusal to test.

The results of the testing shall be delivered to the Appointing Authority as well as the tested employee. An employee whose confirmatory test results are positive shall have the right to request a certified copy of the testing results in which the vendor shall affirm that the tests results were obtained using the approved protocol methods. The employee shall provide a signed release for disclosure of the testing results to the Employer. Refusal to submit to the testing or to execute the release may be grounds for discipline up to and including termination.

Costs of all drug screening tests and confirmatory tests shall be borne by the Employer except that any test initiated at the request of the employee shall be at the employee's expense.

- E. Refusal to Test. Refusal to submit to drug or alcohol tests as ordered by the Employer will be grounds for disciplinary action up to and including termination. A refusal to test constitutes conduct that obstructs the proper administration of a test. The following is a list of some, but not all, of the actions an employee may take which will be considered a refusal to test:

1. Refusal to sign the form releasing test results to the Employer;
2. A non-medical delay in providing urine, breath, blood, saliva or any other specimen;
3. Failure to report directly to the testing facility upon notification;
4. The use of any product to invalidate the test results.

- F. Confirmatory Tests. If a drug screening test is positive, a confirmatory test shall be conducted in the manner prescribed in the laboratory's procedures. In the event the second test confirms the results of the first test, the Employer may proceed with appropriate discipline. In the event that the second test contradicts the result of the first test, the Employer may request a third test in accordance with the procedures prescribed above. The results of the third test, if positive, shall allow the Employer to proceed with discipline as set forth in this policy. If the results of the third test are negative, discipline shall not be imposed.
- G. Discipline and Rehabilitation. The Employer may place an employee on administrative leave with pay before the time the confirmatory test results are complete. If the testing required above has produced a positive result, the Employer may take appropriate disciplinary action up to and including termination and/or may require the employee to participate in a rehabilitation or detoxification program. An employee who participates in a rehabilitation or detoxification program may be required to use sick time, compensatory time, vacation leave, and/or personal days for the period of rehabilitation or detoxification. If no such leave credits are available, the employee shall be placed on medical leave of absence without pay for the period of the rehabilitation or detoxification program. Family Medical Leave will be used if available and appropriate.
- H. Confidentiality. Test results will generally remain confidential. However, the Employer may use test result information in connection with County business, for purposes of employment or disciplinary actions and in defense of related litigation. The Employer may also disclose test results when required by government agencies or in accordance with state and federal law.
- I. Drug Free Workplace Policy.
1. Notice Upon Hiring:
    - a. As a condition prior to hiring, all prospective employees will receive a copy of the Morrow County Drug Free Workplace Statement and Policy, and will be required to sign an acknowledgment of receipt which will become a permanent part of the employee's personnel file.
    - b. In addition, as a further condition precedent to hiring, all prospective employees will be required to sign a written statement to the effect that:
      - i. They understand and support the Morrow County Drug Free Workplace Policy.
      - ii. They agree to refrain from violating this policy while employed by the employer.

- iii. They acknowledge, in advance, that they understand that the penalty for breach can be discharge, and agree that the penalty is appropriate when supported by evidence.
- iv. They acknowledge that they have been warned that alcohol and drug testing of employees will be conducted in accordance with the County's policy where there is individualized reasonable suspicion of alcohol or drug use, or drug impairment, or where the drug testing policy permits testing of employees on some other basis.

2. Distribution of Drug Free Workplace

- a. All current employees will receive a copy of the employer's Drug Free Workplace Statement and Policy which may be found on the county's human resource link and will be required to sign a receipt for it, which will become a permanent part of the employee's personnel file.
- b. All current employees will be asked to voluntarily sign a statement supporting the strict enforcement of this policy.
- c. The distribution and acknowledgment of this policy by the employee as well as the Drug Testing Policy in the PPPM will serve as notice to the employee that the county reserves the right to order employees to submit to alcohol or drug testing where supported by an individualized reasonable suspicion of alcohol or drug use, or drug impairment, or where the drug testing policy permits testing of employees on some other basis.

3. The Drug Free Workplace Policy:

DEFINITIONS:

Alcohol: means ethyl alcohol, whether rectified or diluted with water or not, whatever its origin may be, and includes synthetic ethyl alcohol. Examples include: beer, wine, mixed beverages, and spirituous liquor as defined by the Ohio Revised Code.

Controlled Substance: any controlled substance contained in Schedules I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812); or as defined in R.C. 3719.01.

Conviction: any finding of guilt, including a plea of nolo contendere (no contest), or the imposition of a sentence, or both, by a judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.

Criminal Drug Statute: a criminal statute which states that a person may not manufacture, distribute, dispense, use, possess, provide, or administer any controlled substance.

For purposes of this policy all definitions will be consistent with R.C. 3719.01 et seq.

POLICY:

- a. It is the policy of the county to maintain a safe and productive workplace free of alcohol and drugs, and free of those individuals who abuse alcohol and drugs.
- b. The unlawful manufacture, distribution, dispensation, possession, or use of alcohol or a controlled substance by an employee which takes place in whole or in part in the workplace is strictly prohibited, and will result in criminal prosecution and employee discipline which may include termination from employment.
- c. Any employee convicted of any federal, state, or municipal criminal drug statute must notify the employer of that fact within five (5) calendar days of the conviction. Notification by the employee does not excuse that employee from possible disciplinary action under the employer's Personnel Policy manual.
- d. The County has a zero tolerance policy for employees who are under the influence of drugs and alcohol while at work. Any employee who reports for duty in an altered or impaired condition which is the result of alcohol, the illegal use of controlled substances, or the abuse of legal substances will be subject to disciplinary action or discharge. Employees who are using marijuana with a valid prescription are not exempt from this policy in any way. The use of marijuana in any form, with or without a valid prescription will be treated the same as the use of all other Schedule 1 controlled substances, illegal drugs, or the abuse of legal drugs. Employees using Schedule 1 controlled substances or illegal drugs, including marijuana with a valid prescription, are still subject to all provisions of this policy and may be subject to discipline including termination for such use.
- e. Any employee convicted of a drug offense, who fails to report the conviction as required by the above, will be:
  - i. terminated from employment.
  - ii. forever barred from future employment with Morrow County.

- iii. held civilly liable for any loss of federal funds resulting from the failure to report the conviction.
  
- f. If any employee is not in violation under this Drug Free Workplace Policy, but violates an applicable state, federal, municipal, or other law or regulation that prohibits impairment, and if that violation has a sufficient nexus to the employee's job, for example being impaired while operating a county vehicle, the employee is still subject to disciplinary action and/or discharge.
  
- g. Training shall be conducted on a regular basis to inform employees of the dangers of drug abuse in the workplace.

Section 2.05 Drug and Alcohol Policy, amended 10/8/08, Resolution 08-R-548  
Amended 8/31/16 Resolution 16-R-560

## **2.06 Political Activity**

- A. Purpose. Ohio law prohibits employees in the classified civil service from engaging in "political activity." The purpose of this section is to provide examples of activities that are permissible and prohibited under the law. An employee who has a question regarding permissible and prohibited activity shall contact their supervisor prior to engaging in the activity.
  
- B. Permissible Activities. The following is a non-exhaustive list of examples of permissible political activities for employees in the classified civil service:
  - 1. Registration and voting;
  - 2. Expression of opinions, either oral or written;
  - 3. Voluntary financial contributions to political candidates or organizations;
  - 4. Circulation of non-partisan petitions or petition stating views on legislation;
  - 5. Attendance at political rallies;
  - 6. Signing nominating petitions in support of individuals;
  - 7. Display of political materials in the employee's home or on the employee's property;
  - 8. Wearing political badges or buttons, or the display of political stickers on private vehicles; and
  - 9. Serving as a precinct election official.

C. **Prohibited Activities**. The following is a non-exhaustive list of examples of prohibited political activities for employees in the classified civil service:

1. Candidacy for public office in a partisan election;
2. Candidacy for public office in a non-partisan election if the nomination to candidacy was obtained in a partisan primary or through the circulation of nominating petitions identified with a political party;
3. Filing of petitions meeting statutory requirements for partisan candidacy for elected office;
4. Circulation of official nominating petitions for any candidate participating in a partisan election;
5. Service in an elected or appointed office in any partisan political organization;
6. Acceptance of a party-sponsored appointment normally filled by partisan election;
7. Campaigning by writing in publications, by distributing political material, or by writing or making speeches on behalf of a candidate for partisan elective office, when such activities are directed toward party success;
8. Solicitation, either directly or indirectly, of any assessment, contribution or subscription, either monetary or in-kind, for any political party or political candidate;
9. Solicitation for the sale, or actual sale, of political party tickets;
10. Partisan activities at the election polls, such as solicitation of votes for other than nonpartisan candidates and nonpartisan issues;
11. Service as a witness or challenger for any party or partisan committee;

12. Participation in political caucuses of a partisan nature; and

13. Participation in a political action committee that supports partisan activity.

Any classified employee who engages in any of the activities listed as prohibited in the preceding Paragraph is subject to discipline, up to and including removal, from their position. This section does not apply to unclassified employees.

## **2.07      Nepotism**

- A. The Employer will accept employment applications from relatives of current employees. The following shall prevent the Employer from hiring a relative of a current employee:
1. If one relative would supervise or have disciplinary authority over another;
  2. If one relative would audit the work of another;
  3. If a conflict of interest exists between the relative and the employee or the relative and the County; or
  4. If the hiring of relatives could result in a conflict of interest with clients.
- B. An employee is not permitted to work in a position where the employee's supervisor or any person above the employee in the established chain of organizational command is a relative, including the Board of County Commissioners. If such a situation is created through promotion, transfer or marriage, one of the affected employees shall be either transferred to a position to eliminate the nepotism or terminated.
- C. If two employees marry, they will be subject to the same rules listed above as other relatives, unless state law or judicial decisions dictate otherwise. No persons employed prior to the adoption of this policy will be retroactively affected by this policy (except in cases of marriages occurring after this policy is adopted).
- D. Ohio law prohibits a public official from using their influence to obtain a benefit, including a job for a relative. Any violation of these statutes may result in criminal prosecution and/or disciplinary action including termination.
- E. For purposes of the article, the term "relative" shall include: spouse, children, grandchildren, parents, grandparents, siblings, brother-in-law, sister-in-law, daughter-in-law, son-in-law, father-in-law, mother-in-law, step-parents, step-children, step-siblings, and a legal guardian or other person who stands in the place of a parent to the employee.
- F. Newly hired employees shall be required to read and sign the Nepotism Understanding Statement. (Utilize [Form 5 – Nepotism Understanding Statement](#)).

## **2.08      Violence in the Workplace**

- A. Zero Tolerance Policy. The Employer is committed to providing a work environment that is safe, secure and free of harassment, threats, intimidation and violence. In furtherance of this commitment, the Employer enforces a zero tolerance policy for workplace violence. Consistent with this policy, threats or acts of physical violence, including intimidation, harassment, and/or coercion which involve or affect County employees, or which occur on County property, will not be tolerated. Employees who are found to have committed acts of workplace violence will receive discipline, up to and including termination, and possible criminal prosecution, depending on the nature of the offense.
- B. Prohibited Acts of Violence. Prohibited acts of workplace violence include, but are not limited to, the following:
1. Hitting or shoving an individual.
  2. Threatening to harm an individual or his family, friends, associates, or property.
  3. The intentional destruction or threat of destruction of County property.
  4. Making harassing or threatening telephone calls, or sending harassing or threatening letters or other forms of written or electronic communications, including e-mail.
  5. Intimidating or attempting to coerce an employee to do wrongful acts, as defined by applicable law, administrative rule, policy, or work rule.
  6. The willful, malicious and repeated following of another person, also known as “stalking” and making threats with the intent to place another person in reasonable fear for his own safety.
  7. Suggesting or otherwise intimating that an act to injure persons or property is “appropriate”, without regard to the location where the suggestion or intimation occurs.
  8. Unauthorized possession or inappropriate use of firearms, weapons, or any other dangerous devices on County property.
- C. Reporting. Employees are responsible for reporting any known or threatened acts of violence to their supervisor immediately upon discovery. Failure to report any known or threatened acts of violence may result in discipline.

## **2.09 Health and Safety**

- A. Every department is responsible for providing safe working conditions, tools, equipment, and work methods for its employees. Each supervisor is responsible for addressing unsafe conditions promptly and for ensuring the safety of employees under their supervision and to utilize all safety rules and safe working methods.
- B. Employees have a duty to use all safety equipment provided and to follow all safety rules and safe working methods recommended or required. Violation of safety rules or failure to comply with safety rules will lead to disciplinary action.
- C. Employees are responsible for reporting any safety concerns and/or unsafe working conditions to their supervisor immediately upon discovery. Failure to report a known unsafe condition may result in discipline. (Utilize [Form 6 – Report of Unsafe/Unhealthy Condition](#)).
- D. Employees are responsible for complying with all other safety rules and regulations as set forth by law or as adopted by the Employer.

## **2.10 Accident or Injury on the Job**

- A. Reporting. An employee who is injured and/or involved in an accident (regardless of how minor) arising out of or in the course of employment with the Employer must notify his or her supervisor immediately and must complete an accident report recording all pertinent and factual information about the accident. (Utilize Form 7 – Workers’ Compensation Accident/Injury Form). This report must be completed for each work-related accident or injury, whether or not the employee requires medical attention. The report is to be forwarded to the Risk Manager within twenty-four (24) hours of the accident and/or injury. In the event of a serious injury, the Employer must be notified immediately so that an investigation can be initiated. A Workers’ Compensation claim for an unreported injury will not be certified unless the injury required immediate medical attention and was documented by the supervisor. (See Section 6.02 Workers’ Compensation).
- B. Injuries Requiring Medical Attention. If an injury requires medical attention, the supervisor will provide the injured employee with a “Doctor’s Report of Injury” form, which is to be completed by the attending health care provider. (Utilize Form 8 – Workers’ Compensation Doctor’s Report of Injury) This completed report must be forwarded to Risk Manager at the earliest possible date.
- C. Continued Reporting. The employee is responsible for notifying the Employer of their expected date of return as soon as it is known. The employee shall also keep the Employer apprised of his or her condition. An injured employee is required to comply with all treatment plans prescribed by the attending health care provider and return to work as soon as possible.

- D. Pay and Benefits. Should an employee who is injured in the line of duty leave work before completing the workday, the employee will be paid at their regular rate of pay for the balance of time left in the scheduled workday. Further absence may require the employee to apply for benefits pursuant to the Morrow County Wage Continuation Program or Workers' Compensation.
- E. Utilizing Accrued Leave. Any employee who suffers a compensable work-related injury or occupational illness may elect to use accrued sick leave and/or vacation prior to receiving payments from Workers' Compensation. (See Section 6.02 Workers' Compensation).
- F. Family Medical Leave. Any leave, whether paid or unpaid, taken due to an on-the-job injury that qualifies as a "serious health condition" under the Family and Medical Leave Act, will be counted as part of the twelve (12) week entitlement as provided under Section 6.05.

## **2.11 Solicitation and Distribution**

- A. The Employer limits solicitation and distribution on its premises as those activities can interfere with the operations, reduce employee efficiency, annoy customers, and pose a threat to security.
- B. Non-employees are prohibited from soliciting funds or signatures, conducting membership drives, distributing literature or gifts, offering to sell merchandise or services (except by representatives of suppliers or vendors given prior authority), or engaging in any other solicitation, distribution, or similar activity on County premises.
- C. The Employer may authorize a limited number of fund drives by employees on behalf of charitable organizations or for employee gifts. Employees are encouraged to volunteer to assist these drives; however, participation is entirely voluntary.
- D. The following restrictions apply when employees engage in permitted solicitation or distribution of literature for any group or organization, including charitable organizations:
  - 1. The distribution of literature, solicitation and the sale of merchandise or services is prohibited in work areas.
  - 2. Soliciting and distributing literature during the working time of either the employee making the solicitation or distribution, or the targeted employee is prohibited. The term "working time" does not include an employee's authorized lunch or rest periods or other times when the employee is not required to be working.
  - 3. Distributing literature in a manner that causes litter on County property is prohibited.

- E. The Employer maintains various communications systems to communicate County-related information to employees and to disseminate or post notices required by law. These communications systems (including bulletin boards, electronic mail, voice-mail, telephone, facsimile machines, and personal computers) are for business use only and may not be used for employee solicitation or distribution of literature.

Only persons authorized by the Employer may place notices on or take down material from the bulletin board, see Bulletin Boards Policy in Section 8.02. The unauthorized use of the communications systems or the distribution or posting of notices, photographs, or other materials on any County property is prohibited.

Employees who violate the provisions of this Section are subject to discipline. All violations of this policy will be addressed on a case-by-case basis.

## **2.12 Outside Employment**

- A. Outside (secondary) employment is permitted under the following circumstances:
  - 1. The employment is disclosed in writing to the Appointing Authority and the employee's immediate supervisor;
  - 2. The interests of the second employer do not conflict with those of the Employer;
  - 3. The outside employment does not have a negative effect on the ability of the employee to perform the employee's County job (including attendance and overtime availability); and
  - 4. Employment with the County is the employee's primary job and time conflicts are resolved in favor of the County.
- B. When the Employer has reason to believe the demands of the outside employment are having a negative impact upon the employee's job performance or availability, or upon the interest of the County, the employee will be counseled. If the situation is not resolved, appropriate disciplinary action may result.
- C. Employees are strictly prohibited from engaging in or conducting outside private business during scheduled working hours.

## **2.13 Weapons Policy**

- A. In the interest of protecting the safety of employees and citizens of Morrow County, the Morrow County Commissioners adopt the following policy:

Effective April 8, 2004, as required by Ohio Revised Code §2923.1212, the following sign (or language substantially similar) will be posted at the entrance of every county owned building, and at the entrance to the portion of any non-county owned building which is leased by the county:

“Pursuant to the Ohio Revised Code, no person shall knowingly possess, have under the person's control, convey, or attempt to convey a deadly

weapon or dangerous ordnance onto these premises. A valid license does not authorize the licensee to carry a concealed handgun onto these premises.”

- B. Employees and officials of Morrow County, other than law enforcement officers specifically authorized to carry a firearm\*\*, are prohibited from carrying firearms into any county building, in any county vehicle or at any time while they are acting within the course and scope of their employment.
- C. Employees and officials of Morrow County, other than law enforcement officers specifically authorized to carry a firearm\*\*, are prohibited from bringing a loaded handgun onto a county owned parking lot, even if it is kept in their own vehicle, except for employees with a valid license to carry a concealed handgun.
- D. Pursuant to Ohio Revised Code Sections 2923.126 and 2923.1210, a County employee or official with a valid license to carry a concealed handgun may bring a handgun onto County land (including parking lots), but must leave the handgun in their own locked vehicle, either locked in the glove compartment, locked in the trunk, or locked inside a gun case. The employee’s vehicle must be parked in a permitted area. An employee or official with a valid license to carry a concealed handgun may remove the handgun from their own vehicle parked on County property only for the purpose of transporting it to and from the trunk of that vehicle for storage.
- E. The County shall be immune from liability for any injury, death, or loss to person or property that was caused by or related to a licensee bringing a handgun onto the premises or property of the County.
- F. Any county employee or official who violates this policy is acting outside the course and scope of their duties. Morrow County will not defend or indemnify such actions by any county official or employee. Any county employee found to be in violation of this policy will be subject to disciplinary action up to and including discharge.
- G. County employees who use a firearm or make comments about firearms in such a way that intimidates, harasses, coerces, or threatens another county employee will be subject to disciplinary action, up to and including discharge.
- H. Should an employee have a question involving interpretation or application of this policy, he or she shall address questions to the appointing authority or the Prosecuting Attorney.

Section 2.13 amended 2/22/17, Resolution# 17-R-119

## **2.14 MORROW COUNTY SMOKE FREE, TOBACCO FREE CAMPUS POLICY**

### **PURPOSE:**

Morrow County is committed to the health of its employees and residents. The health hazards related to all tobacco products, including but not limited to smoking and/or smokeless tobacco, are well documented. The health hazards related to smoking impact both the smoker and non-smoker exposed to secondhand smoke. The purpose of the Morrow County Smoke Free, Tobacco Free Workplace Policy is to

comply with the Ohio Smoking Ban (ORC 3794), to provide clean air to employees and visitors on all county owned property and in all county owned vehicles, and to provide a work environment that supports employee health.

The Smoke Free, Tobacco Free Policy is part of the County's broader employee wellness program intended to provide employees with a healthy workplace, access to health insurance, preventive health services, and health information.

**POLICY:**

- 1.1 Smoking or lighting of cigarettes, cigars, pipes, or other substances is prohibited on County property. Use of smokeless tobacco products, including chew and snuff, is prohibited on County property. Property is defined as all building, grounds, parking lots, and motor vehicles owned by Morrow County, Ohio.
- 1.2 This policy shall apply to all county employees, subcontractors, and visitors while on County property at the following campuses during business and non-business hours:
  - 1.21 THE COURTHOUSE, ENGINEER'S OFFICE, PROSECUTOR'S OFFICE & WALNUT PLACE CAMPUSES, shall be smoke free in the buildings, at entrances, and in the parking lots. The designated smoking areas for the campuses are on the public sidewalks.
- 1.3 As necessary, this policy shall be modified to comply with regulating state and federal laws.
- 1.4 This policy shall take effect on July 15, 2013, with a transition period to run from July 15, 2013 through September 1, 2013. During the transition, reminders will be issued to those violating the policy. Enforcement of the policy shall begin September 1, 2013.
- 1.5 Violations of this policy by employees will be treated according to the county's progressive discipline schedule.
  - 1.5.1 The first time an employee is found in violation of this policy, he/she will receive a verbal warning, including a review of the policy.
  - 1.5.2 The second time an employee is found in violation of this policy, he/she will receive a verbal written warning.
  - 1.5.3 A third violation will result in a written warning.
  - 1.5.4 A fourth violation may result in suspension without pay to underscore the seriousness of the situation.
  - 1.5.5 Subsequent violations may result in termination.
- 1.6 Subcontractors or visitors violating the policy will be informed of the County's policy and politely asked to comply. Subcontractors or visitors refusing to comply with the policy will be asked to leave County property, and will be invited to return to conduct business once they have finished and are able to comply with the policy.

- 1.7 Any person who observes a violation of this policy by an employee may report violations to the supervisor of the employee in question. Once the employee's supervisor has been notified of a violation, or if the supervisor observes the violation directly, the supervisor is responsible to discuss the violation with the employee and taking appropriate disciplinary action. If the problem persists, an employee observing the violations may contact Patricia Davies, Director of Operations at 419-947-7535.
- 1.8 The County provides a range of resources to assist County employees who want to quit smoking and/or quit other tobacco products, including:
  - 1.8.1 Tobacco cessation support through the Ohio tobacco Quit Line at [www.ohio.quitlogix.org](http://www.ohio.quitlogix.org) or 1-800-784-8669;
  - 1.8.2 Coverage of pharmaceuticals to assist with tobacco cessation (for employees covered by the county insurance) plan through Caremark at 1-800-896-2183;
  - 1.8.3 A counseling visit with the employee's primary care physician (employees covered by the county insurance plan); and
  - 1.8.4 Referrals to area smoking cessation programs and services through the County Wellness Program by calling Kelly Hand, Morrow County Health Department, 419-947-1545, ext 314

Amended July 3, 2013, Resolution 13-R-365

## **2.15 Contagious Diseases**

- A. An employee is required to report any exposure to a contagious disease that might pose a direct threat to health and safety in the workplace.
- B. The Employer may remove or reassign an infected or contagious employee or co-worker, if a secondary infection would pose a higher than usual risk to the employee, co-workers or others.
- C. An employee who is at risk of exposure to blood-borne or contagious diseases will follow a system of "universal precautions" to limit the spread of infection in the workplace. Supervisors will instruct employees about any special precautions necessary in individual work areas.
- D. An employee concerned about being infected with a contagious disease while in the workplace should convey this concern to their supervisor. An employee who refuses to work with or perform services for a person known or suspected to have a contagious disease that does not present a current direct threat in the workplace is subject to discipline, up to and including discharge.
- E. Information relating to a contagious disease in the workplace will be disclosed to employees when the information is necessary to protect the health or safety of employees or others. The necessity of disclosure will be determined by the Appointing Authority.

## **SECTION 3 FILLING OF VACANCIES, APPOINTMENT AND CLASSIFICATION**

### **3.01      Vacancies**

- A. The Employer shall post internally for five (5) workdays, vacancies in the non-entry level classified service which occur or are imminent within the COUNTY. These non-entry level positions will be filled by promotion whenever possible. If no current employee is deemed qualified for advancement by the Appointing Authority, the job will be filled by hiring outside applicants in accordance with Ohio Revised Code Chapter 124 and this Section.
- B. The Employer may advertise a position through external means during the period that the same position is posted internally.
- C. The Appointing Authority shall publicly announce by appropriate means, all vacancies in the classified service to be filled by other means than transfer or reinstatement and shall maintain a list of announced vacancies for public inspection.
- D. Each job posting, insofar as practicable, shall specify the title, salary range, nature of the job, the required qualifications, the type of selection procedure to be used, and the deadline for and method of application.
- E. An application for employment must be properly completed and submitted before an applicant will be considered for employment. (Utilize Form 9 – Application for Employment). The Employer shall not be obligated to consider any applications submitted after the close of the posting period.
- F. In emergency situations, the Employer may make a temporary appointment, not to exceed six months, without regard to these posting procedures, and without regard to the civil service rules or laws, so long as said emergency appointment is contemplated under Ohio law. Additionally, temporary appointments may be made to fill a vacancy in a classified position resulting from an employee’s temporary absence. Such temporary appointments are limited to the duration of the original employee’s absence.

### **3.02      Basis for Selection**

- A. Appointments to classified vacant positions (either from internal promotion or selection from outside job applicants) shall be made based solely on the applicant’s knowledge, skill and abilities, as well as other job-related skills.
- B. To be considered for a position or vacancy, an external candidate must complete an approved “Application for Employment” form and submit a complete resume. (Utilize Form 9 – Application for Employment). An internal applicant must furnish a complete resume and letter requesting consideration for the posted and/or advertised position. Applications and/or resumes must be submitted by the application deadline to be considered.
- C. Applicants must submit to any required reference checks, interviews, medical examinations, background checks, performance tests and/or other job-related screening procedures when requested. (Utilize [Form 10 – Fair Credit Reporting Act Authorization and Consent to Background Investigation and Release](#)).
- D. An applicant for a position that requires a license must present the license for verification during the application process. If an individual with a qualifying disability requests a

reasonable accommodation during the application and selection process, it will be provided.

- E. The Employer will review applications and interview selected candidates. Not all applicants will be selected for an interview. The Employer reserves the right not to fill or to re-post a vacancy if it is determined that no applicant possesses the desired qualifications.
- F. Qualifications, not length of service, will be used to determine internal transfers or promotions. The Employer maintains the sole right to determine the qualifications desired for a particular vacancy.
- G. Fully-qualified, internal candidates will be given first consideration for transfer or promotion to a vacant position. If no internal applications are received for a vacancy or there is no internal applicant with the desired qualifications for the position, external candidates will be considered.
- H. Any job-related employment tests will be administered in an objective manner. If an individual has a disability, the test will be administered in a manner that ensures the results reflect the skills, aptitude or other factors to be measured. Only job-related skills will be evaluated.

### **3.03 Disqualification**

- A. An applicant may be eliminated from consideration if they:
  - 1. Do not possess the knowledge, skills and abilities necessary to effectively perform the duties of the vacant position (with or without reasonable accommodation for an individual with a qualifying disability);
  - 2. Have a qualifying disability and are unable to perform the essential functions of the job (with or without reasonable accommodation);
  - 3. Have made a false statement of material fact on the application form, resume or any supplements thereto;
  - 4. Have committed or attempted to commit a fraudulent act at any stage of the selection process;
  - 5. Are an alien not legally permitted to work;
  - 6. Have an unsatisfactory record of previous employment;
  - 7. Cannot meet compliance with Revised Code Section 5153.111 *et al.*, providing that candidates for employment by the COUNTY for positions involving Child Protective Services, Child Care, Child Custody, or control of a child are subject to a criminal records check. An applicant's refusal to submit to a criminal records check shall be grounds for immediate disqualification. Furthermore, if the criminal records check indicates the applicant has been convicted or pled guilty to the violations listed in Revised Code Section 5153.111(B) or other pertinent violations, said applicant shall be immediately disqualified; or
  - 8. An applicant may be eliminated from consideration upon other reasonable grounds relating to job requirements.
  - 9. An applicant applying for employment in a position in which driving is required must have a driver's license and satisfy the requirement of Section 5.04 of this Manual.

- B. If an employee is hired and it is subsequently learned that any of the above-referenced disqualifying criteria are present, the Employer may terminate the employee for dishonesty, incompetence, nonfeasance or malfeasance.

### **3.04 Appointment Status**

- A. All regular full-time and regular part-time employees of the COUNTY, except the Appointing Authority, are in the classified civil service in accordance with Ohio law. The Appointing Authority shall serve in the unclassified service.
  - 1. Full-time Employee – An employee whose regular hours of duty total eighty (80) hours in a pay period.
  - 2. Part-time Employee – An employee whose regular hours of duty total less than eighty (80) hours in a pay period.
  - 3. Emergency Appointment – An appointment to a position to meet an emergency situation, not subject to civil service law, and limited to a maximum of thirty (30) days.
  - 4. Intermittent Appointment – An appointment where an employee works on an irregular schedule that is determined by the fluctuating demands of the work and is not predictable and is generally characterized as requiring less than one thousand hours per year. An intermittent employee is unclassified and serves at the pleasure of the Employer.
  - 5. Seasonal Appointment – An appointment where an employee works a certain regular season or period of each year performing some work or activity limited to that season or period of the year. A seasonal employee is unclassified and serves at the pleasure of the appointing authority.
  - 6. Temporary Appointment – An appointment for a limited period of time, fixed by the appointing authority for a period not to exceed six (6) months. Except an appointment made to fill the vacancy of a sick, disabled or absent worker will be for an indefinite period of time, fixed by the length of absence of an employee due to sickness, disability, or approved leave of absence. Such appointment shall continue only during such period of sickness, disability or approved leave of absence.
- B. The categories listed above apply for civil service purposes, such as order of retention in the event of layoffs for full-time, part-time and seasonal employees. However, these categories may not apply to certain benefit programs, such as eligibility for healthcare coverage, especially where eligibility and categories of employee status are established by the particular benefit program.

