

**THE  
HARDIN COUNTY  
APPOINTING AUTHORITY**

**PERSONNEL POLICY AND PROCEDURE  
MANUAL**

**THIS DOCUMENT IS NOT A CONTRACT**

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**INTRODUCTION/DISCLAIMER**

**SECTION 1.01**

- A. Policies are the basic rules which guide administrative action for accompanying an organization’s objectives. Adherence to comprehensive and clearly written policies, consistently and fairly administered, are essential to the success of any organization. Therefore, each employee is responsible for being thoroughly familiar with this manual’s contents. Likewise, supervisors and other management personnel must systematically and impartially interpret and administer these policies.
- B. Written procedures provide members of the organization with administrative interpretation of the application of the organization’s policies and explain the specific manner in which such policies are implemented.
- C. This manual contains the policies and procedures of the office or offices of the Hardin County Appointing Authority of Hardin County (hereinafter also referred to as the “Employer”).
- D. Questions regarding the interpretation and application of these policies shall first be directed to the employee’s immediate supervisor. However, if the employee and the immediate supervisor are unable to agree regarding interpretation and/or application of a policy, the immediate supervisor shall then review the matter with the Appointing Authority, who will interpret/apply the policy in the exercise of its judgment and discretion.
- E. Violation of these policies can result in disciplinary action up to and including termination.
- F. THIS MANUAL IS PRESENTED FOR INFORMATIONAL PURPOSES ONLY, AND MAY BE CHANGED AT ANY TIME BY THE EMPLOYER WITH OR WITHOUT NOTICE. THIS MANUAL IS NOT A CONTRACT WHETHER EXPRESSED OR IMPLIED.

**OBJECTIVES**

**SECTION 1.02**

- A. The Employer recognizes that a personnel system which recruits and retains competent, dependable personnel is indispensable to effective government. The policies and procedures set forth in the manual are designed to:
  - 1. Promote positive morale and foster productive and rewarding working relationships by providing equal opportunities for employment and advancement, giving consideration to employee needs, and by giving employees guidance and direction;
  - 2. Maintain recruitment and internal promotional practices which will enhance the attractiveness of public employment and encourage each employee to give the best efforts to the organization and the public;

- 3. Encourage courteous and dependable service to the public;
  - 4. Provide equal opportunity for qualified persons to enter and progress in the employment based on merit, fitness, and qualifications, as determined through objective and practical personnel management methods;
  - 5. Establish minimum standards of performance and conduct; and
  - 6. Ensure that operations are conducted ethically and legally so as to continue and promote the Employer’s reputation as an efficient, progressive body in the community and state.
- B. The primary obligation of the Employer is to provide the residents of Hardin County with superior services at the most reasonable cost. This is a continuing obligation to which all other obligations are secondary.

<b>DEFINITIONS/ABBREVIATIONS</b>	<b>SECTION 1.03</b>
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Unless otherwise indicated, the following definitions and abbreviations apply to the below-listed terms as used in this manual.

Absent without Leave: Failure to report for work without authorization from the Appointing Authority or designee to be absent from work.

Absenteeism: The practice of an employee in failing to report for work for a period of one (1) or more days or failing to report within the prescribed time when the employee has been assigned to or scheduled for work. Misuse or abuse of sick leave regulations can be considered as absenteeism.

Active Pay Status: Except where otherwise defined in this manual, active pay status is a period when an employee is eligible to receive pay directly from the Employer and includes hours worked, vacation, sick leave, compensatory time, paid military leave, and paid court leave.

ADA: The Americans with Disabilities Act.

ADAAA: The Americans with Disabilities Act Amendments Act of 2008.

Appointing Authority: The elected County officials or the designees of such officials who are authorized by law with the power to appoint or remove positions in any office, department, commission, board, or institution which include but are not limited to the following:

<u>Appointing Authority</u>	<u>Office/Department</u>
Auditor	Auditor’s Office
Clerk of Courts	Clerk of Courts & Title Department

Coroner	Coroner's Office
Engineer	Engineer's Office Ditch Maintenance/Pike Repair Tax Map Department
Prosecuting Attorney	Prosecutor's Office Victim & Witness Assistance Program DETAC
Regional Planning	Regional Planning Board
Recorder	Recorder's Office Microfilming Department
Sheriff	Sheriff's Office 9-1-1
Treasurer's	Treasurer's Office DETAC
County Commissioners	Commissioner's Office Sanitary Engineering Department Animal Shelter Community Improvement Corp. Hardin Hills Health Center Keep Hardin County Beautiful IT, Economic Development, GIS Loss Control/Emergency Management Agency (EMA) Maintenance & Housekeeping Wellness Transfer Station/Landfill
County Commissioners & Director (Jointly)	Hardin County Department of Job & Family Services Hardin County Child Support Enforcement Agency North Central Ohio Solid Waste District
Common Pleas Court Judge	Common Pleas Court Adult Probation Community Corrections Drug Court

Probate/Juvenile Judge	Probate/Juvenile Court Life Works
Board of Developmental Disabilities	Simon Kenton School/Harco Adult Services Program Case Management Services
Veteran’s Service Commission	Veteran’s Service
Health Commissioner with approval of General Health District Board	Health Department Well Child Clinic
Local Emergency Planning Committee	LEPC

**Board:** Abbreviation for the Hardin County Board of Commissioners.

**Break in Service:** Any separation from service of thirty-one (31) days or more. Neither an approved absence nor an abolishment/layoff will constitute a break in service provided that the employee returns in a timely manner. Time during a break in service does not count toward retention points.

**BWC:** Abbreviation for Ohio Bureau of Workers’ Compensation.

**Classification:** A group of positions that involves similar duties and responsibilities, require similar qualifications, and that are properly designated by a common descriptive title indicating the general nature of the work. A classification may include only one (1) position in some circumstances.

**Classification Change:** A change in an employee’s classification title as a result of a promotion, demotion, or reassignment to another classification.

**Classification Plan:** The alphabetically arranged compilation of the classification specifications for employees of the Employer.

**Classified Employee:** An employee who, after serving a probationary period, may only be demoted, suspended, or removed from public service for cause, in accordance with the State Civil Service statute ORC 124.34.

**Compensatory Time Leave (Comp Time):** Time off work granted to nonexempt employees in lieu of payment for overtime hours worked and granted off at the rate of one and one-half (1½) hours for each hour of overtime.

**Continuous Service:** Means the uninterrupted service of an employee with the department without any intervening break in service.

**County:** The County of Hardin, State of Ohio.

Day(s): Unless otherwise specified, means calendar day(s).

Demotion: See reduction.

Designee: Any person authorized by the Appointing Authority to perform a function with or on behalf of the Appointing Authority.

Discourteous Treatment of the Public: Failure by an employee to treat any member of the general public with respect, in a polite and courteous manner.

Dishonesty: Disposition to lie, cheat, or defraud; untrustworthiness; lack of integrity.

Distribution: Means an act of dispersing, delivering, apportioning, allocating, or circulating goods, items, materials, or any other tangible thing, including but not limited to writings and literature.

Drunkenness: The condition of a person whose mind is affected by the immediate use of intoxicating drinks; the state of one who is “drunk” or under the influence of alcohol. The effect produced upon the mind or body by drinking intoxicating liquors or beverages to such an extent that the normal condition of the subject has changed and their capacity for rational and appropriate action and conduct is substantially lessened.

Employee: Any person holding a position subject to appointment, removal, promotion, or reduction by the Appointing Authority and the subject to the policies of this manual.

Employer: The Appointing Authority, or the designee of the Appointing Authority, authorized by law to make appointments to positions.

Excused Absence: Absence from work with the approval of the Employer (e.g., sick leave, vacation, holiday, compensatory time, unpaid leave of absence, etc.).

Exempt Employee: An employee determined to be exempt from the minimum wage and overtime provisions of the Fair Labor Standards Act, who therefore does not have to legally be paid the statutory minimum wage and/or to be compensated at premium rates for excessive hours in a workweek.

Failure of Good Behavior: Failure by an employee to accept, adhere to, or maintain the expected levels of performance and/or conduct required by the Employer, or reasonably expected by the Employer, even in the absence of a written work rule.

FLSA: Abbreviation for the Fair Labor Standards Act, Federal legislation which primarily governs the payment of overtime compensation and “minimum wage”.

Flex-Time: Adjustment of an employee’s work hours, by or with the approval of the Employer, to avoid the employee working in excess of forty (40) hours in one (1) workweek or any other standard work period established in accordance with the FLSA.

FML: Family and Medical Leave, as provided by the Family and Medical Leave Act of 1993, and by policy adopted by the Appointing Authority.

FMLA: Abbreviation for the Family and Medical Leave Act.

Immoral: Contrary to good morals; inconsistent with the rules and principles of morality; harmful or adverse to public welfare according to the standards of a given community, as expressed in law or otherwise.

Immoral Conduct: Conduct which is willful, flagrant, or shameless, and which shows a moral indifference to the opinions of the good and respectable members of the community.

Incompetency: Lack of ability, legal qualifications, or fitness to perform duties required of an employee.

Inefficiency: Quality of being incapable or indisposed to perform duties required of an employee within reasonable standards.

Insubordination: Intentional failure to perform duties required of an employee; refusal to obey an order issued by the employee's supervisor.

Intoxication: The condition of a person affected by the use of intoxicating drinks or controlled substances; the state of one who is under the influence of alcohol or controlled substances. The effect produced upon the person by drinking intoxicating liquors or beverages or ingesting another intoxicating substance to such an extent that the normal condition of the individual has changed and the person's capacity for rational and appropriate action and conduct is substantially lessened.

LOA: Leave of absence.

Malfeasance: The commission of some act which is positively unlawful; the doing of an act which is wholly wrongful and unlawful; the doing of an act which a person ought not to perform.

Misfeasance: The improper performance or commission of some act which a person may lawfully do.

Neglect of Duty: Omission or failure to do a thing that can be done, or that is required to be done; an absence of care or attention in the doing; an omission of a given act. A designed failure, refusal, or unwillingness to perform one's duty.

Nonexempt Employee: An employee who is entitled to be paid the federal minimum wage and to be paid at the rate of one and one-half (1½) times the employee's regular rate of pay for all time worked in excess of forty (40) hours in an established workweek. The FLSA has set forth a different standard of determining overtime for specific types of employees, such as law enforcement employees.

Nonfeasance: Nonperformance of some act which ought to be performed; the total omission to perform a required duty; or the total neglect of duty.

Non-Work Area: Those areas of the Employer's property such as the employees' lounge and parking lot or other areas where no official Employer business is transacted nor operations conducted.

Non-Worktime: Means any time during an employee's workday where the employee is totally relieved of work duties and is not performing a work-related function such as break time, lunch time, and time before or after worktime.

OPERS: Abbreviation for the Ohio Public Employees Retirement System of Ohio.

ORC: Abbreviation for the Ohio Revised Code. Also abbreviated as RC when followed by a chapter or section number.

OSHA: Abbreviation for Ohio's Occupational Safety and Health Act.

Overtime: Compensation paid to an employee at a wage rate of one and one-half (1½) times the employee's regular rate of pay for time worked in excess of forty (40) hours in the established workweek.

Personnel Decisions: Such decisions include but are not limited to: (1) recruitment, (2) selection, (3) placement, (4) testing, (5) training, (6) promotions and transfers, (7) layoff and recall, (8) removal, (9) disciplinary action, and (10) employee benefits and compensation.

Position: A group of duties and responsibilities assigned or delegated by the Appointing Authority to be performed by one (1) person. All of the positions listed in the organizational chart constitute positions within a department. Positions and the duties of a position may be revised, but the employee's classification remains the same unless the position is reclassified.

Probationary Period: A period of time at the beginning of an original appointment or immediately following a promotion, which constitutes a trial or testing period for the employee, and during which the employee may be terminated if serving an original probationary period or reduced if serving a promotional probationary period. Probationary periods apply to certified and provisional classified appointments, not to unclassified appointments.

Promotion: The act of placing an employee in a position, the classification for which carries a higher salary range than the position previously held by the employee.

PWFA: Abbreviation of Pregnant Workers Fairness Act.

Reclassification: The act of changing the classification of an existing position. If left in the position, the employee shall be reassigned to the new classification.

Reduction: A change of the classification held by an employee to one having a lower base pay range, a change to a lower step within a salary range, or any decrease in compensation for an

employee. For purposes of layoff, a “reduced employee” is one serving in a classification lower than the one from which the employee was laid off or displaced.

Reinstatement: The act of returning a person to employment following a period of separation or a leave of absence, with retention of the person’s seniority and status.

Removal: The termination of a “classified” employee’s employment with the department for the reasons outlined in ORC 124.34; or the termination of an “unclassified” employee’s employment with the department at the pleasure of the Appointing Authority with or without cause or prior notice.

Resignation: A voluntary separation from department employment by an employee.

Seniority: Generally the uninterrupted length of continuous service with the Employer. More specific definitions of seniority for particular purposes are contained throughout this manual and shall control for the particular purpose indicated.

Sick Leave Abuse: Use of sick leave for any purpose other than as provided by applicable law, including without limitation, calling in sick when the employee is able to work, reporting illness in the immediate family when such illness does not exist or does not exist to the extent reported by the employee, reporting off sick to participate in some other activity or to take care of personal business, setting a pattern of reporting off sick on certain days of the week or following regular days off over an extended period of time, failure to follow the rules and regulations regarding the use of sick leave or reporting procedures.

SERB: Abbreviation for the State Employee Relations Board.

SPBR: Abbreviation for the Ohio State Personnel Board of Review.

Solicitation: An act of requesting an individual to purchase or receive goods, materials, services, or any other item, including for example, writings and literature. Solicitation also means any plea for financial contribution or donation.

Supervisor: An individual who has been authorized by the Employer to perform or assist in performing some or all of the following: hiring, transferring, suspending, laying off, recalling, promoting, discharging, assigning, rewarding, or disciplining employees under the direction of the Employer; to responsibly direct employees; to adjust their grievances; or effectively recommending any of these actions.

Suspension: Relief of an employee from duty without pay, usually for a short period of time (i.e., one [1] to fifteen [15] days), as a disciplinary measure aimed at improving the employee’s conduct.

Transfer: The movement of an employee from one (1) position to another where there is no change in level of responsibility, classification, or salary under the same Appointing Authority.

Unclassified Service: The civil service status of employees appointed without competitive examination to positions that are not subject to the discipline or removal provisions contained in RC Section 124.34. This includes employees who receive external interim, intermittent, or temporary appointments pursuant to RC Section 124.30 (B), those employees appointed to administrative staff positions for which an appointing authority is given specific statutory authority to set compensation, and the deputies and assistants of elective or principal executive officers authorized to act for and in the place of their principals or holding a fiduciary relation to their principals, clerical and administrative support employees exempted pursuant to RC Section 124.11 (A) (8), and other positions specifically exempted pursuant to RC Section 124.11 (A). Such employees serve at the pleasure of the Appointing Authority.

Vendor: Any individual or group engaged in or desiring to engage in the supply of goods, materials, or services, (which are utilized in the conduct of public business) to the Employer and/or its employees.

Verbal Warning: Written documentation of a verbal counseling and instruction which is provided to the employee and placed in the employee's personnel file to correct any misconduct and improve the employee's conduct and performance.

Work Area: Any office, room, or physical location where official Employer business is transacted and/or operations of the Employer are conducted.

Worktime: All the time when an employee's duties require that the employee be engaged in work tasks, not including meal periods, scheduled breaks, and time before and after work.

Work Unit: A division under the Employer's control usually directed by a supervisor and charged with a specific work function which contributes to the accomplishment of the Employer's public service function.

Written Reprimand: The written record of disciplinary action, usually issued after a verbal warning has failed to improve an employee's conduct, or when the employee has committed a more serious violation, which is provided to the employee and placed in the employee's personnel file in an attempt to improve the employee's conduct and performance.

**SCOPE OF COVERAGE****SECTION 1.04**

- A. These policies apply to all employees, supervisors, and administrators of the Appointing Authorities who have adopted this manual, except where their context indicates otherwise. In the event there is a conflict between the matters expressed in this manual and any other applicable laws, rules, regulations, or binding legal decisions rendered by a person or entity of competent jurisdiction, the applicable law shall prevail until the particular section of the manual in conflict is revised.

- B. Each Appointing Authority that has adopted this manual may have additional policies and procedures each employee is required to follow. These policies will be in addition to, but not in conflict with, the policies of this manual and approved by Hardin County Commissioners for the general application and the Hardin County Prosecutor for legal effect. Any additional policies will be posted or otherwise made available to all affected employees and must be on file with the Appointing Authority, Hardin County Commissioners, and Hardin County Prosecutor, and provided to the affected employee(s).
- C. Some policies may reference or leave matters to more specific plans or documents (such as the health care plan), in which case the more specific plans or documents will control. Undoubtedly, there will be situations which shall require administrative interpretations of the policies set forth in this manual. Every effort must be made to ensure that such decisions are made objectively, with the general intent of the policy in mind and the Board of Commissioners and the Prosecutor will be contacted to obtain the interpretation, which must be applied uniformly by all Appointing Authorities except in cases of unique circumstances which warrant a different application. To that extent, the Appointing Authorities or departments may issue directives that clarify these policies in a manner more specific to their particular operations.
- D. As conditions change in the county, it may be necessary to add, delete, or revise specific policies affected by the change. Updated policies will be issued to all manual holders and communicated to all affected employees.
- E. These policies and procedures supersede all previous written and unwritten personnel policies and past personnel practices of the Employer.

**MANAGEMENT RIGHTS****SECTION 1.05**

- A. The Employer retains the full right and responsibility to direct operations; to establish, interpret, and administer all policies, procedures, rules, and regulations; to set compensation; to direct every phase of the operations; and to take any action the Appointing Authority determines to be in the best interests of the County.
- B. The Appointing Authority's management rights include, but are not limited to:
  - 1. To manage and direct employees, including the right to select, hire, promote, demote, transfer, assign, evaluate, layoff, discipline, suspend, or discharge;
  - 2. To assign job duties and tasks, determine position requirements, establish status of employment, and establish compensation levels and policy;
  - 3. To manage and determine the location, type, and number of the physical facilities, equipment, programs, and work methods and procedures to be performed;
  - 4. To determine goals, objectives, programs, and services to utilize personnel in the manner designated to effectively meet these purposes;

5. To determine the size and composition of the workforce and the organizational structure;
6. To determine the hours of work and work schedules required to operate most efficiently;
7. To determine when a job vacancy exists, the duties to be included in all classifications, and the standards and quality of performance to be maintained;
8. To determine the need to schedule compensatory time and/or overtime and the amount required;
9. To maintain the security of personnel and financial records and other important data or information;
10. To determine the overall budget of the departments;
11. To maintain and improve the efficiency of the operations;
12. To determine and implement necessary actions in emergency situations;
13. To establish expected standards of ethical conduct;
14. To develop and implement work rules;
15. To take any and all action the Employer deems necessary and incidental to carrying out the mission of the departments as a government unit; and
16. To maintain and improve the efficiency and effectiveness of the operations.

**IMPLEMENTATION AND DISSEMINATION****SECTION 1.06**

- A. All employees shall be directed to the County webpage and be required to read (or have read and explained to them) the Hardin County Employee Handbook, which summarizes the terms and conditions of the employment contained herein.
- B. All supervisory personnel responsible for administering policies shall receive and be thoroughly familiar with this Personnel Policy and Procedure Manual, administer all policies and procedures contained in this manual, and ensure that their subordinate employees comply with these policies and procedures.
- C. This manual shall remain the exclusive property of the Employer and shall be surrendered upon request. Unauthorized distribution, reproduction, or destruction of this manual or the handbook is prohibited.

- D. As conditions warrant, the policies contained in this manual may be added to, amended, revised, or deleted by the Appointing Authority. Prior to their effective date, such additions, amendments, revisions, or deletions will be posted on the department bulletin board(s), or other conspicuous places, or through emails, and/or otherwise communicated to employees. When employees receive an amendment to the Policy and Procedure Manual, they will sign a new acknowledgement form to indicate that they have been made aware of the change(s) and have read the change(s).
- E. The Commissioners and each Appointing Authority shall maintain a three-ring bound master copy of this manual as the official copy, and copies of the manual shall be given to each supervisor as shown on the Personnel Policy and Procedure Manual Distribution List found in the forms section of this manual.
- F. Each employee shall read or have this Personnel Policy and Procedure Manual read and explained to them within the first month of employment, and after reading or having it read to them, sign the Acknowledgment of Receipt of Documents Form found in the forms section of this manual, which will then be placed in the employee's personnel file.

**AMENDMENT****SECTION 1.07**

- A. Changes within the organization or changes in applicable regulations will necessitate changes in this manual. This manual may be amended, revised, or deleted only by written action of the Employer or the political subdivision as appropriate in such instances after review and approval by the Hardin County Commissioners and the Prosecuting Attorney.
- B. When the Employer adopts a new policy or procedure, the policy or procedure shall be reviewed to determine whether it amends, revises, or deletes a section of this manual. As a result, the affected manual section may need to be entirely or partly rewritten. Any amendment, revision, or deletion shall be subject to approval by the Hardin County Commissioners for general application, and the Hardin County Prosecutor for legal sufficiency and application.
- C. The original of the new section will be placed in the Appointing Authority's master copy of the manual.
- D. A copy of the new section shall be given by the Appointing Authority to each supervisor listed on the Personnel Policy and Procedure Manual Distribution List found in the forms section of this manual.
- E. The Appointing Authority shall provide amendments, revisions, or deletions to the affected employees (i.e., group meetings, posting on bulletin boards, etc.). An employee shall sign an Acknowledgment of Receipt of Document Form found in the forms section of this manual, acknowledging receipt, and the receipt shall be placed in the employee's personnel file within one (1) month of the amendment, revision, or deletion.

**SEVERABILITY****SECTION 1.08**

- A. If any section or part of this manual or any amendment is invalidated by operation of law or by order of a court of competent jurisdiction, or compliance with or enforcement of any article or section of this manual is restrained by a court, the remainder of this manual and any amendments shall not be affected and shall remain in full force and effect, unless the context of the manual as a whole indicates that another section should be invalidated as well to conform with the Employer's intent.
- B. Whenever any section of this manual is amended by operation of law or by court order, the section shall be amended pursuant to Section 1.07 of this manual.

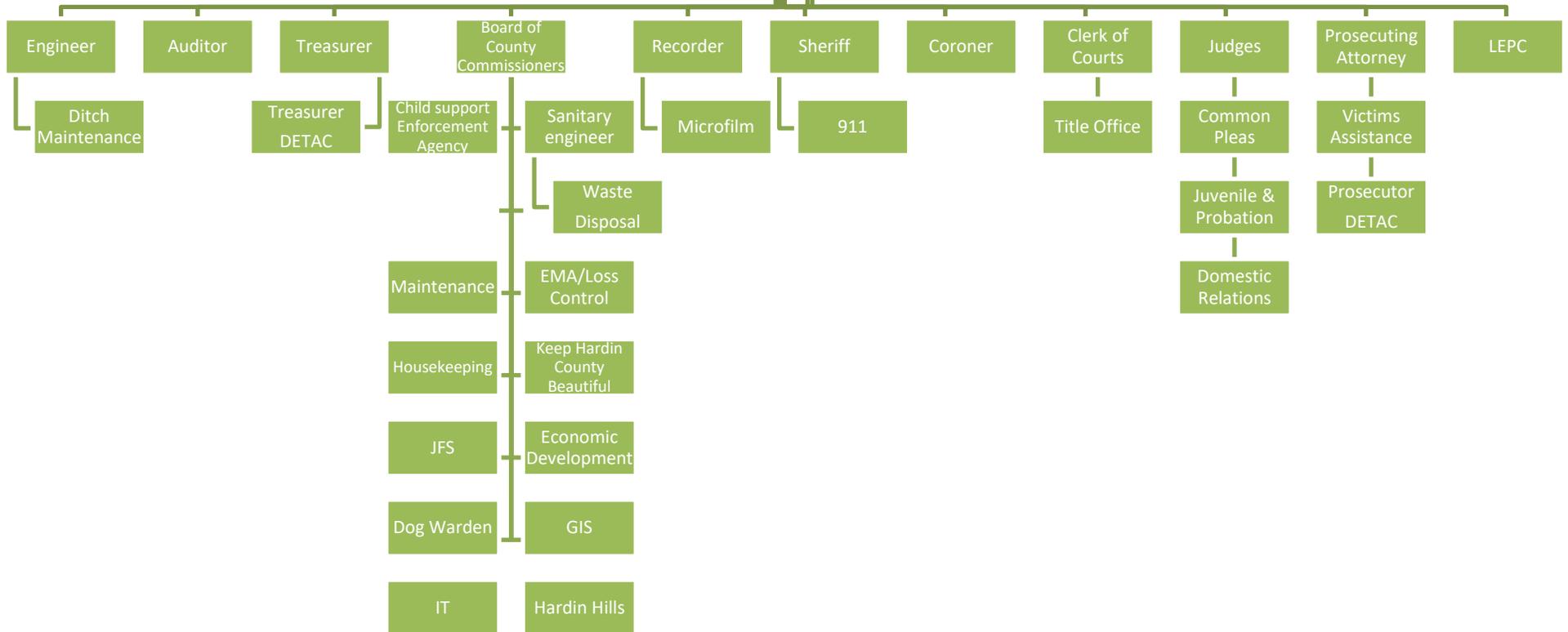
**PERSONNEL ADMINISTRATION****SECTION 1.09**

- A. Personnel and benefit functions shall be established by the Appointing Authority and administered by the Appointing Authority or designee, the Board, and/or the County Auditor. Personnel and benefits administration shall include, but not be limited to:
  - 1. Recruiting qualified personnel;
  - 2. Conducting background investigations of prospective employees;
  - 3. Interviewing, orienting, and evaluating of employees;
  - 4. Establishing classification specifications;
  - 5. Developing policies and procedures for recommendation to the Board;
  - 6. Interpreting and enforcing policies and procedures;
  - 7. Administering benefits;
  - 8. Conferring with department heads, division heads, and/or supervisors regarding disciplinary actions; and
  - 9. Conferring with department heads, division heads, and/or supervisors regarding leave and other employee benefits.