### **3.05 Classification Plan**

- A. The Appointing Authority shall administer a classification plan based on an analysis of the duties and responsibilities of positions within the organization. Whenever a new position is created, or the duties and responsibilities of an existing position change, a

position description will be prepared. Position descriptions should be prepared and maintained by the BCC or their designed representative.

- B. Specifications shall include a class title, nature of work, examples of duties, minimum qualifications and content-related worker characteristics.
- C. The Appointing Authority shall, periodically review the duties and responsibilities of the positions and make any necessary adjustments or revisions to the classification plan.
- D. Upon request, each employee may be provided with a copy of the classification specification and/or job description for his or her position and any amendments thereto.
- E. If a non-probationary employee believes that substantial changes have occurred in his or her job which is cause for consideration of reclassification of the position, the employee may request a review of the position in the following manner:
  - 1. The employee must submit a written request for review to the Employer or designee using the established Complaint Procedure. (See Section 8.01). Said request shall specify the work assignments and/or added responsibilities which the employee is currently performing and believes justification for reclassification.
  - 2. The Employer or designee will evaluate the employee's request within thirty (30) days of receipt of the original written request by the employee.
  - 3. Unless duties are substantially altered on a permanent basis, the employee may not request such a review for a year from the date of the results of the last review.

### **3.06 Post-Offer Medical Examinations**

- A. The Employer may require a post-offer applicant to submit to an examination to determine if he or she can perform the essential job duties of the position, with or without reasonable accommodation. This examination may be required when it is required for all post-offer applicants for the position. The examination will be conducted by a licensed practitioner approved by the Employer.
- B. Reasonable accommodation will be made for a current employee or post-offer applicant with a qualifying disability in accordance with Section 2.03.

### **3.07 Immigration Reform and Control Act Policy**

- A. General Requirements. In compliance with the Immigration Reform and Control Act of 1986, as amended by the Immigration Act of 1990, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 (Utilize [Form 11 – I-9 Employment Eligibility Verification Form](#)) and present documentation establishing identity and employment eligibility within the first three (3) workdays. Former employees who are rehired must also complete the form if they have not completed an I-9 with Morrow County within the past three (3) years, or if their previous I-9 is no longer retained or valid.
- B. List A Documents. Documents acceptable for establishing both identity and employment eligibility (called List A documents) are as follows:
  - 1. United States passport;
  - 2. Certificate of Citizenship (INS Form N-560);
  - 3. Certificate of Naturalization (INS Form N-550);

4. Unexpired foreign passport which contains (a) an unexpired stamp stating “process for I-551...” or, (b) has attached thereto Form I-94 bearing the same name and an unexpired employment authorization stamp; (NOTE: If Form I-94 is presented, the Employer may verify that the proposed employment does not conflict with the limitations of I-94);
5. An alien registration card (INS Form I-15) or resident alien card (INS Form I-551) bearing a photograph of the applicant; or
6. Employment authorization card (INS Form I-668).

**NOTE:** If a person does not provide a document from List A, he or she must provide one document that establishes identity (See List B below) and one document that establishes employment eligibility (See List C below).

C. List B Documents. Documents acceptable for establishing identity (called List B documents) are as follows:

1. State-issued driver’s license or state-issued identification card containing a photograph. If the driver’s license or Identification card does not contain a photograph, identifying information should be included, such as name, date of birth, sex, height, color of eyes, and address;
2. School identification card with a photograph;
3. Voter registration card;
4. United States Military card or draft record;
5. Identification card issued by federal, state, or local government agencies;
6. Military dependent’s identification card;
7. United States Coast Guard Merchant Mariner Card; or
8. Driver’s license issued by a Canadian government authority.

D. List C Documents. Documents acceptable for establishing eligibility for employment (List C Documents) are:

1. Social Security number card, other than one which has printed on its face “not valid for employment purposes”. NOTE: This must be a card issued by the Social Security Administration; a facsimile (such as a metal or plastic reproduction that people can buy) is not acceptable;
2. An original or certified copy of birth certificate issued by a state, county, or municipal authority bearing an official seal;
3. Unexpired INS employment authorization;
4. Unexpired re-entry permit (INS Form I-327);
5. Unexpired Refugee Travel Document (INS Form I-571);
6. Certification of Birth issued by the Department of State (Form FS-545);
7. Certification of Birth Abroad issued by Department of State (Form DS-1350);
8. United States Citizen Identification Card (INS Form I-197);
9. Native American tribal document; or
10. Identification Card for use of Resident Citizen in the United States (INS Form I-179).

- E. Non-Discrimination. It is the intention of the Employer to not discriminate in hiring on the basis of national origin and citizenship status except as otherwise provided by law. The Employer will not unlawfully discriminate against any citizen or national of the United States or against any alien authorized to work.

## SECTION 4 CONDITIONS OF EMPLOYMENT

### 4.01 Probationary Period

- A. Original Appointments. All original appointments shall be for a probationary period of **twelve months** with the option, at the discretion of the Appointing Authority **to reduce or shorten** the probationary period **from twelve months to as short as six months**. No employee will serve a probationary period **of less than six months** or in excess of twelve months. No appointment is final until the probationary appointee has satisfactorily served the probationary period. If the service of a probationary employee is unsatisfactory, the employee may be removed or demoted at any time during the probationary period without recourse. If an employee is granted a leave of absence or is removed from active pay status for any period of time during the probationary period, the time of such leave will not be counted as part of the probationary period. Amended 2/4/08 (resolution 08-R-089)
- B. Promotional Appointments. All promotional appointments shall have a probationary period equal to that of an original appointment within that classification. If the service of the promotional probationary employee is unsatisfactory, the employee may be demoted to the position from which they were promoted, or to a similar position, at any time during his promotional probationary period.

Section 4.01 Probationary Period, amended 2/4/08, resolution 08-R-089

### 4.02 Hours of Work, Overtime and Flextime

- A. Regular Work Hours.
  1. The normal workweek for full-time employees shall consist of forty (40) hours per week, and the normal workday shall consist of eight (8) hours per day with all employees working “core hours” of 8:00 a.m. to 4:30 p.m. All personnel are designated (in writing) as “flexible hours employees,” it is not permissible for employees to deviate core hours, unless so required to flex their schedule as directed by their supervisor. Employees not exempt from the overtime provisions of the Fair Labor Standards Act (“FLSA”) shall not work prior to, subsequent to or outside their regularly scheduled hours unless authorized in advance by their supervisor or in emergency situations. When possible, employees shall receive reasonable notice of any change in regular work hours when practicable.
  2. Employees will receive a one hour lunch period (one half-hour paid and one half-hour unpaid.) Employees who are not exempt under the FLSA shall not be permitted to work during the unpaid portion of their lunch period except with the approval of their supervisor or in emergency situations.

B. Overtime.

1. Overtime may be necessary and required. Supervisors shall attempt to distribute overtime as equally as practicable among qualified employees within those classifications in which overtime compensation is required. An employee who refuses to work a mandatory overtime assignment may be considered insubordinate and disciplined accordingly.
2. Employees not exempt from the overtime provisions of the FLSA shall be considered to be working overtime for all hours worked in excess of forty in any one work week, regardless of the employee's regularly scheduled work day. Vacation, sick, compensatory time, and personal leave are not counted towards the calculation of overtime.
3. Overtime shall be compensated at a rate of one and one-half times the employee's regular rate of pay for actual overtime worked at the discretion of the appointing authority. Certain non-exempt employees may take compensatory time-off in lieu of overtime payment, provided the employee does not exceed the maximum accrual of ninety (90) hours. The Employer may, at its sole discretion, require an employee to use his or her compensatory time prior to the employee reaching the one hundred eighty (180) day accrual limit.
4. Employees exempt from the overtime provisions of the FLSA are not eligible for overtime payment. The Appointing Authority shall determine if an employee is exempt from overtime requirements for purposes of the FLSA in accordance with Section D below.
5. All overtime work must be approved in advance by the Appointing Authority or the Appointing Authority's designee unless an emergency occurs that requires overtime. The Appointing Authority or the Appointing Authority's designee shall approve/disapprove the overtime request. Employees should submit a Request for Overtime within two (2) working days after the overtime work was performed. (Utilize [Form 12 – Request for Overtime Approval](#)).

C. Flextime. An employee is entitled to flex time (hour for hour) if the employee has received prior written approval from his or her supervisor or designee to perform agency-related duties that are outside of the standard eight (8) hour workday. If the employee is required to work in excess of forty (40) hours and does not have the ability to flex off as determined by his or her supervisor, the employee will be entitled to compensatory time off or overtime as described in Section B above.

D. Exempt Employees. Some employees are not eligible for overtime under the FLSA and are considered "overtime exempt" or "exempt" employees. These employees fall within the professional, executive and managerial categories under the FLSA. Exempt employees are expected to work the number of hours needed to perform job related assignments. It is recognized that exempt employees often work more than forty (40) hours per week, especially during certain times of the year. Generally, exempt employees do not receive overtime compensation. In recognition of the additional work, the Appointing Authority or supervisor may grant reasonable time off to exempt

employees in recognition of times when excess hours must be spent by exempt employees. Exempt employees are not entitled to compensatory time except in the case of holidays as specified in the section entitled “holiday leave”. Exempt employees are not compensated for unused time accumulated under this section.

Section 4.02 amended Resolution# 20-R-235, March 16, 2020

#### **4.03      Compensation**

A. Record Keeping. The Fair Labor Standards Act requires the Employer to keep an accurate, daily record of each non-exempt employee’s hours worked. (Utilize Form 13 – Record of Hours Worked). Pay records include:

1. Employee’s name, home address, job assignment, sex and birth date (if the employee is under 19 years of age);
2. Hour and day workweek begins;
3. Total hours worked each workday and in each workweek;
4. Total daily or weekly straight-time earnings;
5. Regular hourly pay rate for any week when overtime is worked; and
6. Total overtime pay for the workweek.

B. Payday and Pay-Period.

1. There shall be at least twenty-six (26) pay periods during the year and employees will generally receive their paycheck every other Friday. The paycheck will cover the two-week period of time preceding issuance of the check. If a holiday occurs on a payday Friday, paychecks will be issued on the preceding Thursday, except under extenuating circumstances, in which case paychecks will be issued as soon as possible.
2. Questions regarding paychecks should be directed to the employee’s supervisor. The Employer is responsible for making the necessary inquiries and explanations to resolve the matter.
3. Pay advances are not permitted. However, in cases of extenuating circumstances, paychecks may be issued early. In such instances, the Appointing Authority must approve such early release in writing using the form provided by the County Auditor. The receipt of such early paycheck is subject to availability in the sole discretion of the County Auditor. In cases where a paycheck is issued early, it is done so with the understanding that the employee will not deposit or cash the paycheck until the regular pay date. (Utilize Form \_\_\_\_ - Paycheck Advance Request and Understanding).
4. Written authorization signed by the employee must be given to the supervisor before a paycheck will be issued to any person other than the employee. Such statement must authorize a specific person to pick up the employee’s paycheck. The authorized

person must be able to produce identification at the time he or she arrives to pick up the paycheck. (Utilize Form \_\_\_\_ - Paycheck Pickup Form).

5. If an employee is overpaid or underpaid, the adjustment will be made in the next paycheck after the matter is resolved.

C. Deductions. Certain payroll deductions are made from an employee's paycheck as required by law, in accordance with employee benefit plans or as requested by the employee. These deductions are itemized on the pay statement that accompanies the bi-weekly paycheck. Deductions may include:

1. Retirement – Public Employee's Retirement System (PERS). State law requires that all employees contribute to PERS unless they contribute to another public retirement system. A portion of each part-time or full-time employee's gross pay is deducted as a required contribution to PERS. Additionally, the Employer contributes an additional amount established by OPERS. Specific amounts of the employee and Employer contributions are determined by the OPERS Board of Appointing Authorities and may be found at the following link: [www.opers.org](http://www.opers.org).
2. Income Tax. All Applicable Federal, State, municipal and school taxes will be withheld as required by law. An employee must complete a tax withholding form (W-4) at the time of initial employment and keep the COUNTY Fiscal Department Payroll Clerk informed of any changes in tax withholding status.
3. Medicare Tax. Each employee hired after April 1, 1986 will have Medicare taxes in the amount established by Medicare of the employee's gross earnings deducted from his or her pay. An employee who was employed before April 1, 1986, then quits and is re-employed on or after April 1, 1986 will have Medicare taxes deducted. Specific amounts can be found at the following link: [www.medicare.gov](http://www.medicare.gov).
4. Voluntary Deductions. An employee may authorize payroll deduction for insurance, deferred compensation or other purposes approved by the BCC. The County Auditor may refuse to make deductions that are not required by law, are below certain set minimum amounts or that occur at irregular intervals.
5. Garnishments. Court-ordered garnishments, including child support payments, will be withheld. (See Section 9.03, Garnishments).
6. Deferred Compensation.
  - a. An employee may have a portion of his or her income deposited, through voluntary payroll deduction, into a deferred compensation program approved by the BCC.
  - b. The deferred compensation program exists and serves in addition to any retirement, pension or benefit system established for the benefit of the employees.

No deferral of income under deferred compensation programs will effect a reduction of any retirement, pension or other benefit provided by law.

- c. No sum deferred under the deferred compensation program will be included for the purpose of computing taxes withheld on behalf of the employee, except as otherwise provided by law.
  - d. Participation in the deferred compensation program is voluntary. Details can be obtained through the COUNTY Fiscal Department Payroll Clerk.
- D. Reporting of Errors. Employees' paychecks will include a statement reflecting earnings, deductions, accumulated sick leave, compensatory time and vacation leave balances. Employees are responsible for reviewing these statements and for promptly bringing any error to the attention of their immediate supervisor and/or the County Auditor's Office. Failure to promptly alert appropriate individuals as to an error may result in waiver of the complaint.
- E. Automatic Salary Adjustments. New employees will receive an automatic step increase to the next higher step within their classification after completion of their probationary period. Step increases will generally continue annually until the maximum step is reached. The number of steps in the annual step increase will vary with the classification of the employee. If it is determined that funds are not available for a certain fiscal year, no step increases will occur.

#### **4.04 Employee Orientation**

- A. All new employees shall receive an orientation that explains job responsibilities, personnel policies and related information. Each employee shall have the opportunity to read a copy of this Manual and the employee shall be required to sign the attached Acknowledgement within one week of hire. Each employee will receive an orientation packet which includes personnel policies, job description, tax forms, health insurance forms and other related information.
- B. Each Department Manager or Manager's designee shall be responsible for the orientation of any new employees under their direction. **ADD LINK TO ORIENTATION CHECKLIST**

#### **4.05 Training and Education**

- A. Each individual administrator, supervisor, and employee bears primary responsibility for maintaining individual knowledge, skills and abilities necessary to perform the job and for upgrading skills necessary to meet technological change or seek promotion. The Employer will facilitate those efforts and provide training from time to time. An employee's immediate supervisor is responsible to maintain a record of the employee's training. This record should include training that the employee completed, as well as training that was offered to the employee but not completed.

An employee may pursue independent study or training but may not obligate the Employer to pay expenses or compensation without specific advance permission as described in paragraph E below.

The Employer or designee shall ensure that both probationary and non-probationary employees receive sufficient training to effectively perform their jobs to the prescribed performance level and be in compliance with the Ohio Administrative Code.

- B. The Employer shall periodically examine current and proposed training programs to ensure the program's relevance to both the individual employee and the organization training needs.
- C. The Employer shall maintain an inventory of current skill and ability levels of employees in order to identify persons in need of additional job training. The Employer shall provide such training, insofar as practicable, in order to upgrade individual job performance levels or to prepare employees for anticipated position vacancies. The Employer may cross-train employees within the COUNTY in order that employees are qualified to fill in the absence of a fellow employee. The Employer shall assure that all training is documented and any required training is tracked.
- D. Employees may be required to attend job-related training programs, courses, workshops, seminars, etc. If the Employer assigns the employee to attend such training or approves a specific request from an employee to attend such training, the expenses incurred shall be paid by the Employer. Exceptions may be made to require training based on documented competency in specific areas.
- E. An employee may request that the Employer provide additional job training to upgrade performance levels in his or her current position or in preparation for anticipated vacancies. Such training may be considered by the Employer. In all cases, however, such additional paid training shall be subject to the approval of the Employer.
- F. Educational Leave: Agency-sponsored class work should be completed outside of work hours. If a class is (1) Required for degree completion, and (2) is never offered outside of work hours during any quarter or at any other site, the employee may present proof of such to his or her unit manager and request use of accumulated leave time (vacation or compensatory) to complete the course work. One class per quarter may be approved as long as it is a required course for a work related degree.

#### **4.06 Performance Evaluations**

- A. A performance evaluation provides the Employer with an effective mechanism to measure and communicate levels of job performance to employees. Merit ratings are essential in cases of promotion, probationary period evaluations and other cases where it is beneficial to have an evaluation of an employee on file.
- B. The employee's immediate supervisor shall attempt to conduct performance evaluations twice during an employee's probationary period and once each calendar or anniversary year thereafter. Forms for such ratings and a schedule of annual ratings shall be prepared

and made available to all supervisors. (Utilize Form 14 – Employee Performance Evaluation).

- C. Each supervisor shall review and discuss with the applicable employee the ratings given to them. The employee shall sign a copy of the written appraisal and rating as evidence that such a review was conducted. The reviewed employee shall receive a copy of the rating and may submit a written response to the performance evaluation.
- D. Special reviews using the Employee Performance Evaluation may be conducted at any time at the discretion of the employer. Such evaluations are useful when an employee is at risk of progressive discipline due to performance issues.

#### **4.07 Employee Records**

- A. The Employer shall maintain and establish personnel files for each employee. At the time of the original appointment, the employee’s personnel file shall reflect the employee’s correct name, address, telephone number, social security number, tax exemptions, affiliation with any branch of the armed services, and loss of licensure or insurability, if applicable. In addition, the initial record should include the name and phone number of a person to contact in case of an emergency. The employee is responsible for providing this information and for promptly reporting any change in the information. (Utilize [Form 15 – Employee Emergency Contact Information](#))
- B. Records maintained by the Employer that are not defined as “public records” in Section 149.43 of the Ohio Revised Code or other applicable provisions of law, shall not be released from an employee’s personnel file unless specifically authorized by such employee in writing. Records maintained by the Employer that are defined as public records shall be released in accordance with law.
- C. Each employee shall have the right, upon written request and reasonable notice (at least twenty-four (24) hours) to examine their own personnel file. Such examination shall be made on non-work time or at some other mutually agreeable time. A representative of the Appointing Authority’s office shall be present at the time the employee reviews their own file.
- D. If an employee disputes the accuracy, timeliness, relevance or completeness of documents in their file, the employee may submit a written request that the Appointing Authority investigate the current status of the information. The Appointing Authority or Appointing Authority’s designee will conduct a reasonable investigation to determine the accuracy, timeliness, relevance and completeness of the file, and will notify the employee of the results of the investigation and any plans the Appointing Authority has to take action with respect to the disputed information. The employee may submit a statement to be attached to any disputed documents.
- E. Employees are not permitted to alter, add or remove documents or other information contained in their personnel files absent written authorization from the Appointing

Authority. An employee who alters, adds or removes documents or information from their personnel file may be subject to discipline up to and including termination.

- F. Pursuant to applicable law, all medical records shall be maintained in a separate file. Such records are not considered to be public records.

#### **4.08      Transfer**

- A. Job Assignments. Employees are expected to perform any work duties assigned by the Employer, not just those specific duties set forth in a job description. If a job assignment constitutes a temporary transfer, Section C, below, shall apply.

- B. Permanent Transfers.

1. A permanent transfer is any transfer in excess of thirty (30) days unless the employee has consented to a longer period not exceeding ninety (90) days. An employee shall be eligible for a permanent transfer only after successfully completing the one (1) year probationary period.
2. A classified employee may be transferred to a position of similar classification in another office or department having the same pay and similar duties.
3. Any employee who voluntarily requests, and is granted, a transfer to a vacancy in a lower classification will be reclassified and must accept the duties, responsibilities, and wages of the lower classification for a minimum of six (6) months before requesting or applying for a transfer or promotion to a higher classification.

- C. Temporary Transfers and Assignments.

1. All employees shall be required to perform any and all temporary assigned duties of which they are capable regardless of their usual or customary duties or job assignments. A temporary transfer shall not exceed thirty (30) working days. A temporary transfer may be used: (a) to fill a vacancy caused by an employee being on sick leave or other approved leave of absence; (b) to provide vacation relief scheduling; (c) to fill an opening temporarily pending permanent filling of such opening; (d) to meet an emergency situation; (e) any other reason consistent with law; or, (f) when an employee is temporarily incapacitated from her regular duties.
2. When an employee is temporarily assigned to substitute in another job classification with a rate of pay lower than the employee's existing pay for reasons (a) through (e) above, the employee shall receive their regular rate of pay. When the employee is temporarily assigned to a lower classification for reason (f) above, the employee shall receive the highest rate of pay applicable to her temporary assignment.

#### **4.09 Voluntary Separation from Employment**

- A. Resignation. Resignation in good standing requires a minimum of two (2) weeks notice and must be submitted in writing to the Employer for acceptance. An employee who does not resign in good standing is ineligible for reinstatement.
  
- B. Job Abandonment. An employee who fails to return from a leave of absence within three (3) working days of its expiration or has three (3) days of “no call, no show” is subject to removal. If at any time within thirty (30) days of termination due to job abandonment a classified employee makes a satisfactory explanation of the cause of absence to the Employer, the employee may then be reinstated. An employee who has abandoned his or her position is not eligible for future employment with the County.
  
- C. Retirement. Upon deciding and qualifying for retirement, an employee shall notify and initiate the process pursuant to the guidelines set forth by the Ohio Public Employees Retirement System (OPERS). [www.opers.org](http://www.opers.org).
  
- D. Retire/Rehire Policy
  - 1. Generally: Based upon the appointing authority’s operational needs, the appointing authority or designee, at his or her discretion, may initiate discussions with a retiree or a potential retiree regarding reemployment with the county.
  
  - 2. Definition: Reemployment of a retiree occurs when such retiree returns to work in an OPERS-covered or another Ohio retirement system-covered position after retiring under OPERS or another Ohio retirement system retirement plan.
  
  - 3. In accordance with O.R.C. § 145.381, if the retiring employee is subject to hire through a Board, then sixty (60) days prior to rehire in the same job from which the employee retired, the hiring Board must give public notice of the employee’s intent to rehire. The hiring Board must then hold a public hearing on the issue between fifteen (15) and thirty (30) days prior to the retired employee’s rehire date.
  
  - 4. At the time of retirement, the employee must be paid all accrued vacation time. When rehired, the employee will begin accruing vacation as a new employee. The employee will not receive credit for prior years’ service in determining the vacation accrual rate.
  
  - 5. If the employee requests payment of sick leave upon retirement, the employee will start with a zero balance and accrue sick leave as a new employee. The employee will not be eligible for any future payment of unused sick leave earned during post-retirement employment.
  
  - 6. If the employee does not request payment of sick leave upon retirement, he may retain the sick leave balance for use when rehired provided his re-hire date is within ten years of his retirement. If the employee chooses not to request payout upon retirement, he shall not be eligible for any payment of unused sick leave upon separation from the post-retirement employment.
  
  - 7. Classified/unclassified employees who are rehired subsequent to taking OPERS retirement will receive no credit for prior service. Rehired employees will start a new period of

classified/unclassified service for the purpose of calculating service credits in the event of layoff or other action affecting their employment.

8. Employees/OPERS members are required to notify their employer and the Board of Commissioners of their retirement date. The County reserves the right to start a rehired employee at a newly negotiated rate of pay.

9. Specific provisions relating to OPERS benefits under this policy are meant only to be informative and provide guidance. OPERS is a state agency, and any questions relating to OPERS benefits should be directed to OPERS.

10. Employees who retire and are rehired with no break in employment shall continue to receive insurance benefits with no break in coverage, provided the employee qualifies under the county's insurance policy.

Amended section 4.09 (D), April 1, 2013, Resolution 13-R-188

Amended section 4.09 (D) June 12, 2013, Resolution 13-R-330 added #1,#2 and #9

Amended section 4.09 (D) October 4, 2017, Resolution# 17-R-736, added #10

#### **4.10 Involuntary Separation from Employment**

##### **A. Probationary Removal.**

1. A newly-appointed probationary employee in a classified position may be removed by the Employer at any time during his or her probationary period.
2. Probationary removal will occur when, in the judgment of the Employer, the employee's fitness and/or quality of work do not merit continuation in the job or for any other reason deemed appropriate by the Employer.
3. Probationary removal may not be appealed to the State Personnel Board of Review and is not subject to the complaint procedure.
4. The Employer need not give a reason for removal to the employee.

##### **B. Neglect of Duty.**

1. Failure to report to work after a leave of absence has expired or has been disapproved or revoked and cancelled by the Employer shall be considered "neglect of duty" and cause for discharge.
2. If an employee discharged for neglect of duty makes satisfactory explanation to the Employer within 30 (thirty) days of the cause of failure to report to work, the Employer may then order the employee's reinstatement to the position the employee held immediately prior to the discharge.

##### **C. Disciplinary Discharge.**

1. Discharge is a serious disciplinary measure taken when less severe methods of discipline have not produced appropriate behavior or when a serious infraction so warrants.

2. The discharge of a classified employee may be appealed to the Local Board of Review and if one does not exist to the State Personnel Board of Review in accordance with Section 7.06. [LINK TO SPBR](#)
3. An unclassified employee may appeal through the complaint procedure. [LINK TO COMPLAINT FORM](#)

D. Abolishment and Layoff Policy.

Implementing layoffs, the appointing authority adopts the following procedures. In adopting these procedures, the appointing authority intends to follow the civil service laws, but does not intend to impose upon itself any restrictions that are not required by the civil service laws; and the appointing authority reserves the right to substantially comply with these procedures where permitted:

1. Employees may be laid off as a result of lack of funds (as determined by the appointing authority), lack of work (as determined by the appointing authority), or job abolishment (the need for which will be determined by the appointing authority);
2. Positions ("jobs) may be abolished as a result of reorganization for the efficient operation of the appointing authority, for reasons of economy (determined at the time the appointing authority proposes to abolish the position), or for lack of work;
3. The appointing authority shall decide in which classification or classifications the layoff or layoffs will occur and the number of employees to be laid off within each affected classification;
4. In the case of a layoff, or an abolishment, that results in a reduction of the workforce, the appointing authority shall follow the order of layoff, displacement (bumping), recall, etc. that the appointing authority is required to follow under RC 124.321-124.327.

E. Furthermore, the appointing authority will follow the current procedures established by the Ohio State Personnel Board of Review and Ohio Director of Administrative Services' (ODAS) administrative rules (as they are amended from time to time) regarding:

1. Order of layoff and displacement (except any laid off or displaced employee shall have the right to fill an available vacancy or displace into an immediately prior-held position if he or she meets the criteria set forth in RC 124.324(A)(3)(held the position within the last three years and meets the minimum qualifications);
2. Content and service of notices to employees of layoff or displacement (e.g., mailed 17 days in advance if served by certified mail, or 14 days in advance if hand delivered);
3. The calculation of retention points;
4. Other aspects of abolishment, layoff, and recall; except that the appointing authority will not file retention point calculations, statements of rationale, or other layoff documents with the Director, not require verification of same, nor does the appointing authority

adopt the SPBR or ODAS procedures that are not expressly or logically applicable to the appointing authority or its/their employees or that would require more of the appointing authority than applicable civil service law.

- F. The appointing authority reserves the right to amend this policy from time to time in accordance with applicable law.

(Section 4.10 amended 12/2/09, 09-R-684)

#### **4.11 Separation Benefits**

##### **A. Sick Leave Conversion.**

1. At the time of disability or service retirement, an employee with ten (10) or more years service with any political subdivision of the State of Ohio may choose to be paid in cash for one-fourth ( $\frac{1}{4}$ ) the value of their earned but unused sick leave credit to a maximum of two hundred forty (240) hours pay. All requests for payout must be in writing. (Utilize [Form 16 - Request for Sick Leave Payout](#)).
2. Payment is based upon the employee's rate of pay at the time of retirement.
3. Payment will eliminate all accrued sick leave to the employee's credit at the time of payment. Such payment may be made to an employee only once.
4. An eligible employee who dies is considered to have terminated his or her employment as of the date of death. Sick leave conversion will be paid according to Ohio Revised Code Section 2113.04 or paid to the employee's estate.
5. An employee who elects not to receive payment for unused sick leave upon retirement will be credited with his or her balance of accumulated sick leave upon re-employment in another agency within the State of Ohio, provided the time between separation and reappointment does not exceed ten (10) years.

##### **B. Health Care Benefits Continuation (COBRA).**

In certain instances, employees and their families have the right to temporarily extend their health care benefits at group rates.

1. An employee covered by the Employer's health care plan has a right to choose this continuation coverage for up to eighteen (18) months if they would lose group coverage because of:
  - a. A reduction in hours of work below the minimum required for eligibility under the plan, or
  - b. Termination of employment for any reason other than gross misconduct.

2. An employee's spouse and dependent children covered by the Employer's health care plan have the right to continuation coverage for up to thirty six (36) months if group health care coverage under the plan would be lost due to a "qualifying event" such as:
  - a. Death of the employee;
  - b. Termination of the employee's employment for any reason other than gross misconduct;
  - c. Reduction in the employee's hours of work below the below the minimum required eligibility under the plan;
  - d. Divorce or legal separation;
  - e. Employee becoming entitled to Medicare; or
  - f. Dependent child ceasing to be a "dependent child" under the terms of the County's health care plan.
3. Any person who is covered under the employee's plan on the day before a qualifying event and who will lose coverage, will be considered a "qualified beneficiary."
4. If the qualified beneficiary does not choose continuation coverage, group health care coverage will end.
5. Qualified beneficiaries need not show they are insurable in order to qualify for continuation coverage.
6. Qualified beneficiaries must pay the County the full premium at applicable rates as determined by the plan actuary, plus a service fee. Late payments may result in loss of coverage.
7. Questions about this policy may be directed to the COUNTY Fiscal Department Payroll Clerk.
8. Employees are responsible for notifying the COUNTY Fiscal Department Payroll Clerk of any change in status including, for example, marital status, dependent status or residence.
9. The following procedure will be used for notifying employees of COBRA rights:
  - a. Each employee will be notified of his or her COBRA rights at the time he or she begins coverage under the County's health care plan.
  - b. Spouses of all covered employees will be notified of this policy and its provisions at the time family or spouse coverage begins under the County's health care plan.
  - c. Notification of an employee's spouse will be deemed to serve notice on all dependent children.

- d. Within thirty (30) days, the Appointing Authority will notify the COUNTY Fiscal Department Payroll Clerk of any of the following “qualifying events”:
  - i. Employee’s death;
  - ii. Employee’s termination;
  - iii. Employee’s reduction in hours, making him/her ineligible for benefits; or
  - iv. Employee’s eligibility for Medicare.
- e. Within sixty (60) days, the employee is responsible for notifying the COUNTY Fiscal Department Payroll Clerk of any of the following “qualifying events”:
  - i. Divorce;
  - ii. Legal separation; or
  - iii. Loss of dependent eligibility under the plan requirements (age or student status).
- f. The employee/dependent must notify the COUNTY Fiscal Department Payroll Clerk of his or her decision to extend benefits within sixty (60) days of the qualifying event or the date of eligibility notice, whichever is longer. (Utilize Form 17 – COBRA Continuation Coverage Election Notice).

C. Public Employees’ Retirement System – Disability and Survivor Benefits

- 1. If an employee, at the time of death, has at least eighteen (18) months of credit in the Public Employees’ Retirement System, his or her spouse, children or parents may be entitled to survivor benefits.
- 2. If an employee has five (5) years of credit and is permanently and totally disabled, he or she may receive disability benefits. LINK: [www.opers.org](http://www.opers.org).

D. Accrued Leave. At the time of separation, an employee will be paid at their current hourly rate of pay for all vacation and compensatory time credit.

E. Unemployment Compensation. An employee may be eligible for unemployment compensation according to the regulations of the State of Ohio.

**4.12 Exit Interview**

- A. Upon separation from employment, an employee must meet with their supervisor to process paperwork and return any County property. (Utilize [Form 18 – Separation from Employment Checklist](#)).
- B. The supervisor will inform the employee of all termination benefits, verify forwarding addresses for the employee and any dependents and get necessary signatures.

- C. The employee will relinquish all identification cards, equipment and keys.
- D. If the separation is voluntary, the employee will be asked to complete an “Exit Interview Questionnaire” and discuss the employee’s answers during the exit interview. (Utilize [Form 19 - Exit Interview](#)). Information gathered in exit interviews will be used to evaluate Employer practices and identify areas requiring action to make the COUNTY a more attractive employer. Exit interview questionnaires will not be placed in the employee’s personnel file.

## **SECTION 5 EMPLOYEE CONDUCT AND PROTOCOL**

### **5.01 General**

Employees are expected to accept certain responsibilities, adhere to acceptable workplace principles and exhibit a high degree of personal responsibility, ethics and professionalism at all times. Furthermore, employees are expected to conduct themselves in a manner which promotes a safe and productive work environment. The Employer is committed to the establishment and administration of the following employment policies in a fair consistent and clearly communicated manner.

### **5.02 Attendance and Tardiness**

Employees are expected to be at work, each day, on time, and work their entire scheduled shift.

#### **A. Absence Reporting.**

1. When an employee is unable to report to work, the employee must speak with their immediate supervisor or another designated person within thirty (30) minutes of the start of the employee’s scheduled working hours on the first day of absence and each day thereafter, unless emergency conditions make it impossible or prior arrangements have been made with the supervisor.
2. Upon returning to work after an absence, an employee must complete an employee request for leave form. (Utilize [Form 20 – Request for Leave](#)). The form, and any accompanying documents, will be reviewed by the supervisor to determine if the employee’s absence can be approved. In order to be paid for any leave, an absence form must be completed and signed by an employee.
3. An employee who is absent for a scheduled workday without approved leave may be subject to discipline in accordance with Section 7. Employees who are not exempt from the Fair Labor Standards Act (“FLSA”) shall not receive pay for any period of an unauthorized absence.
4. An employee who is absent for three (3) consecutive work days without calling in, and without an acceptable excuse, will be deemed to have abandoned their position and shall be subject to discipline, including termination.

B. Frequency of Absences.

1. Regular attendance is expected of all employees.
2. A pattern of absences or frequent absences that affect the employee's job performance will result in disciplinary action, whether or not he or she has accumulated sick leave available or qualify for sick leave.
3. An employee who develops a pattern of absences, tardiness or leaving work early will have his or her absences reviewed for possible abuse of sick leave or the attendance policy.

C. Tardiness / Early Departure.

1. Employees are expected to be present and ready to work at their scheduled starting times and remain at work until the end of the scheduled work day. Supervisors will document instances of employees arriving late. Tardiness shall be grounds for discipline.
2. Tardiness or early departure is defined as late arrival at the employee's work location, early departure or overstaying a scheduled meal period. An employee who will be late reporting to work must speak with the supervisor or the supervisor's designee within thirty (30) minutes of his or her scheduled start time.
3. Any deviation from an employee's work schedule must be authorized by his or her supervisor in advance.
4. Excessive tardiness or early departure (in excess of three (3) times in a thirty (30) day period) is grounds for disciplinary action.

D. Excessive Absence / Tardiness. Excessive absence, tardiness or early departure will be counseled and disciplined as a Group 1 offense under the Employer's Progressive Discipline policy.

**5.03 Personal Appearance**

A. General.

1. The Employer has the right to prescribe appropriate dress and personal grooming standards for employees acting on behalf of the County. The Appointing Authority

requires that an employee's clothing and overall appearance be duty appropriate, in good taste, and ultimately present the public with a favorable example of the COUNTY. The Appointing Authority will apply the standard of what a reasonable person would consider to be appropriate, inappropriate, offensive or obscene when making determinations regarding a particular article of clothing or grooming practice.

2. All clothes should be clean and pressed without noticeable holes or fraying.
3. In those cases where an employee feels he or she needs to wear different apparel to make a visit to the home of a client, an employee may change clothes prior to and following the appointment.
4. The Appointing Authority shall designate and approve all uniforms worn by specific departments.

B. Specific Prohibitions.

The following items of clothing are specifically prohibited:

1. Sweatshirts and sweatpants or exercise clothing of any kind, including fleece shirts with writing, graphics, advertising, slogans or sayings of any kind.
2. Shorts and skirts that are unreasonably tight or unreasonably short.
3. Any type of jeans or denim pants, except on COUNTY sponsored designated dress down days and "Jeans Fridays". ("Jeans Friday" is a voluntary program and requires employee participants to donate \$1.00 to the social committee for each Friday in which the employee desires to wear jeans. If you do not wish to donate a dollar, do not wear jeans.)
4. Athletic shoes or tennis shoes, except when approved by the Appointing Authority and accompanied by a valid medical excuse.
5. Any clothing determined to be unnecessarily revealing, made of see-through or sheer materials.

C. Body Piercing / Ornamentation.

1. Visible body piercing and ornamentation is not considered to be appropriate or professional according the standards contained herein. Body piercing and ornamentation is considered to be inappropriate when it is determined by the Appointing Authority to be atypical, unusual and distracting in the workplace. This includes, and is not limited to, piercing in the facial area and tongue as well as tattoos visible despite the presence of appropriate clothing. In cases where body piercing, tattoos and ornamentation are determined to be inappropriate, the offender must be covered if they are visibly apparent when in the workplace or when representing the COUNTY to the general public.

2. Appropriate ornamentation and piercing includes no more than three piercings on each lower ear lobe, as consistent with business casual attire. Further, all jewelry and earrings must be appropriate for business attire, as determined by the Appointing Authority. The Appointing Authority reserves the right to determine what is acceptable and appropriate.

D. Failure to Adhere to Standards. Employees who do not meet the standards of this dress policy will be required to take corrective action, which may include leaving the premises. If the employee must leave the office, the time used will be the employee's time (personal leave, vacation, leave without pay).

E. Repeat Offenses and Discipline. Repeated offenses of this policy will be counseled and disciplined as a Group 1 offense under the Employer's Progressive Discipline policy.

Section 5.03 amended 11/9/11, Resolution 11-R-610

#### **5.04 Use of County Vehicles / Driving on County Business.**

A. General Rules.

1. Employees must use assigned county vehicles for the purpose(s) authorized, and must not permit the driving of county vehicles by unauthorized individuals, or permit unauthorized passengers in county vehicles.
2. Reimbursement for necessary emergency road service and repairs, parking, and highway-related tolls require appropriate receipts for reimbursement.
3. Employees of the county who are assigned a county vehicle for duty to domicile travel are subject to all Internal Revenue Service (IRS) rulings regarding such usage.

B. Expectations. Employees operating county vehicles shall exercise caution and responsibility while driving, and shall follow all safety regulations. Each employee who drives on program business will maintain current driver's license and proof of insurance within their personnel file. Reckless or destructive operation of vehicles is grounds for disciplinary action, up to and including termination. Employees required to maintain a CDL for employment will abide by all federal, state, and local transportation regulations.

C. Communication / Electronic Devices.

1. Cellular Phone Usage. Employees driving any vehicle on employer business using a cell phone, either personal or employer-owned, must use a hand-free-system for communicating, or pull off the road prior to using the cell phone. Only under these circumstances may the employee pull the vehicle off the road to a safe location and stop the vehicle prior to using the electronic device. While refueling, employees are not to be either carrying or using a cell phone. In accordance with state law, texting while driving is prohibited.

2. Use of other Electronic Devices. Employees will not use other electronic devices that are not part of the original vehicle equipment without prior authorization by the appointing authority.

- D. Vehicular Accidents / Incidents. All vehicular accidents or incidents while performing program business in either county-owned or personal vehicles shall be immediately reported to the employee's supervisor and to proper law enforcement personnel. The employee is also subject to drug and alcohol testing.

Following an accident, the appointing authority and the employee's immediate supervisor will determine whether or not disciplinary action is to be pursued. Upon reporting the accident to the employee's immediate supervisor, the employee will be required to fill out the proper accident reporting form so that the accident can be reported to the appointing authority and to the county's insurance carrier. (Utilize Form 21 – Report of Traffic Violation, Arrest and/or Incident).

- E. Traffic Offenses. Employees are expected to report traffic convictions/point accumulations to the appointing authority or the appointing authority's designee as well as their immediate supervisor. Any convictions or point accumulations may result in the suspension of the employee's driving responsibilities. In addition, disciplinary action, up to and including termination, may be taken subject to appropriate procedures. Citations received while on employer business are the sole responsibility of the employee involved in the incident and may also result in discipline. These offenses include, but are not limited to, the following:

1. Driving while under the influence of alcohol or drugs. An employee convicted of OVI (operating a motor vehicle under the influence) or any other drug or alcohol related driving offense shall be excluded from operating a motor vehicle for the county for a period of 12 months, beginning on the date of the offense. An employee must provide the county with proof of a valid driver's license without restrictions and successfully complete a mandatory DDC class to lift the exclusion after the 12 month period.
2. Suspended license. An employee with a suspended license shall be excluded from operating a motor vehicle for the county until he/she provides proof of a valid driver's license without any restrictions.
3. Driving under a suspended or revoked license. An employee convicted of driving under a suspended or revoked driver's license shall be excluded from operating a motor vehicle for the county for a period of 6 months, beginning on the date of the offense. An employee must provide the county with proof of a valid driver's license without restrictions and successfully complete an approved DDC class to lift the exclusion after the 6 month period.
4. Vehicular homicide or manslaughter. An employee convicted of vehicular homicide or manslaughter shall be excluded from the time of offense from operating a motor

vehicle for the county until clear of standard MVR based on the State of Ohio Bureau of Motor Vehicles reporting system.

5. Leaving the scene of an accident. An employee convicted of leaving the scene of an accident shall be excluded from operating a motor vehicle for the county for a period of 12 months, beginning on the date of the offense. An employee must provide a valid driver's license without restrictions and successfully complete a mandatory approved DDC class to lift the exclusion after the 12 month period.
6. Attempting to allude or flee a police officer after a traffic violation. An employee convicted of fleeing or eluding shall be excluded from operating a motor vehicle for the county for a period of 12 months, beginning on the date of the offense. An employee must provide a valid driver's license without restrictions and successfully complete a mandatory approved DDC class to lift the exclusion after the 12 month period.
7. Drag racing.
8. Failing to comply with Ohio Financial Responsibility Law. An employee failing to provide proof of financial responsibility shall be excluded from operating a motor vehicle for the county until proof of financial responsibility is provided along with a valid driver's license without any restrictions.
9. Other intentional and dangerous use of a motor vehicle.
10. Speeding or reckless operation.

F. Driving Abstract Reviews.

1. Driving impacts the employer's insurance risk. Reviews of records are designed to decrease the risk to the employer by employees who have poor driving records. The employer requires review of driving records as maintained by the state of Ohio Bureau of Motor Vehicles (BMV) for applicants and employees. The driving record is used to indicate an individual's ability to responsibly operate a vehicle. BMV records must be reviewed for an employee to be eligible for mileage reimbursement. Records will be monitored annually, and may be monitored quarterly if warranted.
2. The appointing authority or designee will review BMV records of employees annually. The employee must allow the employer to review their BMV records. (Utilize Form 22 – Annual Driver's License Check). Driving suspensions for employer purposes typically occur when an employee has accumulated at least six (6) points on their driving record with the Ohio BMV. Employees shall sign a statement acknowledging the suspension. (Utilize Form 23 – Suspended Driver Statement of Understanding). Driving suspensions will remain in effect until subsequent reviews determine that the offenses have been removed from the abstract record. Offenses remain on record for a period of up to three (3) years.

3. Progressive discipline action, up to and including termination, may be taken upon an individual who fails to maintain insurability under the county's vehicle insurance policy.

G. Personal Vehicles Included. Employees who use a personal vehicle in the course of their employment shall be subject to the requirements of this Section.

Section 5.04 amended 2/22/17, Resolution# 17-R-120

#### **5.05 Use of County Communication Systems Generally**

- A. All County communications services and equipment, including the messages transmitted or stored by them, are the sole property of the County. Therefore, the employees should have no expectation of privacy therein. The Employer may access and monitor employee communications and files as it considers appropriate. Communications equipment and services includes, but is not limited to mail, electronic mail ("e-mail") courier services, facsimiles, telephone systems, computers, computer networks, on-line services, Internet systems, computer files, telex systems, video equipment and tapes, tape recorders and recordings, pagers, cellular phones, and bulletin boards.
- B. Each Appointing Authority shall determine the extent County communications services and equipment may be used for personal use. Personal use shall not interfere with work. Whenever possible, personal communications that incur user charges should be placed on a collect basis. County-owned communications property or equipment may not be removed from the premises without written authorization from the employee's supervisor.
- C. Employees should ensure that no personal correspondence appears to be an official communication of the Employer since employees are representatives of the Employer and, therefore, such communication may damage the Employer's reputation and/or create liability for the County/Employer. All outgoing messages, whether by mail, facsimile, e-mail, Internet transmission, or any other means, must be accurate, appropriate, and work-related. Employees may not use the Employer's address for receiving personal mail or use COUNTY stationary or postage for personal letters.
- D. Improper use of County communications systems and equipment will result in discipline, up to and including termination. Improper use includes any misuse as described in this policy as well as any harassing, offensive, demeaning, insulting, defaming, intimidating, or sexually suggestive uses of written, recorded, or electronically transmitted messages.

#### **5.06 Use of Computer Equipment, Software and Data Systems (Cybersecurity Policy)**

## **Morrow County Cybersecurity Policy**

### **Purpose:**

To address cyber threats that are constantly evolving with increasing intensity and complexity. To minimize these threats that may harm the ability to achieve Morrow County's member mission objectives and delivery of member functions. These mission objectives and deliver member functions are increasingly reliant on information systems and the Internet, resulting in increased cyber risks that could cause severe disruption to Morrow County's functions, or impact reputation, or compromise sensitive data and intellectual property.

### **1) Password Security**

Information on this is found in Appendix C – Password Policy

### **2) Computer Equipment**

Information on this is found in Appendix D – Purchase Policy and Appendix E – Desktop Computer Support Policy

### **3) Antivirus/Malware and Firewall Software**

#### **a) Applicability**

- i) This policy applies to all computing environments, networks and computer systems owned, contracted, leased, or operated by Morrow County. It also applies to personally-owned or third party computers transmitting our sensitive data electronically or connecting directly to the member's network, including any websites operated by the member.
  - ii) This policy applies to all users, including administrative consultants, employees, contractors, administrators, and third parties.
- b) The willful introduction of a computer virus, malware, and disruptive/destructive code to the member network is prohibited.
- c) All Morrow County appointing authorities are responsible for deploying and maintaining licensed antivirus/malware and firewall prevention software to all systems it supports/ administers and providing timely updates for all components of the software on:
- i) Any externally facing servers or gateways
  - ii) Proxy servers
  - iii) Application servers such as mail servers and/or mail gateways, FTP servers, web servers, audio/video servers
  - iv) Data management servers such as back-up servers and database servers
  - v) Morrow County deployed desktops, laptops, and tablets
  - vi) When technically feasible, cell phones, smart phones and PDAs
  - vii) For non-member deployed laptops or mobile devices, Morrow County should ensure, where feasible, that both up-to-date antivirus/malware prevention software and a personal firewall are deployed on the connecting device prior to granting permission to connect to the member network.

- d) Users are not to make any changes to their system that will disable or remove our approved antivirus and malware prevention or firewall software or otherwise prevent the software from performing its intended purpose.
- e) Users are not to open any files or macros attached to an email from an unknown, suspicious, or untrustworthy source. All unexpected content received from a trusted source should be verified with that source prior to opening.
- f) Computer systems that are unable to run antivirus and malware prevention software must be restricted to an isolated network with sufficient network-level protections deployed to prevent viruses/malware from spreading into any other areas of our network (e.g. running antivirus technology at its “gateway” to Morrow County network).
- g) All software updates will be installed and scheduled to run at regular intervals or upon electronic notification of a new security update, patch, vulnerability, or threat. Wherever possible, our computing resources should be set to auto-apply/update security patches on a regular basis.
- h) Antivirus and malware prevention scanning should be programmed to run/initiate upon startup and/or reboot of PCs/servers/other computing devices.
- i) For PCs/servers/computing devices that are not normally rebooted, firewall, antivirus and malware scanning should be “always on” when technically feasible.
- j) All Morrow County appointing authorities are responsible for receiving and acting upon alerts (via automated alert, email, news, etc.) promptly to ensure minimal exposure and security risk to the confidentiality, integrity, and availability of our electronic assets.
- k) Critical security patches should be deployed by a maximum of 48 hours after released by the operating system software or application vendor, unless there is reason to believe the patch might negatively impact a business-related activity or application.
- l) After appropriate testing, updates without issue will be made available to all PCs/servers/computing devices, as well as remote employees.
- m) Malware prevention software scans shall be run routinely (at a minimum weekly).
- n) Antivirus and malware prevention software shall be run immediately after the installation of any new software.
- o) Suspicious content (files or macros attached to email) should be quarantined for review or permanently deleted immediately.
- p) All downloads should be scanned with an updated member standard antivirus/malware prevention scanner immediately (automatically, if possible).
- q) Computing systems will be rebooted as required to ensure virus definitions (as well as operating system updates) are updated and that the antivirus software can run to check for viruses.
- r) Default settings should be set up so that antivirus software runs upon startup or reboot.

#### 4) Mobile Computing

- a) Protection of laptop/mobile devices, especially when used off-site, is necessary in order to reduce the risk of both unauthorized access to the data contained on the device, as well as the data that the device has access to on Morrow County's network. Protection is also necessary to safeguard against loss or damage of the device itself.
- b) A Virtual Private Network (VPN) is a secured private network connection built on top of a public network, such as the internet. Whenever feasible, it is strongly recommended to utilize a VPN for all remote computing.
- c) Shipments of new or unassigned laptops/mobile devices are to be stored in locked closets or rooms with controlled access and no false ceilings or partial walls within a reasonable time of receipt.
- d) Security instructions to users should be included with laptop/mobile device when issued.
- e) In 'open' access areas, a laptop restraint/lockdown device ("Kensington lock" or similar) will be used when the computer is left unattended if deemed necessary to protect it.
- f) Tamper-proof identification labels with the company name/ID shall be visibly placed on all laptops to assist in identification if stolen or misplaced. (Where a safety issue is involved, the local security environment may necessitate masking the company name.)
- g) The laptop/mobile device make, model, serial number and media access control address is to be recorded and stored in a safe location in order to give precise information to authorities in case of theft.
- h) Unattended storage standards for laptop/mobile devices should be same as those for the storage of similar hard copy information.
- i) Back-ups of our data onto our servers should be accomplished on a basis which ensures the availability and negates the significant loss of our data.
- j) The user has overall responsibility for the confidentiality, integrity, availability and accessibility of his/her assigned member laptop/mobile device and the data on or accessible through the laptop/mobile device.
- k) Device/hard drive must be encrypted to maintain confidentiality and protect against the bypass of software controls (e.g., booting from a system disk or USB, file encryption) must be utilized.
- l) Anti-virus/anti-malware software will be installed on the laptop/mobile device and all incoming disks/magnetic/digital media /jump drives should be virus checked before being used.
- m) Users must take steps to prevent casual overview or attempted use by unauthorized personnel. The use of privacy screens is encouraged.
- n) User ID and authentication is required before access is given to data and applications residing on the laptop/mobile device. Some smartphones only allow for pattern or PIN for authentication without a User ID, which is acceptable for accessing the device itself.

- o) A screensaver and password or “clear and lock” feature will be used to protect the machine if the user must leave the activated laptop; a user password must be re-entered for further access.
- p) Passwords must meet the standards set forth in this policy.
- q) To help prevent damage and theft, a laptop should not be placed in or as checked baggage. If a laptop must be left in an automobile, it must be stored in the trunk or otherwise out of plain view.
- r) Any lost or stolen device must be immediately reported to appropriate appointing authority.

## **5) Use of Personal Devices**

- a) Morrow County may provide its employees who acknowledge and agree to the terms and conditions below, the opportunity to use their own computers, smart phones, tablets, and other devices for business purposes to access and use Email and other authorized member systems and information. Authorization and use is up to the discretion of the appointing authority and is subject to the following terms and conditions:
  - i) Device Requirements
    - (1) "Personal Device" means a computer, smart phone, tablet, or other device that is authorized to access member data or is used to backup any such device and is owned by employee and acquired voluntarily, without payment by member and without any expectation of reimbursement for any costs related to the purchase, activation, operational/connectivity charges, service or repairs, or other costs that may be incurred related to the device or its use.
    - (2) The minimum security requirements for using a Personal Device are listed below, but may be subject to change.
  - ii) A password/pin code must be entered on any Personal Device after fifteen (15) minutes of inactivity;
  - iii) The employee must maintain the original Personal Device operating system and keep the Personal Device current with security patches and updates, as released by the Personal Device manufacturer. The employee will not "Jail Break" or “Root” the Personal Device (installing software that allows the user to bypass standard built-in security features and controls) or otherwise modify the safeguards installed on the Personal Device by the manufacturer; and
  - iv) The Personal Device must be encrypted and any resulting back-ups must also be encrypted.
  - v) If a Personal Device becomes non-compliant with any of the Minimum Security Requirements, it must be remedied within a reasonable period of time, or the Personal Device will be blocked from access to member termination of this privilege may be revoked.
  - vi) All data on the device may be subject to a public records request or legal discovery.

## 6) Network Design and Administration

- a) Implement a “trust no-one” policy. Assume all connections are a risk that needs to be minimized. This would include internal systems such as HVAC, Card Access, elevator controls, etc.
- b) No equipment should be connected directly to the “internet” unless it is 100% unavoidable.
  - i) Do not connect directly to an ISP’s modem without an intervening firewall or other layer of acceptable security.
    - (1) If you get your LAN IP addresses from the ISP’s modem that is a clue you may be without protection.
- c) No equipment should be connected to the network in the out-of-the-box configuration.
  - i) At a minimum, the default administrative passwords should be changed to comply with the strong password policy.
  - ii) Where possible, individual sign-ins to the administrative interface of the equipment should be used for access and change tracking rather than the default administrator account login.
- d) Security devices (Firewalls\ASA’s) should be of an enterprise-grade type, no matter how small the operation. Major name brands of equipment should be used.
- e) Network equipment should be classified as MANAGED, which provides for access to logging, VLAN’s, and the ability to upgrade.
- f) Cyber-threats evolve in real-time. Your equipment is vulnerable the second it is put into use. Firewalls, switches, and routers should have the most current firmware and threat-list available. Some firmware updates introduce issues that need to be resolved with another update. In this case, the next closest revision should be used.
- g) Network Address Translation (NAT) and Port Address Translation (PAT) should be used to mask all internal private IP addresses communicating to the internet or to another connected non-native agency (such as another city, county, or state).
- h) The strongest AES encryption should be used in every instance of VPN connection. CJIS requirements should be observed as the minimum even in non-CJIS access (i.e. FIPS).
- i) Networks should avoid a “flat” network design where a person can open “Network” on their pc and see the entire organizations pc’s and servers listed. The design should include:
  - i) The use of multiple VLAN’s
    - (1) State\Fed mandated Secure (CJIS connected, etc.)
    - (2) By Department (HR, Accounting, Commissioners, Health, etc.)
    - (3) By Equipment (HVAC, Elevator, Server Type, etc.)
  - ii) The use of multiple IP Subnets
    - (1) Per VLAN
    - (2) Per Department
    - (3) Per Equipment Type

- iii) Use the Router ACL's to limit which VLAN, IP Subnet can talk to one another.
- j) The use of Access Control Lists (ACL) in routers and switches should be used to only provide access to core systems to those who need it. The overhead associated with this design can be minimized by using security groups instead of individual MAC, IP Address, or User accounts.
- k) Wireless Access Points are an easy target by anyone with a smartphone or a tablet.
  - i) SID should NEVER be "open" and should always require a password. The Password must comply with the strong password policy.
  - ii) Individual user accounts must be utilized and passwords never shared.
  - iii) Use LDAP for sign-on so wireless passwords don't have to be changed and can be audited.
  - iv) Tune antenna power to lowest reasonable power to limit exposure.
- l) The use of a syslog server should be used to capture the activities of the routers, switches, and firewalls. Especially the firewalls should be reviewed weekly to identify intrusions and improper
- m) Open wall ports (no pc, printer, phone, etc. connected to them) should have the patched switch port DISABLED to prevent rogue and unapproved devices from being able to connect to the network by vendors, contractors, etc.
- n) Physical security of your data systems is often overlooked.
  - i) Servers should be in a controlled access room, not on a desk in an office.
  - ii) Some means of auditing the access to the room should be in place, such as a camera, card access system.
  - iii) Keys to the room should be limited to qualified IT persons and limited Facilities persons so they may respond in the case of a fire, etc.
- o) Contract with a reputable vendor for a network penetration test, run from both the outside and the inside and make adjustments where necessary.

## **7) Software Updates/Patches**

- a) Morrow County will review, evaluate, and appropriately apply software patches as soon as possible after release. If patches cannot be applied immediately due to hardware or software constraints, mitigating controls will be implemented based upon the results of a risk assessment.
- b) This policy covers all servers, workstations, network devices, operating systems (OS), applications, and other information assets for which vendors provide system patches or security updates.

## **8) Interaction With Other Information and Equipment Security Policies**

- a) This policy is one part of Morrow County information and equipment security policies. It is to be utilized in addition to, not instead of, other policies such as, but not limited to, the Use of Member Property, Social Media, Computer Use, Internet, Email, Telephone and Privacy Policies.

## **9) Compliance**

- a) Violations of this policy may lead to suspension or revocation of system privileges and/or disciplinary action up to and including termination of employment. In the case of a third party, there may be contractual obligations for encryption that the third party is responsible for implementing. Violations of those provisions may result in cancellation of any related privileges or termination of the contract. We reserve the right to advise appropriate authorities of any violation of law.

## **Appendix A**

### **NETWORK SECURITY**

Securing the pc's, laptops, tablets, and smartphones connected to and in use in an agency is an obvious place to begin when looking to secure your network and limit the exposure to the user-end side of cyber risk. Mathematically the number of devices and users grabs the attention and time is spent managing that portion. In many cases the connecting infrastructure and setup is overlooked, especially in situations where the person(s) charged with supporting the network may not do IT work as their primary job function. Strong governing policies and network setup using industry standards and best-practices is fairly easy to maintain once set up, and are very effective in securing a network.

The easiest way to understand a well-protected network of any kind is to visualize it as an onion. An onion has many concentric layers, each protecting the one inside of it, with the most valuable in the center. The layers of a network should be similar, with users and devices sharing the same resource-needs being able to navigate to the layer those resources reside while restricting the rest. The goal is to limit the extent of how far the "bad guys" can get no matter which layer their access to the network was initiated. At times it can be a challenge. Security in any form is rarely convenient, but always needed.

NIST has published many standards in their Computer Security Division, Computer Security Resource Center at <http://csrc.nist.gov/publications> that should be followed wherever and whenever possible.

If any of these recommendations are foreign to you, it is strongly advised to contract with a qualified vendor for your IT needs.