**TABLE OF ORGANIZATION** **SECTION 1.10**

**HARDIN COUNTY GOVERNMENT**

VOTERS OF HARDIN COUNTY



County Boards & Commissions

Airport  
Alcohol, Drug Addiction &  
Mental Health Services Board  
Board of Elections

Family & Children First Council  
Museum  
North Central Ohio Solid Waste District  
Regional Planning Commission

Soil & Water Conservation District  
Veteran's Services  
WIOA

**NONDISCRIMINATION****SECTION 2.01**

- A. Hardin County is an Equal Opportunity Employer. No personnel decisions concerning any term or condition of employment shall be unlawfully based upon race, color, religion, sex, sexual orientation or gender identity, national origin, age, known pregnancy, childbirth, or related medical condition, ancestry, military or veteran's status, genetic information, disability, or any other manner prohibited by law.
- B. The Loss Control Coordinator is the Employer's EEO/ADA Coordinator. The EEO/ADA Coordinator is responsible for providing information regarding anti-discrimination laws to employees and others, and for reviewing complaints involving alleged discrimination.
- C. The EEO/ADA Coordinator shall be responsible for formulating, implementing, coordinating, and monitoring all efforts in the area of equal employment opportunity. Supervisors shall maintain responsibility for their actions in regard to offering equal opportunity to each department employee or job applicant.
- D. No inquiry shall be made prior to employment regarding the applicant's race, color, age, religion, gender, national origin, military or veteran's status, or disability except as necessary to gather equal employment opportunity or other statistics that, when compiled, will not identify any specific individual. Disclosure of this information by the applicant is a voluntary action on the applicant's part.
- E. It is the policy of the Employer to comply fully with all Federal, State, and local nondiscrimination laws.

**AMERICANS WITH DISABILITIES ACT (ADA) and PREGNANT WORKERS FAIRNESS ACT (PWFA)****SECTION 2.02**

- A. The Appointing Authority recognizes that Federal and State law prohibit discrimination on the basis of disability and known pregnancy, childbirth, or related medical conditions and vows to maintain facilities that are accessible to all and to maintain a work environment free of discrimination. The Appointing Authority will not discriminate against qualified individuals with disabilities or known pregnancy, childbirth, or related medical conditions because of the disability or conditions of such individual in regard to job application procedures, hiring, advancement, discharge, compensation, job training, and other terms, conditions, and privileges of employment.
- B. The Employer shall maintain in operable working order all features of facilities and equipment which are for the use, benefit, aid, or service of the public, in a manner which is readily accessible to and usable by persons with disabilities or known pregnancy, childbirth, or related medical conditions.

- C. Each service, program, and activity shall be operated in a manner that, when viewed in its entirety, shall be readily accessible to and usable by individuals with disabilities or known pregnancy, childbirth, or related medical conditions.
- D. The Employer shall ensure that communications with applicants, participants, and members of the public with disabilities are as effective as communications with others.
- E. The Employer shall ensure that all interested persons (including those with impaired vision or hearing) can obtain information on the existence and location of accessible services, activities, and facilities.
- F. Notwithstanding the above commitments to accessibility, taking action to achieve accessibility is not required when it would result in a fundamental alteration in the nature of a service, program, or activity or cause undue financial and administrative hardships.
- G. Complaints, comments, or questions regarding the Appointing Authority's compliance with the ADA and PWFA should be filed in accordance with the Discrimination Complaint Procedure contained in Section 2.04 of this manual.
- H. The Employer will conduct an interactive dialogue with an individual who has claimed a disability or known pregnancy, childbirth, or related medical condition, or has requested an accommodation. The interactive dialogue is an informal interactive discussion between the Employer and the individual aimed at finding a means by which the disabled individual or individual with a known pregnancy, childbirth, or related medical condition can perform the essential functions of the job. The purpose of the meeting is to identify the precise limitations resulting from the disability or condition and to discuss the potential reasonable accommodations that could overcome those limitations.
- I. Upon being notified by an individual of a disability, or known pregnancy, childbirth, or related medical condition, or a need for accommodation, the following process will be followed:
  - 1. The Employer will analyze the particular job involved and determine its purpose and essential functions;
  - 2. The Employer will consult with the potentially disabled individual or individual with a known pregnancy, childbirth, or related medical condition to ascertain the precise job-related limitations imposed by the claimed disability, or known pregnancy, childbirth, or related medical condition and how those limitations could be overcome with a reasonable accommodation;
  - 3. Provided the individual's condition meets the definition of a disability under the ADA or known pregnancy, childbirth, or related medical condition under the PWFA, the Employer will consult with the disabled individual or individual with a pregnancy related condition to identify potential accommodations and assess the effectiveness each would have in enabling the individual to perform the essential functions of the position; and

4. The Employer will consider the preference of the disabled individual or individual with a pregnancy related condition and select and implement the accommodation that is most appropriate for both the employee and the Employer, provided the accommodation does not impose an undue hardship on the operation of the Employer's business.

J. Definitions

1. Disability: The term disability means, with respect to an individual:
  - a. A physical or mental impairment that substantially limits one (1) or more major life activities of such individual;
  - b. A record of such an impairment; or
  - c. Being regarded as having such an impairment.

The employee shall provide credible medical evidence to prove that a disability exists.

2. Essential Functions: Fundamental or core duties of the position.
3. Major Life Activities:
  - a. Major life activities include but are not limited to functions, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, sitting, standing, lifting, learning, eating, sleeping, bending, reading, concentrating, thinking, communicating, and working.
  - b. A major life activity also includes the operation of a major bodily function including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
4. An individual meets the requirement of "being regarded as having such an impairment" if the individual establishes that they have been subjected to an action prohibited under the Americans with Disabilities Act because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity. The Hardin County Appointing Authority does not and will not regard an employee as having a disability.

**DISCRIMINATORY HARASSMENT****SECTION 2.03**

- A. It has always been the policy of the Hardin County Appointing Authority that all our employees should be able to enjoy a work environment and a job site free from all forms of discrimination, including gender-based discrimination due to sexual harassment. In order to maintain this environment, discriminatory harassment, whether committed by supervisors, coworkers, or members of the public, of the opposite or same sex is strictly prohibited.
- B. Discriminatory harassment is any type of harassing conduct that is based upon a person's race, color, sex, sexual orientation or gender identity, national origin, known pregnancy, childbirth, or related medical conditions, age, religion, military or veteran's status, genetic information, or disability.
- C. Sexual harassment is a specific type of discriminatory harassment. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior that is not welcome, which is personally offensive, which debilitates morale, and which therefore interferes with work effectiveness.
- D. Sexual harassment, whether committed by supervisory or non-supervisory personnel, is a form of sexual discrimination and is specifically prohibited. This includes, but is not limited to:
1. Repeated or unwanted and/or offensive sexual flirtations, advances, or propositions;
  2. Continued or repeated verbal abuse of a sexual nature, or the use of sexually degrading words to describe an individual;
  3. Graphic or degrading verbal, written, or electronically submitted comments about an individual or their appearance;
  4. The display of sexually suggestive objects, pictures, or the display of such items through other media;
  5. The implication or threat that an employee or applicant's employment, assignment, compensation, advancement, career development, or other condition of employment will depend on the employee's or applicant's submission to sexual or discriminatory harassment in any form;
  6. Any offensive, abusive, or unwanted physical contact of a sexual nature; and
  7. Any other conduct or behavior that may be construed as being sexually degrading or offensive.
- E. It is the policy of the Employer to terminate from employment any employee found to have committed an act of sexual harassment or engaged in conduct giving insult or

offense on the basis of race, color, religion, sex, sexual orientation or gender identity, known pregnancy, childbirth, or related medical conditions, military or veteran's status, national origin, ancestry, age, genetic information, or disability.

- F. It is the responsibility of all employees to aid the Employer in maintaining a work environment free from discrimination, including unlawful discriminatory harassment. Therefore, it is the policy that each employee, including but not limited to supervision and management, shall immediately report to the EEO/ADA Coordinator (see Discrimination Complaint Procedure, Section 2.04) any conduct that may constitute discriminatory harassment of any employee or persons receiving services from the Appointing Authority. An employee failing to report such conduct shall be disciplined. Moreover, any employee who receives a complaint alleging conduct which may constitute discriminatory harassment of any employee or individual receiving services from the Appointing Authority but fails to report it shall be disciplined.
- G. It is further the responsibility of each department head to ensure that all employees under their supervisors are aware of the policy against discriminatory harassment, the complaint and reporting procedures, and the consequences of engaging in discriminatory harassment. Department heads shall also ensure that all employees are aware of this policy and have received sufficient training to maintain an environment free from discriminatory harassment.
- H. It is the responsibility of each department head to maintain an environment free from discriminatory harassment.
- I. Once a complaint of discriminatory harassment has been received or an instance of such harassment has been reported (see Discrimination Complaint Procedure, Section 2.04), the EEO/ADA Coordinator will immediately investigate the matter in accordance with the investigation procedure. The complaining employee and/or reporting employee will be informed of the results of the investigation.
- J. If after a thorough and prompt investigation it is determined discriminatory harassment has occurred, the employee who has been found to have committed such harassment will immediately be disciplined in accordance with the disciplinary procedure for discriminatory harassment.
- K. If after the investigation it is determined that no discriminatory harassment occurred, or that there is insufficient evidence to determine whether or not such harassment has occurred, the complainant and/or reporting employee will be informed of the information.
- L. There will be no reprisal against any employee for making a report as provided in this section. False complaints are considered a violation of this policy and anyone who makes a false complaint may be subject to discipline.

**DISCRIMINATION COMPLAINT PROCEDURE****SECTION 2.04**

- A. Any employee who believes they have been the subject of discriminatory harassment and/or any employee who has witnessed an incident or incidents of such harassment shall report the alleged act(s) to the EEO/ADA Coordinator immediately. If the EEO/ADA Coordinator is the subject of the complaint, the employee should report it to the Appointing Authority or designee.
- B. The employee alleging discrimination or discriminatory harassment shall complete the Discrimination Complaint Form found in the forms section of this manual and submit it to the EEO/ADA Coordinator. The employee shall provide:
1. The person's name;
  2. The name of the subject of the complaint;
  3. The act(s) complained of;
  4. The date(s) of the act(s);
  5. The name of any witness to the alleged act(s);
  6. Whether the employee has previously reported the alleged discriminatory harassment or discrimination and to whom; and
  7. The remedy the employee is seeking.
- This form should be completed by the employee as soon as possible following the alleged act giving rise to the discrimination or harassment complaint.
- C. If the employee alleging discriminatory harassment is unwilling to complete the complaint form, the matter should be addressed under the "duty to report" section and the form completed by the person to whom the verbal complaint was made.
- D. After the EEO Complaint Form has been completed, the complaint will promptly be investigated by the appropriate authority. Information obtained during this investigation will be kept as confidential as practicable and as allowed by statute; confidentiality, however, cannot be guaranteed.
- E. If the investigation reveals that the complaint is valid, prompt action will be taken to end the harassment immediately. Non-employees found to have committed an act of illegal discrimination against an employee will be dealt with appropriately as allowed by law.

**DISCRIMINATION – DISCIPLINE PROCEDURE**

**SECTION 2.05**

- A. When it is determined that there is cause for believing that discriminatory harassment has occurred, these steps will be followed:
  - 1. The charged party will immediately be suspended with pay or temporarily transferred pending the final resolution of the complaint.
  - 2. If the charged party requests it, a meeting will be held during which the charge will be explained to the charged party. The charged party will be given the opportunity to respond to the charge. This response may be in writing and submitted to the person conducting the investigation.
  - 3. A final determination will be made. If it is determined that a case of discriminatory harassment has been established, the charged employee will be terminated from employment.
  
- B. Any employee that makes a false statement and/or false accusations during the investigation will be terminated from employment. Although legitimate complaints made in good faith are strongly encouraged, false complaints or complaints made in bad faith will not be tolerated. Failure to prove harassment will not constitute a false complaint without further evidence of bad faith.

**REQUIREMENTS FOR EMPLOYMENT/  
RESIDENCY REQUIREMENT****SECTION 3.01**

- A. Generally. The Appointing Authority or designee appoints, employs, disciplines, and establishes policies and procedures and other conditions of employment for employees. The Appointing Authority fixes compensation for employees in conjunction with the Board of Commissioners' budget approval. Employment with the Employer is employment in a public agency, subject to Federal, State, and local laws and the requirement that employees recognize and agree to abide by all applicable laws and all applicable policies and procedures as a condition of employment.
- B. Residency Requirement - All Classified Employees. All classified employees of the Employer, except for interim, temporary, intermittent, seasonal or exceptional appointees, must be or become forthwith residents of the State of Ohio.
- C. Employment of Relatives.
1. The Appointing Authority will not hire immediate family members of employees in the same work unit or in a direct supervisor/subordinate relationship in order to avoid the appearance of impropriety and violations of Ohio's Ethic Laws.
  2. No employee shall occupy or be eligible to be considered for a position in which the employee could directly supervise or have influence in a decision concerning a member of the employee's immediate family. If such a situation arises after employment, the Appointing Authority or designee may reassign either employee.
  3. "Immediate family" for the purpose of this section only means an employee's parents, brothers, sisters, spouse, children, whether dependent or not, grandparents, grandchildren, or any other person related by blood or marriage and living in the employee's household.

**CLASSIFIED AND UNCLASSIFIED EMPLOYMENT****SECTION 3.02**

- A. As a county employee, you are a member of the Ohio Civil Service. In accordance with ORC 124.11, all positions in the civil service fall into one of two general categories: "classified" or "unclassified".
1. Classified. Most classified employees may only be disciplined for cause and by following the procedures set forth in RC Chapter 124. Exceptions include probationary employees in the classified service who may be removed or reduced for unsatisfactory service during the probationary period without a showing of cause (see Section 3.10, 3.10.1: Probationary Period). Classified status severely restricts an employee's ability to participate in partisan politics (see Section 7.09: Political Activity).

2. Unclassified. Unclassified employees serve at the pleasure of the Appointing Authority. A position is in the classified service unless generally or specifically exempted by law, or by personal exemption allowed by County elected official(s) following the proper designation steps. Unclassified employees are not prohibited from engaging in partisan political activity on their own time and away from areas in public buildings where official business is transacted or conducted.
3. Classified Service. “Classified” employees are employees who, after serving a probationary period, may only be disciplined for cause and by following the procedures set forth in RC Section 124.34. All of the terms and conditions of employment contained herein apply to classified employees unless specifically stated otherwise. Employees are presumed to be classified civil servants unless their position has been generally or specifically exempted from the classified service by law or by personal exemption allowed by County elected official(s).

**EMPLOYEE STATUS****SECTION 3.03**

- A. In addition to being categorized as classified or unclassified, all employees shall be categorized in one (1) of the following employee status types:
1. Full-Time. An employee who works at least forty (40) hours per week on a regularly scheduled basis or the standard full-time workweek as designated by the Appointing Authority.
  2. Part-Time. An employee who works fewer than forty (40) hours per week, or less than full-time as designated by the Appointing Authority, but on a regularly scheduled basis.
  3. Intermittent. An employee who works on an irregular schedule which is determined by the fluctuating demands of the work and is generally not predictable. An intermittent employee generally works fewer than one thousand (1,000) hours per year. Intermittent employees serve in the unclassified service by operation of law.
  4. Temporary. An employee appointed to a non-permanent position, on a full-time, part-time, or intermittent basis, for a specified period of time, not to exceed one hundred and twenty days (120). Successive temporary appointments to the same position shall not be made. Temporary employees serve in the unclassified service.
  5. Seasonal. An employee appointed to a position on a full-time, part-time, or intermittent basis, for a specific period of time, on a recurring non-permanent basis to perform work or activity limited to a season or specific period of the year.

6. Interim. An employee appointed to a position for an indefinite period of time, fixed by the length of absence of an employee due to the sickness, disability, or approved leave of absence of such employee. Such appointment shall continue only during such period of employee's absence. An interim appointment may be made on a full-time, part-time, or less than part-time basis.
  7. Student. An employee who is a student at an educational institution employed in a position. (Student appointments are in the unclassified service by operation of law.)
- B. Contract service providers and/or vendors are not considered to be employees and are not eligible for benefits provided by the County. Contract service providers and/or vendors include but are not limited to foster parents, daycare, transporters, investigators, attorneys, etc.
  - C. These categories apply for civil service purposes, such as order of retention in the event of layoff. However, these categories may not apply to certain benefit programs, such as eligibility for health care coverage, especially where eligibility and categories of employee status are established by those benefit programs.
  - D. If an employee works the number of hours per week on a regular basis for six (6) consecutive months of a status greater than their current status, the employee will be considered to have changed employment status and will be informed of such change.
  - E. Employees shall be informed at appointment of their employment status. Temporary, interim, seasonal, and intermittent appointments should be communicated in writing to employees. (See Temporary Letter, Seasonal letter, Interim Letter, and Intermittent Letter in the forms section of this manual).

**POSITION CLASSIFICATION PLAN****SECTION 3.04**

- A. The Appointing Authority or designee may maintain and administer a plan of position descriptions, known as a "Position Classification Plan" (or "Class Plan"). A classification includes one (1) or more positions that are so similar they can be described by a common State of Ohio job classification title. Employees assigned to any position within a classification are required to be able to perform any duty within their classification. Classifications are used to determine order of layoff and certified status.
- B. The Appointing Authority or designee will create or amend the position classification plan and position descriptions based upon an analysis of the duties, responsibilities, essential functions, and qualifications of the positions affected.
- C. Each department head shall be provided with a copy of the position classification plan and any amendments thereto. Class titles shall be used in all personnel and payroll matters.

- D. Audit Request. An employee who believes substantial changes have occurred in the employee's job which justifies reclassification may request an audit of the classification, unless otherwise prohibited by a collective bargaining agreement. The procedure is as follows:
1. The employee must submit a written request for reclassification to the employee's supervisor/Appointing Authority.
  2. The request for review must specify the work assignments and/or added responsibilities which the employee is performing and which the employee feels are justification for the reclassification. The request may also specify the classification to which the employee feels the employee should be reclassified.
  3. The supervisor shall review the request and then forward the request along with comments and/or a recommendation to the Appointing Authority. The Appointing Authority shall thereafter determine if the position should be reclassified.
  4. As soon as practicable, the Appointing Authority shall notify the employee, in writing, of the decision to reclassify or not to reclassify.
- E. Revisions. As positions are changed or added, the position classification plan must be revised. Factors which may necessitate a revision to the plan are:
1. The addition of a new duty or responsibility to a position.
  2. The abolishment of a current duty or responsibility from a position.
  3. The reassignment of current duties or responsibilities between or among positions.
  4. A new or revised licensure or certification requirement as dictated by law.
- F. Revisions may be necessary in the content of the position descriptions, classification assignments, and/or table of organization. When any of these factors occurs, the supervisor shall submit a proposed revision to the Appointing Authority, who shall review the request and make any appropriate changes or addition to the position description or position classification plan. Once approved, copies of all revisions will be provided to the individuals who need to maintain an updated copy of the position classification.
- G. In addition to the continual updating process, the entire position classification plan should be completely analyzed and updated on a regular basis (e.g., annually or every few years) to ensure that all significant changes have been noted, all positions are properly classified, and all position descriptions accurately reflect the job duties, responsibilities, and skill-level requirements of each class within the organization.

- H. Classification title changes, reclassifications, and any other related changes must be reflected on all applicable payroll, personnel, and operational records. Changes in the position classification plan may also necessitate an update to the compensation plan, performance evaluation forms, and other personnel systems.
- I. A listing of the Employer's positions and corresponding assigned state classification titles is attached hereto (see Positions Titles and State Classification Titles found in the forms section of this manual).

**VACANCIES IN THE CLASSIFIED SERVICE****SECTION 3.05**

- A. The Appointing Authority shall announce all vacancies in the classified service, except vacancies that are to be filled by transfer or reinstatement, by appropriate means and maintain a list of announced vacancies for public inspection. The Appointing Authority may internally post classified vacancies which occur or are imminent within the organization. Positions are filled by promotion as far as practicable. If the Appointing Authority does not promote one of their current county employees, the job may be filled by hiring outside applicants.
- B. Each announcement, insofar as practical, shall specify the job title, compensation range, nature of the job, the required qualifications, the essential functions of the position, and the deadline, method, and place of application. The announcement shall also include the essential functions of the job or contain a reference to a contact person or posting location that will advise applicants of the essential functions of the position.
- C. The Appointing Authority may post on employee bulletin boards internal vacancies in the classified service which occur or are imminent. The Appointing Authority will attempt to fill vacancies from among interested, current, full-time employees of the Appointing Authority who meet the necessary qualifications and are able to perform the essential functions of the position.
- D. An application must be properly completed and submitted before an applicant will be considered for employment.
- E. The Appointing Authority will make reasonable accommodations to assist qualified persons with disabilities to apply for vacancies.
- F. Current employees interested in vacant positions in the classified service must timely submit a formal application (Application for Employment found in the forms section of this manual) to be considered for the vacant position.
- G. If the Appointing Authority does not promote a current county employee, the vacancy may be filled by hiring outside applicants. In such case, the vacancy shall be published in the local newspaper and/or by other appropriate means.
- H. Outside applicants must timely submit a completed Application for Employment to be considered for employment.

- I. Nothing in this section shall be construed to prevent the Appointing Authority from advertising for external applicants concurrently with the internal advertising for vacancies.
- J. Normally, employment applications shall be accepted only when a vacancy exists or is imminent and has been announced. Applications will be considered active for a period not to exceed one (1) year.

**EVALUATION OF APPLICANTS FOR CLASSIFIED POSITIONS****SECTION 3.06**

- A. Appointments by the Appointing Authority to vacant positions in the classified service either by internal promotion or external selection will be based solely on the applicant meeting the minimum job-related qualifications and possessing the knowledge, skills, and ability to perform the essential functions of the position as ascertained through job-related selection methods.
- B. The Employer will first review all applications to determine those applicants who possess the minimum, job-related qualifications as stated on the position description (e.g., minimum licenses, certifications, experience, etc.).
- C. Once the Employer has determined those applicants who meet the minimum job-related qualifications, the Employer will consider each applicant's:
  - 1. Knowledge, skill, and ability to perform the essential functions of the position;
  - 2. Work experience in positions comparable to vacant positions;
  - 3. Work history (i.e., length of past employment, reasons for leaving, etc.);
  - 4. Work record (i.e., attendance, performance, disciplinary actions, etc.); and
  - 5. Application appearance.
- D. Applicants may be required to submit to any or all of the following: reference checks, background checks, job-related performance tests, interviews, criminal history checks, and other job-related procedures and drug testing.
- E. Otherwise qualified applicants may be eliminated from consideration for a position if the applicant:
  - 1. makes a false statement of material fact in the application/other hiring documents or examination;
  - 2. has committed or attempted to commit a fraudulent act at any stage of the selection process;

3. is an alien not legally permitted to work in the United States;
  4. has previously been terminated from another job for just cause, except in unusual circumstances to be determined by the Appointing Authority;
  5. has been convicted of a felony or a crime involving moral turpitude;
  6. is addicted to drugs;
  7. has a pattern of poor work habits and performance with previous employers;
  8. has been guilty of infamous or notoriously disgraceful conduct;
  9. has been dismissed from either branch of the civil service for delinquency or misconduct; or
  10. any other relevant factor considered by the Appointing Authority.
- F. If an applicant is hired and it is subsequently discovered that one of the above disqualifying criteria apply, the employee may be disciplined up to and including termination as provided in this manual.
- G. Once the preferred candidate is selected, the Appointing Authority may inquire whether the candidate requires an accommodation to perform the job. The Appointing Authority will not classify a candidate who requires an accommodation as unqualified because that candidate requires an accommodation. However, if the accommodation is unreasonable, or would only cause undue hardship to the Appointing Authority, the candidate may be considered unqualified.
- H. The Appointing Authority is responsible for maintaining a record-keeping system reflecting the disposition of all job applicants and the reasons therefore. Such records shall be kept on file for at least two (2) years and shall include a completed job application, medical examination data, test results, and/or other job-related information.

**MEDICAL EXAMINATION****SECTION 3.07**

- A. A physical and mental examination by a licensed physician may be required by the Appointing Authority prior to appointment to ensure that selected job applicants are physically and mentally able to perform the essential duties of the position for which they are applying. Examinations may include any job-related examination determined to be a pre-employment requirement.
- B. For purposes of this policy, a “licensed physician” is a physician, psychiatrist, psychologist, or other appropriately licensed mental health professional such as a licensed professional clinical counselor who is licensed to perform the appropriate examination.