## **Appendix B**

### **INCIDENT RESPONSE PLAN**

#### **Purpose**

The purpose of this Incident Response Plan (“IRP”) is to provide guidance on the appropriate steps to be taken and documented in the event of a possible security incident or data breach, from the time of suspected breach to post-incident response closure, so that all incidents are handled in a consistent manner and the exposure to the potentially breached party is limited. It also provides a methodology for collecting evidence in the event of criminal activity. Documentation of responsive actions taken in connection with any security incident or data breach, as well as documentation of the post-incident events and actions taken is critical in making appropriate changes to business practices to improve the safeguarding and handling of Sensitive Information.

#### **Applicability**

This IRP process applies to all Morrow County employees, administrative consultants, contractors, temporary personnel, and the like who may experience or witness a security incident or possible data breach. After discovery, this process provides a checklist or outline for responding so that steps or information related to the incident are not missed. We are committed to protecting our information and responding appropriately to a security incident or data breach.

#### **Scope**

Protection of our information and data is paramount. This IRP will provide a checklist for responding to a security incident or potential data breach. An incident can be intentional or unintentional, and this IRP could be implemented in response to many events having an adverse effect on the Morrow County network.

#### **Guidelines**

- This IRP describes our safeguards to protect sensitive information. These safeguards are provided to:
- Protect the confidentiality, integrity and availability of data and the Morrow County network;
- Protect against a data breach that could result in harm or inconvenience to a client or user and meet any notification requirements;
- Protect against anticipated threats or hazards to the security or integrity of sensitive information;
- Identify and assess the risks that may threaten Personally Identifiable Information (PII);
- Conduct a reasonable investigation to determine the likelihood of information that has been or will be misused;
- Conduct a post-incident investigation to capture lessons learned;
- Develop written policies and procedures to manage and control these identified risks or vulnerabilities;
- Adjust the Information Security Program to reflect changes in technology, the sensitivity of data stored, and internal or external threats to information security.

The IRP should be tested annually to ensure all participants on the Incident Response Team (IRT) know their roles in the event of a true incident.

## Process

- 1) This section establishes steps for responding to an incident and initiating the IRP.
  - a) **Incident Response Process – Initial Discovery**
    - i) Anyone suspecting or noting a security incident, data breach or potential system compromise, or malicious activity contacts Information Security, the Incident Response Team (IRT) or outside incident responder on the team [All referred to as “Information Security” in this document]
    - ii) Determine if there has been a security incident, and the nature and seriousness of the incident, by considering the following questions and discussing them with Information Security, and document initial triage.
      - (1) Does the system contain sensitive information?
      - (2) Is there a chance outside law enforcement may need to get involved?
      - (3) Is there a requirement or desire to perform a forensics analysis of the system compromise?
      - (4) If the answer is “yes” to any of these questions then immediately coordinate actions to be taken with Appointing Authority and the Prosecuting Attorney, and apply the below as appropriate.
      - (5) If the answer is “no” to all the questions, then apply the below as appropriate.
    - iii) Contact CORSA immediately and utilize the resources at eRisk Hub.  
(<https://www.eriskhub.com/corsa.php>)
    - iv) Do preliminary analysis - isolate the compromised system by disconnecting the network cable. If this is not feasible or desirable, block access to the compromised system via the network.
    - v) Determine the security incident type - try to determine the cause of the malicious activity and the level of system privilege attained by the intruder.
    - vi) Disable any compromised accounts and terminate all processes owned by them.
    - vii) Compile a list of IP addresses involved in the incident, including log entries if possible, and forward the data to Information Security.
    - viii) Determine the users that need to change their passwords due to the compromise, as well as whether or not they have accounts on other systems using the same credentials and notify the IT administrators for those systems.
    - ix) Backup the local password file, if appropriate, so you can compare who has and who has not changed their passwords after notification.
    - x) Notify Information Security if your system uses LDAP authentication to authenticate users.
    - xi) Notify the owners of the compromised accounts and reissue credentials. Consider the likelihood of the intruder having access to the compromised account email and utilize other contact methodology.
    - xii) Determine whether all affected users have established new user IDs and passwords.

- xiii) Rebuild the system, and verify that its network access should be re-established by contacting Information Security.
- xiv) Information Security should perform a network vulnerability scan of the system after it is unblocked to identify any unresolved security issues that might be used in future attacks against the system.

**b) Post-incident Lessons Learned**

- i) Hold a meeting of the IRT within 48 hours of completion of response.
- ii) Review chronology of the event.
- iii) Identify what went wrong and what went right. For instance, “encryption was used on the file server containing confidential Information and PII.”
- iv) Identify the threat or vulnerabilities that were exploited and determine whether it/they can be alleviated.
- v) Review if all intrusion detection or prevention was in place, active and up to date.
- vi) Document “lessons learned” and assign appropriate updates to Information Security Program.

**c) Privacy Breach Incident Response**

- i) If a security incident is suspected to be a data privacy breach, immediately notify the IRT, including the Appointing Authority, Prosecuting Attorney and Information Security.
- ii) Determine what information was suspected to be breached, i.e., specific individuals’ first and last names with a type of PII.
- iii) When appropriate, bring in an incident-response expert or law enforcement to conduct an investigation. Identify the scope, time frame and source(s) of breach, type of breach, whether data encryption was used and for what, possible suspects (internal or external, authorized or unauthorized, employee or non-employee user).
- iv) Review for other compromised systems.
- v) Monitor all systems for potential intrusions.
- vi) Determine the notification requirements and address within the required timeframe

Section 5.06 amended 2/8/17, Resolution# 17-R-085

## **Appendix C**

### **Password Policy**

#### Purpose

Employees of Morrow County must access a variety of technology resources, including computers and other hardware devices, data storage systems, and other accounts. Passwords are a key part to any information technology strategy to make sure only authorized people can access those resources and data.

All employees who have access to any of those resources are responsible for choosing strong passwords and protecting their log-in information from unauthorized people.

The purpose of this policy is to make sure all Morrow County resources and data receive adequate password protection. The policy covers all employees who are responsible for one or more account or have access to any resource that requires a password.

#### Scope

This policy applies to all Morrow County full-time, part-time and temporary employees.

#### Password creation

- All passwords should be reasonably complex and difficult for unauthorized people to guess. Employees should choose passwords that are at least eight characters long and contain a combination of upper and lower-case letters, numbers, and punctuation marks and other special characters. These requirements will be enforced with software when possible.
- In addition to meeting those requirements, employees should also use common sense when choosing passwords. They must avoid basic combinations that are easy to crack. For instance, choices like “password”, “password1” and Pa\$\$w0rd” are equally bad from a security perspective.
- A password should be unique, with meaning only to the employee who chooses it. That means dictionary words, common phrases and even names should be avoided. One recommended method to choosing a strong password that is still easy to remember: Pick a phrase, take its initials and replace some of those letters with numbers and other characters and mix up the capitalization.

For example, the phrase “this may be one way to remember” can become “TmB0WTr!”.

- Employees must choose unique passwords for all of their Morrow County accounts and may not use a password that they are already using for a personal account.
- All passwords must be changed regularly, with the frequency varying based on the sensitivity of the account in question. This requirement will be enforced using software when possible.
- If the security of a password is in doubt – for example, if it appears that an unauthorized person has logged in to the account – the password must be changed immediately.

- Default passwords – such as those created for new employees when they start or those that protect new systems when they’re initially set up – must be changed as quickly as possible.

#### Protecting passwords

- Employees may never share their passwords with anyone else in the organization, including co-workers, managers/supervisor, administrative assistants, IT staff members, etc. Everyone who needs access to a system will be given their own unique password.
- Employees may never share their passwords with any outside parties, including those claiming to be representatives of a business partner/organization with a legitimate need to access a system.
- Employees should take steps to avoid phishing scams and other attempts by hackers to steal passwords and other sensitive information. All employees will receive training on how to recognize these attacks.
- Employees must refrain from writing passwords down and keeping them at their workstations. See above for advice on creating memorable but secure passwords.
- Employees may not use password managers or other tools to help store and remember passwords without IT’s permission.

For additional information on password security see the NIST special publication 800-118: Guide to Enterprise Password Management.

Appendix C, Resolution# 17-R-828, November 6, 2017

## **Appendix D**

### **Computer Replacement and Purchase Policy**

#### Purpose

The purpose of this policy is to outline the process by which Morrow County acquires, replaces, and disposes of computer hardware equipment as well as the purchasing of personal computer systems and laptops for county staff.

#### Scope

This policy applies to all Morrow County full-time and part-time employees and to the purchase of all computer equipment issued by the county regardless of funding sources.

#### Computer Equipment Purchases

All computer equipment purchases must be coordinated with Information Technology before any purchases are made.

#### Computer Equipment Received via Grants or Gifts

Departments/agencies receiving computer equipment as gifts from individuals, donations and grants must work with Information Technology before accepting the equipment. Equipment gifts will be reviewed to ensure that the equipment may be utilized in the county environment and that ongoing support can be provided.

#### Computer Replacement Cycle

Full-time positions will be assigned one primary computer. The computer assigned to a user as their primary system will be the machine covered under the Computer Replacement Cycle. Those users with non-primary computers may either be upgraded out of the IT computer redistribution pool or by other departmental funds. The general guidelines for replacement of primary systems are:

1. Full-time staff: Four years from the date of computer assignment
2. Computers needed for part-time staff, student worker or intern positions, temporary positions, and machines needed for projects or other temporary uses will be furnished out of the IT redistribution pool of computers.
3. Computers that are part of the IT Computer Replacement Cycle will be replaced with a new standard computer and charged back to each department/agency. Each department/agency will also cover the costs of a new standard machine requested for a newly created position.

#### Standard Computer Configurations

A standard configuration will be established by Information Technology on an annual basis. Any upgrades to the hardware configuration beyond the scope of the standard configuration will be charged to the requesting department/agency.

Full-time staff will receive a Windows desktop unless justification can be provided and approved by the respective department/agency. If equipment other than a Windows desktop is approved by the department/agency, any monetary difference will be paid by the respective departmental/agency funds.

Any staff replacement personnel will inherit the computer used by the previous holder of that position, unless that computer was purchased or has been in use for four years.

#### Standard Software Installations

Standard software on machines will include:

1. Current supported version of Windows (or Mac OS as required)
2. Current supported version of Microsoft Office Suite
3. Symantec Endpoint Protection
4. Runtimes (Java, Adobe, Adobe Flash, Adobe Shockwave)
5. Internet Browsers (Microsoft Explorer, Google chrome, Apple Safari)

#### Additional Peripheral Devices

Standard desktop configuration will include a workstation/CPU, monitor, keyboard and mouse. Standard laptop configurations will only include the laptop. External monitors may be supplied depending on availability in redistribution. Laptop setups do not include carrying cases, docking stations, and monitor stands.

#### Employee Purchase Option

Full-time employees will have the option of purchasing their primary computer system at time of replacement once IT identifies it as decommissioned.

Please note the following:

1. The purchase price is a flat fee of \$150.00 plus sales tax and is payable at the Auditor's Office.
2. User is responsible for ensuring all data has been backed up from the PC or laptop.
3. All computers that have been decommissioned where the employee has elected to purchase must be processed through IT Help Desk and will be re-built with a basic operating System installed.
4. Once a computer has been identified as decommissioned, it will no longer be supported by Information Technology or any other office at Morrow County.
5. All computers that have been purchased will need to be removed from county property.
6. All such sales are "as is" and Information Technology provides no warranty.

Follow this process to purchase a decommissioned system:

- Requests by employees to purchase their decommissioned computer system must be made through Information Technology by creating a work order in FacilityDude. The work order must include the serial/tag number of the computer.
- After the work order is created, Information Technology will email the purchaser the forms and procedures to follow for the purchase. Once the computer is ready for pickup, Information Technology will contact the purchaser to coordinate the pickup

of the decommissioned computer. Upon machine pickup, purchaser must bring a copy of the completed paperwork for IT to keep to finalize transfer of ownership.

Configuration of machines that are to be sold are as follows:

1. Desktop computers will include the monitor, keyboard and mouse.
2. Laptop computers will only consist of the laptop, no external peripheral devices will be included.
3. All-in-one systems will include keyboard and mouse.

Appendix D, Resolution# 17-R-829, November 6, 2017

**5.07 Use of Telephones / Personal Cellular Phones**

- A. Each Appointing Authority shall determine the extent Employer-owned telephones may be used for personal use. Personal use shall not interfere with work.
- B. Employees are prohibited from making personal long distance or toll calls from County telephones, except in case of an emergency.
- C. Excessive use of County phones for personal use and/or making long distance or toll calls will result in disciplinary action in accordance with Section 7.

Section 5.07 amended 11/9/11, resolution 11-R-610

**5.08 Use of Internet, E-Mail and Online Services**

- A. Internet, electronic mail (hereinafter “e-mail”), and online services use can increase the productivity of employees. As is true with all Employer resources, there is potential misuse or abuse. The County and all employees must be held accountable for their use and misuse of County resources, which includes, but is not limited to, Internet, e-mail and online services access. Agency and State policies and restrictions shall apply
- B. The availability of Internet, e-mail, and online services shall be determined by the Appointing Authority. Personal use shall not interfere with work. When appropriate material from the Internet, e-mail, or other online service is downloaded, it should be scanned using the County’s anti-virus software. The following uses by employees are strictly prohibited:
  - 1. Uses that interfere with normal business activities;
  - 2. Any use involving solicitations;
  - 3. Uses that are connected with a business activity that operates for profit;
  - 4. Employee use for the purpose of operating a business for personal gain;
  - 5. Sending chain letters;
  - 6. Soliciting money for religious or political organizations or causes;
  - 7. Uses that involve the transmittal, downloading, or printing of obscene, pornographic, threatening, or racially, sexually, or religiously harassing materials;
  - 8. Distribution or printing of copyrighted materials, including articles and software, in violation of copyright laws and uses that would violate any federal, state, or local laws;
  - 9. Any use that could possibly bring embarrassment or harm to the County; and
- C. No employee shall provide access to confidential information through the Internet, e-mail, or online services. No employee shall use the Internet, e-mail, or online services of any other employee without authorization. All employees of the COUNTY shall use all reasonable safeguards when using the Internet, e-mail, or on-line services to avoid mistaken distribution on another’s information. Employees are hereby put on notice that all Internet browsers furnish a trail that traces all sites visited by the user of that computer terminal. The Employer may

access this trail and monitor employee Internet and e-mail use as it considers appropriate. In addition, employees must disclose their Internet and e-mail passwords to their supervisor. The Employer may access and monitor employee Internet, e-mail, and other online uses by employees as it considers appropriate.

Section 5.08 amended 11/9/11, Resolution 11-R-610

- E. Employees who improperly use the Internet, e-mail, and other online services in violation of the policy will be subject to discipline, up to and including termination. Violation of this policy may also result in criminal prosecution.

## **5.09 COUNTY Assigned Cellular Phones**

A. General Policy. Employees enjoy no expectation of privacy with respect to online activity, phone calls, texting, photos, etc., stored on an Employer-owned cell phone. Cellular phones are provided by the Appointing Authority and to selected staff. The primary function of these phones is to provide communication capabilities and safety. In order to obtain maximum utility of this equipment and maintain efficient skill levels, staff is encouraged to use the phones during daily operations. Since the contract with the service provider has a limited amount of plan time, staff are cautioned to monitor cell phone use to prevent costly overages in the time parameters allotted.

### B. Daily Operations

1. Employees are encouraged to use their cell phone to maintain communications with the office, personnel when in the field and /or performing daily work functions. An important reason for the issue of a cell phone to an employee is safety and efficiency of work functions. When performing work functions, and traveling, the cell phone provides quick contact with the office or authorities.
2. To assure safe, efficient and responsible use of the cell phone, the following guidelines are to be observed:
  - a. Lost, stolen, or irreparably damaged cell phones must be replaced at the employee's expense.
  - b. All employees must sign a cell phone policy acknowledgement.
  - c. When in a car, use extreme caution using your cell phone.
  - d. If you cell phone rings while driving, use extreme caution while answering.
  - e. It is the employee's responsibility to understand the features and conditions of his or her cell phone.
  - f. The Appointing Authority or the Appointing Authority's designee may choose to revoke cell phone privileges at his or her discretion.

C. Emergency Response. Another important use of the cell phone is to provide communications for emergency response activities. Therefore, each staff member who is issued a COUNTY cell phone has the following responsibilities:

1. Appointing Authority, Administrator.

Section 5.09 amended 11/9/11, Resolution 11-R-610

- a. The cell phone must be maintained and properly charged at all times.
- b. All necessary numbers should be properly programmed into the cell phone.
- c. With the exception of vacation or sick/administrative leave, all of the above must be reachable by home or cell phone 24 hours per day, seven days per week. When on leave, designees must be assigned to cover the above positions. These designees must then have 24 hours, seven days per week availability.

2. Staff.

- a. The cell phone must be maintained and properly charged at all times.
- b. All necessary numbers should be properly programmed into the cell phone.
- c. Employees must be reachable by cell phone during normal business hours (7:00am to 4:30pm), and 24 hours per day, seven days per week when on call.
- d. While staff-level employees are not required to carry their phones with them after hours, they are required to have the phones available after hours for emergency response activities.

D. Personal Use. All COUNTY employees shall limit personal use of their cell phone during or after hours. Such use should be kept within contract constraints.

1. Employees are expected to remain under his or her respective plan's designated minutes and conditions.
2. If the cell phone plan's conditions are exceeded, the employee must reimburse COUNTY.
3. Any lost phone shall be reported immediately to the employee's supervisor.

E. Each Appointing Authority shall monitor cellular phone use for compliance with this policy.

**5.10 Timekeeping / Scotland Yard ( Applicable by approval of individual Appointing Authorities)**

A. Entering and Leaving the Office. By 8:15 am or within 15 minutes of the employee's designated start time, each employee will sign in to (a) the "Daily Sign-in Log" and (b) Scotland Yard. If an employee will not arrive by their scheduled start time, they must contact their supervisor, the Appointing Authority, or, in the absence of their supervisor, an alternate supervisor within 15 minutes of their scheduled start time and inform the contact of their status (i.e. sick, stopping by a client's home, etc.).

1. Each supervisor shall review Scotland Yard by 8:30 each day to determine the status of their staff. If any staff scheduled and expected to be in the office is unaccounted for, the supervisor shall locate that employee.
  2. Each supervisor will regularly check Scotland Yard to determine the status of all staff. If a supervisor determines that any staff member is passed their Estimated Time of Arrival (“ETA”), they will inform that employee’s immediate supervisor. If the employee’s immediate supervisor is not available, an available supervisor will take steps to determine the status of the employee.
  3. Each supervisor will designate another staff member who is not regularly in the field to fill this role in the event that the supervisor is out of the office, unavailable or unable to fulfill the duties.
- B. Scotland Yard. Staff will update Scotland Yard when they enter the office, leave the office or go in to a meeting. Prior to leaving the office for the day, employees shall update their status in Scotland Yard and indicate what time they are expected to arrive at the office the following work day.
1. If an employee is away from the office longer than expected, they will call within 30 minutes of their ETA, as entered into Scotland Yard, to speak to a supervisor, administrator or administrative assistant to inform them of the delay and provide a revised ETA. The informed individual will then update the employee’s ETA in Scotland Yard.

## **5.11 Expense Reimbursement**

### A. General.

1. Employees may be entitled to reimbursement for expenses incurred while conducting official COUNTY business. Employees are eligible for expense reimbursement only when the expense has been pre-authorized in writing by the Appointing Authority.
2. Employees must use their most prudent and professional judgment in incurring expenses. County employees are accountable to the taxpaying public and must use those funds wisely. Any abuse of this policy by an employee may jeopardize approval of future expense reimbursement requests and may also result in discipline.
3. Requests for reimbursement of travel expenses are to be made by the employee on a COUNTY expense reimbursement form within seven (7) days after returning. (Utilize [Form 24 – Travel Expense Voucher](#)) All receipts as well as a certificate of attendance (if applicable) must be submitted. Adequate documentation for all business related expenses is required as a condition of reimbursement. An expense voucher, along with any supporting documentation such as lodging invoices, odometer readings and meal receipts must be provided in order to receive reimbursement.

B. Accountable Plan. The Employer maintains this Expense Reimbursement policy in order to meet the requirements of an “accountable plan” under Internal Revenue Service (IRS) Regulations. Under an accountable plan, reimbursements for business related expenses are not required to be reported as income to the employee. Under an accountable plan, the allowances or reimbursements must meet three (3) requirements.

1. Expenses must have a business connection. Namely, the employee must have paid or incurred deductible expenses while performing services for the Employer.
2. The Employee must adequately account for the expenses within a reasonable amount of time.
3. The Employee must return any excess reimbursement or allowance within a reasonable period of time

Any expenses that fail to meet all three (3) rules for the accountable plan must be treated as income to the employee and reported to the IRS on form W-2 (subject to withholding of employment taxes.) or Form 1042-S (subject to Section 144 (withholding), as applicable.

C. Transportation Expenses.

1. Mileage Expenses

- a. Whenever possible, the Appointing Authority will assign a COUNTY vehicle for travel to and from meetings, conferences and conventions. If no COUNTY vehicle is available, then an employee may be required to use his or her privately owned vehicle.
- b. Mileage reimbursement for travel in privately owned vehicles will be at the IRS mileage rate at the time of travel. Such payment is to be a total reimbursement for all vehicle-related expenses with the exception of tolls and parking related expenses, which may be claimed upon submission of receipts.
- c. No reimbursement for mileage will be made unless an employee carries automobile/liability insurance on his or her vehicle as required by the liability carrier for the COUNTY.
- d. When two (2) or more employees are traveling to the same destination, they should travel together in the same vehicle and only one (1) may claim mileage reimbursement.
- e. Commuting expenses from an employee’s residence to their official work site are not reimbursable.

2. Air Travel. In any instance where air travel is less expensive than mileage for a privately owned vehicle or expense for a COUNTY vehicle, then air travel shall be used. Such flights shall be 2<sup>nd</sup> class or coach, and to the most direct airport. Tickets shall be ordered by the employee, and upon submitting a receipt, be paid by the COUNTY in advance of the travel. A COUNTY credit card can be used for holding hotel rooms or purchasing airline tickets.

D. Lodging Expenses.

1. Employees will be reimbursed in full for expenses covering the actual cost of lodging, plus tax, per night when the employee travels out of county on official COUNTY business.
2. No reimbursement will be made for lodging within Morrow County or within the employee's county of residence.
3. The Employer will only reimburse for a single occupancy room, unless two (2) employees share a room. Additionally, if a non-employee accompanies an employee on an overnight stay, all expenses of the non-employee are the obligation of the employee and not the COUNTY.
4. Only COUNTY related telephone calls will be reimbursed.
5. No reimbursement will be made for extra hotel charges, including but not limited to entertainment, in-room movies, restocking of in-room snacks, room service, dry-cleaning or laundry charges.

E. Meal Expenses.

1. General. Meal costs incurred in connection with official COUNTY business are generally reimbursable. Reimbursements are limited to actual meal costs plus a reasonable tip. Reimbursement cannot exceed the maximum daily meals rate which is determined by the Employer.

IRS Publication 463 requires separate treatment of meal reimbursements made in connection with an overnight stay than for meal reimbursements made for day trips. The remainder of this section has been organized to reflect this distinction.

2. Meal Expenses from Trips Requiring An Overnight Stay.
  - a. General. For meals associated with an overnight stay are generally reimbursable to the employee.
  - b. Reimbursement Limitations. To the lesser of:
    - i. The actual costs incurred or
    - ii. The maximum meal rate, as determined by the Employer.
  - c. Taxation Issues. IRS Publication 463 considers reimbursement of meals associated with necessary overnight stays to be deductible business expenses and not subject to taxation as wages.
3. Meal Expenses from Day Trips.
  - a. General. Reimbursements for meals associated with trips that do not require an overnight stay are generally reimbursable to the employee, providing the day trip:
    - i. Was for official COUNTY business and

- ii. Prevented the employee from returning to their home or office in a reasonable amount of time.
- b. Reimbursement Limitation. Meal reimbursement is limited to the lesser of
  - i. The actual costs incurred or
  - ii. The maximum meal rate.
- c. Taxation Issues. IRS Publication 463 considers reimbursement of meals associated with trips not requiring an overnight stay to be taxable wages and subject to applicable payroll taxes unless the meal is in conjunction with a “business meeting” as defined by the IRS.
  - i. Meals associated with a “business meeting” – Generally, if an employee is acting as an official representative of the County and is discussing County business with representatives of State government, employees of other agencies, with private consultants, with prospective employees etc. then the meal is considered to be associated with a business meeting and therefore not considered taxable wages.
  - ii. Other meals associated with day trips – All meals associated with day trips that do not meet the “business meeting” exception above are considered taxable wages. Casual meals in route to or from seminars or business meetings fall into this category and are therefore taxable and reported on the employee’s Form W-2.
- F. Other Incidental Expenses. Miscellaneous travel expenses (i.e. parking, tolls, gasoline expenses, fees and tips, etc.) are reimbursable provided they are necessary and reasonable and adequately documented by the employee.
- G. Non-Reimbursable Expenses. The following is a list of non-reimbursable expenses. The list is not all-inclusive:
  1. Alcoholic Beverages
  2. Commuting expenses
  3. Entertainment
  4. Parking tickets / fines
  5. Spousal / Family travel
  6. Travel Insurance
  7. Personal telephone calls
  8. Late Check out fees
- H. Travel Advances. Travel advances are permitted when payment for fraud-related expenses will create a financial hardship for the employee. All requests for advances must be approved by the Appointing Authority or his designee.

- I. Tool Allowance. Mechanics receive a tool allowance at the rate of \$25.00 per pay period. The tool allowance is taxable income and will be included on the employees W-2. The employee will need to provide his or her supervisor with receipts showing tool purchases equal to the amount of his allowance. The supervisor will track providing quarterly reports to the employee and fiscal department.
- J. Uniforms. Designated Employees are required to wear uniforms provided by the agency. The cost of these uniforms is considered by the Internal Revenue Service to be taxable income. Taxes will be withheld from the employee's pay and included on his W-2.

## **5.12 Confidentiality**

### **A. Generally.**

- 1. The Employer requires that all staff, interns, contractors and other workers exercise a high level of security regarding the matters within the COUNTY. Anyone entering the work area (does not include lobbies and public areas) of COUNTY is required to read and sign a copy of the confidentiality form (Utilize Form \_\_\_\_ - Confidentiality Agreement). A copy of this form will be kept on file, a copy will be provided to the person entering the work area, and it must be updated and resigned annually.
- 2. Any information regarding any client or former client is considered confidential. Any unauthorized disclosure, release or transmission of confidential material is considered to be a breach of this policy, subject to penalties. Employees of the agency are specifically prohibited from disclosing personal information directly or indirectly without the client's expressed written consent.
- 3. The use and disclosure of COUNTY client information is limited to purposes directly connected with the business of the COUNTY as well as purposes directly connected with the administration of any other state or federal assisted program.
- 4. Any questions regarding disclosure or non-disclosure are to be directed to a supervisor or the Appointing Authority.

### **B. Prohibitions. To prevent a breach of confidentiality, the COUNTY specifically prohibits:**

- 1. Any staff from removing any COUNTY records, files, forms, equipment and any other COUNTY related materials from the COUNTY premises without prior consent from the Appointing Authority.
- 2. An employee from working on a matter or processing any action that would relate to their own case, the case of a relative (link to definition of relative, 6.04(J)), or the case of a personal friend.

3. Employees from viewing case records and computerized records of any case that they are not assigned to. Review of case records for the purpose of securing information for personal reasons or “curiosity” is strictly prohibited.
4. Disclosure or transmission of any non-public record or confidential information, to anyone without proper authorization.
5. Authorized individuals from accessing more than the minimum amount of necessary information to complete their assigned task.

**C. Penalty for Violators.**

1. Any employee believed to be in violation of this section shall be subject to the penalties consistent with those set forth under Ohio Revised Code Section 3125.99 which imposes a fine of not more than five-hundred dollars, or imprisonment of not more than six months, or both.
2. Additionally, any employee believed to be in violation of this section shall be subject to progressive discipline, with the possible result of termination of employment

**5.14 CREDIT CARD USE**

(Approved August 19, 2015, Resolution 15-R-523)

**POLICY**

- A. Authorization: Any Morrow County Appointing Authority may apply to the Board of County Commissioners for authorization to have an employee of the Appointing Authority use a credit card properly held by that Appointing Authority. Such authorization request shall state the name of the employee but the credit card shall be issued in the name of the office of the Appointing Authority. The County Commissioners shall in writing authorize the County Treasurer to issue an approved County Credit Card and furthermore shall maintain a listing of issued and active credit cards.
- B. Uses: A credit card held by the Board of County Commissioners or the office of any other County Appointing Authority shall be used only to pay the following work-related expenses:
  1. Food expenses;
  2. Transportation expenses;
  3. Gasoline and oil expenses;
  4. Minor motor vehicle maintenance for County-owned or leased vehicles;
  5. Emergency motor vehicle repair for County-owned or leased vehicles;
  6. Telephone expenses;
  7. Lodging expenses;
  8. Internet service provider expenses;
  9. Public Children Services agency only expenses associated with Emergency Care, pursuant to ORC 5153.16, children in temporary or permanent custody and children in planned permanent living arraignments.

10. Webinar expenses; and
  11. Automatic or electronic data processing or record-keeping equipment, software, or services approved by Data Processing Board and/or Appointment Authority not to exceed \$10,000 per quarter.
- C. Ineligible Expenses: No late charges or financial charges shall be allowed as an allowable expense, unless otherwise authorized by the Board of County Commissioners. Debt incurred as a result of the use of an authorized credit card, pursuant to this policy, shall be paid from monies appropriated to specific appropriation line items of the Appointing Authority for eligible work-related expenditures listed above. County Credit Cards may not be used to purchase alcoholic beverages and pay Ohio Sales Tax.