- C. No medical examination will be conducted until after the Appointing Authority has made the applicant a conditional offer of employment.
- D. The Appointing Authority shall select the licensed physician to administer the examination and shall pay the cost. Applicants may obtain a waiver of the medical examination requirement for the following reasons:
  - 1. religious opinion or affiliation, or
  - 2. reinstatement within one (1) year of separation.

Any applicant choosing to waive the examination requirement for one of these reasons listed shall submit a written affidavit from a qualified physician describing his or her state of health at the time of employment.

- E. After hire, an employee may be legally required to submit to medical examinations for certain purposes during their period of employment with the county. Such an examination is intended to ensure that the incumbent continues to be physically and mentally able to perform the essential functions of their position. Examples include mandatory drug and alcohol testing for CDL holders, examination to certify continued eligibility for Family and Medical Leave, examination to assess eligibility for Workers' Compensation, examination required by Occupational Safety and Health programs, examinations pursuant to the drug-free workplace policy of the Appointing Authority, fitness for duty examinations, etc.
- F. Prior to examination, the Employer will supply to the physician conducting the examination the applicable position description and additional applicable information including physical and mental requirements of the employee's position, duty statements, etc. For employee examinations, the Employer will also supply the examining physician with facts related to any perceived illness, injury, or condition, and a list of questions regarding the employee's ability to perform the essential functions of the position.
- G. An employee's refusal to submit to the examination, the unexcused failure to appear for an examination, or the refusal to release the results of an examination amounts to insubordination, punishable by termination of employment.

**IMMIGRATION REFORM AND CONTROL ACT****SECTION 3.08**

- A. It is the policy of the Appointing Authority to employ only those individuals authorized to work in the United States. In compliance with the Immigration Reform and Control Act, it is against Employer policy to discriminate against any individual authorized to work in the United States because of such individual's national origin or citizenship.
- B. All offers of employment will be conditioned on the individual providing proof of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act using Form 1-9.

- C. I-9 forms and photocopies of supporting documentation shall be retained for three (3) years after the date of hire or for one (1) year after the individual's employment is terminated, whichever is later.

**ORIENTATION****SECTION 3.09**

- A. Upon appointment/hire, all employees will be provided with a Hardin County Employee Handbook and a Personnel Policy and Procedure Manual by email, which contain the general terms, conditions, benefits, policies, and procedures of employment. Employees will be given all required notices, forms, and documents, and will be required to sign all acknowledgments, forms, and documents required by law or the Employer.
- B. All newly hired employees will participate in an employee orientation regarding the policies, procedures, and operations of the Employer and the responsibilities involved in proper operations of the Employer. This orientation will be conducted by the Appointing Authority or designee (see Checklist for Employment Requirements found in the forms section of this manual).
- C. New employees will be required to sign a statement acknowledging receipt of certain required documents including the Employee Handbook (see Acknowledgment of Receipt of Documents found in the forms section of this manual).

**PROBATIONARY PERIODS****SECTION 3.10**

- A. Each employee newly hired or promoted into a classified position shall serve a probationary period. Probationary periods shall be set at one hundred twenty (120) calendar days, but in no case shall such period exceed one (1) year.
- B. Supervisors shall use the probationary period to closely observe and evaluate the employee's performance and aptitude for the job. Likewise, the employee is encouraged to bring problems to the supervisor to enhance their performance. Supervisors have a responsibility only to recommend retention of those employees who meet acceptable work standards during the probationary period.
- C. Dismissal or reduction may be made during the probationary period.
- D. Employees serving promotional probationary periods may be removed or reduced to the classification and salary held prior to the promotion at any time during the promotional probationary period.
- E. Probationary removals or reductions will be affected through timely action of the Appointing Authority. An employee who is removed during the probationary period does not have the right of appeal to the State Personnel Board of Review.

- F. The action of reduction for failure to complete a promotional probationary period shall not be considered a disciplinary action and shall not serve to eliminate the employee for consideration for advancement to other positions if the employee is not removed.
- G. The probationary period for full-time employees and part-time employees shall be based on calendar days from the date of original appointment. Time during leave of absence or other non-paid leaves shall not be counted toward the completion of the probationary periods.
- H. The Appointing Authority does not intend to waive the ability to remove an unclassified or intermittent employee, at the Appointing Authority's pleasure, by adopting this policy or by designating an initial instruction period as a "probationary" period.
- I. Bargaining unit employees shall serve a probationary period in accordance with their collective bargaining agreement.

**PERFORMANCE EVALUATION****SECTION 3.11**

- A. A written Performance Evaluation Form (found in the forms section of this manual) provides supervisors with an effective mechanism to measure and communicate levels of job performance to their employees. It provides the employee with documented, constructive feedback concerning current job performance. Documented performance evaluation serves as a basis for important management decisions regarding training needs, job assignments, promotion, and retention of employees. The work performance of each regular employee shall be evaluated in accordance with established procedures.
- B. Each employee may be evaluated annually thirty (30) days prior to or after the anniversary date of their employment. Special evaluations may be made if authorized by the Appointing Authority. Probationary employees will be evaluated twice during the probationary period. The first evaluation will be made at the end of the first half of the probationary period, and the second immediately prior to the completion of the probationary period. Should the employee be given a probationary removal before the end of the probationary period, the final evaluation will be made at the time of the removal.
- C. Each employee should be rated by the immediate supervisor to whom they are regularly assigned. If an employee reported to two (2) or more supervisors within the year to be evaluated, the present supervisor should complete the rating while the previous supervisor(s) should prepare a written narrative covering that time the employee served under their supervision. If an employee received approximately equal supervision from two (2) persons, the supervisors should cooperate on a rating and both should sign the report as raters.

- D. Each employee will be provided a copy of their performance evaluation. The supervisor will discuss the report with the employee and will counsel the employee regarding any improvement in performance which appears desirable or necessary. The employee shall sign the evaluation which indicates that the employee received the document and that the employee and the supervisor met and discussed the evaluation.

**TRAINING****SECTION 3.12**

- A. Employee's Responsibility for Maintaining and Upgrading Job Skills. Each individual Appointing Authority, 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 County will facilitate those efforts and provide training from time to time.
- B. Independent Study/Training. An employee may pursue independent study or training but may not obligate the County to pay expenses or compensation without specific advance permission.
- C. Training Program Evaluation. The Appointing Authority will periodically examine current and proposed training programs in order to ensure the program's relevance to both the individual employee and organizational training needs.
- D. On-the-Job Training (OJT). On-the-job training prepares an employee to effectively perform the responsibilities required of their position. It allows the employee to learn their job duties, proper procedures, and expected performance levels.
- E. Job-Related Training Programs. If the Appointing Authority assigns the employee to attend such training or approves a specific request from an employee to attend such training, the expense incurred shall be paid by the Appointing Authority. The Appointing Authority will not, however, pay for training when it is taken voluntarily (and is not related to the employee's job duties). Any such training taken voluntarily by the employee that is job related shall be subject to the prior approval of the Appointing Authority. Employees may be required to attend job-related training programs, courses, workshops, seminars, etc.
- F. Hours Worked. Time spent by employees attending lectures, meetings, classes, and training programs is not considered hours worked when all four of the following criteria are met:
1. Such time is spent outside normal working hours;
  2. Attendance by the employee is voluntary;
  3. The lecture, meeting, class, or training program is not directly job-related;\* and
  4. The employee does not perform any productive work for the Employer during the employee's attendance.

Training is directly “job-related” if it is designed to enable the employee to perform the employee’s job more effectively. Training is not job-related if it is designed to train the employee to perform a different job.

\* Voluntary attendance by an employee at an independent school or college outside working hours is not considered hours worked, even if the courses taken are directly job-related.

- G. Travel Time. When an employee is required to travel, and such travel occurs within the regular hours of a workday, travel time is considered compensable with a deduction for usual mealtime. When an employee is required to travel, and such travel requires the employee to stay overnight, travel time is to be considered as time actually worked when it cuts across the employee’s normal working hours (e.g., 7:30 a.m. to 4:00 p.m.). This is true even if the travel occurs on a non-scheduled working day (e.g., Sunday). Usual mealtime may be deducted from this time.

**PROMOTION****SECTION 3.13**

- A. When job vacancies in classified positions occur, qualified employees may apply for such vacant positions as far as practicable. The Appointing Authority may limit a selection process to qualified employees or may allow such employees preference in application and/or consideration, to the extent such is permitted by State and Federal laws.
- B. Factors to be considered for promotion include but are not limited to an employee’s:
1. Completion of any required probationary period;
  2. Completion of any required training courses, licensing or certification requirement;
  3. Other minimum requirements;
  4. Knowledge, skill, and ability to perform the essential functions of the position;
  5. Work experience in positions comparable to the vacant position; and
  6. Work record (i.e., attendance, performance, disciplinary action, etc.).
- C. Employees interested in being considered for a posted vacancy shall complete an Application for Employment (found in the forms section of this manual) and submit it to the Appointing Authority or designee within the posting period.
- D. Nothing in this policy shall preclude the Appointing Authority from temporarily filling a vacant position pending the Appointing Authority’s determination as to whether or not the vacancy should be filled on a regular basis.

- E. Employees selected for promotion shall serve a promotional probationary period (see Section 3.10 of this manual, Probationary Periods).

**REDUCTION****SECTION 3.14**

- A. A reduction is the movement of an employee to a position which has a lower level of responsibility, classification, and compensation. Reductions generally result from an employee's failure to perform the duties of their position at an acceptable level or as a result of discipline. Reductions may also be voluntarily requested by an employee or result from an accommodation of a qualified employee with a disability who is no longer able to perform the essential functions of the employee's position with or without a reasonable accommodation but can perform the essential functions of a lower classification with or without a reasonable accommodation. Reduced employees shall be reduced in pay to the highest rate of pay for the new position which represents a reduction in pay to the employee.
- B. Employees who desire to be considered for a posted vacancy in a lower classification shall complete an Application for Employment (found in the forms section of this manual) and submit it to the Appointing Authority or designee within the posting period.

**SENIORITY****SECTION 3.15**

- A. Seniority is generally defined as an uninterrupted length of continuous service with Hardin County. Employees begin acquiring seniority after successful completion of their probationary period as defined in this manual.
- B. An authorized leave of absence without pay does not constitute a break in service for annual step increases, layoff purposes, or for computing amount of vacation leave service credit. Seniority time continues to accumulate during the term of the leave, provided the employee complies with the rules and regulations governing the leave of absence, and the employee is reinstated from the leave. Authorized leave of absence shall not exceed six (6) months in an unpaid status. Paid leave of absence (vacation, compensatory time, sick leave) shall be used, with an amount of vacation time not to exceed the amount of vacation to be earned in a one (1) year period, before unpaid leave of absence will be considered.
- C. Layoff per Department. For purposes of layoff, seniority is defined as continuous service with the state or any other county, or general health district within Ohio. Service may be transferred from one (1) of the preceding agencies to another without loss of seniority, as long as no break in service of more than thirty (30) days occurs. A break in service for layoff purposes occurs if an employee is terminated for any reason other than layoff and is not reinstated to the employee's prior position within one (1) year of the termination date. If an employee is reinstated within one (1) year of the layoff date, continuous service will not be broken, and prior service credit will be credited to the employee for purposes of determining seniority. Employees who are reinstated (or re-employed) from

layoff within one (1) year of the layoff date will retain previously accumulated seniority but will not be credited with seniority for the time spent on layoff.

- D. Retirement. Seniority for the purposes of determining retirement benefits is defined by the provisions of the retirement system in which the employee participates.
- E. Other. For all other purposes than those specified above, seniority shall be defined as set forth in the ORC.

**LAYOFF – CLASSIFIED CIVIL SERVICE****SECTION 3.16**

Reductions in force and/or layoffs of non-bargaining unit employees will be done generally in accordance with the civil service laws, ORC Sections 124.321-124.327.

- A. In implementing layoffs, the Appointing Authority hereby adopts the following procedures. In adopting these procedures, the Appointing Authority intends to follow applicable laws but does not intend to impose upon themselves any restrictions that are not required by applicable 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 County, 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.
- B. 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 they meet the criteria set forth in RC 124.324(A)(3) (held the position within the last three (3) 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, nor 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.

- C. The Appointing Authority reserves the right to amend this policy from time to time in accordance with applicable law.
- D. If it becomes necessary to reduce the staffing level of bargaining unit employees, the Appointing Authority shall layoff and recall such employees in accordance with the layoff and recall procedures contained in the appropriate negotiated agreement.

**RESIGNATION/RETIREMENT****SECTION 3.17**

- A. Employees may voluntarily resign by submitting a written letter of resignation to their Appointing Authority in advance of the date of separation. All positions require at least a two (2) week advance notice. Such written letter of resignation shall be a signed, dated statement indicating the desire to resign and the effective date of separation. Failure to give proper, timely notification shall render the employee ineligible for reinstatement or re-employment with the Employer.
- B. The Appointing Authority hereby accepts a letter of resignation upon receipt and will rely on having received it. A resignation may not, therefore, be revoked without permission from the Appointing Authority.
- C. A person who has resigned in good standing and has served the required probationary period may be reinstated, at the discretion of the Appointing Authority, in his or her former type of position within one (1) year following resignation, provided the person remains qualified to perform the duties of the position and such reinstatement would be in the County's best interests.
- D. Employees who plan to retire shall notify the Appointing Authority, in writing, at least sixty (60) days in advance of their anticipated retirement date.
- E. Resigning and retiring employees shall return all Employer property to the Employer on or before the employee's last workday. The employee's final paycheck shall not be delivered until all such property has been returned.

- F. Employees retiring shall timely submit a written letter (Letter of Resignation found in the forms section of this manual), to the Appointing Authority containing:
1. The stated intention to retire from service;
  2. The date of the notice;
  3. The effective date of the retirement;
  4. The reason for the retirement (optional); and
  5. The employee's signature.
- G. The Appointing Authority shall notify the County Auditor of the separation so that payroll records may be updated and the appropriate documents processed.
- H. The Appointing Authority or designee may schedule a voluntary exit interview with resigning employees. In such case, the Appointing Authority or designee shall provide the resigning employee with an Exit Interview Form (found in the forms section of this manual) and request that the employee complete the form and discuss its contents with the Appointing Authority or designee at an exit interview, which should be scheduled and held on the employee's last workday. The exit interview is for the purpose of:
1. Discovering any unknown grievances or problems relating to the resigning employee's employment;
  2. Determining all compensation and benefits owed;
  3. Determining the resigning employee's availability for future employment (if applicable);
  4. Obtaining the resigning employee's correct mailing address; and
  5. Ensuring all Employer-owned equipment has been returned.
- I. A signed, dated Exit Interview Form shall be placed in the resigning employee's closed personnel file by the Appointing Authority.

**NEW-HIRE REPORTING****SECTION 3.18**

- A. In accordance with ORC 3121.89-3121.8911, the Employer shall report certain information about employees who are newly hired, rehired, or who return to work after a separation of employment. This information will be used by the Ohio Department of Jobs & Family Services to help locate parents who owe child support, to make adjustments in public assistance benefits, and to identify persons who are fraudulently receiving benefits. In addition, new-hire reporting information is available to other State agencies to detect and prevent erroneous unemployment and worker's compensation benefits.
- B. The statute defines employee as any individual who is employed to provide services to an employer for compensation and includes an individual who provides services to an employer under a contract as an independent contractor and who is an individual, the sole shareholder of a corporation, or the sole member of a limited liability company.
- C. Information regarding newly hired, rehired, or returning employees shall be submitted within twenty (20) days of the hire or rehire date.
- D. There are a variety of ways to report new hires, including online reporting, electronic reporting, and by mail or fax. These options for reporting are discussed in detail on the Ohio New Hire Reporting Center's website at [www.oh-newhire.com](http://www.oh-newhire.com).
- E. If the Employer prefers to submit the Ohio New Hire Reporting Form by mail or fax, the Employer shall complete and forward the form to the address or fax number contained in the top left-hand corner of the form. A copy of this form is included in this manual or can be obtained from the above-listed website.
- F. For questions or technical assistance regarding the new-hire reporting process, employers can contact the Ohio New Hire Reporting Center at 614-221-5330 or call the toll-free number 888-872-1490.

## COMPENSATION

## SECTION 4.01

- A. The compensation practices of the Appointing Authority shall be in accordance with applicable laws and regulations. No compensation decisions shall be unlawfully based upon race, color, religion, sex, sexual orientation or gender identity, national origin, age, military or veteran's status, genetic information, known pregnancy, childbirth, or related medical conditions, ancestry, or disability.
- B. The Appointing Authority shall administer the compensation plan for employees subject to the annual budget approved by the County Commissioners.
- C. In assigning classes to salary/wage ranges, the Appointing Authority shall consider the prevailing rates of pay among public and private employees; the duties, responsibilities, and qualifications required of employees in the respective classes; availability of qualified applicants; and other relevant factors.
- D. A new employee shall normally be compensated at the minimum step of the approved salary/wage range. In exceptional circumstances, the Employer may authorize hiring above the minimum step.
- E. An employee moving from one (1) classification to another, but remaining in the same pay range, shall receive no change in compensation.
- F. Upon promotion, an employee shall be compensated at the lowest step of the approved range which would provide an increase in pay over that received in the previous class.
- G. No employee shall be paid more than the rate established in the approved compensation plan, if one is in place, except an employee whose position was downgraded by re-classification or changes in the labor market, through no fault of the employee. Such employee may continue to receive the employee's former rate of pay until a rate on the new salary/wage range equals or surpasses the old rate.
- H. Whenever unusual circumstances occur involving employees, the Appointing Authority shall determine the appropriate method of compensation for such circumstances. The method of compensation may change from time to time and from incident to incident (e.g., meeting attendance during on-duty hours, off duty call-in approved by Appointing Authority or designee, in-service education, voluntary training programs, etc.).
- I. Whenever management makes an error in the computation of pay, management shall correct that error as soon as possible.

**PAY PERIODS/PAY CHECKS****SECTION 4.02**

- A. There are normally twenty-six (26) pay periods per year, each consisting of two (2) weeks. The biweekly pay period for employees begins at 12:01 a.m. Saturday and ends at 12:00 midnight the second succeeding Friday. The Appointing Authority shall review and approve, subject to modification, payroll at the end of the pay period or no later than the next business day after the conclusion of the pay period.
- B. Pay day shall be Friday, one (1) week following the end of each two (2) week pay period. If a payday occurs on a holiday, pay checks will be issued on the preceding day, except under extenuating circumstances, in which case paychecks will be issued on the next following workday.
- C. Direct deposit of payroll may be available to employees upon the written authorization of the employee.
- D. Pay advances are not permitted.
- E. Questions regarding pay shall be addressed to supervisors who are responsible for making necessary explanations or inquiries to resolve the matter.

**PAYROLL DEDUCTION****SECTION 4.03**

- A. Certain deductions are made from an employee's paycheck as required by law and in accordance with employee benefit plans or as requested by the employee. Payroll deductions are itemized on the employee's pay statement, which accompanies their biweekly paycheck.
- B. The following deductions will be withheld from an employee's pay:
  - 1. OPERS. The state law requires that employees contribute to the Public Employees Retirement System rather than Social Security<sup>1</sup>.
  - 2. Income Taxes. Federal and State laws and some city ordinances require that taxes be withheld from each salary payment. The amount of tax to be withheld is determined from tables furnished to the County by the Ohio Department of Taxation and various Ohio cities and varies according to the amount of salary and number of dependency exemptions. Employees are required to complete withholding tax certificates upon initial employment and to inform the Appointing Authority or Auditor of any dependency change whenever such change occurs.

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<sup>1</sup> Membership in the system is compulsory upon being employed except those persons specifically exempted under the provisions of Section 145.03 of the Ohio Revised Code.

- C. The Appointing Authorities of Hardin County will establish a policy and procedure for the voluntary deduction of organizational dues for the employees who belong to such organizations and/or associations. Hardin County, through its agent, the Hardin County Auditor, will deduct regular employee organization and/or professional association dues from the pay of any eligible County employee upon receiving written authorization signed individually and voluntarily by the employee, provided that the procedures and requirements listed below have been complied with.
- D. When the Auditor receives a request for payroll deductions for an employee organization or professional association, the Auditor will notify said organization that it must place on file with the Hardin County Auditor the following statements and information:
1. A statement that the organization has no restriction on membership based on race, age, religion, color, known pregnancy, childbirth, or related medical conditions, sex, sexual orientation or gender identity, national origin, ancestry, military or veteran's status, genetic information, or disability.
  2. A statement signed by the organization's Appointing Authority or designee, that the organization holds the County of Hardin harmless from any claims, actions or proceedings by any employee arising from deductions made by the county. In addition, a statement of agreement that once the funds are remitted to the organization, their disposition thereafter shall be solely and exclusively the obligation and responsibility of the organization.
  3. The address of the organization where the deductions are to be forwarded.

An organization is required to comply with this procedure one time only.

Once an employee organization or professional association has complied by filing these statements and information under D (1), (2), and (3) of this procedure, the Auditor will deduct the authorized dues each pay period. The Auditor shall forward the deductions made once each month for those deductions made in the previous month.

No deductions will be made when (1) an employee is in layoff status; (2) an employee is on a leave of absence; (3) the authorization has been canceled by the employee; or (4) the employee's total wages are insufficient to cover the amount of the deduction.

- E. Other deductions include wage garnishments, deferred compensation, child support, credit union, employee insurance contributions, etc.
- F. The Hardin County Auditor may refuse to make deductions not required by law which are below certain prescribed minimum amounts, which occur at irregular intervals, or for another similar cause. Other than those deductions required by law, the Auditor may decline to make a deduction that the employee's check is insufficient to cover.
- G. All requests for payroll deductions must be presented to the Appointing Authority in writing for authorization.

**EMPLOYEE STATUS UNDER FLSA (EXEMPT OR NON-EXEMPT) SECTION 4.04**

- A. It is the primary mission of the Appointing Authority to serve effectively and responsibly and be accountable to the citizens of Hardin County. As such, job performance and personal conduct of each employee impacts directly on the public trust. Each employee, including salaried exempt employees, are expected to work, at a minimum, a regularly scheduled workweek in accordance with their schedule of compensation.
- B. Non-Exempt. Most employees fall into the non-exempt status, that is they are covered by the provisions of the Fair Labor Standards Act (FLSA). Such employees are eligible for overtime in accordance with Section 4.08 of this manual, Overtime.
- C. Exempt. There are some employees, however, who are specifically exempt or fall into one of the specific categories of “non-covered” employees of the ELSA. Salaried employees, determined to be exempt from the overtime requirements of the ELSA, shall not be eligible for overtime pay as defined in the FLSA. Such employees shall receive a reduction in pay for absences of less than one (1) day. Such absences will, when applicable, be deducted from the employee’s accumulated sick leave or vacation leave time. Exempt employees are expected to work a minimum of forty (40) hours per week unless instructed otherwise. Sick leave, vacation leave, and holiday pay are based upon a forty (40) hour week for exempt employees or as set by the Appointing Authority. Pay deductions may be made for salaried exempt employees for absences of one (1) or more full days when:
1. An employee is absent from work for personal reasons other than sickness or disability;
  2. An employee is absent due to sickness or injury and paid leave has been exhausted including Family and Medical Leave;
  3. Permission for leave has not been sought or has been sought and denied;
  4. An employee chooses to use leave of absence without pay;
  5. The employee has engaged in an infraction of a safety rule of major significance;
  6. The employee has received a disciplinary suspension without pay for violation of an established work rule and/or law; or
  7. The employee has performed no work in a workweek.

Any full- or partial-day pay deduction of a salaried exempt employee shall be carried out according to the provisions of the FLSA, accompanying regulations including but not limited to 29 CFR Sections 541.602 and 541.710 and the Ohio Revised Code.

**WORK SCHEDULING****SECTION 4.05**

- A. The Employer shall establish the standard workday, workweek, and starting and quitting times for employees on each shift in each department in consideration of current and anticipated workload and other relevant factors. Supervisors shall establish daily work schedules. No established schedule shall be construed as a guarantee of work hours or as a restriction on the Employer's right to restructure the workday or workweek.
- B. FLSA non-exempt employees are normally allowed two (2) fifteen (15) minute paid rest breaks on the job during each complete workday. Rest breaks shall:
1. Not interfere with the proper performance of work responsibilities;
  2. Not abut the start or end of the work shift nor the start or end of the lunch period; and
  3. Be scheduled by the immediate supervisor or taken when convenient to the work activity being conducted.
- C. The Employer's standard workday, workweek, work shifts, starting and quitting times, and other items required to be established by the ELSA for each department of the Employer are contained on the Work Schedule Addendums (found in the forms section of this manual).

**TIME RECORDS****SECTION 4.06**

- A. All FLSA non-exempt employees are required to record all hours worked for the Appointing Authority, including all times the employee started work and stopped work each workday. Time clocks, timesheets, and other types of records may be used by the Appointing Authority to document the hours worked by employees so that wages can be determined. Failure to adhere to the reporting procedures adopted by the Appointing Authority shall result in disciplinary action and loss of pay for the hours of work the Appointing Authority cannot verify.
- B. Employees reporting hours worked on biweekly time sheets shall indicate on the time sheet all actual hours worked in the biweekly period. This time sheet must also indicate the actual times the employee started work and stopped work and began and ended each meal period each day. Upon completion, each employee must submit a signed original time sheet to the employee's Appointing Authority or immediate supervisor for review and approval.
- C. Employees using time clocks are responsible to clock in when they start work and clock out when they stop work. Employees shall also clock out and in for their meal break. Employees shall only punch their own timecard. An employee who punches another employee's timecard shall be subject to discipline.

- D. Failing to report time worked, misrepresenting time worked, altering any time record, or allowing any time record to be altered by others shall result in termination, and may be subject to criminal prosecution.

**STARTING/LUNCH/QUITTING TIMES****SECTION 4.07**

- A. FLSA non-exempt employees are not permitted to commence work and/or sign/clock-in prior to seven (7) minutes before their scheduled starting time or continue working and/or sign/clock-out more than seven (7) minutes after their scheduled quitting time without the advanced approval of the Appointing Authority, except in emergency situations where advance approval cannot be granted. The Appointing Authority may approve time in excess of the scheduled worktime and recognize the time as compensatory time.
- B. FLSA non-exempt employees shall be provided a meal period each workday as determined by the Appointing Authority. Meal periods shall be scheduled to accommodate the efficient flow of work. Employees who choose or are required to remain at their work locations should be completely relieved from work assignments during this period, and will not be compensated for such period, unless approved in advance by the Appointing Authority. An employee shall not take lunch time off for the allotted period and then return to work and eat lunch on the job; to do so may subject the employee to discipline and/or a reduction of time worked for the pay period, including but not limited to a decrease in the standard hours worked that pay period and/or a decrease in earned compensatory time. Employees who receive an unpaid lunch period shall not work during their lunch period except with the approval of their supervisor or in an emergency situation.

**OVERTIME****SECTION 4.08**

- A. Any employee may be required to work in excess of the normal workday or workweek to meet operational demands. Non-exempt employees shall be paid at the rate of one and one-half (1½) times the employee's regular hourly rate of pay for all hours in excess of forty (40) in the established seven (7) day work period. A different standard may apply to health care employees and safety forces in determining overtime pursuant to the FLSA.
- B. The normal work period for employees of Hardin County will be seven (7) consecutive days, beginning Saturday 12:01 a.m. through Friday 12:00 midnight (some departments may use a different work period, based on operational need). Eligibility for overtime shall be based upon all hours actually worked in the normal workweek, plus holiday hours paid to an employee not required to work on a holiday. Premium pay paid to an employee who is required to work the holiday (i.e., that amount paid over and above what the employee would have been paid for not working) shall not be considered in the calculation of overtime because separate compensation is already paid. Vacation, sick leave, or other paid leave time shall not be counted in determining whether an employee has actually worked in excess of forty (40) hours unless otherwise established in written policy approved by the respective Appointing Authority. Vacation and sick leave shall not be earned during compensatory time or overtime.

- C. Overtime and/or compensatory time shall normally be scheduled, documented, and approved in advance by the Appointing Authority or supervisor. Compensation for overtime worked in unusual or emergency instances shall be determined by the Appointing Authority.
- D. All non-exempt employees holding employment in more than one (1) position with Hardin County must notify the first employer in writing of such joint employment and obtain written approval before starting the second job. All of the hours worked by the non-exempt employee are added together to determine overtime compensation when working for the same Appointing Authority, otherwise hours worked for a second Appointing Authority are not added to the first Appointing Authority hours worked or vice versa, to calculate overtime and/or compensatory time.
- E. When an employee incurs an overnight stay on County business, time spent traveling and time spent overnight on official County business shall not be considered time worked for purposes of calculating overtime, except to the extent that time intersects normal working time or to the extent the employee is doing actual work.
- F. Normally, overtime and/or compensatory time must be authorized by the Appointing Authority or designee in advance of the overtime being worked.
- G. Compensatory time off should be taken as soon as possible after the time is earned.
- H. Unusual or emergency circumstances may require employees to work overtime/compensatory time without having prior authorization of the Appointing Authority. The Appointing Authority maintains the right to determine the method of compensation. This may be subject to a Collective Bargaining Agreement.
- I. Scheduled overtime which is subsequently canceled for any reason shall not entitle the employee to overtime compensation.

**FLEX TIME AND COMPENSATORY TIME****SECTION 4.09**

- A. **Flex Time.** The Employer may utilize “time off” or flexible hours in order to avoid employees working in excess of the standard work period or forty (40) hours in a week (or other overtime hour limit). Flex-time scheduling must be approved in advance by the Appointing Authority.
- B. **Compensatory Time.** The Appointing Authority may allow an employee to accumulate compensatory time in lieu of overtime pay at a rate of one and one-half (1½) hours for each one (1) hour worked overtime in excess of forty (40) hours in a seven (7) day week. Compensatory time should be used as soon as possible, and preferably in the pay period the compensatory time was accumulated. The Appointing Authority must maintain records of compensatory time.

The Appointing Authority may allow an employee working thirty-five (35) hours to accumulate compensatory time in lieu of overtime pay at a rate of one (1) hour for each one (1) hour worked in excess of thirty-five (35) hours in a seven (7) day week as authorized by the Employer.

- C. Once the Appointing Authority and the employee have decided to utilize overtime hours worked as compensatory time as recorded, the employee cannot cash out the accrued compensatory time unless the employee is separated from employment with the Appointing Authority.

**ON-CALL COMPENSATION****SECTION 4.10**

- A. Certain employees may be required to be in on-call status during non-work hours. Employees in on-call status shall be provided with a cell phone. This cell phone is to be carried by the employee when away from home. The employee shall answer all calls on the cell phone provided. In the event a call out is necessary, the employee shall be required to report for work. This may be covered in a Collective Bargaining Agreement.
- B. Compensation for callouts shall include payment for all time actually working and time for travel from the employee's place of residence or wherever the employee was when the call was received. In the event that work and travel times are less than one (1) hour, a minimum of one (1) hour's time shall be credited to the employee's workweek.

**INCLEMENT WEATHER****SECTION 4.11**

- A. On certain days it may be difficult or impossible for scheduled employees to come into work due to excessive snow, ice, or other inclement weather. In such case, all employees are encouraged to make every reasonable effort to report to work. If the Board of Hardin County Commissioners determines that inclement weather conditions exist, the following policy will be applied:
1. Only the Board of Hardin County Commissioners will determine if Hardin County Buildings shall close and will notify WKTN 95.3FM radio station.
  2. Scheduled employees able to come to work shall be paid their regular wage for actual time worked. If, after the employee arrives and starts their workday, the Board of Commissioners close county buildings due to inclement weather, the employee will be paid for the balance of their shift. If there is a delay opening county buildings, the employee, once arriving at work, shall be paid their regular workday hours.
  3. Employees unable to come to work should call their Appointing Authority and request an excused day off without pay or use accrued vacation time or compensatory hours. Inclement weather is not a valid reason for the use of sick leave.

4. Certain employees are encouraged to come to work regardless of weather conditions (i.e., safety, maintenance, nursing personnel, etc.). When weather conditions are extremely severe, such employees may be contacted, and where possible, arrangements may be made to pick them up at their homes.
- B. If the roads are closed by the Sheriff, (Level III snow emergency), all county employees except safety, maintenance, nursing personnel, etc. are not required to come to work, and will be paid. When the snow emergency is lifted by the Sheriff, the Board of Hardin County Commissioners will make a decision as to whether the county buildings will open and require employees to come to work.
- C. Employees not scheduled to work because of scheduled vacation, sick, or compensatory leave will be charged for the leave regardless of the declared emergency. If such leave ends prior to the end of the declared emergency, no leave time will be charged for the remainder of the emergency.

**EXPRESSION OF MILK (FOR NURSING MOTHERS)****SECTION 4.12**

- A. As required by law, the Appointing Authority supports breastfeeding mothers by accommodating the mother who wishes to express breast milk during her workday when separated from her newborn child. Newly hired employees will be informed of the breastfeeding support policy. Employees shall provide prior written notification to their Appointing Authority of their intention to utilize this accommodation. This notification will be placed in the employee's personnel file.
- B. An employee may utilize her allotted break/meal period per day in order to breastfeed or to pump. The employee may use her allotted time in spaced intervals throughout the workday [i.e., an hour lunch period can be used as a half hour lunch with two (2), 15-minute breaks for expressing milk or feeding her child]. Any additional break times needed to express milk or feed a child shall be considered unpaid as long as the employee is completely relieved of her duties for said break.
- C. For up to one year after the child's birth, any employee who is breastfeeding her child will be provided reasonable break times to express breast milk for her newborn. Each building has designated a room for this purpose (not a restroom). A small refrigerator reserved for the specific storage of breast milk is available. Any breast milk stored in the refrigerator must be labeled with the name of the employee and the date of expressing the breast milk. Any non-conforming products stored in the refrigerator may be disposed of. Employees storing milk in the refrigerator assume all responsibility for the safety of the milk and the risk of harm for any reason, including improper storage, refrigeration, and tampering.
- D. Employees wishing to use this room must request/reserve the room by contacting their designated department head. An Appointing Authority may provide employees with a private area within their respective offices to support this accommodation. Appointing Authority shall ensure all requirements of this Section are satisfied. Employees who work off-site or in other locations will be accommodated with a private area as necessary.



## SICK LEAVE

## SECTION 5.01

- A. Accrual. All employees, regardless of status, earn 0.0575 of an hour of sick leave for each hour in active pay status up to a maximum accumulation of one hundred twenty (120) hours per year. Employees may accumulate and carry over all sick leave earned with no limits. Full-time salaried employees shall accrue sick leave based on their regularly scheduled workweek.
- B. Credit for Prior Service. Employees who transfer between county departments or agencies, or who were previously employed by another public agency, or who are reappointed or reinstated, will be credited with their unused balance of accumulated sick leave, provided the time between separation, reappointment, or transfer does not exceed ten (10) years and provided the employee has not cashed in any portion of that balance under ORC 124.39. The words “public agency” as used above means those entities required to provide sick leave under RC 124.38 and 124.382, including the State, counties, municipalities, all boards of education, civil service townships, etc. within the State. Villages, private industry councils, non-civil service townships, libraries organized as nonprofit corporations, and other entities not required to provide sick leave under RC 124.38 or 124.382 are not “public agencies” for purposes of this policy. Notwithstanding the above or the Sick Leave Conversion Policy herein, if any “person removed for conviction of a felony” within the meaning of RC 124.34 is “subsequently re-employed” by the Employer, such person is only qualified to accrue sick leave as if the individual were a new employee receiving no credit for prior service.
- C. Usage. Upon approval of the Employer, sick leave may be used for the following reasons:
1. Personal illness, injury, pregnancy-related condition, or exposure to contagious disease which could be communicated to other employees;
  2. Illness, injury, or pregnancy-related condition of employee’s immediate family where the employee’s attendance is reasonably necessary;
  3. Death of a member of the employee’s immediate family; or
  4. Medical, dental, psychological, or optical examinations or treatment of employee, or of a member of the employee’s immediate family when the employee’s attendance is reasonably necessary and when such examination or treatment cannot be scheduled during non-work hours.
- D. Immediate Family. For purposes of this policy, “immediate family” is defined as the employee’s mother, father, brother, sister, stepbrother, stepsister, child, stepchild, spouse, grandparent, grandchild, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law, legal guardian, or other person who stands in the place of a parent.

- E. Charging Sick Leave. Employees absent on approved sick leave shall be paid at their applicable hourly or salaried rate. Sick leave payment shall not exceed the employee's normal straight time daily or weekly earnings. If an employee is paid for sick leave that is subsequently denied, the amount overpaid shall be deducted from the employee's next paycheck. Sick leave shall be charged minimum increments of one-half (½) hour unless otherwise approved by the supervisor. Sick leave hours shall be charged in the following order against the employee's accumulated balance:
1. Sick leave earned while employed by the County.
  2. Sick leave transferred from another public agency or sick leave earned during a previous period of public service provided the separation in employment was ten (10) years or less.
- F. Written Statement for Approval. The employee is required to provide the Appointing Authority a written Application for the Use of Sick Leave (found in the forms section of this manual) justifying the use of sick leave (shall be required if three [3] days or more absent). If medical attention is required by the employee or member of the employee's immediate family, a physician's certificate may be required by the Appointing Authority. The Employer maintains the right to investigate the circumstances surrounding an employee's request for sick leave. A request for sick leave may or will be denied if:
1. The employee fails to comply with the procedure for proper sick leave usage;
  2. The employee fails to present a required physician's certificate or a properly completed request form by 9:00 a.m. on the Monday following the end of the two (2) week pay period in which the sick leave was used or upon return to work;
  3. An investigation of a sick leave request discloses facts inconsistent with the proper use of sick leave, such as a pattern of using sick leave before or after regular days off, falsification of sick leave records including a physician's statement/certificate, acting inconsistent with the request for sick leave, or other evidence of intent to defraud; or
  4. An employee who is requesting sick leave is working another job or participating in any recreational or social activities, inconsistent with the reason that the employee is off for sick leave.
- Some of the circumstances listed above shall be grounds for disciplinary action. Note that fraud or falsification of sick leave records including a physician's statement/certificate shall be grounds for termination and may be criminal subject to prosecution.
- G. An employee requesting sick leave for a scheduled medical appointment shall notify the employee's immediate supervisor as soon as possible. An employee requesting sick leave for other than a scheduled appointment must notify the employee's supervisor or designee of the employee's absence and reason therefore as soon as possible and no later than one (1) hour prior to the employee's scheduled starting time. Employees must

follow this notification requirement each and every day the employee will be absent, unless otherwise instructed by the Employer. In the case of a condition exceeding three (3) consecutive calendar days, a physician's statement specifying the employee's inability to report to work and the probable date of recovery shall be required. Employees requesting sick leave for treatment of medical appointments of immediate family members must obtain a physician's statement verifying the employee's need to be present during such treatment or appointment.

- H. Upon return to work from sick leave, an employee must notify the employee's immediate supervisor, complete an Application for Use of Sick Leave Form (found in the forms section of this manual) and submit it to the supervisor as soon as possible and no later than 9:00 a.m. on the Monday following the end of the two (2) week pay period in which the sick leave was used or upon return to work. If the employee is sick the last day of the pay period, the employee must make arrangements to complete and submit an Application for Use of Sick Leave form by 9:00 a.m. on the Monday following the end of the two (2) week pay period or upon return to work.
- I. If an employee sought medical treatment for an illness or injury, or if an employee's illness or injury extends for three (3) or more consecutive workdays, or in cases of a pattern of sick leave usage, the Appointing Authority shall require a Medical Physician's Statement (found in the forms section of this manual) stating the date and nature of the illness or injury and when the employee is able to return to work and perform the duties of the position.
- J. If the employee is unable to return to work and perform the duties of the position on the date the physician expected (as contained in the Medical Physician's Statement), the Appointing Authority shall require another Medical Physician's Statement with an expected return-to-work date.
- K. The employee's immediate supervisor and Appointing Authority or designee shall review the completed Application for Use of Sick Leave and the circumstances surrounding the absence and approve or deny the sick leave by appropriate signature on the Application for Use of Sick Leave.
- L. The employee's immediate supervisor, Appointing Authority, or designee shall inform any employee whose sick leave request is denied of such denial and the reasons therefore, and thereafter may take the necessary disciplinary action for the employee being absent without approved leave.

**SICK LEAVE CONVERSION****SECTION 5.02**

- A. Sick Leave Conversion Upon Retirement. County employees, at the time of retirement from active service with the County and under the OPERS system, shall be paid one-half (½) the value of their accrued but unused sick leave credit. To qualify for such payment, the employee shall have had, prior to the date of retirement, ten (10) or more years of service with the County, the State, or any of its political subdivisions, and be eligible to receive OPERS benefits. The maximum of such payment for sick leave upon retirement shall be for six hundred (600) hours.

As used in this policy, “retirement” shall mean disability or service retirement under any State retirement system applicable to County employees.

- B. Sick Leave Conversion Upon Death of the Employee. In the case of death of an employee, the employee’s unused sick leave balance shall be paid to the beneficiary in accordance with Section 2113.04 of the Ohio Revised Code or to the employee’s estate. The payment under this circumstance shall be made in the same manner outlined in Section A above, as if the employee had retired on the date of the employee’s death.
- C. Upon retirement, the employee must initiate the above sick leave conversion procedures by submitting a written request to their Appointing Authority (Notification of Intention to Convert Sick Leave Upon Retirement form, found in the forms section of this manual) at the time the employee requests the Appointing Authority to certify the employee’s retirement application to the OPERS.
- D. Payment to eligible employees shall be made based on the employee’s hourly rate of pay at the time of separation or at the time of the annual conversion, if applicable, and the documented hours of unused sick leave reflected in the records maintained by the county. Salaried employees shall be compensated based upon the normal workday.

**VACATION****SECTION 5.03**

- A. Accrual. Full-time employees accrue paid vacation leave according to the following schedule:
1. Date of hire through end of eight (8) years of service: .0385 hour of paid vacation leave earned for each hour in active pay status. Maximum accumulation per year = 80 hours (10 days’ vacation).
  2. End of eight (8) years of service through end of fifteen (15) years of service completed: .0577 hour of paid vacation leave earned for each hour in active pay status. Maximum accumulation per year = 120 hours (15 days’ vacation).

3. End of fifteen (15) years of service through end of twenty-five (25) years of service completed: .0770 hour of paid vacation leave earned for each hour in active pay status. Maximum accumulation per year = 160 hours (20 days' vacation).
  4. Twenty-five (25) or more years of service completed: .0962 hour of paid vacation leave earned for each hour in active pay status. Maximum accumulation per year = 200 hours (25 days' vacation).
  5. In addition to the accrual rate noted above, one week's vacation (40 hours) shall be credited to employee upon reaching milestones eight (8), fifteen (15), and twenty-five (25) years.
- B. Vacation leave is credited each biweekly pay period for all hours in active pay status, except overtime hours worked, which hours shall not be counted for vacation accrual purposes. However, compensatory time that is used for time off will accrue vacation time for the number of compensatory hours earned and then taken off to reduce the compensatory time accrued.
- C. Eligibility.
1. Full-time employees in the several offices and departments of the County service, including full-time hourly rate employees, shall not be entitled to vacation leave under any circumstance until after they has completed service of one (1) year with the county or any political subdivision of the state. *(For example, if an individual walks into the County office and is hired without ever working for the State or any other political subdivision, they will not be eligible for vacation until the one [1] year anniversary date of their date of hire, including employees who have retired and been rehired. However, if an individual is hired by a County office and has previously worked one (1) year with the State or another political subdivision (city, another county, etc.), except retired and rehired employees, then they will be eligible for two (2) weeks of vacation immediately upon earning the vacation time at the accrual rate that equates the combined years of service of State/political subdivision service).* One (1) year of service shall be computed on the basis of twenty-six (26) biweekly pay periods. After service of one (1) year with the County or any other political subdivision of the State, the employee shall have earned and will be due upon attainment of the first year of employment, and annually thereafter, eighty (80) hours of vacation leave (two [2] weeks' vacation) with full pay based on a forty (40) hour workweek; then upon completing the eighth (8<sup>th</sup>) year plateau (with one hundred twenty [120] hours of vacation leave (three [3] weeks' vacation) based on a forty [40] hour workweek); upon completing the fifteenth (15<sup>th</sup>) year plateau (with one hundred sixty [160] hours of vacation leave (four [4] weeks' vacation) based on a forty (40) hour workweek; and upon completing the twenty-fifth (25<sup>th</sup>) year plateau (with two hundred [200] hours of vacation leave (five [5] weeks' vacation) based on a forty (40) hour workweek. Accrual rates for these leave amounts are found in Section 1 of this policy.

2. If an employee transfers from one Appointing Authority to another and experiences a “separation,” they may not transfer accumulated vacation credits and must be paid off. The Hardin County Commissioners may grant accumulated vacation credits by resolution in special circumstances where the employee’s former employer reimburses the current Hardin County employer for the expenses relating to the accumulated vacation credit liability.
  3. Employees may receive credit for prior service with the State or any political subdivision of the State for purposes of receiving prospective vacation accumulation in accordance with RC 9.44. Except as otherwise provided in this section, a person employed, other than as an elective officer, by the State or any political subdivision of the State, earning vacation credits currently, is entitled to have the employee’s prior service with any of these employers counted as service with the State or any political subdivision of the State, for the purpose of computing the amount of the employee’s vacation leave. The anniversary date of employment for the purpose of computing the amount of the employee’s vacation leave, unless deferred pursuant to the appropriate law, ordinance, or regulation, is the anniversary date of such prior service.
- D. To determine prior service for the purpose of computing the amount of vacation leave for a person initially employed on or after July 5, 1987, by:
1. A municipal corporation, the person shall have only prior service within that municipal corporation counted; or
  2. A township, the person shall have only prior service with a township counted.
- E. An employee who has retired in accordance with the provisions of any retirement plan offered by the State and who is employed by the State or any political subdivision of the State on or after June 24, 1987, shall not have prior service with the State, any political subdivision of the State, or a regional council of government established in accordance with Chapter 167 of the Revised Code counted for the purpose of computing vacation. However, if the Board of Commissioners elects to count prior service with a prior employer by resolution, the affected employee may retain such credit.
- F. Notwithstanding the above, any person removed for conviction of a felony within the meaning of RC 124.34, who is subsequently re-employed with the Appointing Authority, is only qualified to accrue vacation as if the individual were a new employee receiving no prior service credit.
- G. Scheduling and Approval
1. Vacation scheduling is subject to the approval of the Appointing Authority and the operational needs of the departments.

- 2. Vacation leave must be requested on the Vacation Request Form (found in the forms section of this manual).
- 3. Vacation scheduling is subject to the approval of the Appointing Authority in accordance with the following guidelines for notification:

<u>Request</u>	<u>Notice</u>
fewer than 2 days	24 hours
2-4 days	1 week
5 or more	2 weeks

**H. Carryover and Payment for Unused Vacation Leave**

- 1. Vacation leave is to be taken within twelve (12) months following the employee’s anniversary date. An employee, in special and meritorious cases and upon approval of the Appointing Authority, may be permitted to carry over accumulated vacation leave for up to a total of three (3) years. Any excess leave shall be eliminated from the employee’s leave balance at the next anniversary date in the amount exceeding three (3) years carryover.
- 2. An employee with one (1) or more year of service who resigns, retires, dies, or is otherwise separated from service is entitled to compensation at their current rate of pay, for any earned but unused vacation leave to their credit at the time of separation. In the event of death of an employee, the unused vacation balance shall be paid to the employee’s estate.
- 3. Additional vacation leave is not accrued through the accumulation of overtime hours worked.
- 4. Vacation credits are not earned while an employee is in a non-paid status (leave of absence, disciplinary suspension, etc.).

<b>HOLIDAYS</b>	<b>SECTION 5.04</b>
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- A. Full-time and part-time employees are entitled to these paid holidays:

New Year’s Day (January 1)  
 Martin Luther King Day (third Monday in January)  
 President’s Day (third Monday in February)  
 Memorial Day (last Monday in May)  
 Juneteenth (June 19)  
 Independence Day (July 4)

Labor Day (first Monday in September)  
Veteran's Day (November 11)  
Thanksgiving Day (fourth Thursday in November)  
Day after Thanksgiving Day (per Appointing Authority)  
Christmas Day (December 25)

- B. Employees who regularly work Monday through Friday shall observe holidays which fall on Saturday on the preceding Friday and shall observe holidays which fall on Sunday on the following Monday.
- C. Employees working in departments which operate on a continuous basis shall observe the holiday on the date specified above.
- D. Full-time and part-time employees earn holiday pay. Holiday pay shall be an employee's regular hourly rate of pay times the employee's normal daily work hours, or eight (8) hours, whichever is less.
- E. Any eligible employee who is non-exempt from overtime under the ELSA and who is required to work at their regular job on a day of holiday observance shall be paid for all hours actually worked at one and one-half (1½) times the employee's base rate of pay, plus holiday pay if any. If the employee does not work on the actual day that is designated as a holiday, the employee will receive the base rate of pay.
- F. When calculating overtime for a calendar week which includes a holiday, the automatic eight (8) hours, or normal daily work hours (whichever is less) of holiday pay is considered as time in active pay status regardless of whether or not the employee worked on such holiday. Time actually worked on a holiday is not considered time in active pay status for overtime calculations because separate compensation is already paid.
- G. If a holiday occurs while an eligible employee is on vacation or sick leave, the holiday will not be charged against the employee's vacation or sick leave balance.
- H. Except when excused by the Appointing Authority when using accrued leave, employees are not eligible for holiday pay if they fail to work both their last full scheduled workday immediately preceding the holiday and their next full scheduled workday immediately following the holiday.

**FUNERAL LEAVE****SECTION 5.05**

- A. Eligibility. All employees may, upon approval of the Employer, use up to a maximum five (5) consecutive working days of accrued sick leave in the event of the death of an immediate family member as defined in the Sick Leave Section of this manual. The five (5) days of leave shall be charged against the employee's accrued sick leave, and the employee shall receive the employee's regular rate of pay for such leave.

- B. Usage. Funeral leave may be used to attend the funeral, make funeral arrangements, or attend to other matters directly related to the funeral of an immediate family member. Funeral leave shall not be granted for any days following the date of the funeral unless approved by the Appointing Authority.
- C. Part-time Employees. Part-time employees shall be eligible to use accrued sick leave as described herein and receive their respective regular rate of pay for such leave, only for the days and the number of hours each day that the employee is scheduled to work.
- D. Notification. See Section 5.01 (Sick Leave) regarding notification of absence.
- E. An employee requesting Funeral Leave for an immediate family member must complete an Application for Use of Sick Leave (found in the forms section of this manual) and submit the request to the employee's immediate supervisor.