## **PROCEDURE**

- A. Credit card receipts for all expenditures shall be submitted to the County Auditor with a brief explanation of what the expenditure was for. In accordance with R.C. Section 301.27, an Appointing Authority who has been authorized to secure a credit card for his/her office shall submit to the Board of County Commissioners an estimate of the expenses which are likely to be charged to the County credit card during the month following such submission, unless a longer usage period is authorized by the Board. The authorization to charge such amounts shall be subject to the advance approval of the Board after the County Auditor has certified sufficient funds are available in the appropriate account.
- B. Any time an authorized credit card is used for more than the authorized amount, the Appointing Authority may request the Board of County Commissioners to authorize the expenditure after the fact, provided, upon the Board's request, the County Auditor certifies that sum of money is in the treasury or in the process of collection to the credit of the appropriate appropriation line item for which the credit card was used, and is free from previous and then-outstanding obligations or certifications. If the card is used for more than the amount originally authorized and if for any reason that amount is not authorized after the fact, the County shall be reimbursed for any amount spent beyond the originally authorized amount in the following manner:
  1. If the card is issued in the name of a specific officer or employee, that officer or employee is liable in person and upon any official bond the officer or employee has given to the County to reimburse the County treasury for the amount charged to the County beyond the originally authorized amount.
  2. If the card is issued to the office of the Appointing Authority, the Appointing Authority is liable in person and upon any official bond the Appointing Authority has given to the County for the amount charged to the County beyond the originally authorized amount.
- C. After returning from any meeting, conference, convention, or other official Employer function wherein reimbursable expenses have been incurred, and no later than the first day of each month, an employee shall submit a Morrow County Travel Expenses form

and all original receipts and other documentation to his/her immediate supervisor for forwarding to the Appointing Authority. The report shall be reviewed by the Appointing Authority and either authorized for reimbursement or not authorized and returned to the employee for adjustment or further documentation. Once the report has been authorized by the Appointing Authority, the original report shall be forwarded to the County Auditor for payment.

- D. Whenever any employee who is authorized to use a credit card held by the Board or the office of any other Morrow County Appointing Authority suspects the loss, theft, or possibility of unauthorized use of the card, the officer or employee shall notify their Appointing Authority, the County Treasurer, the County Auditor, and the Board of Commissioners immediately and in writing.
- E. The policy regarding the exemption from the advance monthly notice requirement for County credit cards is as follows:
  - 1. The Morrow County Commissioners have resolved to use the provisions of ORC 301.27(E)(2) for the exemption from the advance monthly estimate requirement.
  - 2. All classes of expenses listed in Section 301.27(B)(1) are exempted for all individuals authorized to use a credit card, and all specific credit cards from the advance estimate requirement.
  - 3. In order to meet the statutory requirements that the card be used for no more than the amount in a line item appropriation and be encumbered, the Board hereby requires each Morrow County Appointing Authority utilizing County credit cards to obtain a purchase order per type of credit card in the vendor's name for a period of up to each full fiscal year specifically for the payment of credit card bills.
- F. If the County Auditor determines there has been a credit card expenditure beyond the appropriated or authorized amount as provided in this policy, the Auditor immediately shall notify the Board of Commissioners. When the Board determines, on its own or after notification from the County Auditor, that the county treasury should be reimbursed for credit card expenditures beyond the appropriated or authorized amount, it shall give written notice to the County Auditor and to the employee liable to the treasury as provided in those divisions. If, within 30 days after issuance of the written notice, the County treasury is not reimbursed for the amount shown on the written notice, the Prosecuting Attorney of the County shall recover that amount from the employee or Appointing Authority who is liable under this section by civil action in any court of appropriate jurisdiction.

## **Background**

Procedure cards are designed to make small-dollar purchases in manner that reduces paperwork and processing time. This program is an alternative to the traditional purchasing process and can reduce the number of purchase orders and payments processed. The procurement card program is not intended to and pursuant to ORC 30.29(E)(3), shall not be used to avoid or bypass the competitive bid requirements of ORC 307.86. Further, the procurement card program is not intended to avoid or bypass the requisite appropriation of funds process, approval process or payment process. Rather, the program compliments the established and existing processes.

## **Authority**

Ohio Revised Code (ORC) Section 301.29 permits counties to use procurement cards. The Board of County Commissioners, with the advice of the County Auditor, shall formulate the policy for the use of the cards. The policy, which will be adopted by the Board through resolution, shall set limits for, among other things, spending, card activity and allowable expenditures. It shall also establish administrative controls that the Board determines will be sufficient for use of a procurement card, after consulting with the County Auditor. The County Auditor shall develop internal accounting controls in consultation with the Auditor of State.

## **Policies and Procedures**

1. Selection of the procurement card Provider: The procurement card provider will be selected consistent with legal requirements and is subject to the County's competitive bid process. Other considerations which will be considered are convenience of use, store location and type and quantity of items normally purchased during the normal course of business.

The Board of County Commissioners with advice of the County Auditor and Treasurer shall determine whether to contract with any one or more issuers that meet the needs of the County.

2. Agency's policies: Pursuant to ORC 301.29(F)(2), an elected official, the Department Head or the Board of a County Agency may apply to the Board of County Commissioners for authorization to have a procurement card held by that appointing authority or Board of a County Agency to pay for specific classes of work-related expenses. The County Commissioners with the County Treasurer shall negotiate and coordinate with the contracted Provider.
3. Designation of the program contact and agency coordinators: The Board of County Commissioners has appointed the Treasurer as the primary point of contact with the Provider for the procurement card program. The County Treasurer will be responsible for the ordering and distributing of cards, troubleshooting problems encountered with card use or vendor authorization and reissuing lost or stolen cards. The County Auditor

shall be appointed as the compliance point of contact for program and responsible for communication and coordination with department Coordinators as it relates to expenditure eligibility and compliance with accounting procedures.

In addition, each County office or agency that participates in the procurement card program will name a program coordinator for their respective office or agency (“Coordinator”). The Coordinator will be responsible for; processing cardholder applications, suspensions and cancellations, resolving disputes with merchants, reviewing and reconciling card activity and maintaining cardholder profiles for the agency’s card(s).

4. Establishment of card limits: Individual procurement cards are subject to the following maximum limits:

1. Daily spending per card:	\$5,000
2. Monthly spending per card:	\$10,000
3. Single transaction limit	\$5,000
4. Daily number of transactions per card:	10
5. Monthly number of transactions per card:	50

Purchases may not be split to bypass the single transaction limit. Deviations from these limits are only permissible with written authorization from the County Commissioners.

5. Designation of allowed transactions: The card may be appropriately used to purchase the following:

- Office supplies
- Computer supplies, software
- Building maintenance materials and supplies
- Motor Vehicle and Equipment Repair parts
- Items to be used by social services agencies in the normal course of business

No late charges or finance charges shall be allowed as an allowable expense unless authorized by the Board of County Commissioners. **All purchases are Tax Exempt: therefore no Ohio Sales Tax shall be paid.**

6. Application for procurement card and subsequent profile changes: The Coordinator will prepare the application, obtain written approval of the proposed cardholder as well as the elected official, Department Head or Board of the County Agency and forward it to the Board of County Commissioners for their approval. Consistent with sections 4 and 5 above, the application should specify monetary and transaction limits.

After the applications is approved, the Coordinator will submit the application to the Treasurer who will assign a card number. The card will be issued in the designated individual’s name, with the appointing authority’s or Board of a County Agency’s name clearly indicated as the buyer on the card.

Any changes or updates to a cardholder's name, spending limits or merchant commodity codes should be initiated by the Coordinator, approved by the elected official, the top executive of the agency or Board of a County Agency and submitted to the Board of County Commissioners for their approval and changes shall be communicated to the County Treasurer and County Auditor.

7. Making purchases; record-keeping.

a. Purchase orders: An encumbrance must be established and the purchase order amount should be set based on the monetary and transaction limits established for the card and projected spending. This helps ensure that expenditures do not exceed available appropriations.

b. Original receipts: When making a purchase, the cardholder shall obtain and retain the original receipt. Every effort should be made to ensure that the receipt contains the vendor's name, date of purchase, itemized description of purchase, per unit price and extended price. The cardholder will match and attach receipts to billing statements as part of the account reconciliation. **A cardholder will be held personally liable for missing receipts and may be required to reimburse the county for those billed purchases for which a receipt is not or cannot be produced.**

c. Internet, telephone and fax purchases: Procurement cards may be used to purchase goods over the Internet, telephone or fax. These purchases must be evidenced by written order confirmation along with either the original packing slip that accompanied the purchased goods or an itemized receipt.

Cardholders will be held responsible for all orders placed, even those with vendors that turn out not to be legitimate businesses.

The cardholder should inform the vendor that the purchase will be paid through the County procurement card and that the purchase is tax exempt. No Ohio Sales Tax shall be paid and No late charges or finance charges shall be allowed as an allowable expense.

8. Account reconciliation and payment of procurement card billing: Each Coordinator will receive a statement identifying all transactions made during the billing cycle. The Coordinator will reconcile the statement's accuracy against the receipts. Payment cannot be made until the Coordinator confirms receipt of the goods or services.

The appointing authority or their designee is responsible for reviewing the appropriateness of purchases made with the card and for approving each statement for each card under their supervision.

The approval must be evidenced by the approver's signature. Once approved for payment, the agency must submit the original statement and supporting receipts with the voucher for payment. The County Auditor shall review, approve and issue payment

either by warrant or electronically or deny and return to the Coordinator for lack of complete documentation or ineligible expenditures.

9. Lost or stolen cards: If the card is lost or stolen, the cardholder must notify the card issuer immediately to block further use of the card. The cardholder must confirm the phone call by written notification to the card issuer via mail or fax, with copies to the Coordinator and the County Treasurer and Auditor. The date and time of the phone report of the lost or stolen card should be included in the written notification. The County Treasurer will initiate issuance of a replacement card.
10. Suspension or cancellation of card: When and if necessary, the Cardholder or Coordinator will initiate suspension or cancellation of the card and will notify the County Treasurer and Auditor that such action has been taken.

## **SECTION 6**

## **EMPLOYEE BENEFITS AND LEAVE POLICIES**

### **6.01 Insurance Benefits and COBRA Coverage**

- A. Employees who work thirty (30) hours or more per week, on a regularly scheduled basis are eligible for County insurance benefits (health, dental, life and vision). Look back period to determine hours worked will be the same as established by the Morrow County Commissioners. Temporary employees, intermittent, whether full-time or part-time, are not entitled to receive insurance benefits. Qualified employees shall share the premium cost with the Employer. The Employer reserves the right to modify the insurance coverage currently in effect and/or to modify employee premium contributions. Health insurance will become effective on the first day of the month following a full calendar month of employment after the health insurance application has been submitted. Copies of insurance plan documents and benefit schedules are available from the Employer.
- B. In accordance with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) an employee who is covered under the county's health insurance, and who loses coverage due to a reduction in hours, or termination of employment (other than by discharge for gross misconduct), is entitled to continuing coverage at his or her own expense as provided in accordance with the Act and Section 4.11(B). (Utilize Form 16

Section 6.01 amended 3/1/17, Resolution# 17-R-140

### **6.02 Workers' Compensation / Wage Continuation**

#### **A. Wage Continuation.**

1. In situations where an employee is injured in the workplace and is eligible for workers' compensation benefits, the Employer may choose to compensate the employee through the Morrow County Wage Continuation Program. The Morrow County Wage Continuation program was implemented to prevent delays and interruptions in income associated with the Ohio Bureau of Workers' Compensation

(BWC) claims processing as well as to alleviate workers' compensation related costs on the Employer.

2. At the discretion of the Employer and in compensable claim workplace injury situations, the Employer:
  - a. May decide to continue to pay the wages at the same rate of pay an injured worker was making at the time of injury.
3. Payments to employees under the Wage Continuation Program will be made only during the first 12 week period of time that workers' compensation benefits would otherwise be paid by the BWC. If the period of disability exceeds 12 weeks, the Appointing Authority and the BCC may request the employee begin receiving payment from the BWC.
4. Payment will begin immediately upon receipt of disability proof and a completed claim application (Utilize Form 7 - Workers' Compensation Accident/Injury Form). Payments will be taxable income to the employee and subject to the same tax-withholding requirements as the employee's bi-weekly wage.

B. Workers' Compensation.

1. Employees are eligible for Workers' Compensation for injuries arising out of or in the course of his or her employment. In order to qualify for benefits under this section, the employee must file an accident report in accordance with Section 2.10.
2. While on Workers' Compensation, no vacation or sick leave hours will accumulate. Hours will remain at their balance when the employee became disabled and resume accumulation upon the employee's return to work. An employee on Workers' Compensation will not receive holiday pay.
3. More information related to Workers' Compensation can be found on the internet at [www.OhioBWC.com](http://www.OhioBWC.com).

**6.03 Retirement – Public Employees' Retirement System (PERS)**

- A. PERS enrollment is mandatory for all full-time, part-time, temporary, intermittent and seasonal employees who do not participate in another public retirement system.
- B. An employee's contribution is held in his or her own account. The Employer's contribution is held in the general fund of PERS. When an employee leaves public employment, he or she may request a refund of his or her own contribution. Funds contributed by employers are not refundable. An employee may choose to leave his or her contribution in the fund and receive retirement benefits upon qualification.
- C. An employee may name a beneficiary for his or her account. If no one is named as beneficiary, the law requires the spouse to be the beneficiary; or, if there is no spouse, the

children; or if there is neither spouse nor children, parents; or if no spouse, children or parents, then the estate.

D. Employees having any questions regarding this program, should call or write to:

Public Employees' Retirement System  
277 East Town Street  
Columbus, OH 43215  
(800) 222-7377 or (614) 466-2085  
[www.opers.org](http://www.opers.org)

#### **6.04 Sick Leave**

- A. Accrual. Each employee shall be entitled to four and six-tenths (4.6) hours of paid sick leave upon completion of each eighty (80) hours of service. However, this accrual rate will be prorated for employees who are otherwise eligible for sick leave and who work more or less than eighty (80) hours in a bi-weekly pay period. Employees absent on paid sick leave will be paid at their regular rate of pay. Unused sick leave shall be cumulative without limit.
- B. Reasons for Leave. Sick leave is a benefit provided to public employees to aid them in offsetting the financial burden of an illness. Employees are expected to be in attendance daily and sick leave is to be used only for those reasons set forth below. An employee may submit a request for sick leave for the following reasons:
1. Illness, injury, or pregnancy-related condition of the employee, or of a member of the employee's immediate family where the employee's presence is reasonably necessary for the health and welfare of the affected family member.
  2. Exposure of an employee to a contagious disease which could be communicated to and jeopardize the health of other employees.
  3. Examination of the employee, including medical, psychological, dental, or optical examination, by an appropriate licensed practitioner.
  4. Death of a member of the employee's immediate family. Such usage shall be limited to a reasonably necessary time beyond any bereavement leave benefit, not to exceed three days if funeral takes place in state and five days if the funeral is out of state.
  5. Illness, injury, or pregnancy-related condition of a member of the employee's immediate family where the employee's presence is reasonably necessary for the health and welfare of the employee or affected family member.
  6. Examination, including medical, psychological, dental, or optical examination, of a member of the employee's immediate family by an appropriate licensed practitioner where the employee's presence is reasonably necessary.
- C. Physician's Excuse. A satisfactory physician's certificate will be required in each case when an employee has been absent more than three (3) consecutive days. The physician's certificate must be submitted upon the employee's return to work from leave. The physician's certificate must be signed personally by the treating physician, and must verify that the employee was unable to work during the period in question, not simply

that the employee was “under the doctor’s care.” The Employer shall have the right to require a satisfactory physician’s certificate for absences fewer than three (3) consecutive days if this action serves to verify the proper use of sick leave. The Employer may also require an employee to be examined by a physician selected by the Employer in order to verify the proper use of sick leave. The Employer will pay for such an examination.

- D. Notification. An employee requesting sick leave shall inform his supervisor of the request and the reason for the request within one-half (1/2) hour after his scheduled starting time on each day of the absence. This requirement may be waived if the employee is hospitalized or has provided a physician’s statement containing an expected date of return. Absent an emergency, the employee may not have family members or friends make the call on their behalf, or leave voice mail messages or messages with co-workers in lieu of speaking with their supervisor. If the employee’s supervisor is not available at the time of the call, the employee may telephone another supervisor or the Administrator. Failure to comply with these notification procedures may result in denial of sick leave for the period of absence, and such disciplinary action as may be appropriate.
- E. Use of Other Leave. Vacation leave and compensatory time may be used for sick leave purposes, at the employee’s request and with the approval of the Employer, after sick leave is exhausted. Employees who have exhausted all paid sick leave, vacation leave and compensatory time may, at the sole discretion of the Employer, be granted a personal leave of absence without pay for a period not to exceed six (6) months in accordance with Section 6.07.
- F. Misrepresentation. An employee who fraudulently obtains sick leave, who falsifies sick leave requests, documentation, or records, who misrepresents the grounds for a sick leave request, or who uses sick leave for improper purposes, shall be subject to disciplinary action up to and including termination. Further, an employee may be disciplined for excessive sick leave use in appropriate cases, whether or not the employee has exhausted all available paid sick leave. Determinations of sick leave abuse shall be based on indications of inappropriate use of the leave or the inability of the employee to perform the essential functions of the employee’s position. Employees are expressly prohibited from engaging in either of the following during a paid or unpaid sick leave:
1. Paid employment of any kind, or
  2. Other activities, whether or not paid, that are inconsistent with the claimed inability to work or the claimed need to care for a seriously ill member of the immediate family.
- G. Investigation. The Employer may investigate any use of sick leave when it has reason to believe that an employee may be abusing sick leave and/or not using sick leave for its intended purposes. Intentional misuse of sick leave will be considered theft of public funds and just cause for termination. Altering a physician’s certificate or falsification of a written, signed leave statement shall be cause for immediate dismissal.

- H. Transfer of Accrued Leave. Employees who transfer between county offices or agencies, or from another public agency, or who are reappointed or reinstated, will be credited with the unused balance of accumulated sick leave provided the time between separation, reappointment, or transfer does not exceed ten (10) years and the employee has not received a refund from PERS. The phrase “public agency”, as used above, includes the State, counties, municipalities, all boards of education, libraries, townships, and other public appointing authorities within the State of Ohio.
- I. Family Defined. “Immediate family” for purposes of this policy includes: spouse, children, grandchildren, parents, grandparents, siblings, aunts, uncles, brother-in-law, sister-in-law, daughter-in-law, son-in-law, father-in-law, mother-in-law, step-parents, step-children, step-siblings, and a legal guardian or other person who stands in the place of a parent to the employee.
- J. Increments of Use. Sick leave shall be charged in minimum increments of one-half (½) hour. When sick leave is used it shall be deducted from the employee’s credit on the basis of one hour of sick leave for every one hour of absence from previously scheduled work. Sick leave payments shall not exceed the normal scheduled workday or workweek earnings. Employees may utilize sick leave only for the hours and days on which they are scheduled to work.
- K. Payment at Retirement. Upon retirement from active service with the COUNTY , an employee who has ten (10) or more years of service with the state, political subdivision, or any combination thereof, shall be paid in cash for one-quarter (1/4) the value of the employee’s accrued but unused sick leave credit. The maximum aggregate payment to the employee shall not exceed the value of two hundred and forty (240) hours of accrued but unused sick leave. The payment shall be based on the employee’s rate of pay at the time of retirement.

Section 6.04 amended Resolution# 20-R-235 March 16, 2020

## 6.05 Family and Medical Leave

The purpose of this section is to comply with the Family Medical Leave Act, as it may be amended from time to time.

### A. **Statement of Policy.**

Eligible employees may request time off for family and/or medical leave of absence with job protection and no loss of accumulated service provided the employee meets the conditions outlined in this policy and returns to work in accordance with the Family and Medical leave Act of 1993.

- B. Definitions. As used in this policy, the following terms and phrases shall be defined as follows:

1. “Family and/or medical leave of absence”. An approved absence available to eligible employees for up to twelve (12) weeks of unpaid leave per year under particular circumstances. Such leave may be taken only for the following qualifying events:
  - a. Upon the birth of an employee’s child and in order to care for the child;
  - b. Upon the placement of a child with an employee for adoption or foster care;
  - c. When an employee is needed to care for a family member who has a serious health condition; or
  - d. When an employee is unable to perform the functions of his or her position because of the employee’s own serious health condition.
  - e. Qualifying service member leave.
2. Service Member Leave: The spouse, parent or child of a member of the U. S. military service is entitled to twelve (12) weeks of FMLA leave due to qualifying exigencies of the service member being on “covered active duty” or receiving a “call to covered active duty.” In addition, a spouse, child, parent or next of kin (nearest blood relative) of a service member is entitled to up to twenty-six (26) weeks of leave within a “single twelve (12)-month period” to care for a service member with a “serious injury or illness” sustained or aggravated while in the line of duty on active duty. The “single twelve (12)-month period” for leave to care for a covered service member with a serious injury or illness begins on the first day the employee takes leave for this reason and ends twelve (12) months later, regardless of the twelve (12) month period established for other types of FMLA leave.
3. “Per year”: A rolling twelve (12) month period measured backward from the date an employee uses any leave under this policy. Each time an employee takes leave, the employer will compute the amount of leave the employee has taken under this policy, and subtract it from the twelve (12) weeks of available leave. The balance remaining is the amount the employee is entitled to take at the time of the request. For example, if an employee used four (4) weeks of FMLA leave beginning February 4, 2009, four weeks beginning June 1, 2009, and four weeks beginning December 1, 2009, the employee would not be entitled to any additional leave until February 4, 2010.
4. “Serious Health Condition”: Any illness, injury, impairment, or physical or mental condition that involves:
  - a. Inpatient care.
  - b. any period of incapacity of more than three consecutive calendar days that also involves:
    - i. Two or more treatments by a health care provider, the first of which must occur within seven (7) days of the first day of incapacity and both visits must be completed within thirty (30) days; or
    - ii. Treatment by a health care provider on one occasion that results in a regimen of continuing treatment under the supervision of a health care provider.
  - c. Any period of incapacity due to pregnancy or for prenatal care.

- d. A chronic serious health condition which requires at least two “periodic” visits for treatment to a health care provider per year and continues over an extended period of time. The condition may be periodic rather than continuing.
  - e. Any period of incapacity which is permanent or long term and for which treatment may not be effective (i.e. terminal stages of a disease, Alzheimer’s disease, etc.).
  - f. Absence for restorative surgery after an accident/injury or for a condition that would likely result in an absence of more than three days absent medical intervention. (i.e. chemotherapy, dialysis for kidney disease, etc.).
5. “Licensed Health Care Provider”: A doctor of medicine, a doctor of osteopathy, podiatrists, dentists, optometrists, psychiatrists, clinical psychologists, and other as specified by law.
6. “Family Member”: Spouse, child, parent or a person who stands “in loco parentis” to the employee.
7. “Covered Service Member”: Means either:
- a. A member of the Armed Forces, including a National Guard or Reserve Member, who is undergoing medical treatment, recuperation, or therapy, is in outpatient status, or is on the temporary disability retired list, for a serious injury or illness; or
  - b. a covered veteran who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness and who was a member of the Armed Forces, including a National Guard or Reserves Member, at any time during the five years preceding the date the eligible employee takes FMLA leave to care for the covered veteran.
- i. Note: An individual who was a member of the Armed Forces (including National Guard or Reserves) and who was discharged or released under conditions other than dishonorable prior to March 8, 2012, the period of October 28, 2009 and March 9, 2012, shall not count toward the determination of the five-year period for covered veteran status.
8. “Outpatient Status”: The status of a member of the Armed Forces assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving outpatient medical care.
9. “Next of Kin”: The term “next of kin” used with respect to a service member means the nearest blood relative of that individual.
10. A “serious injury or illness”: For purposes for the 26 week military caregiver leave means either:

a. In the case of a current member of the Armed Forces, including a member of the National Guard or Reserves, means an injury or illness that was incurred by the covered service member in the line of duty on active duty in the Armed Forces or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, and that may render the member medically unfit to perform the duties of the member's office, grade, rank or rating; and ,

b. In the case of a covered veteran, means an injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the member became a veteran, and is:

i. a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the service member unable to perform the duties of the service member's office, grade, rank, or rating; or

ii. a physical or mental condition for which the covered veteran has received a U. S. Department of Veterans Affairs Service-Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or

iii. a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or

iv. an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

11. "Covered Active Duty" or "Call to Covered Active Duty":

a. In the case of a member of a Regular Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country, (Active duty orders of a member of the regular components of the Armed Forces generally specify if the member is deployed to a foreign country.

b. In the case of a member of the Reserve components of the Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation pursuant to specific sections of the U. S. Code, as outlined in 29CFR § 825.126.

12. "Deployment to a foreign country" means deployment to areas outside of the United States, the District of Columbia, or any Territory or possession of the U. S., including international waters.
13. "Qualifying Exigency": (For purposes of the twelve (12)-week qualifying exigency leave) includes any of the following:
  - a. Up to seven days of leave to deal with issues arising from a covered military member's short notice deployment, which is a deployment on seven (7) or fewer days notice.
  - b. Military events and related activities, such as official ceremonies, programs, or events sponsored by the military, or family support or assistance programs and informational briefings sponsored or promoted by the military, military service organizations, or the American Red Cross that are related to the active duty or call to active duty status of a covered military member.
  - c. Qualifying childcare and school activities arising from the active duty or call to active duty status of a covered military member, such as arranging for alternative childcare, providing childcare on a non-routine, urgent, immediate need basis; enrolling or transferring a child to a new school; and attending certain school and daycare meetings if they are necessary due to circumstances arising from the active duty or call to active duty of the covered military member.
  - d. Making or updating financial and legal arrangements to address a covered military member's absence, such as preparing powers of attorney, transferring bank account signature authority, or preparing a will or living trust.
  - e. Attending counseling provided by someone other than a health care provider for oneself, the covered military member, or a child of the covered military member, the need for which arises from the active duty or call to active duty status of the covered military member.
  - f. Rest and recuperation leave of up to fifteen (15) days to spend time with a covered military member who is on short-term, temporary, rest and recuperation leave during the period of deployment. This leave may be used for a period of 15 calendar days from the date the military member commences each instance of Rest and Recuperation leave.
  - g. Attending certain post-deployment activities within ninety (90) days of the termination of the covered military member's duty, such as arrival ceremonies, reintegration briefings, and any other official ceremony or program sponsored by the military, as well as addressing issues arising from the death of a covered military member.

h. Qualifying parental care for military member's biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the military member when the member was under 18 years of age, when the parent requires active assistance or supervision to provide daily self-care in three or more of the activities of daily living, as described in 29 C.F.R. § 825.126, and the need arises out of the military member's covered active duty or call to covered active duty status.

i. Any qualifying exigency which arose out of the covered military member's covered active duty or call to covered active duty status.

### C. Leave Entitlement

To Be eligible for leave under this policy, an employee must meet all of the following conditions:

1. Worked for the agency for a least twelve (12) non-consecutive months, or fifty-two (52) weeks.
2. Actually worked at least one thousand two hundred fifty (1,250) hours during the twelve (12) month period immediately prior to the date when the FMLA leave is scheduled to begin.
3. Work at a location where the Employer employs fifty (50) or more employees within a seventy-five (75) mile radius.
  - a. The entitlement to FMLA leave for the birth or placement for adoption or foster care expires at the end of the twelve (12) month period following such birth or placement.
  - b. Spouses who are both employed by the agency are jointly entitled to a combined leave total of twelve (12) weeks (rather than twelve (12) weeks each) for the birth of a child, upon the placement of a child with the employees for adoption or foster care, and for the care of certain family members with serious health conditions.

### D. Use of Leave

The provisions of this policy shall apply to all family and medical leaves of absence as follows:

1. Generally: An employee is only entitled to take off a total of twelve (12) weeks of leave per year under the FMLA. As such, employees will be required to utilize their accumulated unused paid leave (sick, vacation, etc.) in conjunction with their accumulated unused unpaid Family Medical Leave. Employees will be required to

use the type of accumulated paid leave that best fits the reason for taking leave and must comply with all procedures for requesting that type of leave as stated in the relevant policy. Any time off that may legally be counted against an employee's twelve (12) week FMLA entitlement will be counted against such time.

2. **Birth of an Employee's Child:** An employee who takes leave for the birth of his or her child must first use all available accrued paid vacation leave prior to using unpaid leave for the remainder of the twelve (12) week period. However, if the employee requests leave for the employee's own serious health condition as a result of the pregnancy or post-partum recovery period, the employee will be required to exhaust all of her sick leave prior to using unpaid leave for the remainder of the twelve (12) week period. *(Note: see section E below for information on disability leaves.)*
3. **Placement of a Child for Adoption or Foster Care:** an employee who takes leave for the placement of a child for adoption or foster care must first use all available accrued paid vacation leave prior to using unpaid leave for the remainder of the twelve (12) week period.
4. **Employee's Serious Health Condition or Family Member's Serious Health Condition:** An employee who takes leave because of his serious condition or the serious health condition of his family member must use all available accrued paid sick and vacation leave prior to using unpaid leave for the remainder of the twelve (12) week period.

#### E. FMLA and Disability/Workers' Compensation.

An employee who is eligible for FMLA leave because of his own serious health condition may also be eligible for workers' compensation if the condition is the result of workplace accident or injury. Regardless of whether the employee is using worker's compensation benefits, the Employer may designate the absence as FMLA leave, and count it against the employee's twelve (12) week FMLA entitlement if the injury or illness constitutes a serious health condition under the FMLA. In addition, as these may be compensated absences, if the employee participates in the worker's compensation program, the employee is not eligible to use paid leave of any type (except as supplemental benefits, if applicable and requested by the employee), nor can the employer require him to do so, while the employee is receiving compensation from such a program.

#### F. Procedures for Requesting FMLA Leave.

Requests for FMLA leave must be submitted in writing at least thirty (30) days prior to taking leave or as soon as practicable prior to the commencement of the leave. If the employee fails to provide thirty (30) days notice for foreseeable leave with no reasonable excuse for the delay, the leave may be denied until at least thirty (30) days from the date

the employer receives notice. The employee must follow the regular reporting procedures for each absence.

FMLA requests must be submitted on a standard leave form prescribed by the Employer. The Employer will determine whether the leave qualifies as FMLA leave, designate any leave that counts against the employee's twelve (12) week entitlement, and notify the employee that the leave has been so designated.

When an employee needs foreseeable FMLA leave, the employee shall make a reasonable effort to schedule the treatment so as not to unreasonably interfere with the Employer's operations.

#### G. Certification of Need for FMLA Leave for Serious Health Condition.

An employee requesting FMLA leave due to his family member's serious health condition must provide a doctor's certification of the serious health condition, which must designate that the employee's presence is reasonably necessary. Such certification shall be submitted at the time FMLA leave is requested, or if the need for leave is not foreseeable, as soon as practicable. An employee requesting FMLA leave due to the birth or placement of a child must submit appropriate documentation at the time FMLA leave is requested.

The Employer, at its discretion, may require the employee to sign a release of information so that a representative other than the employee's immediate supervisor can contact the medical provider. If the medical certification is incomplete or insufficient, the employee will be notified of the deficiency and will have seven (7) calendar days to cure the deficiency.

The Employer may require a second medical opinion prior to granting FMLA leave. Such opinion shall be rendered by a health care provider designated or approved by the Employer. If a second medical opinion is requested, the cost of obtaining such opinion shall be paid for by the Employer. If the first and second opinions differ, the Employer, at its own expense, may require the binding opinion of a third health care provider approved jointly by the employer and the employee. Failure or refusal of the employee to submit to or cooperate in obtaining either the second or third opinions, if requested, shall result in the denial of the FMLA leave request.

Employees who request and are granted FMLA leave due to serious health conditions may be required to provide the Employer periodic written reports assessing the continued qualification for FMLA leave. Further, the Employer may request additional reports if the circumstances described in the previous certification have changed significantly (duration or frequency of absences, the severity of the condition, complications, etc.), or if the employer receives information that casts doubt on the employee's stated reason for the absence. The employee must provide the requested additional reports to the Employer within fifteen (15) days.

#### H. Certification for Leave Taken Because of a Qualifying Exigency.

The Employer may request that an employee provide a copy of the military member's active duty orders to support the request for qualifying exigency leave. Such certification for qualifying exigency leave must be supported by a certification containing the following information: statement or description of appropriate facts regarding the qualifying exigency for which leave is needed; approximate date on which the qualifying exigency commenced or will commence; beginning and end dates for leave to be taken for a single continuous period of time; an estimate of the frequency and duration of the qualifying exigency if leave is needed on a reduced scheduled basis or intermittently; appropriate contact information for the third party if the qualifying exigency requires meeting with a third party and a description of the meeting; and, if the qualifying exigency involves rest and recuperation leave, a copy of the military member's Rest and Recuperation orders, or other documentation issued by the military which indicates the military member has been granted Rest and Recuperation leave, and the dates of the military member's Rest and Recuperation leave.

#### I. Intermittent/Reduced Schedule Leave.

When medically necessary, an employee may take FMLA leave on an intermittent or reduced work schedule basis for a serious health condition. An employee may not take leave on an intermittent or reduced schedule basis for either the birth of the employee's child or upon the placement of a child for adoption or foster care with the employee unless specifically authorized in writing by the Elected Official. Requests for intermittent or reduced schedule FMLA leave must be submitted in writing at least thirty (30) days prior to taking leave, or, as soon as practicable.

To be entitled to intermittent leave, the employee must, at the time such leave is requested, submit additional certification as prescribed by the employer establishing the medical necessity for such leave. This shall be in addition to the documentation certifying the condition as FMLA qualifying. The additional certification shall include the dates and the duration of treatment, if any, the expected duration of the intermittent or reduced schedule leave, and a statement from the health care provider describing the facts supporting the medical necessity for taking FMLA leave on an intermittent or reduced schedule basis. In addition, an employee requesting foreseeable intermittent or reduced schedule FMLA leave may be required to meet with the Executive Assistant or designee to discuss the intermittent or reduced schedule leave.

An employee who requests and is granted FMLA leave on an intermittent or reduced schedule basis may be temporarily transferred to an available alternative position with equivalent class, pay, and benefits if the alternative position would better accommodate the intermittent or reduced schedule. An employee who requests intermittent or reduced

schedule leave due to foreseeable medical treatment shall make a reasonable effort to schedule the treatment so as not to unduly disrupt the Employer's operations.

#### J. Employee Benefits.

Except as provided below, while an employee is on FMLA leave, the Employer will continue to pay its portion of premiums for any life, medical, dental and vision insurance benefits under the same terms and conditions as if the employee had continued to work throughout the leave. The employee continues to be responsible for the payment of any contribution amounts he would have been required to pay had he not taken the leave, regardless of whether the employee is using paid or unpaid FMLA leave. Employee contributions are subject to any change in rates that occurs while the employee is on leave.

The Employer will not continue to pay the employer portion of premiums for any life, medical, dental and vision insurance benefits if, while the employee is on FMLA leave, the employee fails to pay the employee's portion of such premiums or if the employee's payment for his portion of the premium is late by more than thirty (30) days. If the employee chooses not to continue health care coverage during FMLA leave, the employee will be entitled to reinstatement into the benefit plan upon return to work.

If the employee chooses not to return to work for reasons other than a continued serious health condition or circumstances beyond the employee's control, the Employer may seek reimbursement from the employee for any amounts paid by the Employer for insurance benefits the employee received through the employer during any period of unpaid FMLA leave. Leave balances accrued by an employee prior to taking FMLA leave and not used by the employee as outlined in the section entitled "Use of Leave" will be retained by the employee.

FMLA leave, whether paid or unpaid, will not constitute a break in service. Upon the completion of unpaid FMLA leave and return to service, the employee will return to the same level of service credit as the employee held immediately prior to the commencement of FMLA leave. In addition, FMLA leave will be treated as continuous service for the purpose of calculating benefits which are based on length of service. However, specific leaves times (i.e. sick, vacation, and personal leave and holidays) will not accrue during any period of unpaid FMLA leave.

#### K. Reinstatement.

An employee on FMLA leave must give the Employer at least two business days notice of his intent to return to work, regardless of the employee's anticipated date of return. Employees who take leave under this policy will be reinstated to the same or a similar position upon return from leave except that if the position that the employee occupied prior to taking FMLA leave is not available, the employee will be placed in a position which entails substantially equivalent levels of skill, effort, responsibility, and authority

and which carries equivalent status, pay, benefits, and other terms and conditions of employment as the position the employee occupied prior to taking FMLA leave. The determination as to whether a position is an “equivalent position” will be made by the Employer.

An employee will not be laid off as a result of exercising her right to FMLA leave. However, the Employer will not reinstate an employee who has taken FMLA leave if, as a result of a layoff within the agency, the employee would not otherwise be employed at the time reinstatement is requested. An employee on FMLA leave has no greater or lesser right to reinstatement or to other benefits and conditions of employment than if the employee had been continuously employed during her FMLA leave.

Prior to reinstatement, employees who take FMLA leave based on their own serious health condition shall provide certification from the employee’s health care provider that the employee is able to perform the essential functions of his position, with or without reasonable accommodation.

#### L. Records.

All records relative to FMLA leave will be maintained by the Employer as required by law. Any medical records accompanying FMLA leave requests will be kept separate from an employee’s regular personnel file. To the extent permitted by law, medical records related to FMLA leave shall be kept confidential. Records and documents created for purposes of FMLA containing family medical history or genetic information as defined by the Genetic Information Nondiscrimination Act of 2008 (GINA) shall be maintained in accordance with the confidentiality requirements of Title II of GINA, which permit such information to be disclosed consistent with the requirements of FMLA.

Section 6.05 Family & Medical Leave, amended 12/9/13, Resolution 13-R-607

### **6.06 Catastrophic Leave Donation Policy**

- A. Purpose. The Employer believe that it is in the best interest of its employees to have available, a catastrophic leave donation policy to help offset the financial burden to qualifying employees in the event of unforeseen “catastrophic illness or injury.” This Policy allows employees to voluntarily donate sick leave to another employee in the case of a temporary traumatic/catastrophic illness or injury of the employee or an immediate family member.
- B. Scope and Authority. This Policy is adopted pursuant to the authority found in R.C. 124.391 and shall include all employees for which the Morrow County Board of Commissioners is the Appointing Authority and any other elected official’s Office of the County who choose to participate in the Policy; however, adoption of this policy must be in writing and on record at the HR Director’s Office.

C. Definitions.

1. Traumatic/Catastrophic Illness or Injury - a devastating illness or injury that is not work-related and is expected to incapacitate the employee or a member of the employee's immediate household family for a period of at least thirty (30) calendar days. Traumatic/catastrophic illness or injuries would include, but are not limited to the following: cancer, heart attack, heart surgery, stroke, permanent paralysis, debilitating injury due to accident, severe burn, AIDS, ALS or any other condition the employee's appointing authority deems a covered illness or injury.
2. Immediate Family Member - mother, father, spouse, son, daughter, step-son, step-daughter, legal guardian, or someone who legally stands *in loco parentis*.
3. Donation - the act of voluntarily, unconditionally, and irrevocably surrendering a portion of one's sick leave to a qualified employee.

D. Operation. The Program allows eligible employees to donate paid leave to fellow employees who are placed on a leave of absence without pay by their Employer due to a non work-related catastrophic illness or injury as defined above.

E. Eligibility. An employee will be eligible to receive sick leave donations if all of the following conditions are met:

1. The employee has exhausted all forms of accrued paid leave due to extenuating circumstances relating to the catastrophic event.
2. The employee has provided sufficient medical documentation in the form of a physician's certification to the Employer, justifying the need for an extended medical leave of absence.
3. The unpaid leave of absence is expected to last at least thirty (30) calendar days.
4. The employee is not entitled to receive other disability benefits including but not limited to workers' compensation or PERS disability separation.
5. Employee has at least thirty (30) days of Family Medical Leave available.

F. Applications for Donation. Applications for leave donation must be submitted to the Employer in writing within five (5) days of knowledge of the need for leave. (Utilize [Form 29 – Request for Catastrophic Leave Donation](#)). Applications must include the following information:

1. The nature of the claimed catastrophic illness or injury.
2. Physician(s) diagnosis and prognosis of the catastrophic illness or injury.

3. Projected date of return to work.
4. Any other pertinent information the applicant wishes to submit for consideration.

G. Donation of Accrued Leave. Any qualifying employee may donate paid leave to a fellow employee who has applied and been approved for the leave donation program. The following guidelines apply for donations under the policy:

1. Any donations made pursuant to this policy must be voluntary.
2. Only employees with an accumulated sick leave balance of over one hundred-sixty (160) hours will be eligible to donate.
3. Eligible employees may donate a minimum of eight (8) hours and a maximum of forty (40) hours per year to a single recipient.
4. The donating employee must complete the “Catastrophic Leave Donation Form” and return it to the Employer within five (5) days of the notice for need posting. ([Utilize Form 29A- Application for Catastrophic Leave Donation](#)). – form updated 6/28/17

H. Approval by the Employer.

1. The Employer has the ultimate authority to approve or deny requests for leave under the Policy. Decisions will be based on any number of factors but will necessarily include the overall work record of the applicant employee including the attendance record as well as the particular facts and circumstances regarding the situation giving rise to the need for leave. The Employer may base its decision in part on the applicant’s prior record of sick leave usage.
2. If the request for donated sick leave is approved by the Employer, the employee will be placed on an approved, unpaid medical-related leave of absence and a notice will be posted informing employees of a particular employee’s need for assistance. The notice will include the employee’s name, a brief description of the reasons for need for leave, the amount of leave being requested as well as “catastrophic leave donation forms.” The employee may apply for up to one hundred-sixty (160) hours of donated leave during the course of their employment with the County.

I. Limitations. Any and all donations made pursuant to this policy must be voluntary. The Employer will make the final determination regarding eligibility for the program and the following items will apply:

1. Donated sick leave will be used in place of the employee’s regularly scheduled hours of work.

2. Sick leave, vacation leave or other applicable benefits shall continue to accrue during the hours paid by donated leave, however, any such leave which will accrue during the leave period must be deducted from the overall period of absence and used in place of the same allotment of donated leave.
3. Donated leave pay shall not effect the effective date of the qualifying event for purposes of offering continuation of the County's health insurance program under COBRA.
4. Attendance and payroll records of the recipient employee shall denote a "D.S.L." for the time paid through Donated Sick Leave.
5. Attendance and payroll records of the donating employee shall reflect the same notation for all donated time.
6. Probationary employees are not eligible to receive donated leave.
7. The Employer has authority to amend or revoke this policy at any time.
8. The individual appointing authorities are not mandated to participate in this policy and if they elect to do so, may stop their participation at any time.
9. All decisions made with respect to the Policy are final and not subject to appeal or any grievance or arbitration.
10. Employees who have exhausted their twelve (12) weeks of Family Medical Leave are not eligible to receive donated leave under this policy.

Section 6.06 Catastrophic Leave Donation Policy, amended 6/28/17, Resolution 17-R-455

## **6.07 Unpaid Leave of Absence**

- A. Employees may request in writing, an unpaid leave of absence from the Employer for medical or personal reasons. (Utilize [Form 30 – Request for Unpaid Leave of Absence](#)). The Employer has sole discretion whether to grant the leave. A personal leave of absence may be granted for up to six (6) months for any reason the Employer deems sufficient grounds for leave. Acceptable reasons for an unpaid leave of absence may include:
  1. Voluntary service in any government sponsored program of public betterment;
  2. Education or training that would benefit the County, but is not required by the County;
  3. Family reasons that do not fall within the circumstances outlined in the Family and Medical Leave Policy;

4. Medical or family reasons that fall within the Family and Medical Leave Policy after the employee's twelve (12) week entitlement has been exhausted; or
  5. Other reasons as approved by the Employer.
- B. While on leave without pay status, an employee shall not accumulate sick leave or vacation leave, nor shall she receive holiday pay. Time spent in a leave without pay status shall not count for seniority purposes. An employee on an unpaid leave of absence must pay the premium for her health insurance (and dependant coverage, if applicable) to keep such coverage in force during the leave. Employees are ineligible for unemployment compensation during any leave period.
  - C. Unpaid leaves of absence shall not be granted to an employee for the purpose of engaging in partisan political activity.
  - D. An employee on an unpaid leave of absence who is determined to be using the leave for purposes other than the purpose for which the leave was granted may be ordered to return to work immediately. Failure to return to work as instructed in accordance with these policies may result in discipline up to and including termination.
  - E. The Employer may revoke the unpaid leave of absence for business reasons upon one week's written notice to the employee that she must return to work.
  - F. Upon return from a leave of absence, the employee will be returned to the same or similar position within the same classification. If the employee's former classification no longer exists, the employee will be assigned to a similar classification. If no similar classification exists, the employee may be placed on layoff.
  - G. An employee who fails to return to work at the expiration or cancellation of an approved unpaid leave of absence, without satisfactory explanation to the Employer will be terminated. The employee's termination date will be established as the starting date of the approved leave of absence.

## **6.08 Paid Leave of Absence**

The Appointing Authority may place an employee on administrative leave with pay in circumstances where the health or safety of the employee, other employees, or of any person or property entrusted to the employee's care could otherwise be adversely affected. The length of the leave shall not exceed the length of the situation for which the leave is granted. For example, in a disciplinary situation such leave might extend until the Employer completes an investigation of the matter, conducts a predisciplinary conference, and takes action or decides not to do so. Compensation for administrative leave shall be equal to the employee's hourly rate of pay.

## **6.09 Medical Examinations and Disability Separation**

- A. Medical Examination. The Employer may require an employee to take an examination, conducted by an Employer-selected licensed medical practitioner, to determine the employee's physical or mental capacity to perform the essential functions of his or her position, with or without reasonable accommodation. If the employee disagrees with a determination that he or she is unable to perform the essential functions of her position with or without reasonable accommodation, the employee may request to be examined by a second licensed medical practitioner of the employee's choice at the employee's own expense. If the reports of the two licensed medical practitioners conflict, a third opinion shall be rendered by a licensed medical practitioner chosen and paid for by the Employer. The licensed medical practitioner shall limit his or her report to the issue of whether the employee is capable of performing the essential functions of their position, as defined by the Employer, with or without reasonable accommodation.
- B. Paid Leave / Voluntary Disability. If an employee, after examination, is found to be unable to perform the essential functions of her position, the employee may request use of accumulated sick leave, vacation leave and other benefits. If a classified employee remains unable to perform the essential functions of his or her position after exhausting available paid leave, he or she may request a voluntary disability separation.
- C. Involuntary Disability Separation. If a classified employee, found to be unable to perform the essential functions of her position, refuses to utilize her leave benefits or to agree to a voluntary disability separation, the Employer may place the employee on an involuntary disability separation. Prior to placing an employee on involuntary disability separation, the employee is entitled to a pre-separation hearing. If, after the hearing, the Employer determines that the employee is unable to perform the essential functions of her position with or without reasonable accommodation, the Employer will issue an involuntary disability separation order to be given to the employee and filed with the State Personnel Board of Review.
- D. Appeal. An employee involuntarily separated or refused reinstatement after a hearing as provided for above, has the right to appeal in writing to the State Personnel Board of Review within ten (10) days of receiving notice of separation and within thirty (30) days of receiving notice of denial of reinstatement from the Employer.
- E. Reinstatement Rights. A classified employee on a voluntary or involuntary disability separation shall retain the right to be reinstated to his or her former position, or to a similar position, for three (3) years from the date that the employee is no longer in active work status due to the illness, injury, or condition necessitating the placement into inactive status. The employee must make a written request for reinstatement from a disability separation or to a similar position. The request shall be accompanied by substantial credible evidence that the employee is once again capable of performing the material and substantial functions of her classification with or without reasonable

accommodation. The Employer shall have the right to have the employee examined prior to the employee's return. The Employer shall pay for the examination.

- F. Employee Refusal. An employee's refusal to submit to an examination, to release the findings of an examination, or to otherwise cooperate in the examination process, will be considered insubordination and will be grounds for discipline up to and including termination.

**6.10 Vacation Leave**

- A. Full-time employees, after completion of one full year of service, shall have earned eighty (80) hours of vacation leave with full pay. Part-time employees are not eligible for vacation. Thereafter, full-time employees shall earn and accrue vacation leave pro rata over twenty-six (26) bi-weekly pays at the following annual rates:

	<u>40-hour per week employees</u>	<u>Bi-weekly accrual</u>
1-6 years of service	80 hours of vacation	3.1 hours
7-12 years of service	120 hours of vacation	4.6 hours
13-20 years of service	160 hours of vacation	6.2 hours
21 or more years of service	200 hours of vacation	7.7 hours

An employee that is not in active pay status for a portion of a bi-weekly pay period, shall earn a pro-rated amount of vacation leave for that period.

- B. Any service with the State of Ohio or its political subdivisions counts toward the number of years of service in determining the amount of vacation to which an employee is entitled. Time spent on previous authorized leaves of absence (including military leave) also counts. However, no vacation is earned while an employee is on leave without pay. Any person removed from public employment due to conviction of a felony, who is subsequently re-employed in the public sector, shall not be credited with prior public service for the purpose of receiving vacation leave.
- C. An employee with at least one (1) year of service is entitled to payment for any earned but unused vacation credit at the time of resignation from County service.
- D. Vacation schedules are subject to the approval of the Employer.
- E. Employees are expected to use accrued vacation leave each year prior to the employee's next anniversary date. Vacation leave should be taken in minimum units of one (1) hour unless otherwise approved by the Appointing Authority. In special and meritorious cases, the Employer may permit an employee to carry over earned vacation leave for a period not to exceed three years from the employee's anniversary date. An employee's vacation time will stop accruing once they have accumulated three (3) years worth of credit.

- F. In the case of an employee's death, earned but unused vacation leave shall be paid to the employee's spouse, children or parents, in that order, or to her estate.
- G. Employees who are seasonal, , intermittent, and/or who work less than one thousand (1000) hours per year, are not entitled to vacation leave.
- I. Employees who have retired in accordance with a retirement plan offered by the State, and who are re-employed by the County, shall not have their prior service counted for purposes of computing vacation leave.

Section 6.09 Vacation Leave, amended 4/29/09, Resolution 09-R-262, became Section 6.10 7/31/18

**6.11 Holiday Leave**

- A. Full-time employees shall receive eight (8) hours of holiday pay for:
  - NEW YEAR'S DAY (January 1<sup>st</sup>)
  - MARTIN LUTHER KING DAY (third Monday in January)
  - PRESIDENTS' DAY (third Monday in February)
  - MEMORIAL DAY (last Monday in May)
  - INDEPENDENCE DAY (July 4<sup>th</sup>)
  - LABOR DAY (first Monday in September)
  - COLUMBUS DAY (second Monday in October)
  - VETERAN'S DAY (November 11<sup>th</sup>)
  - THANKSGIVING DAY (fourth Thursday in November)
  - DAY AFTER THANKSGIVING DAY (fourth Friday in November)
  - CHRISTMAS DAY (December 25<sup>th</sup>)
- B. If the holiday falls on a Saturday, the preceding Friday shall be observed as the holiday. If the holiday falls on a Sunday, the succeeding Monday shall be observed as the holiday.
- C. An employee will receive holiday pay rather than sick leave for any holiday that occurs when he is absent on approved sick leave.
- D. If the employee is required to work on a holiday, she shall receive her holiday pay plus pay for time actually worked on the holiday. If the time actually worked on a holiday does not result in overtime, the employee's pay for the time worked shall be her regular straight-time rate. If the time actually worked on a holiday results in overtime, the employee's pay for the time worked shall be one and one-half times her regular straight-time rate.
- F. Part-time employees are not eligible for holiday pay.

Section 6.10 Holiday Leave, amended 4/29/09, Resolution 09-R-262  
 Section 6.10 Holiday Leave, amended 1/20/10, Resolution 10-R-047  
 Became Section 6.11, 7/31/18

## **6.12 Military Leave**

The Employer will comply with all applicable State and Federal laws concerning military leave. Employees should submit their request for military leave to the appointing authority as far in advance as possible. Official orders shall be attached or produced immediately upon return. (Utilize [Form 20 – Request for Leave](#)).

## **6.13 Funeral Leave**

- A. Employees are permitted to use three (3) days for local funerals and five (5) days for out of town funeral or bereavement leave at their current rate of pay, for the death of a member in their immediate family, consistent with Section 6.04(B)(4), above. For purposes of this provision, “immediate family” includes the employee’s spouse, child, mother, father, brother, sister, mother-in-law, father-in-law, brother-in-law, sister-in-law, daughter-in-law, son-in-law, legal guardian, step-parent, step-child, grandchild or grandparent. Funeral and bereavement leave shall be subtracted from the employee’s accumulated sick leave balance.
- B. Employee’s seeking to use personal leave or bereavement leave are required to call their supervisor at least two (2) hours prior to their regular starting time. In order for leave to be paid, the employee may be required to provide documentation to the Employer confirming the need for such bereavement leave. This information may consist of either a letter from the funeral home or a newspaper obituary.

## **6.14 Weather Emergency Leave**

- A. The Morrow County Sheriff has the sole discretion to declare a weather emergency within the County. Such emergencies arise in cases of severe inclement weather. Individual employees are not authorized to determine if a weather emergency exists that dictates their absence or early departure from work. Each appointing authority has the sole discretion to close their offices due to a weather emergency. The decision to close a department will be made in conjunction with official weather information announced by the Morrow County Sheriff.
- B. In cases of a weather emergency, affected employees will be notified as soon as possible that they do not have to arrive at work or that they are being sent home, depending on the situation. In the case of employees living in another jurisdiction that has declared itself to be in a ‘Level 3 Snow Emergency’, the employee shall not report to work until the snow emergency status is lifted. Time missed by employees due to declared Level 3 weather emergencies will be paid at the employee’s regular rate of pay.
- C. Employees who are unable to come to work or who choose to leave work early due to weather conditions when a weather emergency has not been declared must use vacation leave or compensatory time in order to be paid.

- D. The Appointing Authority has the discretion to require employees who missed work due to a weather emergency to work additional hours to ensure that the appointing Employer's provision of services to the citizens it serves is not unduly hampered.

**6.15      Civic Duty Leave**

- A. Employees will be excused from regularly scheduled work for jury duty. If an employee's jury duty is concluded prior to the completion of the employee's regularly scheduled workday, he or she must return to work for the remainder of the workday.
- B. An employee who is called to and reports for panel and/or jury duty shall be compensated at the straight-time hourly rate for hours they would have been scheduled on that day. The employee must give their supervisor prior notice of the jury duty call and pay their jury duty fee to the County Treasurer in order to receive their regular pay.
- C. Employees who are required to appear in court or in administrative proceedings on behalf of the COUNTY shall be paid at their regular rate of pay (or overtime rate if applicable) for hours actually worked. Employees must obtain prior approval from their supervisor before appearing in court or administrative proceedings on behalf of the COUNTY .
- D. Employees who are required to appear in court on personal matters or on matters unrelated to their employment with the COUNTY must use vacation leave or unpaid leaves of absence.

**6.16      Personal Days**

Each full-time employee is entitled to two (2) paid personal days each calendar year. New employees must have 6 months of employment to receive one (1) personal day and 12 months to receive their second (2<sup>nd</sup>) personal day. Then at the start of the calendar year after their 12 months of employment, the employee will receive 2 personal days January 1. The employee must obtain prior approval from their supervisor to utilize a personal day. While personal days may be used for any reason, it is intended that the employee utilize their personal day to conduct personal business. Personal days may be taken in one hour increments. Personal days will not accumulate or carry over from one year to the next. If a new employee receives a personal day within 30 days or less before the end of the calendar year, that day may be carried over to the following year for up to 30 days, with approval from the Director or Appointing Authority in collaboration with the Auditor's office. They may not be transferred to another employee pursuant to Section 6.06 Catastrophic Leave Donation and personal days will not be "paid out" at the end of an employee's service. Part-time employees are not eligible for personal days.

Section 6.15 Personal Days, amended 11/2/16, Resolution 06-R-703  
Section 6.15 Personal Days, amended 3/12/18, Resolution# 18-R-221

## SECTION 7

## EMPLOYEE DISCIPLINE

### 7.01 General

A. The Employer believes a clearly written discipline policy will serve to promote fairness and equality in the workplace, and will minimize potential misunderstandings among employees in disciplinary matters. Further, the Employer believes certain basic principles, set forth below, must consistently be applied in order to effectively and fairly correct unsatisfactory job behavior.

1. Employees shall be advised of expected job behavior, the types of conduct that the Employer has determined to be unacceptable, and the penalties for such unacceptable behavior.
2. The Employer is obliged to investigate the nature of alleged infractions to determine if a violation of law or policy has occurred. Employees must provide complete and accurate information during any investigation. Immediate attention shall be given to policy infractions, unless special circumstances warrant further investigations or delay.
3. Discipline shall be applied uniformly and consistently throughout the COUNTY and any deviation from standard procedures should be well justified and documented.
4. Each offense shall be dealt with as objectively as possible.
5. Discipline should usually be progressive, but depending on the severity of the offense, may proceed immediately to termination.
6. An employee's immediate supervisor and/or the Appointing Authority shall be responsible for administering discipline.
7. An unclassified employee may be removed at any time for any or no reason, and no reason need be given.
8. An employee may be placed on Administrative leave pending a decision on discipline if the Employer deems it in the best interest of the COUNTY .

B. Ohio Revised Code Section 124.34 sets out the types of misconduct which are the legal basis for reduction, suspension, or removal of a classified employee who has completed their probationary period. Those types of misconduct are:

1. Incompetency;
2. Inefficiency;
3. Dishonesty;
4. Drunkenness;
5. Immoral conduct;
6. Insubordination;
7. Discourteous treatment of the public;
8. Neglect of duty;
9. Violation of work rules of the county or county official for whom the employee works;

10. Any other failure of good behavior, including violation of the Code of Ethics;  
and
11. Any other acts of misfeasance, malfeasance, and nonfeasance.

## **7.02 Principles of Progressive Discipline**

- A. The Employer generally follows an established system of progressive discipline when correcting job behavior. Typical disciplinary action may include reprimand, suspensions, demotions (reductions), and removals.
- B. The progressive discipline policy is established as a guide for management employees to use in administering discipline in a uniform manner. It is not, however, to be construed as a delegation of, or a limitation upon, the Employer's right to impose a different level of discipline, when circumstances warrant.
- C. This discipline policy provides standard penalties for specific offenses; however, the examples of specific offenses given in any grouping are not all-inclusive, but serve merely as a guide. The discipline policy in no way limits the statutory rights enumerated in the Ohio Revised Code.
- D. The standard penalties provided in this policy do not prevent the application of a greater or less severe penalty for a given infraction when circumstances warrant. When a penalty deviates from the recommended standard penalty, the reason for deviation should be noted.

## **7.03 Offenses and Penalties**

The offenses set forth in Groups I, II, and III below are non-inclusive examples of misconduct which the State Personnel Board of Review has historically judged to warrant the penalties established for that group. Following each offense in parentheses are the applicable types of misconduct as stated in Revised Code Section 124.34. The following examples of specific offenses are not all inclusive, and are not intended to be binding on the Employer.

### **A. GROUP I OFFENSES**

Group I Offenses may be defined as those infractions which are of a relatively minor nature and which cause only a minimal disruption to productivity, efficiency, and/or morale. Group I Offenses, if left undisciplined by proper authority, will usually cause only a temporary impact against the organization unless such acts are compounded over time. They include, but are not limited to:

1. Failure to properly and completely sign in or out (inefficiency, neglect of duty, or failure of good behavior).
2. Failure to properly "report off" work for any absence or failure to timely notify the proper party of absence (neglect of duty, failure of good behavior, or nonfeasance).