**COURT LEAVE****SECTION 5.06**

- A. Eligibility. All employees shall be entitled to leave when subpoenaed to appear before court or summoned for jury duty by the United States, the State of Ohio, or any political subdivision during regular working hours, unless such court appearance is in connection with the employee's personal business (e.g., criminal or civil cases, traffic court, divorce proceedings, etc.). If the employee is a party to the action, the employee may be granted vacation time by the Appointing Authority for a court appearance. This section shall not apply to employees who appear in court on behalf of the County as part of their employment as such appearances are compensated as hours worked.
- B. Payment. Employees on eligible court leave shall pay all monies received as compensation for court services over to the County Treasurer and shall be paid the employee's applicable hourly rate for all time on court leave. A receipt for money paid to the County Treasurer shall be presented to the Appointing Authority. If any employee is called to appear in court or is called for jury duty, outside of the employee's regularly scheduled working hours, all monies received as compensation for such court service shall be retained by the employee. An employee shall not receive double compensation, and the court service money shall be surrendered to the County Treasurer upon receipt from the court or court's representative/responsible office.
- C. Work Attendance. Employees on court leave shall report for work before or following such leave if two (2) or more hours remain in the employee's scheduled workday, unless the employee has chosen to take a pre-approved paid time off such as vacation or compensatory time.
- D. Employees shall submit a copy of the subpoena, summons, or jury duty notice to their immediate supervisor as soon as possible after receipt to receive paid civil leave.

**MILITARY LEAVE****SECTION 5.07**

- A. Military leave is a complex issue that is governed by both federal (The Uniformed Services Employment and Reemployment Rights Act or USERRA) or state law.
- B. Supervisors and employees should contact the Appointing Authority regarding military leave and reinstatement issues.

**LEAVE OF ABSENCE WITHOUT PAY****SECTION 5.08**

- A. Eligibility. Any employee, classified or unclassified, must request a leave of absence without pay in writing. Approval of such request is solely at the discretion of the Appointing Authority and each request will be determined on its own merits. A leave of absence without pay for personal reasons shall not exceed six (6) months.
- B. Return From Leave. Upon returning from an approved leave of absence, the employee shall be placed in the employee's original position, or similar position in the same classification should the employee's original position be unavailable.
- C. Failure to Return. Failure to return to work within three (3) working days after a valid cancellation or the scheduled end of an authorized leave of absence without acceptable justification will result in termination of employment.
- D. Effect On Employment. Sick and vacation leave are not earned by employees while on an authorized leave of absence without pay. A leave of absence without pay shall not be considered a break in service for annual step increases, layoff purposes, and vacation accrual. However, leave of absence without pay shall be used to adjust the anniversary date by adding the time to the original date to come up with a new anniversary date. Leave of absence without pay will affect the employee's seniority for the purpose of job retention.
- E. Cancellation of Leave. If the Appointing Authority determines that an employee is not using a leave of absence for the requested purpose, the leave may be canceled, and the employee may be directed to return to work with a written notice to the employee. The employee may also be subject to discipline in such case up to and including termination.
- F. A leave of absence without pay may be granted for a maximum period of two (2) years for the purpose of education or training which would be of benefit to the County or for voluntary service in any governmentally sponsored program of public betterment.
- G. All requests for leaves of absence without pay shall be submitted to the employee's Appointing Authority in writing (Request for Leave found in the forms section of this manual) and shall state the specific reason for the requested leave and shall have all supporting documentation attached to the request.

**DISABILITY LEAVE/SEPARATION****SECTION 5.09**

This section outlines the conditions under which Disability Separation may be granted and procedures for administering its use. It is intended to outline the procedures to be followed after determining that no reasonable accommodation can be made.

- A. Voluntary Reduction. When an employee becomes physically unable to perform the essential functions of their position even with a reasonable accommodation but is still able to perform the duties of a vacant lower-level position, they may voluntarily request reduction to the lower-level position at the rate of pay for that position. Such request shall be in writing, shall state the reason for the request, and, if approved by the Appointing Authorities, will be attached to the implementing Personnel Action.
- B. Disability Leave. A physically incapacitated employee, who has exhausted their accumulated sick leave, authorized vacation leave, compensatory time, and Family and Medical Leave, and for whom voluntary reduction or reasonable accommodation is not practicable, may request up to six (6) months of disability leave without pay, only if they can present evidence as to the probable date on which the employee will be able to return to the same or similar position within the six (6) month period. Such request shall be submitted in writing to the Appointing Authority with a copy of a physician's statement attached.
- C. Involuntary Disability Separation or Termination for Failure to Report for Work.

Involuntary disability separation or demotion is effective in the following cases:

1. If an employee becomes unable to perform the essential job duties of the employee's position, subject to the Americans with Disabilities Act, and if the employee has exhausted Family and Medical Leave (if eligible), the Appointing Authority may involuntarily disability separate the employee.
  2. If an employee on disability leave is unable to return to work when the employee's disability leave is exhausted, then the Appointing Authority shall involuntarily disability separate or may grant the employee's request for a voluntary demotion, provided the employee can perform all of the essential functions of the requested position with or without a reasonable accommodation.
  3. If an employee is placed on leave of absence without pay and is subsequently disability separated due to the same disabling illness, injury, or condition, then the total combined time of absence due to the disability shall not exceed three (2) years for purposes of reinstatement rights under this chapter.
- D. Medical Examination. The Employer may require an employee to submit to a medical examination in order to determine the essential functions of the employee's position with or without a reasonable accommodation.

- When requested by an Appointing Authority, a medical or psychological examination conducted by a licensed physician, substantiating the disabling illness, injury, or condition, shall be required prior to involuntarily disability separating the employee, unless the employee is hospitalized at the time the employee is involuntarily disability separated. The Appointing Authority shall bear the cost of the examination. Both the Appointing Authority and the employee shall receive the results of that examination and related documents, subject to division (C)(1) of RC 1347.08.
- E. Prior to examination, the Appointing Authority must supply the examining physician with facts relating to the perceived disabling illness, injury, or condition and must supply additional information including a position description. The cost of the examination shall be paid by the Appointing Authority. Both the Appointing Authority and the employee shall receive the results of that examination and related documents subject to division (C)(1) of RC 1347.08.
- F. Employee Refusal. An employee's refusal to submit to the examination, the unexcused failure to appear for an examination, or the refusal to release the results of an examination will be just cause for termination of employment.
- G. Right to Pre-Separation Conference: Rights of Appeal. The Appointing Authority shall institute pre-separation proceedings when it has received the results of a medical or psychological examination or the employee's own statements give the Employer reason to believe that an employee is incapable of performing the essential functions of the employee's assigned position with or without a reasonable accommodation.
1. Under those proceedings, a conference shall be scheduled, and advanced written notice shall be provided to the employee;
  2. If the employee does not waive the right to that conference, then at that conference the employee has a right to examine the Appointing Authority's evidence of disability, to rebut such evidence, and to present testimony and evidence on the employee's own behalf.
- H. If the Appointing Authority determines, after weighing the testimony presented and evidence admitted at the pre-separation conference, that the employee is capable of performing their essential job duties, then the pre-separation conference shall cease, and the employee shall be considered to be fit to perform their essential job duties with or without reasonable accommodations. If the Appointing Authority determines, after weighing the testimony presented and the evidence admitted at the pre-separation conference, that the employee is unable to perform their essential job duties with or without reasonable accommodations, then the Appointing Authority shall issue to the employee an RC 124.34 order of involuntary disability separation.
- I. An employee so separated shall have the right to appeal in writing to the Personnel Board of Review within ten (10) days following the filing of the order with the Personnel Board of Review.

- J. The Appointing Authority shall notify the employee at the time of the involuntary disability separation of the required procedures to apply for reinstatement (Notice of Involuntary Disability Separation found in the forms section of this manual).
- K. Right to Reinstatement; Rights of Appeal. An employee may make a written request to the Appointing Authority for reinstatement from an involuntary disability separation, which request shall be accomplished by substantial, credible medical evidence that the employee with or without reasonable accommodations is once again capable of performing the essential functions of the employee's job, and which request shall be made not more than once every three (3) months and not later than two (2) years following the beginning of the disability separation, or a leave of absence followed by an involuntary disability separation.
- L. When an involuntary disability separation employee presents to the Appointing Authority substantial, credible medical evidence, that the employee is once again capable of performing the essential job duties of the employee's assigned position with or without a reasonable accommodation, the Appointing Authority shall either reinstate the employee or require that the employee submit to the medical or psychological examination conducted.
- M. The Appointing Authority shall reinstate the employee after receiving the results of that examination if the Appointing Authority determines that the employee is once again capable of performing the essential duties of the employee's assigned position with or without a reasonable accommodation.
- N. The Appointing Authority shall institute pre-reinstatement proceedings if the Appointing Authority has received the results of the examination and initially determines that the employee remains incapable of performing the essential job duties of the employee's assigned position with or without a reasonable accommodation. Under these proceedings, a hearing shall be scheduled, and adequate advanced written notice shall be provided to the employee. If the employee does not waive the right to that hearing, then at the hearing the employee has a right to examine the Appointing Authority's evidence of continuing disability, to rebut that evidence, and to present testimony and evidence on the employee's own behalf.
- O. If the Appointing Authority determines, after weighing the testimony presented and evidence admitted at the pre-reinstatement hearing, that the employee is once again able to perform the essential job duties of the employee's assigned position with or without a reasonable accommodation, then the Appointing Authority shall reinstate the employee. If the Appointing Authority determines, after weighing the testimony presented and evidence admitted at the pre-reinstatement hearing, that the employee is not able to perform the essential functions of the employee's assigned position with or without a reasonable accommodation, then the Appointing Authority shall not reinstate the employee.

- P. If the Appointing Authority determines that an employee, who has been involuntarily disability separated, has committed an act that is inconsistent with the employee's disability illness or injury, then that act may be considered by the Appointing Authority when determining an employee eligibility for reinstatement
- Q. Once an Appointing Authority properly determines that the employee is to be reinstated, the employee has a right to be assigned to a position in the classification the employee held at the time of involuntary disability separation. If the classification the employee held at the time of involuntary disability separation no longer exists or no longer is utilized by the Appointing Authority, then the employee shall be placed in a similar classification. If no similar classification exists, the employee may be laid off in accordance with RC Chapter 124 or in accordance with an applicable collective bargaining agreement executed in accordance with RC Chapter 4117.
- R. An employee refused reinstatement as provided in Subsection (F)(5) shall be notified in writing of the refusal to reinstate and of the right to appeal in writing to the Personnel Board of Review within ten (10) days of receiving notice of that refusal to reinstate.
- S. An employee who fails to apply for reinstatement within two (2) years following an involuntary disability separation, or a leave of absence followed by an involuntary disability separation, shall be deemed permanently separated from service.

**GROUP HEALTH INSURANCE****SECTION 5.10**

- A. Eligibility. All newly hired, full-time and part-time employees (who work thirty [30] hours per week or more on a regularly scheduled basis) are eligible to participate in the Employer's health insurance program under the cost sharing arrangement described herein. The County Commissioners may authorize insurance coverage for other selected positions in which the employee regularly works to cover the absences of other employees. The terms of the insurance program and degree of Employer participation in its cost are subject to change without notice.
- B. Election. Employees and Elected Officials may elect coverage under the insurance plan by notifying the County Auditor within thirty (30) days of employment or may apply for coverage during any annual open enrollment thereafter or a qualifying event such as special enrollment periods or loss of other coverage.
- C. Coverage. Eligible newly hired employees shall become covered on the first day of the month following a thirty (30) day waiting period from date of first day worked. A spousal surcharge effective January 1, 2015, for all new enrollees shall be charged to employees who enroll their spouse for coverage when the spouse is also employed and is offered health insurance through their employee. The spousal surcharge is one hundred dollars (\$100.00) per month and will be assessed bi-monthly. If the spouse does not have other coverage available, the spouse will be allowed to enroll in the Hardin County Group Health Plan at the regular applicable premium rate. They will not have to pay the spousal surcharge. The employee must sign a declaration before the spouse may enroll,

noting that Medicare, Medicaid, and Tricare are not considered other group health coverage.

- D. Payment. The County Commissioners shall determine the portion of the insurance premium to be paid by the Employer and the portion, if any, to be paid by the employee.
- E. Paid Leave/Family and Medical Leave. The Employer will continue to pay its share of the health insurance premium for employees on all paid leaves of absence for so long as the employee is in active pay status as defined in the Definitions Section of this manual, or qualified and on Family and Medical Leave as defined in the Family and Medical Leave Section of this manual.
- F. Unpaid Leave of Absence. If an employee is granted an unpaid leave of absence after exhausting all available paid leave and/or Family and Medical Leave, the county's obligation to pay any portion of insurance premium costs shall cease immediately. The employee shall become eligible for continued coverage at the employee's sole expense as provided in Section 5.11 of this manual.
- G. Employees desiring insurance coverage shall complete an application at initial employment or during open enrollment and shall notify the County Auditor within thirty (30) days thereafter. Employees declining coverage shall sign a waiver of coverage at commencement of employment.
- H. The Appointing Authority will immediately inform the County Auditor in writing when an employee is:
1. Separated from service;
  2. Off work on workers' compensation;
  3. On Family and Medical Leave; or
  4. On any other unpaid leave of absence.

**CONTINUED GROUP HEALTH INSURANCE COVERAGE****SECTION 5.11**

- A. Employees who are covered under the Employer's group health insurance and who lose coverage due to a reduction in hours or termination of employment (for other than gross misconduct) and/or their spouses and children may be eligible for continuation of health insurance coverage, at their own expense, as described herein. The same health insurance coverage shall continue for eligible employees/individuals under this policy as is provided to other employees who maintain employment with the County.
- B. Employees, spouses, and dependent children who are covered under the county's health insurance plan shall be offered the opportunity to continue health insurance coverage according to the following schedule:

1. An employee who is terminated (other than by discharge for cause) shall be eligible to purchase health insurance coverage for up to eighteen (18) months following the termination.
  2. An employee whose total hours worked are reduced, which reduction causes the employee to be ineligible for continued health insurance coverage, shall be eligible to purchase health insurance coverage for up to eighteen (18) months following such reduction.
  3. If a second qualifying event occurs during this eighteen (18) month period, coverage may be extended for an additional eighteen (18) months.
  4. If any beneficiary becomes disabled under the Social Security Act and provides timely notice of that status to the Employer, coverage may be extended for up to twenty-nine (29) months.
  5. The spouse and dependent children of an employee shall be eligible to purchase health insurance coverage for up to thirty-six (36) months when the employee:
    - a. Dies;
    - b. Would otherwise lose coverage due to termination and/or reduction, except termination for cause as described in the above paragraphs; or
    - c. Becomes entitled to Medicare coverage.
  6. The spouse and/or dependent children shall be eligible to purchase health insurance coverage for up to thirty-six (36) months when:
    - a. The spouse and dependent children would lose eligibility for continued coverage due to a divorce or legal separation; or
    - b. The dependent child would otherwise lose coverage by ceasing to satisfy the plan's coverage requirements applicable to dependent children.
- C. Full-time employees, spouses, and dependent children shall be notified of the provisions of this policy as follows:
1. Employees shall be notified of this policy at the time they begin coverage under the county's health insurance plan or in the event they are either terminated or reduced.
  2. Spouses shall be notified of this policy at the time family or spouse coverage begins under the county's health insurance plan or in the event the employee is either terminated or reduced.

3. Service of notification on the employee's spouse shall be deemed notice to dependent children.
  4. A sample COBRA Notice (found in the forms section of this manual) is attached hereto.
- D. Each employee shall be responsible for notifying the Appointing Authority of any action which might trigger a spouse's or dependent child's eligibility for continuation of insurance coverage under this policy. Such notice shall be given by the employee to the Appointing Authority immediately upon gaining knowledge of the event, e.g., divorce, legal separation, or loss of dependent eligibility except termination for cause under the county health insurance plan.
- E. The Appointing Authority or designee shall notify the individual(s) who are eligible for continued health insurance plan coverage of their rights and obligations under this policy within fourteen (14) days after the occurrence of a triggering event. The notice shall contain a final date by which the employee, spouse, or dependent child must respond to the notice.
- F. The eligible employee/individual shall notify the Appointing Authority or designee of their decision to continue or not continue coverage within sixty (60) days of the triggering event.
- G. As used in this policy, termination shall include any separation from employment, except those instances where an employee has been separated for cause, but including layoff, resignation, voluntary/involuntary leave without pay, discharge, and any other termination which results in the employee's ineligibility for continued health insurance benefits. Employees who are separated in accordance with civil service law for cause are not eligible for continuation of health insurance plan coverage.
- H. An employee, spouse, or dependent child who elects continued health insurance coverage shall only be eligible until the earliest date that any of the following occur:
1. Coverage expires either eighteen (18), twenty-nine (29), or thirty-six (36) months after the triggering event;
  2. The group health care plan is terminated by the Employer;
  3. The individual fails to timely pay the required premium;
  4. The employee becomes covered under another group health care plan; or
  5. The individual becomes eligible for Medicare benefits.

**OTHER INSURANCES****SECTION 5.12**

The Employer may provide group term life insurance and offer other insurance benefit programs at the Employer's and/or employee's expense. Employees should see the Appointing Authority or designee for an explanation of currently available insurance benefits and programs.

**WORKERS' COMPENSATION****SECTION 5.13**

- A. Workers' Compensation is a complex system that is governed by the Ohio Constitution and RC Chapters 4121 and 4123.
- B. All injuries which arise out of or in the course of employment shall be reported and compensated for under this Workers' Compensation section (except if election is made under the County Continuous Wage Program) and not under the Employer's health insurance plan.
- C. All employees shall receive a copy of Employee Guidelines - CompManagement or the existing Hardin County Managed Care Organization - Workers' Compensation Procedures and will sign Verification of Receipt of Employee Guidelines (found in the forms section of this manual).
- D. Accident/Incident Reports. When an employee is injured during the course of employment, the employee's supervisor shall provide the employee with an Employee's Report of Incident and Injury or Occupational Disease or Illness Report, whichever form is applicable. The form shall be completed regardless of the apparent seriousness of the injury and whether or not medical attention is required. (The appropriate form[s] must be completed within twenty-four [24] hours of the incident to meet OSHA requirements and to avoid possible delays in processing the claim and returned to the Loss Control Coordinator Office immediately.) Such form shall be completed by the employee and forwarded to the employee's supervisor, who shall forward same to the Loss Control Coordinator Office as soon as possible after the injury occurs. The supervisor will need to complete the Industrial Injury Fact Sheet. If there were witnesses to the accident/injury, a Statement of Witness to Accident will be completed by all witnesses. Copies of all forms will be provided to the Loss Control Coordinator.
- E. If an employee's injury does require medical attention, the employee shall be provided with a Physician Referral Form and Doctor's Report and Treatment Plan available in the Loss Control Coordinator Office, which forms must be completed by the attending physician. All appropriate forms must be completed within twenty-four (24) hours and be forwarded to the Loss Control Coordinator Office as soon as possible.

- F. The employee's first "visit" may be any provider of the employee's choice. However, all medical attention after the initial visit must be with a BWC certified provider. If the provider is not BWC certified, the employee will be responsible for the payment. BWC will not cover visits after the initial visit if such visits are a provider who is not certified with CompManagement Health Systems, Inc., or the existing Hardin County Managed Care Organization.
- G. Application for Payment of Medical Benefits Only. When an employee's injury requires any type of medical attention, the employee shall complete a First Report of An Injury, Occupational Disease or Death (found in the forms section of this manual). These forms are available at the Emergency Room at the hospital, also. This form shall be prepared and signed by the employee and given to the Loss Control Coordinator Office, who, if necessary, shall send the form to the attending physician for completion. Upon return of the form from the attending physician, this form shall be forwarded to the Loss Control Coordinator Office. It is very important for the employee to sign and date the Medical Release section on all forms to avoid any delays for payments to employee and/or provider.
- H. Application for Payment of Compensation and Medical Benefits. When, in addition to medical attention, an employee's injury results in an employee's absence from work for seven (7) days or more, the employee must complete a First Report of an Injury, Occupational Disease or Death, if such employee desires compensation for lost wages. Employee will also need to fill out the BWC-Form C-84 Request for Temporary/Total Compensation and the physician will fill out side two of the BWC-Form C-84. If this is in any way involving a previous injury, employee will be required to submit BWC-Form C-85-A Application to Reactivate Claim. This form shall be given to the Loss Control Coordinator Office for completion. The Loss Control Coordinator Office will provide the same to the County Auditor.
- I. Serious Injury. In the event of a serious injury, the injured employee's immediate supervisor shall notify the Appointing Authority or designee immediately so that an investigation can be initiated.
- J. Return to Work. The Employer must be advised and continually updated if an employee continues to be absent due to a work-related injury. Employees are responsible for providing to their Employer their expected date of return (if known). The Employer is responsible for immediately notifying, in writing, the Loss Control Coordinator Office when an employee is able to return to work.
- K. Documentation. Any documents received from the injured employee, the employee's physician, the hospital, or the State regarding Workers' Compensation claims must be immediately forwarded to the Loss Control Coordinator Office.
- L. Simultaneous Payments. Employees are prohibited from receiving payment for sick leave (but may receive other paid leave) while simultaneously receiving payment from Workers' Compensation.

M. Accommodation of Disabled Employee. When confronted with an employee claiming a disability under the Workers' Compensation system, who is disabled as defined in the ADA, the Employer will consider making a reasonable accommodation that would allow the employee to continue performing the essential functions of the employee's position. When submitting information to the Bureau of Workers' Compensation or the Industrial Commission, the Employer will include:

1. Copies of the employee's position description;
2. Related medical records; and
3. Any offer of reasonable accommodation.

The Employer will provide the same information to any examining physician or other appropriate, licensed practitioner.

### NOTICE TO INJURED EMPLOYEES

Under law there is a Wage Continuation Option relating to employees who are injured or contract an occupational disease while in the course of employment. In most Workers' Compensation cases there are administrative delays of significant interruption in income from the last day worked to the eventual receipt of worker's compensation benefits. In order to prevent such delays, Hardin County will, in compensable claims, continue to pay wages at the same rate of pay the injured worker was making at the time of the injury. This rate will be multiplied by the usual number of scheduled hours per week. This compensation will be paid for a period not to exceed twelve (12) weeks. If the period disability exceeds twelve (12) weeks, the County may, solely at management's discretion, extend or deny wage continuation payments. The payment by Hardin County will take the place of the payment by the Bureau. Wage continuation will be made only during the period of time that worker's compensation benefits would otherwise be paid by the Bureau. In most cases, payments will immediately commence upon receipt of proof of disability from the preferred medical provider and a completed First Report of Incident form, allowable under workers' compensation law.

The payments by Hardin County will be taxable income to the employee and subject to the same tax withholding as a regular weekly wage. Workers' compensation benefits payable by the State are not taxable income to the employee. However, Hardin County's net payment after expenses and benefits will be greater or equal to the payment by the Bureau and will reduce the delay.

Receipt of wage continuation payments will be in lieu of workers' compensation lost time benefits. The payment of medical benefits will continue to be the responsibility of the Bureau of Workers' Compensation on approved claims. The payment of these wages is subject to the same rules that govern temporary total paid by the bureau. All other income and benefits the employee may receive while on wage continuation must be reported by penalty of law to the county. Alternatively, after twelve (12) weeks or failure to extend the claim, the County Commissioners may request that the employee commence payments from the Bureau of Workers' Compensation.

Employees should contact the Loss Control Coordinator or the Workers' Compensation Coordinator with any questions they may have or to obtain a copy of written guidelines pertaining to qualification for receipt of injury leave benefits.

**RETIREMENT PLAN****SECTION 5.14**

- A. All employees, except for certain students, are required by law to participate in the Ohio Public Employees Retirement System (OPERS). Both the employee and the Employer are required to contribute to OPERS, in amounts set by State law. The employee's contribution is paid by payroll deduction. The Employer may elect to "pickup" or pay the employee's share on a "pre-tax" basis.
- B. Employees who separate from service prior to retirement eligibility may withdraw their own contributions without interest from the plan.
- C. Questions regarding an OPERS program should be directed to:
- Ohio Public Employees Retirement System  
277 E. Town Street  
Columbus, Ohio 43215  
1 -800-222-7377
- Social Security number should be included.
- D. Employees shall submit a signed, dated letter to the Appointing Authority stating their intention to retire and the effective date of their retirement at least ninety (90) days in advance.
- E. Benefits provided by OPERS are according to current OPERS regulations, which are subject to change.

**RETIRE/REHIRE****SECTION 5.15**

- A. In accordance with RC 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.
- B. 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.

- C. 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.
- D. If the employee does not request payment of sick leave upon retirement, they may retain the sick leave balance for use when rehired, provided their rehire date is within ten (10) years of their retirement. If the employee chooses not to request payout upon retirement, they shall not be eligible for any payment of unused sick leave upon separation from the post-retirement employment.
- E. Classified 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 service for the purpose of calculating service credits in the event of layoff or other action affecting their employment.
- F. Employees are required to notify the Employer of their retirement date. The County or Appointing Authority reserves the right to start a rehired employee at a newly negotiated rate of pay.

**FAMILY AND MEDICAL LEAVE****SECTION 5.16**

- 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;
    - d. When an employee is unable to perform the functions of their position because of the employee's own serious health condition; or
    - 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 forward from the date an employee’s first Family and Medical Leave begins. 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.
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 (3) consecutive calendar days that also involves:
    - (1) 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
    - (2) 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 (2) “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.); or
  - f. Absence for restorative surgery after an accident/injury or for a condition that would likely result in an absence of more than three (3) 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 others 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 current 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 (5) years preceding the date the eligible employee takes FMLA leave to care for the covered veteran.
- 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, 2013, the period of October 28, 2009, and March 8, 2013, shall not count toward the determination of the five (5) 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 twenty-six (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; or
  - 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:
    - (1) 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
    - (2) 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 fifty percent (50%) or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or
    - (3) 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
    - (4) 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 29 CFR § 825.126.
12. Deployment to a foreign country. 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 (7) 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 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 fifteen (15) calendar days from the date the military member commences each instance of Rest and Recuperation leave.



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 their 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 their serious health condition or the serious health condition of their 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 their 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 them 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 their 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:
1. A statement or description of appropriate facts regarding the qualifying exigency for which leave is needed;
  2. An approximate date on which the qualifying exigency commenced or will commence;
  3. Beginning and end dates for leave to be taken for a single continuous period of time;
  4. An estimate of the frequency and duration of the qualifying exigency if leave is needed on a reduced scheduled basis or intermittently;
  5. Appropriate contact information for the third party if the qualifying exigency requires meeting with a third party and a description of the meeting; and
  6. 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 Executive Director. 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, and dental 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 they would have been required to pay had they 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, and dental 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 their 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 leave times (i.e. sick, vacation, 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 (2) business days' notice of their 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. 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 their 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 Employer, 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 their 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 their 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.

**TRAVEL EXPENSE REIMBURSEMENT****SECTION 6.01**

- A. Employees shall be reimbursed for the following expenses incurred while traveling on official Employer business. (Request for reimbursement must be filed no later than ninety [90] days from date of incurring the following expenses.)
- B. Upon prior written authorization of the Appointing Authority as authorized by the Board, employees may attend meetings, conferences, and conventions related to the employee's position. The Employer will reimburse employees for the necessary and reasonable expenses (as defined herein) incurred to attend such authorized meetings, conferences, and conventions. The Employer may pre-pay registration fees when such pre-payment is required. Employees will not be reimbursed for unattended meetings, conferences, or conventions.
- C. Mileage, Parking, Tolls, and Vehicle Rental
1. Employees shall be reimbursed for actual miles driven in their personal vehicle, on official Employer business, at the current rate approved by the Commissioners. Such payment is considered to be total reimbursement for all vehicle-related expenses (e.g., gas, oil, depreciation, insurance, etc.). Mileage reimbursement is payable to only one (1) of the two (2) or more employees traveling on the same trip, in the same automobile.
  2. Charges incurred for parking at the destination, and any highway tolls, are reimbursable at the actual amount with receipt.
  3. Charges incurred for vehicle rental at the destination are reimbursable at the actual amount.
  4. No expense reimbursement is paid for travel between home and work.
  5. Receipts for parking costs, highway tolls, and vehicle rentals are required.
- D. Upon prior written authorization of the Appointing Authority, expenses incurred for meals while on official Employer business during a normal meal period will be reimbursed at the actual cost of the meal. This includes the total cost (including any associated delivery fees) of meals delivered to employee. Employees shall order reasonably priced meals while traveling at the Employer's expense. If meals are included in registration fees, duplicate meals shall not be reimbursable. Normally, meals will not be reimbursed for travel within the County or adjoining counties unless specifically authorized in advance.
- E. Upon prior written authorization of the Appointing Authority, the actual cost of a motel room (single room rate) will be reimbursed in full when an employee travels on official Employer business and such travel requires an overnight stay.

- F. The following are not reimbursable:
1. Tips;
  2. Alcoholic beverages;
  3. Entertainment;
  4. Laundry and dry cleaning unless Employer requires employee to wear a uniform or special clothes;
  5. Room service charges;
  6. Expenses of spouse, other family member, or traveling companion traveling with employee;
  7. Duplicate meals (Meals purchased when meal was included with registration fee).
  8. Movies or games (in room or otherwise);
  9. Traffic violations; and
  10. Any allowable expense where no receipt is provided.
- G. Employees shall submit a sales tax exemption form to restaurants and hotels when applicable to eliminate the need to pay sales tax when traveling on Employer business.
- H. Original receipts for all reimbursable expenses must be kept by employees and submitted with requests for reimbursement.
- I. When considering any employee request for job-related travel, the Employer will consider the special needs of an employee with a permanent disability that substantially affects the employee's ability to drive, see, hear, etc. The Employer will not deny job-related travel opportunities to employees with a disability due to such disability.
- J. Any employee desiring to attend a meeting, conference, convention, or otherwise incurring expenses on official Employer business shall make advance written application (Expense Reimbursement Form found in the forms section of this manual).
- K. After returning from any meeting, conference, convention, or other official Employer function wherein reimbursable expenses have been incurred, an employee shall submit an Expense Reimbursement Form and all original receipts and other documentation to the employee's supervisor for forwarding to the Appointing Authority. The report shall be reviewed by the Appointing Authority and either approved for reimbursement or returned to the employee for adjustment or further documentation. Once the report has been approved by the Appointing Authority, copies of the report shall be forwarded to the Commissioners for approval.

- L. After approval by the Commissioners, the Appointing Authority shall submit the signed copy of the approved travel expense report to the County Auditor.
- M. Falsification of documentation submitted for travel reimbursement shall result in termination.

**USE OF COUNTY-OWNED/PERSONAL VEHICLES****SECTION 6.02**

- A. The use of County-owned motor vehicles shall be strictly controlled by the Appointing Authority and shall be for business purposes only.
- B. Employees operating County-owned vehicles must:
  - 1. Be at least eighteen (18) years of age;
  - 2. Possess and maintain the valid operator's license required for their classification (either a motor vehicle operator's license or Commercial Driver's License with appropriate endorsement(s);
  - 3. Be insurable under the county's insurance plan;
  - 4. Provide a current copy of the required license to the County;
  - 5. Provide proof of personal liability insurance coverage as specified herein; and
  - 6. Provide a current copy of their driving record to the County.

Motor vehicle record checks will be done on all County employees who drive county-owned vehicles and/or use their personal vehicles in the course of their duty who have signed the County form acknowledging the use of their personal vehicle.

County-owned trailers can only be pulled/moved with County-owned vehicles.

- C. In those classifications which require a certain motor vehicle license, newly hired employees must generally possess such license as a condition of employment, and all current employees must maintain said license for the duration of their employment in said classification. Loss of license and driving privileges by such employees may result in termination of employment for cause.
- D. County-owned vehicles are not to be used for employee travel to and from work unless authorized in writing by the County.
- E. Employees shall exercise caution and responsibility and adhere to all safety regulations when operating County-owned vehicles. Employees shall wear safety belts at all times while driving or riding in a County-owned vehicle or their personal vehicle on County

- business. Negligent, reckless, or intentionally improper operation of vehicles on County business is grounds for disciplinary action.
- F. Injury to employees while driving on County business is covered by Workers' Compensation. Employees operating County vehicles or using their own vehicles on County time shall provide proof of continuous insurance coverage with at least the minimum amount of insurance coverage as required by the State of Ohio under ORC 4509.01(K).
  - G. Employees must continuously recognize that use of a County-owned vehicle is a privilege and that they are a constantly visible as an official representative of the County. Employees should show every courtesy while operating a County vehicle in order to enhance the good reputation of the County.
  - H. Passengers not on official County business and hitchhikers are not permitted in County-owned vehicles. Spouses may be permitted as passengers but never as drivers in County-owned automobiles on authorized trips to meetings, conferences, and conventions if approved in advance by the Appointing Authority. Any violation of this policy shall be subject to disciplinary action up to and including termination.
  - I. Employees to whom a County-owned vehicle is assigned for overnight use shall take all reasonable precautions to protect the vehicle from damage and theft.
  - J. All accidents involving a County-owned or personally owned vehicle on Employer business must be immediately reported to the immediate supervisor, the Appointing Authority, and Hardin County Commissioners.
  - K. Employees who must operate a County vehicle as part of their job or their personal vehicle on county business are required to report any suspension or revocation of their driver's license to the Appointing Authority immediately.
  - L. Smoking, including the use of e-cigarettes, tobacco in any form and vaping is prohibited in all County-owned vehicles.
  - M. County-owned vehicles shall be used by employees whenever possible on approved County business.
  - N. Use of alcoholic beverages or controlled substances immediately prior to or during the operation of a County-owned or personal vehicle on County business is prohibited. Alcoholic beverages or controlled substances shall not be transported in a County-owned vehicle. Any employee convicted of operating a department vehicle while under the influence of drugs or alcohol shall be terminated from employment.
  - O. Employees shall immediately report all accidents occurring during worktime involving County-owned vehicles or personally owned vehicles. A Driver's Report (found in the forms section of this manual) shall be completed, signed, and submitted by the employee to the employee's immediate supervisor. The supervisor shall in turn review and submit

this form to the Appointing Authority or designee. The driver will also report the accident to the appropriate law enforcement agency, obtain that agency's accident report, and forward that report to the Appointing Authority and the Hardin County Commissioners. Any driver involved in any accident occurring during worktime involving County-owned vehicles or personally owned vehicles may be required to take a drug or alcohol test in accordance with County policy. An employee's refusal to submit to a drug or alcohol test shall be termination.

- P. Cell Phones and Driving. Employees whose job responsibilities include driving and who must use a cell phone for business use are expected to refrain from using their phone while driving. Employees should allow their voicemail or their passenger to handle calls when possible. Safety must come before all other concerns. Regardless of the circumstances, including slow or stopped traffic, employees are strongly encouraged to pull off to the side of the road and safely stop the vehicle before placing or accepting a call or texting. Texting is prohibited while driving a County-owned vehicle.
1. If placing or accepting a call is unavoidable and pulling over is not a safe option:
    - a. Use hands-free devices;
    - b. Use the voice-activated or "speed dial" feature;
    - c. Keep the call short;
    - d. Refrain from discussing complicated or emotional issues; and
    - e. Keep eyes and attention on the road and both hands free to operate the vehicle.
  2. Special care should be taken in the following situations:
    - a. Moderate to heavy traffic;
    - b. Inclement weather; or
    - c. Driving in an unfamiliar area.
  3. In situations where employees drive and accept phone calls, State law, as well as this policy, require the use of "hands-free" equipment. The County prohibits the use of text messaging, emailing, or use of the internet or other applications on a cellular phone while driving. Under no circumstances are employees allowed to place themselves at risk to fulfill county needs. Employees who are charged with traffic violations resulting from the use of their phone while driving will be solely responsible for all liabilities that result from such actions. Violations of this policy will be subject to discipline, including termination.
- Q. This policy does not include voluntary Board members.

**SECONDARY EMPLOYMENT****SECTION 6.03**

- A. Employees shall not have other employment that conflicts with the Employer’s policies, objectives, and operation.
- B. “Employment conflicts” occur when a second job impairs an employee’s ability to perform the job duties or adversely affects (directly or indirectly) the reputation of the interests of the Employer. Two (2) common employment conflicts are:
1. Time Conflicts. Full-time employment by Hardin County shall be considered an employee’s primary occupation and take precedence over all other occupations. Full-time employees shall not have other employment which presents a “time conflict.” A time conflict for purposes of this section exists when the working hours of a secondary job directly conflict with an employee’s scheduled working hours or mandatory overtime obligations, if any, or when the demands of a secondary job prohibit adequate rest or otherwise affect the quality of the employee’s job performance.
  2. Interest Conflicts. No employee, regardless of employment status, shall have other employment which presents an “interest conflict” with the employee’s position. An interest conflict exists when an employee engages in any secondary employment which tends or may appear to compromise the employee’s judgment, actions, or job performance or conflict with the policies, objectives, and operations of the County.
- C. An employee is subject to discipline, up to and including termination, if such secondary employment directly results in any conflict, policy infraction, or other specific violation.
- D. Employees shall notify the Appointing Authority in writing of any secondary employment (preferably prior to accepting such employment). The Appointing Authority will determine whether the secondary employment presents a conflict.
- E. If the Appointing Authority believes secondary employment is adversely affecting an employee’s job performance or impacting adversely upon the Employer, the Appointing Authority may recommend but may not demand that the employee cease the secondary employment.

**SAFETY AND HEALTH****SECTION 6.04**

- A. Generally. The Employer is concerned about the safety and health of every employee. Supervisors and employees are responsible for maintaining a safe workplace.
- B. Supervisor Responsibility. Each supervisor is responsible for safety in the area under the supervisor’s control and will be given the assistance, authority, and support necessary to fulfill this responsibility. Every work-related accident should be investigated promptly

and thoroughly with the aim of preventing the same or a similar accident in the future. The supervisor should correct unsafe conditions. The supervisor should ensure that each employee complies with all rules and regulations, and that safe working methods are used by employees under the supervisor's supervision.

- C. Employee Responsibility. Employees are also responsible for maintaining a safe workplace. Employees shall obey all workplace safety rules and report all potential or evident workplace safety problems to their supervisor.
- D. Exposure Records. Employee exposure records (Environmental monitoring and Safety Data Sheets) and accident reports shall be made available to the employee who is the subject of the record, or to their designated representative. Employee medical records including Biological Monitoring shall be made available to the employee, and to their designated representative upon tendering to the Employer a signed written consent form from the employee who is the subject of the record.
- E. Supervisors shall report all equipment or other malfunctions to the Maintenance Department on a Service Work Request Form and all accidents or incidents on a CompManagement Workers' Compensation Procedures (found in the forms section of this manual) as soon as possible.
- F. Employees shall report all violations of workplace safety rules or potential or evident workplace safety problems to the employee's supervisor, who shall forward same to the Appointing Authority.
- G. Employees acting in good faith have the right to refuse to work under conditions which they reasonably believe present an imminent danger of death or serious harm to themselves, provided that such conditions are not such as normally exist or might reasonably be expected to occur in an employee's position. Any incident of work refusal shall immediately be reported to the employee's supervisor, who will advise the Employer whether they believe any corrective action is necessary in order to eliminate or reduce a potential danger or hazard. The recommendations of the employee's supervisor are advisory only and shall not bind the Employer or prevent the employee(s) from filing a written safety complaint with the Bureau of Employment Services. An unjustified refusal to work may result in disciplinary action.
- H. When workplace engineering and work practice controls fail to adequately protect employees from safety hazards or reduce health hazards to an acceptable level, the Employer will provide personal protective equipment, except when PERRP specifically requires engineering and work practice controls. The equipment provided must meet the requirements of PERRP or agencies referred to by PERRP (e.g., ANSI, MSHA, NIOSH, OSHA).

Failure to utilize or wear safety equipment and/or personal protective equipment where it has been deemed necessary shall subject the offending employee to disciplinary action.

- I. The Appointing Authority may adopt health and safety policies and procedures that are beyond the scope of this manual.

**PERSONNEL FILES****SECTION 6.05**

- A. The Appointing Authority will maintain complete and accurate personnel files. These records shall include but may not be limited to such information as:
1. Personal data;
  2. Employment application documents;
  3. References;
  4. Medical reports;
  5. Documentation pertaining to an employee's change of status;
  6. Performance evaluations;
  7. Communications or disciplinary actions; and
  8. Paid and unpaid leave records.
- B. The Appointing Authority will use the personnel files in accordance with RC Section 1347.01 et. q, RC 149.43 et. q. or as otherwise required by law or court order.
- C. Each employee will be allowed to review the contents of their file(s) unless a physician, psychiatrist, or psychologist determines that the disclosure of the information is likely to have an adverse effect on the employee.
- D. Representatives of employees requesting to obtain or review confidential records as defined in Section 6.07 B (5) must provide a written release from the employee requesting the record (Personnel File Release found in the forms section of this manual).

**REPORTING CHANGES IN PERSONNEL FILES****SECTION 6.06**

- A. An employee's failure to report changes in their personnel file may prevent that employee from obtaining or maintaining valuable employee benefits or services. It is each employee's responsibility to report any change of personal information within three (3) calendar days of the occurrence of the change. Notification shall be made by the employee in writing to the employee's immediate supervisor.
- B. For the purposes of this section, a change in personal information shall include the following:

1. Name change;
  2. Address change;
  3. Phone number change;
  4. Marital status change;
  5. Changes which may affect employee benefits (i.e., insurance and pension(s) such as changes in dependents or beneficiaries);
  6. Number of exemptions for tax purposes;
  7. Citizenship; and
  8. Association with a government military service organization.
- C. On-call personnel are required to notify the Employer of all temporary changes in telephone and address when on-call.
- D. Supervisory staff will make certain that notification of any change is immediately forwarded to the Appointing Authority.
- E. On-call employees are required to immediately notify the Appointing Authority or on-duty personnel of the address and phone number of the place they can be reached when on call.

<b>PUBLIC RECORDS – INSPECTION, RELEASE, AND RETENTION</b>	<b>SECTION 6.07</b>
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- A. The Employer will prepare and make available for inspection and/or copying “public records,” as defined in RC 149.43, upon the request of any member of the general public. Appointing Authorities should consider that most records are public, but some are not. The County’s policy is to follow the law in striking the proper balance between the public’s right to certain records and the individual’s or agency’s right to privacy or duty to keep certain information confidential. The procedure below describes in more detail the records that should not be released.
- B. In order to accurately and promptly answer such requests, the Employer suggests that requestors comply with the following procedure:
1. Any individual or organization wishing to inspect or obtain copies of public records may be required to submit a written request (in duplicate) to the Employer prior to the inspection or release of such information. Such written request should include the following information:
    - a. The name of the individual or organization making the request;

- b. The mailing address of the individual or organization making the request; and
    - c. A list of records the individual or organization wishes to inspect and/or have copied.
  2. The Appointing Authority will forward a copy of the request to the County Auditor if the request involves records maintained by the Auditor.
- C. The Employer shall charge a fee of cost only for photocopy requests. The fee for requests will be determined by the Employer based upon the total cost of pages copied and assemble the records requested. In addition, the cost of mailing said records shall be paid by the requesting party. The individual or organization requesting copies of records shall remit full payment of photocopy and mailing fees prior to the release of information by the Employer. The Employer shall forward copies of all requested records within a reasonable period of time from the date of the request.
- D. The Employer shall make all records requested available for inspection within a reasonable period of time from the date of the request, and at a reasonable time during regular business hours.
- E. The Employer may waive any or all provisions under this policy when a request to inspect or obtain copies of records is made:
  1. By another governmental agency;
  2. By an authorized representative of another governmental agency;
  3. By an authorized agent of a Hardin County Appointing Authority; or
  4. In accordance with a court order.
- F. The Employer shall refuse to make the following confidential records available for inspection and copying by anyone other than the subject employee (see Section 6.06 - Personnel Files for more information on releasing information to an employee):
  1. Medical records;
  2. Records pertaining to adoption, probation, and parole proceedings;
  3. Juvenile records under RC Section 2151.85 and appeals there from and division (C) of section 2919.121 of the Revised Code;
  4. Records specified in division (A) of section 3107.52 of the Revised Code;

5. Information in a record contained in the putative father registry established by Section 3107.062 (3107.06.02) of the Revised Code, regardless of whether the information is held by the Department of Human Services, or pursuant to Section 3111.69 of the Revised Code, the Division of Child Support in the Department or a child-support enforcement agency;
6. Trial preparation records/work product;
7. Confidential law enforcement investigation records;
8. Records containing information that is confidential under section 2710.03 or 4112.05 of the Revised Code;
9. DNA records stored in the DNA database pursuant to RC 109.573; and
10. Other records, the release of which is prohibited by State or Federal law.

This list is not an all-inclusive list of records that are confidential.

- G. All public records in the custody of the Employer shall be retained in accordance with all State and Federal laws and regulations establishing record retention periods for specific classes of records and the rules and regulations of the Hardin County Records Commission. Public records shall not be removed, destroyed, mutilated, transferred, or otherwise damaged or disposed of, in whole or in part, except as permitted by State and Federal laws and regulations and the rules of the Commission.
- H. The issue of whether or not a record is public as defined in RC Section 149.43 should be determined by the Hardin County Prosecuting Attorney. The Employer shall request such opinion in writing.

<b>TOOLS, SUPPLIES, AND EQUIPMENT</b>
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<b>SECTION 6.08</b>
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- A. The Employer provides certain tools, supplies, vehicles, and equipment to employees for the performance of job duties. All employees are responsible for using and maintaining such assets in a safe and proper manner.
- B. An employee shall be held strictly responsible and accountable for equipment they are issued, in addition to any generally issued equipment, tools, or supplies which are used by the employee. Employees shall immediately report to their immediate supervisor equipment and property malfunction. Failure to report equipment and property damage or malfunction shall result in disciplinary action.
- C. Loss, misuse, neglect, abuse, theft, or careless failure to care for Employer assets is strictly prohibited and may result in discipline and/or demand for payment to the Employer for the cost to replace or repair such asset(s).

- D. Use of Employer assets, including Employer telephones, for other than work purposes is subject to prior approval of the Appointing Authority or designee.
- E. Presence on or use of Employer facilities (i.e., garage, office, etc.) during non-workhours by employees is prohibited, unless authorized by the Appointing Authority.

**BULLETIN BOARDS****SECTION 6.09**

- A. Except as otherwise provided in this policy, only the Appointing Authority may post any material on or remove any material from any department bulletin board.
- B. The Appointing Authority may post or permit to be posted on any department bulletin board information of general interest to the public, provided the posted material does not contain:
  - 1. Any personal attack upon any employee, public official, or any other person;
  - 2. Any scandalous or derogatory attack upon any employee, public official, governmental unit or agency, or any other person;
  - 3. An attack on or any unfavorable comment regarding a candidate for public office.
- C. The Appointing Authority will permit employees to post information of interest to employees on any bulletin board so long as they comply with the provisions of Section (D) below, and the material that they wish to post:
  - 1. Does not violate any provision of Section (B) above;
  - 2. Is not morally offensive; and
  - 3. Does not adversely reflect upon the integrity or reputation of the Appointing Authority.
- D. Anyone who wishes to post any material on a bulletin board must first submit a written request to the Appointing Authority. The material shall not be posted until it has been approved by the Appointing Authority. The written request shall include:
  - 1. The name(s) of the person(s) or group(s) making the request;
  - 2. A copy of the material to be posted; and
  - 3. The proposed posting period.
- E. If there is any doubt or concern about the suitability of material that is submitted for posting, the Appointing Authority shall review the material and make the final determination. The material shall not be posted until the Appointing Authority has authorized the posting.

- F. Employees shall not post material anywhere on County or department premises or equipment, except in accordance with this policy.
- G. Any violation of this policy shall be cause for disciplined action.

**USE OF INFORMATION SYSTEMS****SECTION 6.10**

- A. The following exists as the Appointing Authority's policy regarding access to and disclosure of data contained in the Appointing Authority's information systems. Information systems include but are not limited to email, internet, software, hardware/peripherals (e.g., computers, mouse, keyboard, printer, monitor, tablet, smart phone, copiers, fax, etc.), departmental information, and/or data systems.

The use of information systems and assignment of an email/internet account through the Appointing Authority is a benefit to the employee and should be treated as such. The following constitutes proper use of these privileges. Computer, internet, and electronic mail usage may be monitored by the Employer at any time. The use of any electronic technology resources of the Appointing Authority implies acceptance of all current operational policies.

In order to ensure that the systems are being used properly and in compliance with this policy, the Appointing Authority, without notice, may periodically access, display, copy, delete, or listen to any messages or communications sent, received, created, deleted, or stored through or in its systems.

- B. Employees shall use the information systems for Employer business only. Information systems shall not be used for gathering and/or distribution of personal or non-business information. This includes but is not limited to soliciting for commercial ventures, religious or political causes, outside organizations or other non-job-related functions.
- C. Any use of the Appointing Authority's computers or online computer services to facilitate illegal activity is prohibited.
- D. Downloading, viewing, or distributing offensive or harassing statements, or to disparage others based on race, color, national origin, sex, sexual orientation or gender identity, known pregnancy, childbirth, or related medical conditions, age, disability, military status, veteran status, genetic information, or religious belief is prohibited.
- E. Viewing, distributing, transmitting, downloading, printing, or soliciting items; displaying materials, pornography, nudity, sexually explicit content, or items that are racist, sexist, or harassing in a manner that is sexual, racial, religious, and/or pertaining to national origin, military status, veteran status, age, disability, genetic information, or known pregnancy, childbirth, or related medical conditions; or any actual, graphic, animation or other depiction in any other form of these items is prohibited.