3. Creating or contributing to unsanitary or unsafe conditions or poor housekeeping (inefficiency, neglect of duty, or failure of good behavior).
4. Failure to observe official safety rules (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
5. Inattention to the needs of the public (discourteous treatment of public or failure of good behavior).
6. Distracting the attention of others, unnecessary shouting, use of profane or other inappropriate language, or otherwise causing disruptions on the job (inefficiency, neglect of duty, or failure of good behavior).
7. Malicious mischief, horseplay, wrestling, or other potentially harmful conduct (inefficiency, immoral conduct, discourteous treatment of public, or failure of good behavior).
8. Interfering with the work performance of subordinates or other employees (inefficiency, neglect of duty, or failure of good behavior).
9. Failure to cooperate with other employees (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
10. Neglect of, or careless failure to observe, Employer rules, regulations, policies, and procedures (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
11. Excessive garnishments (failure of good behavior or nonfeasance).
12. Use or possession of another employee's working equipment or property without approval (dishonesty or failure of good behavior).
13. Unauthorized use of the Employer's telephone for other than business purposes (inefficiency, neglect of duty, failure of good behavior. Or nonfeasance).
14. Obligating the Employer for any minor expense, service, or performance without prior authorization (dishonesty, neglect of duty, failure of good behavior, or misfeasance).
15. Neglect of, or careless failure to care for, Employer property or equipment (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
16. Disregarding job duties by neglect of work (e.g., reading for pleasure, playing cards, viewing T.V., etc.) during work hours (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
17. Inefficiency (e.g., lack of application or effort on the job, unsatisfactory performance, failure to maintain required performance standards, etc.) (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
18. Neglect of, or careless failure to, prepare required reports or documents (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
19. Failure of a supervisor to administer discipline as provided herein or to otherwise enforce the rules, regulations, policies, and procedures of the Employer (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).

Appropriate disciplinary action for Group I offenses includes:

First Offense: Verbal instruction and warning

Second Offense: Written reprimand

Third Offense: Written documentation and a working suspension of one (1) to less than twenty-four (24) hours; a fine of less than twenty-four (24)

hour's pay; or a one (1) to less than twenty-four (24) hours suspension without pay; (less than forty (40) hours for administrative, supervisory, or professional employees exempt from overtime)

Fourth Offense: Written documentation and five (5) to fifteen (15) day working suspension or suspension without pay; or a fine up to five (5) days' pay

Fifth Offense: Up to and including termination

## **B. GROUP II OFFENSES**

Group II Offenses may be defined as those infractions which are of a more serious nature than the Group I Offenses and which, in turn, cause a more serious and longer lasting disruption to the organization in terms of decreased organizational productivity, efficiency, and/or morale. Group II Offenses, if left undisciplined by proper authority, can cause a serious and longer lasting impact against the organization than the Group I Offenses. They include, but are not limited to:

1. Sleeping during work hours (inefficiency, neglect of duty, failure of good behavior, or misfeasance).
2. Reporting to work or working while unfit for duty (incompetence, or failure of good behavior).
3. Failure to report for overtime work, without proper excuse, after being scheduled to work in accordance with overtime policy (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
4. Leaving a post of continuous operations prior to being relieved by employee of incoming shift (neglect of duty or failure of good behavior).
5. Willful refusal to sign in or out when required (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
6. Performing private work on Employer time (inefficiency, neglect of duty, failure of good behavior, or misfeasance).
7. Neglect or careless failure to observe official safety rules, or common safety practices (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
8. Failure to report accidents (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
9. Discourteous treatment of the public (discourteous treatment of public, or failure of good behavior).
10. Threatening, intimidating, or coercing subordinates or other employees (inefficiency, neglect of duty, or failure of good behavior).
11. Use of abusive or offensive language toward subordinates or other employees (immoral conduct, insubordination, failure of good behavior, or malfeasance).
12. The making or publishing of false, vicious, or malicious statements concerning other employees, the Employer or its operations (dishonesty, failure of good behavior, or malfeasance).

13. Solicitation or distribution on Employer property in violation of the solicitation and distribution policy (inefficiency, neglect of duty, failure of good behavior, or misfeasance).
14. Willful disregard of the Employer's rules, regulations, policies, and procedures (inefficiency, neglect of duty, failure of good behavior, misfeasance, malfeasance, or nonfeasance).
15. Negligent failure to obey a reasonable order of a supervisor or failure to carryout work assignments, including verbal instructions (inefficiency, neglect of duty, failure of good behavior, or misfeasance).
16. Neglect or carelessness in the use of Employer property or equipment (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
17. Obligating the Employer for a major expense, service, or performance without prior authorization (dishonesty, neglect of duty, failure of good behavior, or misfeasance).
18. Unauthorized use of Employer property or equipment, including the unauthorized reproduction of this manual (inefficiency, neglect of duty, failure of good behavior, or misfeasance).
19. Failure to report equipment damage (inefficiency, neglect of duty, failure of good behavior, or misfeasance).
20. A traffic violation or accident while driving an Employer vehicle which evidences recklessness by the employee (inefficiency, neglect of duty, failure of good behavior, or misfeasance).
21. Refusing to provide testimony in court, during a public hearing (SPBR, SERB, etc.), or any other official hearing, investigation, or proceeding involving the Employer. (insubordination, failure of good behavior, or nonfeasance).
22. Refusing to provide testimony or information concerning any investigation (insubordination, failure of good behavior, or nonfeasance).
23. Possession or storage of alcoholic beverages on the Employer's premises (neglect of duty, drunkenness, failure of good behavior, or malfeasance).
24. Unauthorized presence on the Employer's property (failure of good behavior or misfeasance).
25. Habitual neglect of timely completion of required reports or documents (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
26. Willful failure to timely complete required reports and documents (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).

Appropriate disciplinary action for Group II offenses includes:

First Offense: Written documentation and a working suspension of one (1) to less than twenty-four (24) hours; a fine of less than twenty-four (24) hour's pay; or a one (1) to less than twenty-four (24) hours suspension without pay; (less than forty (40) hours for administrative, supervisory, or professional employees exempt from overtime)

Second Offense: Written documentation and a five (5) to fifteen (15) day working suspension or suspension without pay; or a fine up to five (5) days' pay

Third Offense: Up to and including termination

### **C. GROUP III OFFENSES**

Group III Offenses may be defined as those infractions which are of a very serious or possibly a criminal nature, and/or which cause a critical disruption to the organization in terms of decreased productivity, efficiency, and/or morale. Group III Offenses, if left undisciplined by proper authority, may have a long-lasting and serious adverse impact on the organization. They include, but are not limited to:

1. Instigating, leading, or participating in any walkout, strike, sit-down, stand-in, sympathy strike, call-in, slowdown, refusal to return to work at the scheduled time for a scheduled shift, or other concerted curtailment, restriction, or interference with work in or about the Employer's premises in violation of O.R.C. Chapter 4117 (neglect of duty, failure of good behavior, or misfeasance).
2. Refusal, without legitimate reason, to work during emergency situations or conditions (insubordination, neglect of duty, failure of good behavior, or nonfeasance).
3. Signing or altering other employees' time records, altering one's own time records, or having one's time records signed or altered by another, without authorization (dishonesty, failure of good behavior, or malfeasance).
4. Knowingly concealing a communicable disease (e.g., TB, etc.) which may endanger others (neglect of duty, failure of good behavior, misfeasance, or malfeasance).
5. Carrying or possessing firearms, explosives, or weapons on Employer property at any time in violation of law (failure of good behavior or malfeasance).
6. Willfully withholding information which threatens the safety and security of the Employer, its operations, or employees (dishonesty, failure of good behavior, misfeasance, or malfeasance).
7. Willfully demeaning, verbally abusing, and/or humiliating another person (discourteous treatment of the public, neglect of duty, failure of good behavior, or malfeasance).
8. Committing an act of discrimination, sexual harassment, or engaging in conduct giving insult or offense on the basis of race, color, sex, age, religion, national origin, or disability (immoral conduct, neglect of duty, failure of good behavior, or malfeasance).
9. Fighting with, or attempting to injure, other employees (discourteous treatment of the public, neglect of duty, failure of good behavior, or malfeasance).
10. Insubordination by refusing to perform assigned work or to comply with the written or verbal instructions of a supervisor (insubordination, neglect of duty, failure of good behavior, or nonfeasance).
11. Providing false testimony, statements, or information in any official Employer, court, or administrative investigation, hearing, or proceeding (dishonesty, failure of good behavior, malfeasance, or neglect of duty).
12. Providing false information, making a false statement, committing a fraudulent act, or withholding pertinent information in the employment application process (dishonesty, failure of good behavior, misfeasance, or malfeasance).

13. Violating the Employer's gambling policy as contained in this manual (inefficiency, neglect of duty, failure of good behavior, misfeasance, or malfeasance).
14. Stealing or similar conduct, including destroying, damaging, concealing, or converting any property of the Employer or of other employees (dishonesty, failure of good behavior, or malfeasance).
15. Dishonesty or dishonest action. Examples of "dishonesty" or "dishonest actions" are: theft, pilfering, making false statements to secure an excused absence or justify an absence or tardiness. These are examples only and do not limit the terms dishonesty and dishonest action (dishonesty or malfeasance).
16. Engaging in political activity as prohibited by O.R.C. Section 124.57 and as provided in the Political Activity Section of this manual (failure of good behavior, malfeasance).
17. Wanton or willful neglect in the performance of assigned duties (inefficiency, neglect of duty, failure of good behavior, misfeasance, or malfeasance).
18. The unlawful manufacture, distribution, dispensation, possession, use, or being under the influence of alcohol or a controlled substance which takes place in whole or in part in the workplace and/or a violation of the reporting requirements of the Employer's Drug Free Workplace Policy (drunkenness, immoral conduct, neglect of duty, failure of good behavior, or malfeasance).
19. Driving a motor vehicle on duty or Employer business without a valid, applicable operator's license (dishonesty, failure of good behavior, malfeasance, or neglect of duty).
20. Failure to obtain, maintain, and/or report the loss of required licenses, certifications, or other qualifications of an employee's position (dishonesty, failure of good behavior, malfeasance, or neglect of duty).
21. Conviction of any violation of law which may adversely affect the public's trust in the employee's ability to perform the duties of the employee's position (dishonesty, failure of good behavior, or malfeasance).
22. Intentional misuse of Employer or other public funds (dishonesty, neglect of duty, failure of good behavior, or malfeasance).
23. Willful neglect or intentional misuse, abuse, or destruction of the property, equipment, or tools of the Employer or another employee (inefficiency, neglect of duty failure of good behavior, misfeasance, or malfeasance).
24. Soliciting or accepting a gift, gratuity, bribe, or reward for the private use of the employee; or otherwise using one's position, identification, name, photograph, or title for personal gain; or otherwise violating the Employer's Code of Conduct or Ohio's ethics laws for public employees (inefficiency, neglect of duty, failure of good behavior, misfeasance, or malfeasance).
25. Engaging in off-duty employment activities which the Employer has determined to be an interest or time conflict (inefficiency, neglect of duty, failure of good behavior, or misfeasance).
26. Making false claims or misrepresentations in an attempt to obtain any benefit (dishonesty, failure of good behavior, neglect of duty, or malfeasance).
27. Misuse or removal of documents or information of a confidential nature or revealing such information without prior and appropriate authorization (dishonesty, neglect of duty, failure of good behavior, or malfeasance).

28. Misuse, removal, or destruction of Employer records without prior authorization. (dishonesty, neglect of duty, failure of good behavior, or malfeasance).
29. Sexual harassment.
30. Conviction of certain felonies.

Appropriate disciplinary action for Group III offenses includes:

First Offense: Up to and including termination

#### **7.04 Disciplinary Procedures**

Before imposing a suspension, reduction in pay, reduction in position, fine or termination, the following procedure shall apply:

A. The employee will be afforded a pre-disciplinary meeting before the Appointing Authority or his designee to explain the charges against him and to permit the employee the opportunity to respond to the charges. A written notice of the pre-disciplinary meeting shall be given to the employee who is the subject of the pending discipline. (Utilize [Form 31 – Notice of Pre-Disciplinary Conference](#)). Such notice shall be given to the employee at least twenty-four (24) hours in advance of the meeting and the notice shall contain the following information.

1. A brief summary of the allegedly improper conduct that is the subject of the pre-disciplinary charges;
2. The date, time, place of the pre-disciplinary meeting;
3. The right to have a representative of his choice present at the meeting;
4. A statement notifying the employee that absent any extenuating circumstance, failure to appear at the meeting will result in a waiver of the employee's right to a meeting.

B. The employee has the right to be represented by counsel at the pre-disciplinary meeting. At the pre-disciplinary meeting, the employee has the right to either: a) appear at the meeting and present an oral or written statement in response to the charges; b) appear at the meeting and have his chosen counsel present an oral or written statement in response to the charges; or, c) elect to waive his opportunity to have a pre-disciplinary meeting. Failure to attend a scheduled pre-disciplinary meeting will be considered a waiver of the opportunity to have a pre-disciplinary meeting.

C. The Employer will schedule the pre-disciplinary meeting as promptly as possible. The Appointing Authority or his designee may impose reasonable rules as to the length of the pre-disciplinary meeting and the conduct of the participants. The Appointing Authority or his designee may tape-record the pre-disciplinary meeting. The employee does not have the right to call, confront, or cross-examine witnesses. The Appointing Authority or his designee may prepare a written report after the pre-disciplinary meeting concluding whether the

alleged conduct occurred. If such a report is prepared, it will be provided to the employee. (amended 12-7-2009, 09-R-693)

D. If the Appointing Authority or his designee determines that the employee's continued employment prior to the pre-disciplinary meeting poses a danger to persons or property or a threat of disrupting operations, he may place the employee on administrative leave with pay pending the pre-disciplinary meeting.

E. Upon completion of the pre-disciplinary meeting, the Appointing Authority or his designee shall determine the appropriate discipline, if any. The employee will be notified of the disciplinary action in accordance with law. Only the Appointing Authority has the statutory right to suspend or terminate. Supervisors may not suspend or terminate.

F. When imposing a reduction a suspension of more than twenty-four (24) hours, a fine of more than twenty-four (24) hours, or a removal, of a classified employee, the Employer shall sign a written order of reduction, suspension or removal in accordance with DAS and State Personnel Board of Review Rules and Regulations. The proper form ADM 4055 (Rev. 6-99) must be utilized for this purpose. (Utilize Form 32 – Order of Removal, Reduction, Suspension, Fine, Involuntary Disability Separation). The order shall state the reasons for the disciplinary action or removal. The Employer shall furnish a copy of the order to the employee and shall file a copy of the order with the Local Board of review and if one does not exist, then with the State Personnel Board of Review in accordance with law. A Board of County Commissioners resolution is required for suspension or termination. (amended 12/7/2009 09-R-693)

G. The Employer may require an employee who is suspended to report to work to serve the suspension. An employee serving a suspension in this manner shall continue to be compensated at the employee's regular rate of pay for all hours worked. A working suspension shall have the same effect as a suspension from work without pay for purposes of recording disciplinary actions and demonstrating progressive discipline.

H. The filing or prosecution of criminal charges against an employee for alleged misconduct or criminal activity shall not be determinative as to appropriate disciplinary action, if any, under this policy. The Employer shall investigate the employee's alleged misconduct or activities and determine the appropriate discipline, if any, without regard to whether criminal charges are pending. The disposition of criminal charges shall be independent of the disciplinary investigation and shall not affect either the decision to take disciplinary action or the appropriateness of the action taken. (Utilize Form 33 – Piper/Garrity Notice).

I. The Employer may place an employee on unpaid administrative leave for a period not to exceed two months if the employee has been charged with a violation of law that is punishable as a felony. If the employee does not ultimately plead guilty or is not found guilty of a felony, the Employer must pay the employee for the period the employee was on that leave at the employee's base rate of pay, plus interest.

J. The Employer has the right to investigate alleged disciplinary violations. All employees are required to cooperate during investigations. The Employer has the right to investigate alleged disciplinary violations. All employees are required to cooperate during investigations including appearing as witnesses in any investigation interview. Failure to cooperate with an investigation will be considered insubordination and will result in discipline up to and including termination. (Amendment 12/10/07 resolution 07-R-773)

K. The purpose of disciplinary action is to encourage corrected performance or behavior, except where the employee is removed. To that end, an employee may request, and the Employer may agree, to remove disciplinary action from an employee's general personnel file after two (2) years, where the employee shows marked improvement. The record of discipline will be kept in a separate "dead" file for at least seven (7) years. The Employer is required to maintain such records by the Ohio Civil Rights Commission.

Section 7.04 C and F amended 12/7/09, resolution

### **7.05 Related/Unrelated Offenses**

A. Multiple policy infractions should be dealt with by following the progressive discipline procedure set forth below:

1. Multiple offenses which are unrelated are progressively disciplined in the groups in which the offenses are classified.
2. Multiple offenses which are related are progressively disciplined regardless of the groups in which the offenses are classified and regardless of the order in which the offenses occurred.
3. Multiple offenses which are closely related in time, even if unrelated or in different groups hereunder, may be combined to result in discipline which exceeds the severity of the total sum of the separate offenses.

B. Examples of the difference between the treatment of related and unrelated offenses are as follows:

1. If, as a first offense, an employee commits Group I Offense #1, "failure to properly and completely sign in or out," the employee would normally receive a verbal warning. If within twenty-four (24) months this employee commits an unrelated offense, Group II Offense #18, "unauthorized use of Employer property or equipment..." the employee would receive a one (1) to three (3) day suspension without pay. If, however, the second offense had been related to the first offense, such as Group II Offense #5, "willful refusal to sign in or out when required," the employee would receive a five (5) to fifteen (15) day suspension without pay.
2. If, as a first offense, an employee commits Group III Offense #2, "refusal without legitimate reason, to work during emergency situations or conditions," the employee would be disciplined up to termination. If the employee is not terminated, for whatever reason, and if within twenty-four (24) months the

employee commits an unrelated offense, Group II Offense #6, “performing private work on Employer time,” the employee would receive a one (1) to three (3) day suspension. If, however, the second offense had been related to the first offense, such as Group II Offense #3, “failure to report for overtime work, without proper excuse, after being scheduled to work in accordance with overtime policy,” the employee would be subject to termination.

#### **7.06 Last Chance Agreements**

A last chance is an agreement signed by both the Employer and an employee that describes the type of behavior or circumstances that upon reoccurrence will automatically lead to removal of the employee without the right of appeal to the Local Board of Review or State Personnel Board of Review or the appropriate civil service commission.

#### **7.07 Appeals**

- A. Personnel action such as dismissals, suspensions and fines of twenty-four (24) hours or more, fines of twenty-four hours (24) of pay or more, demotions, and layoffs may be appealed by affected employees through the in-house complaint procedure, or if necessary, by classified employees, to the State Personnel Board of Review. Suspension of less than twenty-four (24) hours, and fines of less than twenty-four hours (24) of pay, may be appealed to the Appointing Authority through the in-house Complaint Procedure only (See 8.01 Complaint Procedure).
- B. The Employer has the discretion to allow the appeal as a grievance to be heard by the Appointing Authority or his designee, but to limit additional evidence to that not already introduced in the pre-disciplinary meeting. Disciplinary action based on conviction of a “felony” within the meaning of R.C. 124.34 may not be appealed to the Local Board of Review or the State Personnel Board of Review.
- C. Appeals to the Local Board of Review or the State Personnel Board of Review from removal, demotion, fines, or suspension must be filed within ten (10) days of the date the employee is served with the order. Appeals from layoffs must be made within ten (10) days after receipt of the notice of layoff.

### **SECTION 8 MISCELLANEOUS**

#### **8.01 Complaint Procedure**

The Employer recognizes that within any organization there will be occasional differences among its employees regarding interpretations of rules or other problems stemming from conditions of employment. Whenever differences or problems arise, employees should attempt to resolve the matter informally through proper channels.

- A. In the event a difference or problem cannot be resolved informally, the Employer provides the following complaint procedure by which an employee may seek a resolution of his or her grievance.

Step 1: Any employee having a complaint may file it in writing (see Appendix Q, Grievance/Complaint Form) with his or her immediate supervisor/Administrator. In order for the complaint to be recognized, it must be filed within five (5) working days from the date the alleged incident occurred. Within five (5) working days from the date the complainant first presented his or her issue, the supervisor/Administrator will attempt to resolve the matter.

Step 2: If the issue is not resolved in Step 1, the complainant may pursue the matter by submitting the complaint in writing to the Appointing Authority within five (5) working days from the reply received in Step 1. The Appointing Authority shall, if it is deemed necessary, meet with those concerned and otherwise attempt to resolve the matter within five (5) working days from the receipt of the complaint.

Step 3: If the matter is not resolved in Step 2, the complainant may pursue the matter by submitting the complaint in writing to the County Commissioners or designee within five (5) working days from the reply received in Step 2. The County Commissioners or designee shall respond in writing to the complainant within ten (10) working days following the conclusion of their investigation. The decision rendered in this Step 3 is final and binding.

- B. In the event of extenuating circumstances, a time limit may be extended by mutual agreement of both parties in writing.
- C. Complaints not processed to the next step of the procedure within the specified time limit or any extension thereof, shall be considered to have been resolved on the basis of the decision at the previous step.
- D. Any complaint not answered within the prescribed time limit or extension thereof, shall be considered to have been answered in the negative and may be advanced to the next step.
- E. Where the alleged complaint is of a nature that qualifies the appeal under rules of the Local Board of Review or State Personnel Board of Review, the complainant must appeal through the SPBR in accordance with the rules of that body.

## **8.02 Bulletin Boards**

- A. It is the policy of the Employer to provide and maintain bulletin boards as a means of communicating information to employees. All material that is to appear on County bulletin boards shall be posted and removed only by Appointing Authority or the Appointing Authority's designee.

B. All Employer notices, federal and state required notices, and legal notices shall be posted in an area visible to all employees. Information of a general public interest may be posted upon by the Appointing Authority or Appointing Authority's designee following approval.

C. Posted material may not contain:

1. Personal attacks on any employee or public official;
2. Scandalous or derogatory attacks on any employee, public official, or governmental unit/agency;
3. Attacks on or unfavorable comments regarding a candidate for public office;
4. Attacks on any organization or group; or
5. Any language or images that, in the sole discretion of the Appointing Authority or Appointing Authority's designee, is determined to be inappropriate or unsuitable for the workplace.

D. Employees and non-employees wishing to have material posted on an Employer bulletin board must submit a written request for approval to the Appointing Authority or the Appointing Authority's designee. The written request shall include the name of the person making the request to post the material, a copy of the material to be posted and the period of time the material will be posted for. After having been posted for the requested period of time, all materials will be discarded

E. Material posted in violation of this policy shall be removed from the bulletin board(s) on which it was posted and employees in violation of this policy shall be subject to disciplinary action.

### **8.03 Wage Garnishments**

- A. **Generally.** The Employer is authorized by state and federal law to attach, or withhold, money from your paycheck for an unpaid debt qualifying as a garnishment. Notice of a garnishment is usually received in by the Auditor or COUNTY Fiscal Department Payroll Clerk. If it is received elsewhere, it should be sent to that office. A garnishment is a court-ordered legal claim against the wages of an employee by creditor for non-payment of a debt and served by the constituted legal authority. An effective garnishment must be recognized and executed by the County Auditor and the COUNTY Fiscal Department Payroll Clerk.

A Garnishment order takes priority over all other wage actions except tax levies Repeated garnishment on the wage of an employee can result in disciplinary action.

B. **Employer Notification.** When a garnishment is received for an employee, the following procedure of notification will apply:

1. The Auditor's office shall notify the employee's supervisor and the COUNTY Fiscal Department Payroll Clerk.

2. The employee's supervisor and the COUNTY Fiscal Department Payroll Clerk will schedule a conference with the employee to discuss the garnishment.
3. The Auditor's office, at the request of the Employer will determine whether or not the employee has had previous garnishment of wages.

C. First Garnishment. If the garnishment is the first one received by an employee, the following procedure will apply:

1. The employee will be informed by the Appointing Authority and the COUNTY Fiscal Department Payroll Clerk of the consequences of further garnishments.
2. Every reasonable effort to counsel the employee through referral to an appropriate agency will be made by the appointing authority in order to assist the employee in working out their financial difficulties.

D. Second Garnishment. If a second garnishment is received within a twelve (12) month period for a separate debt of the employee:

1. A meeting will be arranged between the employee and the Appointing Authority and the COUNTY Fiscal Department Payroll Clerk.
2. The Employer will refer the employee to a credit counseling agency or other appropriate agency for assistance.

E. Third Garnishment. If a third garnishment is received within a twelve (12) month period for a separate debt of the employee:

1. The Appointing Authority or Appointing Authority's designee along with the employee will meet with the Employer's legal advisor to discuss the consequences of the garnishment notice.
2. The Employer will check to see if the employee sought assistance from a credit counseling agency or other appropriate agency, pursuant to ©(2), above.
3. Depending upon the circumstances, the employee may be subject to disciplinary action consistent with the policy outlined in 7.03.

#### **8.04 Gambling**

A. Morrow County expressly prohibits employee gambling: (1) at all places during work hours, and (2) on Employer premises at all times, including breaks and after hours. Employees may not gamble during work hours and may never gamble on Employer property.

B. For the purposes of this section, gambling is defined as the wagering of money or other valuables on the outcome of events. This includes, but is not limited to, card and dice games, and internet gambling. Charity related raffles with fund-raising purposes are allowed.

C. Violation of this policy can result in disciplinary action, up to and including termination. Employees who believe they may have a gambling problem are encouraged to contact Human Resources for information and treatment assistance.



**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 1**

**ACKNOWLEDGEMENT OF PERSONNEL POLICIES AND PROCEDURES**  
**REVIEW OPPORTUNITY**

I acknowledge that I have had the opportunity to review the Morrow County Personnel Policies and Procedures Manual (the "Manual") and agree to abide by the terms and conditions contained therein.

I understand that each supervisor possesses a copy of the Manual which is available for my review at any time upon request. It is my responsibility to ask my supervisor for clarification of any policy or procedure that is unclear.

Finally, I understand that this Manual is not intended and shall not be construed to create any type of guarantee of employment or a contract for employment between myself and the Employer. The Employer reserves the right to add, amend or delete the benefits, policies and procedures contained in this Manual at any time (with or without notice).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**

**Appendix Form 2**

**REQUEST FOR REASONABLE ACCOMMODATION**

**(Americans With Disabilities Act)**

Employee Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

1. What is the nature of your limitation(s) and what types of life activities are affected?

\_\_\_\_\_

2. How does the limitation(s) affect your ability to perform your job?

\_\_\_\_\_

\_\_\_\_\_

3. What type of accommodation you are requesting?

- |  |   |
|--|---|
| <input type="checkbox"/> Making facilities more accessible           | <input type="checkbox"/> Modification of equipment or devices |
| <input type="checkbox"/> Job restructuring                           | <input type="checkbox"/> Qualified reader or interpreter      |
| <input type="checkbox"/> Part-time or modified work schedule         | <input type="checkbox"/> Acquisition of equipment of devices  |
| <input type="checkbox"/> Modification of a rule, policy or procedure | <input type="checkbox"/> Other: _____                         |

4. Describe in detail, the requested accommodation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will the requested accommodation allow you to perform the essential functions of your job?

\_\_\_\_\_

Please attach a letter from your treating physician providing a detailed, clinical diagnosis of your disability.

I authorize the Employer to obtain additional medical documentation from my treating physician regarding my disability, should such be needed and agree to execute any forms required to obtain such medical documentation.

Employee's Signature

Dat

**ADMINISTRATIVE ACTION**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

ADA Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_

---

---

The Employer, in accordance with the Americans with Disabilities Act (ADA) is committed to ensuring that qualified individuals with disabilities will not be subject to unlawful discrimination in the workplace. Individuals with disabilities may need reasonable accommodation to perform the essential functions of their position. Consequently, the Employer has developed this form to assist employees in making accommodation requests and to assist the Employer in responding in an appropriate and timely manner.

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**

**Appendix Form 3**

**COMPLAINT FORM**

**(Americans With Disabilities Act)**

Complainant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Date of Alleged Violation: \_\_\_\_\_ Location: \_\_\_\_\_

Person Discriminated Against (If other than Complainant): \_\_\_\_\_

Individual's Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Summary of Complaint (attach continuation sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
I do hereby certify the statements made hereon to be true and factual.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

**ADMINISTRATIVE ACTION**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

ADA Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS  
Appendix Form 4**

**DISCRIMINATION AND HARASSMENT COMPLAINT FORM**

Complainant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Date of Alleged Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Person Discriminated Against (If other than Complainant): \_\_\_\_\_

Individual's Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Summary of Complaint (attach continuation sheet if necessary): \_\_\_\_\_

I do hereby certify the statements made hereon to be true and factual.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

**ADMINISTRATIVE ACTION**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

ADA Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_



**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**

**Appendix Form 6**

**REPORT OF UNSAFE/UNHEALTHY CONDITION**

Complainant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZipCode: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Location of Unsafe/Unhealthy Condition: \_\_\_\_\_

Description of Unsafe/Unhealthy Condition (Please be as detailed as possible and attach continuation sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do hereby certify the statements made hereon to be true and factual.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

**ADMINISTRATIVE ACTION**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

ADA Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 7**

**Workers' Compensation Accident/Injury Form**

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 8**  
**Workers' Compensation Doctor's Report of Injury**

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 9**

**Application for Employment**

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**

**Appendix Form 10**

**FAIR CREDIT REPORTING ACT AUTHORIZATION AND CONSENT  
TO BACKGROUND INVESTIGATION AND RELEASE**

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize and grant consent to the Morrow County BOARD OF COUNTY COMMISSIONERS to seek requested reports, verifications and references. By signing this release, I do hereby release all consumer reporting agencies, governmental agencies, employers, educational institutions, and the Morrow County BOARD OF COUNTY COMMISSIONERS and its employees and agents of all liability for releasing the requested information. I understand that I have rights under the FCRA, including the rights discussed in the Fair Credit Reporting Act Disclosure that Morrow County BOARD OF COUNTY COMMISSIONERS provided for me in conjunction with this Authorization.