- F. Use of social media (e.g., Facebook, YouTube, Snap Chat, LinkedIn, Twitter, Digg, Google+, etc.) is not permitted on Hardin County systems. Employees assigned to update and manage the Appointing Authority's web presence pages shall visit and utilize such pages for business purposes only. All changes to the Appointing Authority's website must be approved by the Appointing Authority.
- G. Employees shall not engage in Internet time loss activities such as eBay, online retail shopping, games, online gambling services, chat or discussion threads, posting on online bulletin boards and blogs, etc.
- H. Disruption of Employer information systems, supporting equipment, or information available on it is prohibited, including but not limited to tampering with hardware or software, vandalizing or destroying data, introducing or using computer viruses, attempting to gain access to restricted information or networks, violating copyright laws, or installing non-Appointing Authority-owned software of any kind.
- I. The use of Employer information systems (e.g., internet, email, social media, cellular phones, etc.) to harass other users or to transmit materials likely to be offensive or objectionable is prohibited.
- J. Users of Employer information systems are to protect themselves and others by not issuing or releasing confidential information, addresses, passwords, or telephone numbers, remembering that online computer services are not private.
- K. Employees shall not use a code or password, access a file, or retrieve any stored information unless authorized to do so. Unless otherwise authorized by the Employer, employees should not attempt to gain access to another employee's messages without the employee's permission. All computer pass codes or passwords used on the Appointing Authority's equipment must be provided to supervisors.
- L. Employees are prohibited while on or off duty from posting or in any other way broadcasting without prior Employer approval information on the internet (including but not limited to sites maintained by or pertaining to the Appointing Authority), or other medium of communication, the business of the Appointing Authority. This includes anything posted to a social networking website, blog, or other similar internet forum of communication. Although information may be posted to a "private" webpage, the employee should be aware this information can still be accessed by the public in a number of ways. This policy is not meant to infringe upon an individual's First Amendment rights. Examples of prohibited postings include but are not limited to:
  - 1. Photographs/images relating to any work-related matter;
  - 2. Video or audio files pertaining to any work-related matter;
  - 3. Video, audio, photographs, or any other images, etc. which memorialize any work-related action of the Employer;

4. Logos/uniforms/badges or other items which are symbols associated with the Employer;
5. Medical and/or any other such information about the Appointing Authority, its employees, and/or its clients which is deemed confidential by the Employer and/or applicable statute(s);
6. Any other item, information, or material which is identifiable to the Appointing Authority;
7. Pictures, video, or comments which are insubordinate with respect to the employee's employment;
8. Pictures, videos, or comments which constitute or could be construed as unlawful behavior;
9. References that in any way represent the employee as an employee of Hardin County without the Employer's approval. This shall include but not be limited to:
  - a. Text which identifies the Appointing Authority;
  - b. Photos which depict the logos, patches, badge, or other identifying symbol of the Appointing Authority;
  - c. Accounts of events which occur within the scope of employment with the Appointing Authority; or
  - d. Any other material, text, audio, video, photograph, or image which would be identifiable to the Employer;
10. Materials which promote violence or the use of weaponry against employees, customers, vendors, or the public;
11. Materials which advocate domestic terrorism and/or contain instructions or directions on the manufacture or procurement of illegal explosive devices, chemical weapons, biological weapons, or other weapons of mass destruction;
12. Any materials which would be detrimental to the mission and function of the Appointing Authority (e.g., pictures, videos, or comments that are sexual, offensive, harassing, or pornographic in nature, along with reference to the Appointing Authority, its customers, vendors, employees, or individual's employment, etc.); and
13. False information about the Appointing Authority, employees, or those who have a relationship with the Appointing Authority. This also includes disparagement of a fictitious character or computer-generated likeness that resembles the above.

- M. Employees are prohibited from using their title as well as any reference to the Appointing Authority in any correspondence to include emails, postings, blogs, Twitter, YouTube or Flickr video, social network sites such as Facebook, chat or discussion sites, bulletin boards, and online encyclopedias unless the communication is of an official nature and is serving the mission of the Appointing Authority. This prohibition also includes signature lines in personal email accounts. An employee may seek Employer approval for such use. Should there be any doubt as to the appropriateness of any such use, the employee should direct such questions to the Appointing Authority.
- N. Employees shall not violate copyright and/or trademark laws or licensing agreements by downloading, copying, transmitting, reusing, or otherwise plagiarizing information, written materials, images, photographs, drawings, musical performances, logos, service marks, trademarks, and/or software without first obtaining proper authorization from the holder of the rights to the material(s).
- O. Email
1. Any message sent or received via an Appointing Authority email system may be monitored by the Appointing Authority at any time, with or without prior notification. If the Appointing Authority discovers any misconduct or criminal activity, the information contained in such email messages may be used to document such conduct and may be revealed to the appropriate authorities. All email usage shall comply with the Appointing Authority's policy and all State and Federal laws including those barring discrimination because of age, race, sex, sexual orientation or gender identity, known pregnancy, childbirth, or related medical conditions, religion, disability, military status, veteran status, genetic information, ancestry, national origin, etc.
  2. Email relevant to the course of business in the Appointing Authority should be printed and filed in the same manner as written correspondence.
  3. Email relevant to a specific case should be printed and filed, if appropriate.
  4. Email accounts are to be used only by the authorized owner of the account or another person with the owner's specific authorization.
  5. Subscriptions to unrelated services or news groups are not allowed as they create unnecessary traffic on the email system.
  6. It is permissible to transmit documents via email as attachments. However, transmitting copyrighted material including software, research data, and manuscripts without the consent of the copyright holder is strictly prohibited.
  7. Caution should be exercised before opening any attachment to any incoming e-mail. If the email is of unknown origin, or is not business related, the attachment should not be opened. Examples of questionable attachment types include but are not limited to: .exe, .scr, .dll, .cab, cgi-install, etc.

8. The use of personal email is not forbidden but should be used with common sense and restraint, as is the telephone for personal business.
  9. The downloading of files/programs for personal use from the internet is prohibited.
  10. Viewing, participating in, or forwarding chain and/or junk emails (SPAM) is prohibited.
- P. Standards of Conduct for Email on the Appointing Authority's Electronic System:
1. Do not overuse email by sending courtesy copies of messages to people who do not need them. Similarly, it is not generally necessary to reply to an email just to inform the sender that you have received it.
  2. Be careful when forwarding email messages. Use common sense: If you would not forward a copy of a paper memo with the same information, do not forward the email.
  3. Be careful what you write. Email is not the same as conversation. It is a written record, can be duplicated at will, and may constitute a "public record".
  4. Use normal capitalization and punctuation. Typing a message in all caps is bad "netiquette".
  5. When replying to email, it is often useful to include a portion of the original sender's message to put your reply into context. It is appropriate to delete unimportant portions of the original message in order to prevent the message from getting too long.
  6. If a user discovers defamatory, disparaging, or otherwise damaging statements about the Appointing Authority on the internet, the user should inform the appropriate department head to follow up on that discovery.
- Q. Use of the World Wide Web. The internet is a powerful and useful tool for research and other functions. Employees are encouraged to develop computer and internet skills to improve their job knowledge and to promote the interests of the Appointing Authority. Employees should treat the internet as a formal communications tool similar to the telephone, radio, video, and written communications. All employees are responsible for their actions and communications using computers and the internet. All employee activity online via the use of Appointing Authority computers and devices may be monitored at any time.
- R. Any question regarding this policy should be directed to the Appointing Authority before risking possible violation of this policy.

- S. Any violation of this policy or other improper use of the Appointing Authority's information systems (computers, email, internet, etc.) shall result in discipline up to and including termination. The level of discipline will be based on the seriousness of the violation and the employee's discipline record.

**USE OF CELLULAR PHONES AND ELECTRONIC DEVICES****SECTION 6.11**

- A. During work hours, employees are expected to exercise discretion in using personal phones. Personal usage of phones during working hours can interfere with employee productivity and safety and may be distracting to others. Please use the following as guidelines when making personal calls during work hours:
1. Personal cellular phones and electronic devices may not be used during working hours unless the employee is on an approved break and/or during the employee's lunch and "on emergency basis" unless instructed by their Appointing Authority.
  2. Employees are to make personal calls, send personal text messages, or use the internet or applications on their personal phone during breaks and lunch. Make sure that friends and family members are aware of County policy.
  3. Employees should turn off ringers or change ringers to "mute" or vibrate" on personal cell phones during work hours to avoid distracting coworkers or interrupting meetings.
  4. Personal usage of the phone during working hours must never include obscene language or be discriminatory, offensive, prejudicial, or defamatory in any way (such as jokes, slurs, and/or inappropriate remarks regarding a person's race, sex, sexual orientation or gender identity, religion, color, age, national origin, known pregnancy, childbirth, or related medical conditions, ancestry, military or veteran's status, genetic information or disability).
- B. The County will not be liable for the loss of personal cell phones brought into the workplace or damaged in the workplace.
- C. Employees whose job responsibilities include driving and who must use a cell phone for business use are expected to refrain from using their phone while driving. Allow voicemail or the passenger to handle calls when possible. Safety must come before all other concerns. Regardless of the circumstances, including slow or stopped traffic, employees are strongly encouraged to pull off to the side of the road and safely stop the vehicle before placing or accepting a call.

If placing or accepting a call is unavoidable and pulling over is not a safe option:

1. Use hands-free devices;
2. Use the voice-activated or "speed dial" feature;

3. Keep the call short;
4. Refrain from discussion of complicated or emotional issues; and
5. Keep eyes and attention on the road and both hands free to operate the vehicle.

Special care should be taken in the following situations:

1. Moderate to heavy traffic;
2. Inclement weather; or
3. Driving in an unfamiliar area.

In situations where employees drive and accept phone calls, State law as well as this policy require the use of “hands-free” equipment. The County prohibits the use of text messaging, emailing, or use of the internet or other applications on a cellular phone while driving. Under no circumstances are employees allowed to place themselves at risk to fulfill County needs. Employees who are charged with traffic violations resulting from the use of their phone while driving will be solely responsible for all liabilities that result from such actions.

- D. To safeguard confidential information, to eliminate the unauthorized creation of public records, to eliminate self-help to public records, to eliminate violations of Revised Code 2933.52, to safeguard HIPAA protected information, and to reduce opportunities for illegal harassment, the Appointing Authority regulates the use of electronic equipment used to capture images such as camera phones, camera PDAs, video equipment, cameras, handheld scanners, flash drives, and any other device capable of capturing or storing an image. The Appointing Authority also regulates the use of any device capable of making an audio recording.
- E. No employee shall record any conversation, including but not limited to any meeting, hearing, or appeal involving the Employer or a representative of the Employer without the advance written permission of the Appointing Authority. Approval is solely at the discretion of the Appointing Authority.
- F. Employees are prohibited from using any type of device capable of recording images or audio recordings while on the Employer’s premises or at any location where Employer work activities are being conducted, without prior approval from the Appointing Authority. These types of devices are prohibited even when not in use in areas where personal privacy is generally acknowledged, including dressing rooms, bathrooms, etc.
- G. Employees are forbidden from creating or transmitting offensive, harassing, vulgar, obscene, or threatening images or communications to any other employee or member of the public regardless of whether the employee is on or off duty. Electronic equipment

may not be used to defame, embarrass, or disparage the Employer, employees, members of the public, visitors, or vendors.

- H. Employees are prohibited from capturing images of any accidents except as required in the performance of their job responsibilities. Employees are further prohibited from sharing such images obtained in the performance of their job responsibilities with anyone except as required in order for the employee to carry out their job duties.
- I. Privileged or confidential materials or communications are not to be photocopied, scanned, photographed, or otherwise copied or recorded except as authorized by the Appointing Authority. Any unauthorized recording of any type is strictly prohibited.
- J. Any employee who has a question regarding the use of electronic recording devices capable of making audio or visual recordings should request clarification of the Appointing Authority's policy before risking a possible violation. Employees are to immediately report any violations of this policy to their department head. Any employee violation of this policy will be subject to termination of employment.

**NEWS MEDIA****SECTION 6.12**

- A. Media is defined as entities engaged in mass communication (broadcasting, publishing, and the internet) and includes but is not limited to newspaper, television, radio, internet blogger, etc.
- B. All contacts made with news media regarding the Appointing Authority shall be handled by the Appointing Authority or designee.
- C. All news releases must be approved in advance by the Appointing Authority.
- D. Employees are strictly prohibited from discussing Appointing Authority operations with the news media without the prior authorization of the Appointing Authority or designee. Only the Appointing Authority or their designee(s) is authorized to release official information concerning issues related to the Appointing Authority to the media.
- E. If the news media should contact any employee for a comment about the Appointing Authority's policies, procedures, rules, etc., the employee shall refrain from commenting and refer the person to the Appointing Authority or designee.
- F. Violations of this policy will result in disciplinary action, up to and including termination.

## SOCIAL MEDIA

## SECTION 6.13

- A. Purpose. The purpose of this policy is to make employees aware of their privacy rights and prohibited conduct with respect to an employee's actions and its impact on the Employer when using social media sites on and off duty. The Employer has an overriding interest and expectation in deciding what is "spoken" on behalf of the Employer on social media sites.

This policy is also intended to ensure efficient use of employee time, and to minimize any distraction from an employee's assigned tasks and duties. It will also help to ensure employees are aware of the Employer's rules regarding social media and that such rules are followed by employees. Employees shall remember they are paid by public funds, and the public holds them to a high standard of professionalism.

- B. Scope. All employees will be subject to and held accountable for any conduct outlined in this policy. This policy works in conjunction with other related personnel policies and procedures (e.g., harassment).
- C. Consent. An employee's use of any form of social media technology constitutes consent to being monitored by the Employer.
- D. Social Media refers to the use of websites such as but not limited to Facebook, Twitter, Flickr, LinkedIn, Snapchat, Instagram, etc. For purposes of this policy, blogs and other internet forums shall also be covered. Nothing in this policy is meant to prohibit access to any website or blog which may be work-related.
- E. On-Duty Conduct. While at work, employees shall use common sense in regards to accessing social media websites, blogs, and/or other internet forums of communication not related to the performance of their job duties. Employees shall not permit such use to adversely affect their job performance or interfere with the delivery of services to any citizen or customer.
- F. On-/Off-Duty Conduct. An employee enjoys no expectation of privacy to information posted into cyberspace even while off duty. This includes anything posted to a social media website, blog, or other similar Internet forum of communication. Although information may be posted to a "private" webpage, the employee should be aware this information can still be accessed by the public and other sources in a number of ways. Because of this, an employee needs to use "common-sense" when posting comments, photos, opinions, or any other information related to their employment. This policy is not meant to infringe on one's First Amendment rights. Examples of prohibited conduct include but are not limited, to:
1. Posting one's photograph while wearing the Employer's uniform (or other similar attire which could be misidentified as the official uniform), Employer ID badge, or other symbol of employment by the Employer;

2. Posting pictures, videos, or information obtained in the course of employment that an employee would not otherwise have access to or could only access through a public records request;
  3. Posting pictures, videos, or comments that are insubordinate or disrespectful with respect to the employee's employment;
  4. Posting pictures, videos, or comments that constitute or could be construed as unlawful behavior;
  5. Knowingly or recklessly posting false information about the Employer, department heads, division heads, supervisors, coworkers, public officials, or those who have a relationship with the Employer. This also includes disparagement of a fictitious character or computer-generated likeness that resembles the above;
  6. Posting, transmitting, or disseminating any pictures or videos of official training activities or work-related assignments without the express permission of the division head; and
  7. Posting pictures, videos, or comments that are sexual, violent, offensive, harassing, or pornographic in nature, along with any reference to the Employer or such individual's employment.
- G. Employees shall not imply they are speaking on behalf of the Employer and shall include a disclaimer when speaking on certain matters affecting the Employer or the employee's employment.
- H. Confidential Information. An employee shall not disclose any work-related confidential or proprietary information on any social media website, blog, or other internet forum of communication. This can include information that may eventually be obtained through a valid public records request.
- I. Employees are normally expected to follow the internal complaint procedure and not take to the internet to voice work-related complaints.
- J. This policy shall not infringe on an employee's rights under RC 4117.
- K. Employees found to have violated any part of this policy shall be subject to termination.
- L. Any deviation from the above policy must first be pre-approved in writing by the Appointing Authority.
- M. Any questions regarding the policy should be directed to the Appointing Authority.
- N. Employees shall take note of the following: DELETE DOES NOT MEAN DELETE. Once something is posted into cyberspace it remains there.

**NO EMPLOYEE EXPECTATION OF PRIVACY****SECTION 6.14**

- A. No employee shall have any expectation of privacy regarding any personal information, documents, materials, or other personal items kept in any Employer-provided locker, vehicle, desk, file, computer, cellular telephone, or elsewhere in Employer-owned property.
- B. The Employer shall have the right to search and review any files, emails, websites, etc., maintained or accessed by the employee on any computer provided by the Employer for the employee's use. The Employer shall have complete access to any telephone records, cellular telephone logs, or other information maintained on any Employer-provided cellular telephone.
- C. Any Employer-provided locker, desk, vehicle, or other equipment shall be subject to search at any time by the Employer.
- D. Any common areas in county-owned buildings, i.e. break rooms, employee lounges, hallways, conference rooms etc., may be subject to surveillance for security and safety purposes.

**NO SELF HELP TO PUBLIC RECORDS****SECTION 6.15**

- A. No employee may copy or remove any record or writing, even those regarded as "public records," without first obtaining advanced written permission from the Appointing Authority or without going through the process for obtaining public records.
- B. No employee may copy or use any agency writing, document, or record in any grievance, appeal, or legal action without having first obtained the written permission of the Appointing Authority. This particular policy does not apply to matters obtained through formal "discovery" under the Rules of Civil Procedure.
- C. No employee shall tape record any meeting, hearing, or appeal before the Employer without the written permission of the Appointing Authority.
- D. Except for official County business, employees may not have any County writing or document in their possession, unless obtained through this policy.
- E. Penalty for Breach of this Policy. Any employee who is discovered to have violated any of the above enumerated policies will be terminated. Any former employee who is discovered to have obtained an unauthorized document or produced any unauthorized tape recordings will be barred from reemployment and may be subject to civil or criminal penalties.

## ETHICS OF PUBLIC EMPLOYMENT

## SECTION 7.01

- A. All employees are expected to maintain the highest possible ethical and moral standards and to perform within the laws of the State of Ohio and other rules and regulations as may be set forth by the Employer. It is important to remember that the compensation of all employees is paid through taxes. Therefore, each employee assumes the responsibility to serve the public in a professional, effective, and friendly manner. Discourtesy or rudeness to the public will not be tolerated.
- B. For purposes of public accountability, all employees, including salaried, overtime-exempt employees, are expected to work a regularly scheduled week, in accordance with their schedule of compensation.
- C. In recognition of same, no employee shall:
1. Use their position for personal gain or engage in any transaction which is in conflict with the proper discharge of the employee's official duties;
  2. Use or disclose confidential or proprietary information concerning the property, government, or affairs of the County without proper legal authorization;
  3. Solicit or accept anything of value, 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 dealings with the County;
  4. Accept from a person, firm, or corporation doing business with the County, any material or service for the private use or benefit of the employee;
  5. Engage in or accept private employment or render services for private interests when such employment or service is incompatible with the proper performance of the employee's official duties or would tend to impair independent judgment or action in the performance of official duties. Note: Secondary employment requires the Appointing Authority's prior approval;
  6. While an employee, or for one (1) year thereafter, represent another person before a public agency on any matter in which the employee personally participated as an employee through decision, approval, disapproval, etc.;
  7. Receive or agree to receive outside compensation for services rendered in a matter before any office or department of the County unless excepted as provided in RC Section 102.04; or
  8. Have a personal interest in a contract with the County or use their position or authority to secure approval of a public contract in which the employee, a member of the employee's family or business associate has an interest.

- D. Any employee in doubt as to the application of this section or other ethics laws or regulations should consult with the Appointing Authority, who may seek the advice of the Hardin County Prosecutor, who may refer the matter to the Ohio Ethics Commission for a binding advisory opinion.
- E. Violations of this policy shall result in disciplinary action. The level of discipline will be based on the seriousness of the violation and the employee’s discipline record.
- F. The Appointing Authority will provide employees with a copy of Ohio Ethics laws, RC Section 102, and RC Section 2921.42 within fifteen (15) days of hire and will require employees to acknowledge receipt in writing.

<b>LATE ARRIVAL</b>	<b>SECTION 7.02</b>
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- A. Late arrival on a regular basis is inexcusable and will not be tolerated. Late arrival is defined as any situation where a non-exempt employee reports to work after the employee’s scheduled starting time (including returning late from lunch), and such tardiness is not approved sick, vacation, or other authorized leave, or excused by the employee’s supervisor. Late arrival will only be excused for good cause shown and if the employee notified their immediate supervisor twenty (20) minutes of their scheduled starting time and provide the expected time of arrival as well as the reason(s) for the late arrival. However, they are still obligated to deliver the expected services to the citizens they serve.
- B. In addition, a late, non-exempt employee shall be subject to progressive disciplinary action as follows, unless the employee has also committed an offense subjecting the employee to discipline pursuant to the Guidelines for Disciplinary Action and Penalties Section of this manual.

<u>Event</u>	<u>Discipline</u>
1 time	Counseling
2 times	Verbal Warning
3 times	Written Warning
4 times	One (1) day suspension with pay
5 times	Up to and including a twenty-four (24) hour suspension without pay
6 times	Termination of employment

Any employee violating this tardiness policy shall be charged with neglect of duty and nonfeasance.

- C. In applying this policy, the Employer shall only consider the employee’s tardiness record over the previous twelve (12) months in active pay status from the date of the most recent occurrence.

- D. Counseling and verbal warnings will generally be given by the supervisor and a Counseling Session Form or Record of Verbal Warning shall be given to the employee with a copy placed in the employee's file. Written warnings will also be issued by the employee's supervisor and a Record of Written Warning shall be given to the employee with a copy placed in the employee's personnel file. These forms can be found in the forms section of this manual.
- E. Only the Appointing Authority has the authority to reduce in classification or pay, suspend, or terminate an employee. Suspensions of more than twenty-four (24) hours, reductions in pay or classification, and terminations of classified employees require the approval and signature of the Appointing Authority and must be filed on the DAS Order of Removal, Suspension, or Reduction Form (ADM 4055 found in the forms section of this manual) in accordance with RC 124.34.

**ABSENTEEISM AND NOTIFICATION OF ABSENCE**
**SECTION 7.03**

- A. Absences. Absenteeism increases the workload of other employees and affects the quality of services. A non-exempt employee is absent for purposes of this section if: (1) the employee fails to report to work for an entire scheduled workday or leaves work prior to the scheduled quitting time; and (2) such absence has not been excused or sick leave has been denied. In addition to the lack of pay for absences, such non-exempt employees shall be subject to progressive discipline for absences pursuant to the Discipline Section of this manual:

<u>Absences</u>	<u>Discipline</u>
1 time	Verbal Warning
2 times	Written Warning
3 times	Up to and including a twenty-four (24) hour suspension without pay
4 times	Termination.

A salaried, FLSA-exempt employee is absent for the purposes of this section if (1) the employee fails to report to work for an entire scheduled workday; and (2) such absence has not been excused or sick leave has been denied. Such salaried, FLSA exempt employees shall be subject to progressive discipline as outlined above provided the restrictions under the FLSA regarding salary deductions are not violated.

- B. Termination. If an employee fails to report to work at their regularly scheduled time and remains absent for three (3) or more consecutive workdays without reporting such absence, the employee shall be terminated.
- C. AWOL. Anytime an employee is absent from work the employee must complete the appropriate leave request form. An employee will be considered absent without leave (AWOL) unless the Employer approves paid leave (i.e., vacation, sick leave, etc.), FML, or other available leave. Any employee who is absent from duty, habitually, without leave and without notice to the employee's supervisor of the reason for such absence will be terminated for neglect of duty.

- D. Notification. Absent employees must report to the supervisor on duty as soon as possible and prior to the employee's scheduled starting time on each day of absence and must explain the reason for the absence. Upon return to work, the employee shall report to the employee's immediate supervisor to further explain the reason for the absence and to provide documentation, if any is needed, to substantiate the absence. Documentation must be completed and submitted no later than 9:00 a.m. on the Monday after the end of the two (2) week pay period during which the absence occurred or upon return to work.
- E. Application of Discipline
1. Each unexcused absence shall count as a separate absence (i.e., an employee absent for two [2] consecutive days is charged with two [2] absences).
  2. In applying this policy, the Employer shall consider only those absences which have occurred twelve (12) months prior to the date of the most recent occurrence.
  3. Written warnings will generally be issued by the supervisor and a Record of Written Warning (found in the forms section of this manual) shall be given to the employee with a copy placed in the employee's personnel file.
  4. Only the Appointing Authority has the authority to reduce classification or pay, suspend, or terminate an employee. Suspensions of more than three (3) days, reductions in classification or pay, and terminations of classified employees require the approval and signature of the Appointing Authority and must be filed on the DAS Order of Removal, Suspension, or Reduction Form (ADM 4055 - Form 35), in accordance with RC Section 124.34.

**SOLICITATION AND DISTRIBUTION****SECTION 7.04**

- A. Generally. This solicitation and distribution policy is designed to protect the interests of the citizens of Hardin County by ensuring that only official Employer business is transacted in the Employer's work areas during worktime. Solicitation under this policy does not cover solicitation for political contributions, which is addressed by a more restrictive policy (see Section 7.10 - Political Activity).
- B. Non-Employee Solicitation and Distribution. There shall be no solicitation or distribution by non-employees at any time in any work area. This section shall not apply to Vendors.
- C. Employee No Solicitation Rule. There shall be no solicitation by employees of any other employee or non-employee during worktime. Employees may solicit other employees during non-worktime in work areas, and during non-worktime in non-work areas.
- D. Employee No Distribution Rule. There shall be no distribution by employees during work or non-worktime in the work area. Employees may distribute goods and written materials during non-worktime in non-work areas only.

- E. Employer's Responsibility. It is the responsibility of each of the several Appointing Authorities of the County to promulgate rules for the enforcement of this policy, and to further specify worktime and non-worktime, and work areas and non-work areas. These rules shall be clearly posted on each Appointing Authority's premises. Each Appointing Authority's rules shall be approved as to content and form by the Hardin County Prosecutor.
- F. Employee Compliance. Employee compliance with these policies is required. Employee violations of these policies will result in appropriate disciplinary action.
- G. Miscellaneous. The terms "distribution," "solicitation," "vendor," "worktime," "non-worktime," "work areas," and "non-work areas" are defined in the Definitions Section of this manual.