Full Legal Name: \_\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City/State/County/ZipCode: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Employee's Signature

Date

Reports that may be requested:

- Credit Report for Employment purposes
- State Criminal Conviction Report
- State Civil Conviction Report
- County Criminal Conviction Report
- Driving Record Report
- State Identification Verification
- Professional License Verification
- Professional Certification Verification
- School, College, University Verification
- Federal Criminal Record Report
- Federal Civil Record Report
- Employment Verification/Reference
- Ohio Bureau of Criminal Identification and Investigative Report
- Social Security Number Verification
- Residence Verification
- Visa/Passport Verification
- Immigration Document Verification
- Other: \_\_\_\_\_

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you—such as if you pay your bills on time or filed bankruptcy—to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance, or employment—must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and reports its findings to the CRA. (The source also must advise national CRAs—to which it has provided the data—of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone—such as a creditor who reports to a CRA—that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA—usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the list indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provided of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT
CRAs, creditors and others not listed below.	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, D.C. * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, D.C. 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, D.C. 20552 * 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, D.C. 20429 * 800-934-FDIC

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, D.C. 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, D.C. 20250 * 202-720-7051

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 11**

**FORM I-9 Employment Eligibility Verification Form**

Attached as PDF

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS  
Appendix Form 12**

**REQUEST FOR OVERTIME/COMPENSATORY TIME APPROVAL**

Request is for \_\_\_\_\_ Overtime  
\_\_\_\_\_ Compensatory Time

As the Morrow County Personnel Policy and Procedure Manual indicates, employees should not work more than 40 hours in any work week without the prior approval of their supervisor or department head. When overtime/compensatory time is unavoidable, it must be approved in advance and should be managed as efficiently and economically as possible.

This form must be used for each week in which overtime/compensatory time is requested.

Employee's name: \_\_\_\_\_

Amount of overtime/compensatory time requested and date(s): \_\_\_\_\_

Tasks to be completed: \_\_\_\_\_

Reason tasks cannot be completed during regular working hours: \_\_\_\_\_

\_\_\_\_\_

---

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Overtime Approved: Yes  No       Compensatory time Yes  No

---

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPLETE AND RETURN AFTER OVERTIME/COMPENSATORY TIME HAS BEEN WORKED:**

Actual overtime/compensatory hours worked, with dates: \_\_\_\_\_

Tasks completed during overtime/compensatory hours (use back if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's Signature

Date

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 13**

**RECORD OF HOURS WORKED**

**NOT FORMATTED TO FIT THIS PAGE**

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 14**

**EMPLOYEE PERFORMANCE EVALUATION**

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**

**Appendix Form 15**

**EMPLOYEE EMERGENCY CONTACT INFORMATION**

Employee Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**IN CASE OF EMERGENCY**

<b>Primary Contact</b>	Name: _____	Relationship: _____
	Address: _____	
	Home Phone: _____ ( ) Work Phone: _____ ( ) Cell Phone: _____ ( )	
<b>Secondary Contact</b>	Name: _____	Relationship: _____
	Address: _____	
	Home Phone: _____ ( ) Work Phone: _____ ( ) Cell Phone: _____ ( )	
Occasionally it may be necessary for your supervisor and or the Appointing Authority of your department to contact you outside of the office. If you do not want us to provide contact information to your supervisor or department Appointing Authority, please check here <input type="checkbox"/> .		

Do you give us permission to transport you to the nearest medical facility should you incur serious illness or injury during normal work hours?

Yes

No

If yes, please indicate the name and contact telephone number of the physician or health care provider that you would like for us to contact:

Physician's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 16**  
**REQUEST FOR SICK LEAVE PAYOUT**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Effective Date of Separation: \_\_\_\_\_

At the time of disability or service retirement, an employee with ten (10) or more years service with any political subdivision of the State of Ohio may choose to be paid in cash for one-fourth (1/4) the value of their earned but unused sick leave credit to a maximum of two hundred forty (240) hours pay.

- I would like to be paid for all of my accumulated sick leave balance
- I would like to retain all of my accumulated sick leave balance for reinstatement when reemployed within ten years.
- I do not have the requisite service for sick leave conversion.

---

Employee's Signature    Date

---

Supervisor's Signature    Date

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 17**

**COBRA CONTINUATION COVERAGE ELECTION NOTICE**

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 18**

**SEPARATION FROM EMPLOYMENT CHECKLIST**

Employee Name: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Office/Section: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Separation Date (Last Day of Work): \_\_\_\_\_

**Work Assignments in Progress:**

1. Assignment/Project: \_\_\_\_\_

Assignment/Project Due Date: \_\_\_\_\_ Location of Files: \_\_\_\_\_

**Departure Checklist:**

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Have you met with Human Resources regarding your benefits?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Have you met with the COUNTY Fiscal Department Payroll Clerk?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Have you contacted the Ohio Public Employees Retirement System? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Have you contacted Deferred Compensation?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Have you turned in all of your manuals?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Have you set up your computer for a new user?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. Does your supervisor have your computer login information?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8. Does your supervisor have your telephone access information?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

**County Property: Were the following items returned?**

- |                              |                              |                             |                              |                              |
|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|
| 1. Office Keys?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Supervisor's Initials: _____ |
| 2. Vehicle and Vehicle Keys? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Supervisor's Initials: _____ |
| 3. Parking Pass?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Supervisor's Initials: _____ |
| 4. County ID Card?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Supervisor's Initials: _____ |
| 5. Building Passes?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Supervisor's Initials: _____ |
| 6. Cell Phone?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Supervisor's Initials: _____ |
| 7. Pager?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Supervisor's Initials: _____ |
| 8. Telephone Calling Card?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Supervisor's Initials: _____ |

- 9. Credit Card?  Yes  No  N/A Supervisor's Initials: \_\_\_\_\_
- 10. Laptop Computer?  Yes  No  N/A Supervisor's Initials: \_\_\_\_\_
- 11. Other: \_\_\_\_\_  Yes  No  N/A Supervisor's Initials: \_\_\_\_\_
- 12. Other: \_\_\_\_\_  Yes  No  N/A Supervisor's Initials: \_\_\_\_\_
- 13. Other: \_\_\_\_\_  Yes  No  N/A Supervisor's Initials: \_\_\_\_\_

\*\*Attach additional sheets if needed

**Employee Acknowledgement:**

I have reviewed this form with my supervisor and returned all requested items in my possession.

---

Employee's Signature Date

**Supervisor Acknowledgement:**

I have reviewed this form with the employee and all requested items have been returned.

---

Supervisor's Signature Date

# MORROW COUNTY BOARD OF COUNTY COMMISSIONERS

## Appendix Form 19

### EXIT INTERVIEW

Thank you for your service to the Morrow County BOARD OF COUNTY COMMISSIONERS. We ask your cooperation by informing us of your reason for leaving and to provide us with your view of the agency. As we strive to improve working conditions, policies and procedures, we request your assistance by completing this questionnaire in a thoughtful and comprehensive manner.

Your reply will be treated as confidential and your response will not be used in regard to reference check or any future employment. Your cooperation is appreciated. Please return this form to the Appointing Authority of Human Resources.

1. Why are you leaving the Morrow County COUNTY ? (Mark all that apply.)

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Job with another county agency | <input type="checkbox"/> Retirement          | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Job in private sector          | <input type="checkbox"/> Salary              | <input type="checkbox"/> Co-Workers |
| <input type="checkbox"/> Moving out of area             | <input type="checkbox"/> Lack of Advancement | <input type="checkbox"/> School     |
| <input type="checkbox"/> Job Duties                     | <input type="checkbox"/> Other: _____        |                                     |
- 
- 

**Please rate the following on a scale of 1-5 with 1 being poor and 5 being excellent:**

- |  |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Overall opinion of Morrow County as workplace                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Morrow County policies and procedures are                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Physical working conditions are                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Level of concern for the employee is                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Management's willingness to take suggestions and make changes is | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Recognition of a job well done is                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Opportunities for promotion are                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| The training I received to do my job was                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Please make any recommendations or suggestions which you feel would assist Morrow County in improving work environment on enhancing the efficiency of our processes/procedures (use reverse side, if needed): \_\_\_\_\_

---

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 20**

**SECTION 2 REQUEST FOR LEAVE**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Beginning Date/Time of Leave: \_\_\_\_\_

Ending Date/Time of Leave: \_\_\_\_\_ Total Hours: \_\_\_\_\_

**TYPE OF LEAVE REQUESTED:**

Personal Illness or Injury \* Description: \_\_\_\_\_

Serious Illness or Injury \* Description: \_\_\_\_\_

Will this illness/injury affect your ability to perform any required duties?  Yes  No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Medical, Dental or Optical Appointment \*       Vacation       Compensatory Time

Personal Leave Description: \_\_\_\_\_

Unpaid Leave Description: \_\_\_\_\_

Military Duty (Attach copy of military order and)

Jury Duty (Attach copy of court order / subpoena)

Disability Leave Description: \_\_\_\_\_

Other Description: \_\_\_\_\_

I do hereby certify the statements made hereon to be true and factual. I understand that payment for the leave requested may be withheld until all information I have stated on this application is verified, and I have complied with all rules and further regulations as stated on this application, and in the Personnel Policy Manual. Further I understand that falsification of this application may constitute fraud, may result in a refund by me to the County, and may be cause for discipline, up to and including dismissal.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

- Physician verification may be required at request of the Employer.

**2.1 ADMINISTRATIVE ACTION**

\_\_\_\_\_ Number of accrued hours of requested leave

\_\_\_\_\_ Number of hours requested

\_\_\_\_\_ Balance of requested leave, if approved

Recommended

Not Recommended

---

Supervisor's Signature

Date

Approved

Disapproved

---

Appointing Authority's Signature

Date

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 21**

**REPORT OF TRAFFIC VIOLATION, ARREST AND/OR INCIDENT**

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 22**

**ANNUAL DRIVER'S LICENSE CHECK**

The information listed below is needed by the Insurance Office to do an annual driver's license check with the Bureau of Motor Vehicles. This information must be provided as stated in the Morrow County Personnel Policy and Procedures Manual.

Please complete the requested information and return to the Insurance Office at the address listed above.

\_\_\_\_\_

A. \_\_\_\_\_

B. Office/ Department: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**SECTION 3 LICENSE/INSURANCE/MAINTENANCE REQUIREMENTS**

I, the undersigned, agree, as a requirement for driving a county owned vehicle or personal vehicle during the course of employment, I will maintain a valid State of Ohio Drivers' License. I also understand that a Motor Vehicle Report will be obtained by the Insurance Office to confirm a valid Ohio Drivers License.

I, the undersigned, agree, as a requirement for using my personal vehicle during the course of my employment with \_\_\_\_\_ County, will retain automobile liability insurance for bodily injury and property damage on the vehicle that I am driving for at least the minimums required by the State of Ohio. I further agree to maintain my vehicle in, to the best of my knowledge, a roadworthy condition.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS  
Appendix Form 23**

**SUSPENDED DRIVER STATEMENT OF UNDERSTANDING**

I understand that I have been suspended from driving on behalf of Morrow County and that, in no circumstance or for any reason, am I authorized to drive in the scope of my employment, even if a supervisor directs me to drive during the terms of the suspension. Although I understand that I may have consequences on the job for the actions which caused my license suspension, I understand that I cannot be disciplined for refusing to drive during the terms of my suspension. I also understand that the suspension is in effect until written notice rescinding this suspension is given.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Suspension Issued by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 24**

**TRAVEL EXPENSE VOUCHER**

All travel expense reimbursement claims must be documented and submitted on this form and the employee must attach all supporting documentation and receipts for all reimbursements being sought. **No reimbursements will be made unless accompanied by receipts and all supporting documentation.** All Travel Expense Vouchers must be approved by the employee's immediate supervisor.

Employee Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_ to \_\_\_\_\_

Destination: \_\_\_\_\_

Business Purpose of Travel: \_\_\_\_\_

Total Amount of Expenses: \$ \_\_\_\_\_

Breakdown of Expenses (should match attached receipts): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

- Expense Approved
- Expense Disapproved – Need More Documentation
- Expense Disapproved

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 25**

**3.1 REQUEST FOR FAMILY AND MEDICAL LEAVE**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Nature of Leave Requested: (Check One)

- Due to birth of child of employee;
- Due to placement of child with the employee for adoption/foster care;
- In order to care for: (name of person) \_\_\_\_\_  
(must be spouse, child, parent, or person "in loco parentis" to employee) who has the following serious health condition (state exact nature of health condition): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Because of the following serious health condition that renders employee unable to perform the essential functions of the employee's position (state exact nature of health condition):  
\_\_\_\_\_  
\_\_\_\_\_

Beginning Date/Time of Leave: \_\_\_\_\_  
Ending Date/Time of Leave: \_\_\_\_\_ Total Hours: \_\_\_\_\_

- If leave due to serious health condition of employee or member of immediate family, Appendix 5, "Certification of Physician or Practitioner" must be completed and attached.

I certify all statements herein to be complete and true. Falsification is cause for discipline up to and including termination.

\_\_\_\_\_  
e's Signature Date Employee

**ADMINISTRATIVE ACTION**

- Request medical certification of serious health condition     Approved     Not Approved

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Signature Date

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**

**Appendix Form 26**

**EMPLOYER RESPONSE TO REQUEST FOR FAMILY MEDICAL LEAVE**  
**(Family and Medical Leave Act of 1993)**

Date: \_\_\_\_\_

To: \_\_\_\_\_  
(Employee's Name)

From: \_\_\_\_\_  
(Name of Appropriate Employer Representative)

Subject: **RESPONSE TO REQUEST FOR FAMILY/MEDICAL LEAVE**

---

On \_\_\_\_\_, you notified us of your need to take family/medical leave due to:

- The birth of a child, or the placement of a child with you for adoption or foster care; or
- A serious health condition that makes you unable to perform the essential functions of your job; or
- A serious health condition affecting your  spouse,  child,  parent, for which you are needed to provide care.

In your request, you asked for the leave to being on the following date: \_\_\_\_\_

You expect the leave to continue until on or about: \_\_\_\_\_

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

---

This is to inform you that:

1. You are  eligible  not eligible for leave under the FMLA.
2. The requested leave  will  will not be counted against your annual FMLA leave entitlement.
3. You  will  will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by \_\_\_\_\_ (*insert date*) (must be at least 15 days after you are notified of this requirement), or we may delay the commencement of your leave until the certification is submitted.

4. You may elect to substitute accrued paid leave for unpaid FMLA leave. We  will  will not require that you substitute accrued paid leave for unpaid FMLA leave. If paid leave will be used, the following conditions will apply: (*explain*)
5. (a) If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with you, and it is agreed that you will make premium payments as follows: (*Set forth dates, e.g., the 10<sup>th</sup> of each month, or pay periods, etc... that specifically cover the agreement with the employee.*)
- (b) You have a minimum 30-day (*or, indicate longer period, if applicable*) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, *provided* we notify you in writing at least 15 days before the date that our health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work. We  will  will not pay your share of health insurance premiums while you are on leave.
- (c) We  will  will not do the same with other benefits (*e.g. life insurance, disability insurance, etc.*) while you are on FMLA leave. If we do pay your premiums for other benefits, when you return from leave you  will  will not be expected to reimburse us for the payments made on your behalf.
- 

6. You  will  will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.
- 

7. (a) You  are  are not a “key employee” as described in § 825.217 of the FMLA regulations. If you are a “key employee” restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us as discussed in § 825.218.

(b) We  have  have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. (*Explain (a) and/or (b) below. See §825.219 of the FMLA regulations.*)

8. While on leave, you  will  will not be required to furnish us with periodic reports every \_\_\_\_\_ (*indicate interval of periodic reports, as appropriate for the particular leave situation*) of your status and intent to return to work (*see §825.309 of the FMLA regulations*). If the circumstances of your leave change and you are able to return to work earlier than the date indicated on this form, you  will  will not be required to notify us at least two work days prior to the date you intend to report to work.
- 

9. You  will  will not be required to furnish recertification relating to a serious health condition. (*Explain below, if necessary, including the interval between certifications as prescribed in §825.308 of the FMLA regulations*).

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 27**

**CERTIFICATION OF HEALTH CARE PROVIDER**  
**(Family and Medical Leave Act of 1993)**

---

1. Employee's Name		2. Patient's Name (If different from employee)
--------------------	--	--

---

3. Page 4 describes what is meant by a “**serious health condition**” under the Family and Medical Leave Act. Does the patient’s condition<sup>1</sup> qualify under any of the categories described? If so, please check the applicable category.

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_ , or None of the above  
\_\_\_\_\_

4. Describe the **medical facts** which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

- 
5. a. State the approximate **date** the condition commenced, and the probable duration of the condition (and also the probable duration of the patient’s present **incapacity**<sup>2</sup> if different):
- b. Will it be necessary for the employee to take work only **intermittently or to work on a less than full schedule** as a result of the condition (including for treatment described in Item 6 below)?
- If yes, give the probable duration:
- c. If the condition is a **chronic condition** (condition #4) or **pregnancy**, state whether the patient is presently incapacitated<sup>2</sup> and the likely duration and frequency of **episodes of incapacity**<sup>2</sup> :

---

<sup>1</sup>Here and elsewhere on this form, the information sought relates **only** to the condition for which the employee is taking FMLA leave.

<sup>2</sup> “Incapacity,” for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery therefrom.

6 a. If additional **treatments** will be required for the condition, provide an estimate of the probable number of such treatments.

If the patient will be absent from work or other daily activities because of **treatment** on an **intermittent** or **part-time** basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

- b. If any of these treatments will be provided by **another provider of health services** (e.g., physical therapist), please state the nature of the treatments:
- c. **If a regimen of continuing treatment** by the patient is required under your supervision, provide a general description of such regimen ( e.g., prescription drugs, physical therapy requiring special equipment):

- 7 a. If medical leave is required for the employee’s **absence from work** because of the **employee’s own condition** (including absences due to pregnancy or a chronic condition), is the employee **unable to perform work** of any kind?
  - b. If able to perform some work, is the employee **unable to perform any one or more of the essential functions of the employee’s job** (the employee or the employer should supply you with information about the essential job functions)? If yes, please list the essential functions the employee is unable to perform:
  - c. If neither a. nor b. applies, is it necessary for the employee to be **absent from work for treatment**?
- 8. (a). If leave is required to **care for a family member** of the employee with a serious health condition, **does the patient require assistance** for basic medical or personal needs or safety, or for transportation?
  - (b). If no, would the employee’s presence to provide **psychological comfort** be beneficial to the patient or assist in the patient’s recovery?
  - (c) . If the patient will need care only **intermittently** or on a part-time basis, please indicate the probable **duration** of this need:

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Type of Practice

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

**To be completed by the employee needing family leave to care for a family member:**

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

A “**Serious Health Condition**” means an illness, injury impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

**Inpatient care** ( i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity<sup>2</sup> or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

(a) A period of incapacity <sup>2</sup> of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity<sup>2</sup> relating to the same condition), that also involves:

(1) **Treatment** <sup>3</sup> **two or more times** by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services ( e.g., physical therapist) under orders of, or on referral by, a health care provider; or

(2) **Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment**<sup>4</sup> under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to **pregnancy**, or for **prenatal care**.

4. Chronic Conditions Requiring Treatments

A chronic condition which:

(1) Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;

(2) Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and

(3) May cause **episodic** rather than a continuing period of incapacity<sup>2</sup> ( e.g., asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision

A period of Incapacity<sup>2</sup> which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive **multiple treatments** (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident or other injury, **or** for a condition that **would likely result in a period of**

**Incapacity<sup>2</sup> of more than three consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

<sup>3</sup> Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

<sup>3</sup> A regimen of continuing treatment includes, for example, a course of prescription medication ( e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS  
Appendix Form 29**

**REQUEST FOR CATASTROPHIC LEAVE DONATION**

Employee Requesting Catastrophic Leave Donation: \_\_\_\_\_

State nature of the claimed catastrophic illness or injury: \_\_\_\_\_

Physician(s) diagnosis and prognosis of the catastrophic illness or injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Projected date of return to work: \_\_\_\_\_

Any other pertinent information the applicant wishes to submit for consideration: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have met all eligible requirements under section 6.06 E. Catastrophic Leave Donation Policy, Eligibility.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADMINISTRATIVE ACTION**

Catastrophic Leave Donation:  Approved  Not Approved

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS  
Appendix Form 29A**

**APPLICATION FOR CATASTROPHIC LEAVE DONATION**

Donating Employee's Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Recipient Employee's Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

**SICK HOURS BEING DONATED:** \_\_\_\_\_

By signing this form, I understand that:

- This is a voluntary donation.
- Once made, the donation is irrevocable.
- Donations are used on a first made, first used basis.
- The department Appointing Authority has the right to refuse a donation.

---

Employee's Signature

Date

**ADMINISTRATIVE ACTION**

Catastrophic Leave Donation:  Approved  Not Approved

Comments: \_\_\_\_\_

\_\_\_\_\_

---

Supervisor's Signature

Date

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS  
Appendix Form 30**

**REQUEST FOR UNPAID LEAVE OF ABSENCE**

Employee Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date(s) Requested Off Without Pay: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**ADMINISTRATIVE ACTION**

Approved

Disapproved

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 31**

**NOTICE OF PRE-DISCIPLINARY MEETING**

Employee Name: \_\_\_\_\_

This notice is provided to advise you that a pre-disciplinary meeting will be held at \_\_\_\_\_  
(time) at \_\_\_\_\_ (location) on \_\_\_\_\_ (date) to provide you with an opportunity  
to respond to the following allegations of  
misconduct: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have the right to: (1) appear at the meeting to present an oral or written statement in response to the charges; (2) appear at the meeting and have your chosen representative present an oral or written statement in response to the charges; or, (3) elect, in writing, to waive your opportunity to have a pre-disciplinary meeting. Failure to respond, or to respond truthfully, may result in further disciplinary action. No pre-disciplinary meeting will be delayed more than twenty-four (24) hours to enable your representative to attend.

At the meeting, you have the opportunity to respond to the disciplinary charges. You may present written statements or documents which you believe support your position. You may be represented by any person you choose, whether such individual is an employee or not. You do not have the right to call or cross-examine witnesses.

A written report may be prepared after the meeting concluding as to whether or not the alleged conduct occurred. If prepared, a copy of this report will be provided to you.

The pre-disciplinary meeting will be conducted by \_\_\_\_\_.

If you have any questions in regard to this procedure, please contact \_\_\_\_\_ immediately.

**WAIVER OF PRE-DISCIPLINARY MEETING**

In response to the notification of charges against me on \_\_\_\_\_ (Date), I hereby waive my right to a pre-disciplinary meeting.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 32**  
**ORDER OF REMOVAL, REDUCTION, SUSPENSION,**  
**FINE, INVOLUNTARY DISABILITY SUSPENSION**

See PDF form.

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Appendix Form 33**

**PIPER / GARRITY NOTICE**

**MORROW COUNTY EMPLOYEE  
IDENTIFICATION CARD APPLICATION  
Appendix Form # 41**

The below listed person is authorized by this office \_\_\_\_\_ to be  
issued a county employee identification card, prox card or magnetic key fob.

ID card [ ]                      Prox card # \_\_\_\_\_ [ ]                      FOB # \_\_\_\_\_ [ ]

The bearer of this identification card, prox card or key fob, acknowledges that this card/fob is the property of Morrow County and it shall be surrendered upon termination of employment.

Should this card/FOB be lost/damaged or stolen, report it immediately to your department head or elected official. The bearer of the prox card or key fob will be responsible for the total replacement cost.

Improper use or the illegal use of this card/fob is forbidden and may be grounds for termination of employment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Form #41  
Adopted: September 17, 2007  
Resolution: 07-R-585  
Amended April 5, 2010, Resolution 10-R-200

**MORROW COUNTY**  
**Board of Commissioners**  
**PERSONNEL POLICIES AND PROCEDURES MANUAL**  
**Voluntary Unpaid Leave of Absence (VULA) Acknowledgement Form #42**

Employee Name: \_\_\_\_\_

Job Title/Classification: \_\_\_\_\_

By signing below you are indicating that you have read and understand the conditions of the VULA program (Voluntary Unpaid Leave of Absence) as outlined in the internal policy of Morrow County Board of Commissioners. VULA requests may not exceed 20 hours per pay period.

Specifically: \_\_\_\_\_

1. Your sick and vacation leave will be reduced on a prorated basis to hours actually in paid status.
2. You will not be eligible for unemployment while on or as a result of being on VULA.
3. You will return to the same position held before you went on VULA.
4. The County will require payment from the employee for their insurance benefits while on VULA. The employee will be responsible for pre-paying their portion as is the current policy.
5. You may not take VULA immediately prior to a paid holiday.
6. You must return to work at the end of any approved VULA period.
7. Your seniority for layoff and retirement purposes will not be reduced.

You are also confirming that you are VOLUNTARILY applying for the VULA program in an attempt to assist the Department in reducing and controlling costs.

I have read, understand and agree to abide by the VULA program policy.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

\_\_\_\_\_  
Appointing Authority Signature

**MORROW COUNTY**  
Board of Commissioners  
**PERSONNEL POLICIES AND PROCEDURES MANUAL**  
Request for Unpaid Leave (VULA)  
Form 42A

---

Employee Name: \_\_\_\_\_

Job Title/Classification: \_\_\_\_\_

Total Hours: \_\_\_\_\_ From : \_\_\_\_\_ To: \_\_\_\_\_

Repeating Hours (describe): \_\_\_\_\_

By signing below you are indicating that you have read and understand the conditions of the VULA program (Voluntary Unpaid Leave of Absence) as outlined in the internal policy of Morrow County Board of Commissioners.

Specifically:

1. Your sick and vacation leave will be reduced on a prorated basis to hours actually in paid status.
2. You will not be eligible for unemployment while on or as a result of being on VULA.
3. You will return to the same position held before you went on VULA.
4. Your insurance will be paid while on VULA.
5. You may not take VULA immediately prior to a paid holiday.
6. You must return to work at the end of any approved VULA period.
7. Your seniority for layoff and retirement purposes will not be reduced.

You are also confirming that you are VOLUNTARILY applying for the VULA program in an attempt to assist the Department in reducing and controlling costs.

I have read, understand and agree to abide by the VULA program policy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Appointing Authority Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGMENT OF RECEIPT OF AUDITOR OF STATE  
FRAUD- REPORTING SYSTEM INFORMATION**

Appendix Form #43

Pursuant to Ohio Revised Code 117.103 (B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging that Morrow County provided you information about the fraud-reporting system as described by Section 117.103 (A) of the Revised Code, and that you read and understand the information provided. You are acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud reporting system.

I \_\_\_\_\_, have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

\_\_\_\_\_  
Print Name, Title, and Department

\_\_\_\_\_  
Please Sign Name

\_\_\_\_\_  
Date

**MORROW COUNTY BOARD OF COUNTY COMMISSIONERS**

**COURTHOUSE COMPLEX**

**BARRACUDA WEB FILTER  
EMPLOYEE ACKNOWLEDGEMENT FORM # 44**

I acknowledge that I am aware that beginning Monday, September 17, 2012, all internet activity on my county owned computer will be monitored through the Barracuda Web Filter program.

I understand the Elected Official of my department or Appointing Authority will be provided with a monthly report of all internet activity.

Please refer to the County Personnel Policy Manual Section 5.08 Use of Internet, E-Mail and Online Services.

I understand, unless my Elected Official or Appointing Authority deems necessary, I will be monitored according to the basic standards set up by the Morrow County Commissioners. (This basic monitoring standards is available from your supervisor).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Elected Official/Appointing Authority's Signature

\_\_\_\_\_  
Date

MORROW COUNTY BOARD OF COUNTY COMMISSIONERS

COURTHOUSE COMPLEX  
BARRACUDA WEB FILTER

EMPLOYEE CHANGE REQUEST FORM # 45

I request the following employee \_\_\_\_\_ be given the exception(s)  
Please Print Name  
below in regards to their internet usage due to the necessity for their employment with the County.

**CATGORY:** (can also use specific websites)

**ALLOW**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please use a separate piece of paper if necessary)

I request the following employee \_\_\_\_\_  
Please Print Name  
be given **NO** access to the following categories or specific websites:

**CATGORY:**

**BLOCK ALL**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please use a separate piece of paper if necessary)

ELECTED OFFICIAL/APPOINTING AUTHORITY

DATE

**MORROW COUNTY BOARD OF COMMISSIONERS**  
Personnel Policies and Procedures Manual  
Retire/Rehire Checklist  
Form #46

Retire/Rehire Checklist

- Give public notice that the person is or will retire and is seeking employment with the public employer
- The position sought by the retire/rehire employee must be the same position that he or she retired from and is a position customarily hired by the Board
- Public notice given not less than sixty days before the employment as a reemployed retirant is to begin
- Provide the date, time and location of the public hearing in the public notice.
- Hold a public hearing 15 to 30 days before reemployment is to begin, to discuss the issue of a retiree being reemployed. (Note: this means that the public hearing should be held during the last 30 to 15 days of the sixty day period required for the public notice).
- Complete OPERS retire/rehire form (will be received in bookkeeping office after retirement notice is submitted to OPERS).
- Pay out vacation leave and other leave as determined by the appointing authority or as agreed upon.

This checklist meets the requirements set forth in the Morrow County Personnel Policies and Procedures Manual Section 4.09(D)

MORROW COUNTY BOARD OF COMMISSIONERS  
Personnel Policies and Procedures Manual  
Retire/Rehire Public Hearing Discussion Checklist  
Form #47

Retire/Rehire Public Hearing Discussion Checklist

\*\*\* The topics stated in the following checklist are not required to be discussed during the public hearing. The purpose of the public hearing is to provide a forum for the public to voice their opinion regarding the Board's proposal \*\*\*

- Outline, for the public, the name of the employee, the position the employee is retiring from and is proposed to be hired to, and the terms of the rehire (wage, payouts, any other terms of the rehire, etc.)

**Possible Topics of Public Concern:**

- Discuss whether or not the retiree should be rehired as a new employee
- Discuss whether or not the Board should pay out accumulated leave beside vacation leave, or permit the retiree to maintain existing leave balances (e. g. sick leave, compensatory time, etc.)
- Discuss the rationale of retire/rehires (e.g. maintaining experience, institutional knowledge, etc.)
- Discuss the economic impact of a retire/rehire versus hire

These are some of the considerations that should be made when considering whether to rehire a retiree.