**PERSONAL APPEARANCE****SECTION 7.05**

- A. The Employer reserves the right to prescribe appropriate dress and personal grooming in the Employer's best interest.
- B. The Employer requires that an employee's clothing, grooming, and overall appearance be appropriate, present a favorable public image, and be in conformity with regulations established by the Employer. Personal appearance regulations should reflect the specialized nature of service provided or the employment position maintained.
- C. Notwithstanding this policy, Appointing Authorities may designate "dress-down" day for their employees.
- D. Employees who do not meet the standards of this policy shall be disciplined and may be required to take corrective action which may include sending the employee home to change. Time spent away from work will not be compensated.

**DRUG-FREE WORKPLACE****SECTION 7.06**

- A. Drug-Free Workplace Policy
  - 1. The Appointing Authority is concerned with the effects that alcohol and drug abuse can have on employees, their families, and employees' abilities to perform their work safely and efficiently. Drug use poses a significant threat to the Appointing Authority's goals. It is the policy of the Appointing Authority to maintain a safe and productive workplace free of drugs and free of those individuals who use drugs. The Appointing Authority believes that it is important, as a public entity, to serve as a leader in the community in the war against drugs by establishing a policy prohibiting the unlawful manufacture, distribution, dispersal, possession, or use of controlled substances in the

workplace. The following policy is designed to meet the above objectives and comply with the provisions of the Federal Drug-Free Workplace Act of 1988.

The Appointing Authority recognizes that drug abuse and addiction may be treatable illnesses. The Appointing Authority realizes that early intervention and support improve the success of rehabilitation. The Appointing Authority encourages employees to voluntarily seek help for drug problems by utilizing the services of qualified professionals in the community to assess the seriousness of suspected drug problems and identify appropriate sources of help.

Nothing in this statement of policy is to be interpreted as constituting a waiver of the Employer's responsibility to maintain discipline or the right to take disciplinary measures in the case of poor job performance or misconduct that may result from alcoholism or drug dependency.

2. Coverage. Any individual who conducts business for the Appointing Authority or is applying for a position is covered by this policy. This policy includes but is not limited to all employees.
3. Acknowledgement and Notice.
  - a. All applicants for employment will be required to acknowledge they are aware of the Hardin County's Drug-Free Workplace policy, and they understand it is a condition of employment.
  - b. Prior to hiring, all successful applicants will receive a copy of the Drug-Free Workplace policy. New employees shall be given an opportunity to ask questions. Questions shall be forwarded to the Appointing Authority.
4. Drug Testing Policy. The Appointing Authority may require current employees to undergo testing for alcohol or drug use when there is reasonable suspicion to believe the employee is under the influence of alcohol or drugs while at work.
5. Definitions. For purposes of this policy:
  - a. Alcoholic Beverage: Any beverage that may be legally sold and consumed and has an alcohol content in excess of one-half of one percent (0.5%) or more of alcohol by volume.
  - b. Employee: Any person (i.e., management, supervisory, or non-supervisory), who is paid in whole or in part by the Appointing Authority.
  - c. Hardin County Premises: Is used in the broadest sense and includes all land, property, buildings, structures, installations, parking lots, and means of transportation owned by or leased to the Appointing Authority or otherwise being utilized for Hardin County business. Private vehicles parked on Hardin County's premises are included within this definition.

- d. Controlled Substance: Any drugs, compound, mixture, preparation, or controlled substance contained in Schedules I through V of Section 202 of the Controlled Substances Act (21 USC 812) or as defined in the Ohio Revised Code, ORC 3719.41, 3719.43, and 3719.44.
  - e. Conviction: Any finding of guilt, including a plea of nolo contendere (no contest) or the imposition of a sentence, or both, by any judicial body with the responsibility to determine violations of the Federal or State criminal drug statutes.
  - f. Criminal Drug Statute: A criminal statute involving the manufacture, distribution, dispensation, use, or possession of any controlled substance.
  - g. Unlawful/Illegal: Is not conforming to, permitted by, or recognized by Federal or State law. Should a substance be considered prohibited, unlawful, or illegal at the Federal level but not at the State level or at the State level but not at the Federal level, it is considered unlawful for the purposes of this manual (i.e., medical marijuana is permitted in Ohio but prohibited by Federal law. Therefore, employees are prohibited from the use of medical marijuana; etc.).
  - h. Workplace: Wherever an employee is representing or conducting business for the Appointing Authority including all working hours, whenever conducting business for or representing the Appointing Authority, while on call, and/or while on Hardin County premises.
6. “Zero Tolerance” of Prohibited Activity. The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by any employee, which takes place in whole or in part in the workplace is strictly prohibited, will be reported to law enforcement, and will result in termination from employment. Reporting to work with a blood-alcohol content (BAC) of .04 or higher or the on-duty consumption of alcohol is strictly prohibited and will result in termination from employment.

The use, possession, or distribution of medical marijuana by employees is strictly prohibited and will result in termination of the employee’s employment.

In accordance with ORC 3796.28, the Appointing Authority is not required to permit or accommodate an employee’s use, possession, or distribution of medical marijuana. The Appointing Authority has the right to refuse to hire, discharge, discipline, or take an adverse employment action against a person because of that person’s use, possession, or distribution of medical marijuana.

7. Prescription and Over-the-Counter Medications. An employee may continue to work, even though under the influence of a prescription or over-the-counter medication, if the employee does not pose a threat to their own safety or the safety of coworkers and if the employee's job performance is not significantly affected by the medication. Otherwise, the employee may be required to take a leave of absence or comply with other appropriate action determined by the Appointing Authority.

The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of the Drug-Free Workplace policy to misuse and/or abuse prescription medications. The illegal or unauthorized use of prescription drugs which takes place in whole or in part in the workplace will result in termination from employment.

No prescription drug will be brought on Employer premises or to the workplace by any person other than the one for whom it is prescribed or a member of the employee's immediate family unless extenuating circumstances exist where the employee immediately needs the medication and an immediate family member is unavailable. When an employee has a need for a prescription drug on Employer premises and/or in the workplace, that employee shall notify the employee's immediate supervisor of such need prior to the prescription drug being brought onto Employer premises or into the workplace. Such drugs shall be used only in the manner, combination, and quantity prescribed. Under no circumstances shall marijuana, whether or not prescribed, be brought onto Employer premises or into the workplace.

8. Notification of Drug-Related Work Restrictions. Any person using any drug or medication which is known or advertised as possibly affecting or impairing judgment or coordination, causing dizziness or drowsiness, or which may adversely affect the employee's ability to perform work in a safe and productive manner shall notify their department head of such usage and restrictions before beginning work. Such notification shall include the name(s) of all drugs being taken, the prescribed dosage of each drug, and any warnings or restrictions associated with such drugs that may affect the employee's ability to think clearly and/or perform their work duties in a safe and efficient manner.
9. All prospective CDL-licensed employees will also be required to sign a waiver and consent form authorizing the release of previous drug testing results from past employers.
10. Notification of Conviction. Any employee convicted of any Federal, State, or municipal criminal drug statute must notify the Employer of such fact within five (5) calendar days of the conviction.
11. Employer Action. If after receiving the notice of conviction from an employee the Employer concludes that the employee has violated the Hardin County Drug-Free Workplace Policy, the employee will be terminated from employment.

If an employee's licensure has been revoked due to a conviction, sentence, and/or court order and such licensure is required to perform the essential functions of the employee's position, the employee will be terminated from employment.

12. Failure to Report. Any employee who fails to report a drug-related conviction shall be:
  - a. terminated from employment;
  - b. forever barred from future employment with Hardin County; and
  - c. held civilly liable for any loss of Federal funds resulting from the failure to report the conviction.

B. Reasonable-Suspicion Testing.

1. Drug and alcohol testing may be conducted on employees when the Employer has reasonable suspicion of drug or alcohol use. Reasonable suspicion that an employee used or is using a controlled substance or alcohol in an unlawful or abusive manner may be based upon but not limited to:
  - a. Observable phenomena, such as direct observation of use, possession, or distribution of alcohol, a controlled substance, or marijuana, or of the physical symptoms of being under the influence of alcohol, a controlled substance, or marijuana, such as but not limited to slurred speech; dilated pupils; odor of alcohol, a controlled substance, or marijuana; changes in affect; or dynamic mood swings;
  - b. A pattern of abnormal conduct, erratic or aberrant behavior, or deteriorating work performance such as frequent absenteeism, excessive tardiness, or recurrent accidents, which appears to be related to the use of alcohol, a controlled substance, or marijuana and does not appear to be attributable to other factors;
  - c. Arrest or conviction for a drug- or alcohol-related offense, or the identification of an employee as the focus of a criminal investigation into unauthorized possession, use, or trafficking of a controlled substance or marijuana;
  - d. Information regarding use of alcohol, a controlled substance, or marijuana provided by reliable and credible sources or independently corroborated;

- e. Repeated or flagrant violations of the safety or work rules of the Employer, that are determined by the employee's supervisor to pose a substantial risk of physical injury or property damage and that appear to be related to the use of alcohol, a controlled substance, or marijuana and that do not appear attributable to other factors; and
  - f. Facts or circumstances developed in the course of an authorized investigation of an accident or unsafe working practice.
2. In the case where the Employer or designee has reasonable suspicion to believe that the employee has violated the alcohol or controlled substances prohibitions stated in this policy, the following procedure will be followed:
- a. A department head or manager, trained by a qualified trainer, or by a person who is supervised by a qualified trainer or a law enforcement officer, shall be required to observe and document the employee's conduct leading to or disproving reasonable suspicion. If possible, witnesses shall also complete a signed statement documenting the employee's conduct. The written record detailing the observations leading to a reasonable suspicion test shall be completed as soon as possible.
  - b. Reasonable suspicion tests must be performed within eight (8) hours of the observation.
  - c. Any employee who has been ordered to undergo a drug and alcohol test shall be accompanied to the testing site by their department head or designee.
  - d. A refusal to comply with the drug and alcohol testing will constitute insubordination and a presumption of impairment and shall result in discharge.
3. Testing Protocol and Procedure. The testing procedure shall be as designated by the laboratory, medical facility, or collection site conducting the test.
- a. Positive Result. The initial and confirmatory cutoff levels are set forth in the subsection below titled Drug Testing Technology.
  - b. Specimen Collection and Testing Procedure. Testing will be conducted by trained collection personnel who meet quality assurance and chain-of-custody requirements for urine collection and breath-alcohol testing. Confidentiality is required from all labs. Any individual subject to testing under this policy shall be permitted to provide urine specimens in private, but subject to strict scrutiny by collection personnel so as to avoid any alteration or substitution of the specimen. Collection personnel may use such procedures as deemed necessary to ensure the proper collection of samples to be tested, including but not limited to specimen temperature

measurement, urine adulteration testing, and, if deemed necessary, observed urine specimen collection by a same-sex observer. Collected specimens will be sealed in appropriate containers following chain-of-custody requirements.

- c. Drug Testing Technology. The initial screening cutoff levels have been identified to safeguard against a false positive test. Urine will initially be screened for the presence of drugs using an enzyme multiplied immunoassay technique (EMIT) test. Should the initial test demonstrate the presence of any drugs at or above the screening cutoff levels, then a confirmatory test will be performed. Should the confirmatory test affirm the presence at or above the confirmation levels, the laboratory will report a positive result to the Medical Review Officer.

- d. Alcohol Testing. Alcohol testing will be performed using a breath test conducted by a trained officer or breath-alcohol technician.

If the initial test demonstrates a blood alcohol concentration of .04 or higher, then a confirmatory test will be performed following a 15 minute waiting period. If the confirmatory test shows a blood alcohol concentration of .04 or higher, the result will be immediately reported to the Appointing Authority.

- e. Test Review Results. Drug test results will be reported by the testing laboratory to a medical review officer (MRO). The MRO will contact the employee to determine whether there are any valid reasons for the presence of the substances for which the employee has tested positive. The MRO will notify the authorized Employer representative of any result they determine is positive for the improper use of controlled substances.

4. The Appointing Authority shall inform the employee that they are immediately relieved of duty with pay, pending the results of the drug and alcohol test. The department head shall accompany the employee home or ensure that a family member or friend accompanies the employee home.

5. The Appointing Authority is required to notify the employee if the controlled substance test results were positive and which substances actually tested positive.

If the test results are positive, the employee may request, at the employee's expense, that a confirming test be conducted according to the laboratory's established procedures.

6. A positive test shall result in termination.

- C. Reasonable Suspicion Searches. Hardin County equipment, such as desks, filing cabinets, files, and other property, remain the property of the Employer. If the Employer has reason to believe that the Employer's property is being used for alcohol or illegal drug use, sale, distribution, possession, or manufacture, such property may be subject to Employer-initiated searches at any time and without notice. See Section 6.14, No Employee Expectation of Privacy, of this manual.

If the Employer has reason to believe that an employee is involved in the use, sale, distribution, possession, or manufacture of alcohol or illegal drugs or if the employee was involved in an on-the-job accident or injury, the Employer may contact the Sheriff's Office and request a search of the employee and their possessions, including the employee's vehicle, as appropriate.

- D. Post-Accident Testing. As soon as practicable following:

1. An accident in which a fatality has occurred; or
2. When the Employer has reasonable suspicion to believe that the employee has violated the alcohol or controlled substances prohibitions stated in this policy.

The Employer shall cease attempts to collect a sample from the employee for the test after eight (8) hours following the accident for alcohol and after thirty-two (32) hours for controlled substances.

- E. Duty to Undergo Tests. Whenever ordered to do so, an employee must report for testing in the manner and at the time and place designated by the Employer. Failure to do so will result in immediate termination.

At the testing facility, the employee must cooperate fully with those conducting the test. Failure to do so will result in immediate termination.

If, after one (1) hour, an employee fails to produce a testable specimen, the employee will be regarded as having failed to cooperate, which may result in termination of their employment.

- F. Return to Work Following Voluntary Counseling/Rehabilitation. Employees who self-identify a non-illegal substance abuse problem, and who are, by virtue of that problem, returning to work following rehabilitation, must undergo a drug and/or alcohol test and present a negative test result prior to resuming work duties.

- G. Reporting and Recordkeeping. The Employer will be responsible for maintaining all records and reports concerning the Employer's substance-abuse testing program. The Employer will also be responsible for statistical recordkeeping and report, both internally and externally, as the Bureau of Workers' Compensation or other regulating agencies may require.

All records, test results, communications, and reports regarding the Employer's Drug-Free Workplace policy shall be forwarded to the Employer or to ensure confidentiality of recordkeeping. No manager, department head, or employee will provide any employee-specific information concerning this program to any unauthorized third party.

H. Alcohol and Drug Rehabilitation Policy.

1. Referral to a rehabilitation program is designed primarily for those employees who appear to have a treatable condition, not to protect those who manufacture, distribute, or dispense drugs in the workplace.
2. Any employee who is referred to a drug rehabilitation program and fails to satisfactorily participate in the program will be terminated from employment.
3. There are additional rules regarding substance abuse, including those that apply specifically to Commercial Driver's License holders. (See Section 7.07 of this manual, CDL Alcohol and Drug Testing Policy).

**CDL ALCOHOL AND DRUG TESTING POLICY**

**SECTION 7.07**

- A. General Statement. The intent of this policy is to establish an alcohol- and drug-testing policy in compliance with Federal Highway Administration Regulations. The adoption of this policy supplements but does not replace or amend the Employer's existing policies concerning alcohol and controlled substances. All questions regarding these policies should be directed to the Administrative Assistant to the Appointing Authority or the Employer's CDL Drug Testing Administrator.
- B. Subject Employees. All employees who are required by the Appointing Authority to have a Commercial Driver's License (CDL) to operate a commercial motor vehicle (CMV) are subject to this policy and must participate in a program that is in compliance with the law. This includes but is not limited to:
1. Full-time, regularly employed drivers; casual, intermittent, or occasional drivers; and leased drivers and independent owner-operators who are either directly employed by or under lease to the Employer or who operate a CMV at the direction of or with the consent of the Employer.
  2. For the purposes of pre-employment/pre-duty testing only, the term driver includes a person applying to drive a CMV for the department.
  3. Employees promoted or transferred into a position requiring the operation of a CMV are treated as new hires for the purposes of this policy and pre-employment testing.

- C. Conduct Prohibited. Drivers covered by this policy are prohibited from engaging in the following:
1. Possessing alcohol while on duty or operating a CMV;
  2. Using alcohol or controlled substances, including medical marijuana (whether prescribed or not), while on duty;
  3. Reporting for duty, remaining on duty, or while performing a safety-sensitive function while having an alcohol concentration of 0.02 or greater;
  4. Reporting to duty, remaining on duty, or performing a safety-sensitive function while using a controlled substance, except when the use is pursuant to the instructions of a physician who has advised the driver that the substance does not adversely affect the driver's ability to safely operate a CMV;
  5. Testing positive for controlled substances including medical marijuana;
  6. Performing safety-sensitive functions within four (4) hours after using alcohol. Employees are responsible for informing their immediate supervisor when the employee is unable to perform safety-sensitive functions due to alcohol consumption;
  7. Using alcohol for eight (8) hours following an accident in which the driver is required to take a post-accident alcohol test or until the driver undergoes a post-accident alcohol test, whichever occurs first; and
  8. Refusing to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test.
- D. Safety-Sensitive Functions. For the purposes of this policy, safety-sensitive functions include:
1. All time waiting to be dispatched, unless the driver has been relieved from duty by the immediate supervisor or the Appointing Authority;
  2. All time inspecting equipment or servicing or conditioning any CMV;
  3. All time spent at the driving controls of a CMV in operation;
  4. All time, other than driving time, in or on any CMV;
  5. All time spent loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded;

6. All time spent performing functions related to CMV accidents; and
  7. All time repairing, obtaining assistance, or remaining in attendance upon a disabled CMV.
- E. If a driver/employee violates any of the prohibitions listed in Section C of this policy, the following consequences will result:
1. The driver shall be immediately removed (taken out of service) from the safety-sensitive position. Such removal is in accordance with Federal regulations, and therefore not subject to any grievance procedure. The removed employee can request an unpaid leave of absence (e.g., disability leave; or other unpaid leave of absence).
  2. The driver shall be provided with information regarding the services available for alcohol and substance abuse.
  3. The driver shall be evaluated by a substance abuse professional (SAP) and may not perform safety-sensitive functions until all recommended counseling and treatment is completed. These actions are in accordance with Federal regulations, and therefore not subject to any complaint procedure.  
  
Failure to complete or participate in a prescribed counseling, treatment, or rehabilitation program shall result in the employee's **termination of employment**. Any costs associated with the prescribed counseling, treatment, or rehabilitation program are the responsibility of the employee, unless otherwise covered by the Employer-sponsored medical benefit plan to which the employee belongs.
  4. The driver may be disciplined up to and including **termination of employment**. However, any discipline, at the discretion of the Appointing Authority or their designee, may be mitigated by the willingness of the employee to complete the recommended counseling, treatment, or rehabilitation program. At the Appointing Authority's discretion, an employee may be permitted only one (1) chance at counseling, treatment, or rehabilitation.  
  
If the driver is not removed but is referred to a rehabilitation program as provided herein, the driver may be required to apply for accumulated vacation, compensatory time, and/or Family and Medical Leave, if applicable, to cover any period of absence for counseling, treatment, or rehabilitation. If the driver does not have sufficient paid leave to cover the period of absence for counseling, treatment, or rehabilitation, the driver must request unpaid leave in accordance with policy.
  5. The driver will be subject to re-evaluation, return-to-duty testing, and unannounced follow-up testing. These actions are in accordance with Federal regulations, and therefore not subject to any complaint procedure.

F. A driver will be required to submit to testing for alcohol and/or controlled substances under the following circumstances:

1. Pre-Employment Testing. Prior to employment, the driver will be tested for controlled substances other than alcohol. The driver will not be permitted to perform safety-sensitive functions unless the controlled substance test results are negative. As a condition of employment, the employee shall provide the Employer with written authorization for all previous employers in the past two (2) years to release such alcohol and drug testing records as required by Federal regulations (Waiver and Consent to Release Previous Employers' Drug Testing Results).

The Appointing Authority shall arrange the time and location for the pre-employment test. The applicant is responsible for reporting to the collection site for the test. The department will be responsible for only the cost of the test itself. All other costs incurred by the applicant concerning a pre-employment test are the applicant's responsibility. These same requirements shall apply when an existing employee moves from a non-driver position into a position requiring a CDL.

2. Post-Accident Testing. As soon as practicable following: (a) an accident in which a fatality occurs, (b) an accident in which an injury is treated away from the scene and the driver/employee receives a citation for a moving violation arising from the accident, or (c) an accident in which a vehicle is required to be towed from the scene and the driver/employee receives a citation for a moving violation arising from the accident, the driver shall be tested for alcohol and other controlled substances. The Employer shall attempt to administer a test for alcohol within two (2) hours following an accident and shall cease attempts to administer a test for alcohol eight (8) hours following an accident. The Employer shall cease attempts to administer a test for controlled substances thirty-two (32) hours following an accident. However, the Employer shall prepare and maintain on file a record stating the reasons why a test was not promptly administered.

The driver shall be transported to the collection site by a representative of the Appointing Authority. Following the test, the employee shall be transported home and the employee will not be permitted to perform safety-sensitive functions until a negative controlled-substance test result is reported.

Following a breath-alcohol test which shows no detectable amount of alcohol, the driver will be permitted to apply for accumulated vacation, compensatory time, or unpaid leave to cover the period of absence until the controlled substance test results are available. If the breath-alcohol and controlled substance test results are both negative, the employee will be credited for the used paid leave or compensated for the period of leave without pay at the employee's regular hourly rate of pay, unless other work rule violation(s) have occurred.

Following a breath-alcohol test which shows a detectable level of alcohol of 0.02 to 0.039, the driver will be taken home and permitted to apply for unpaid leave. The driver may not perform safety-sensitive functions for a minimum of twenty-four (24) hours. An employee with a breath-alcohol test of less than 0.04 shall also be subject to appropriate disciplinary measures in accordance with departmental policies.

Following a breath-alcohol test result indicating a concentration of 0.04 or greater, or following a positive controlled substance test result, the consequences listed in Section E above will result.

In the event an employee is so seriously injured that the employee cannot provide a urine, breath, or saliva specimen at the time of the accident, the employee must provide necessary authorization for the Appointing Authority to obtain hospital records or other documents that would indicate whether there were controlled substances or alcohol in the employee's system at the time of the accident.

3. Random Testing. A minimum number of tests (currently 10% of the number of drivers for alcohol and 50% of the number of drivers for controlled substances) annually will be conducted. Drivers will be randomly selected using a scientifically valid method in which each driver will have an equal chance of being tested each time selections are made. The dates for testing shall be unannounced and spread throughout the calendar year. When a driver is selected for testing, the driver shall cease doing any safety-sensitive functions and proceed to the test site immediately. If a driver is randomly selected for an alcohol test but the driver is not currently performing, just about to perform, or just finished performing a safety sensitive function, the driver's selection may be kept confidential until the next time such driver performs a safety sensitive function.

Following a breath-alcohol test which shows a detectable level of alcohol of 0.02 to 0.039, the driver will be taken home and permitted to apply for unpaid leave. The driver may not perform safety-sensitive functions for a minimum of twenty-four (24) hours. An employee with a breath-alcohol test of less than 0.04 shall also be subject to appropriate disciplinary measures in accordance with departmental policies.

Following a breath-alcohol test result indicating a concentration of 0.04 or greater, or following a positive controlled substance test result, the consequences listed in Section E above will result.

4. Reasonable-Suspicion Testing. A supervisor or official may require a driver to undergo testing for alcohol or controlled substances based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the driver. If a driver is required to undergo testing under this section, the driver must immediately cease to perform the safety-sensitive function and will be transported to the collection site by a representative of the Appointing Authority. If a driver is required to undergo reasonable-

suspicion, controlled-substance testing, such employee shall not be permitted to perform safety-sensitive functions until a negative controlled-substance test result is reported. Following a reasonable-suspicion, controlled-substance test, the driver will be permitted to apply for accumulated vacation, compensatory time, or unpaid leave until the test results are available. If the controlled-substance test results are negative and no other work rule violation(s) has occurred, the employee shall be returned to the employee's position and credited for the used paid leave or compensated for the period of leave without pay at the employee's regular hourly rate of pay.

Following a breath-alcohol test which shows a detectable level of alcohol of 0.02 to 0.039, the driver will be taken home and permitted to apply for unpaid leave. The driver may not perform safety-sensitive functions for a minimum of twenty-four (24) hours. An employee with a breath-alcohol test of less than 0.04 shall also be subject to appropriate disciplinary measures in accordance with departmental policies.

Following a breath-alcohol test result indicating a concentration of 0.04 or greater or following a positive controlled-substance test result, the consequences listed in Section E above will result.

The Employer will cease attempts to administer a test for alcohol eight (8) hours after the observation was made.

5. Return-to-Duty Testing. Before a driver who has been found to be in violation of this policy may return to duty in a position requiring the performance of safety-sensitive functions, the driver must undergo testing for alcohol and/or controlled substances. The results of the alcohol test must show less than 0.02 concentration if the offense involved alcohol and the controlled substance test must be negative if the offense involved controlled substances. Any costs associated with this test will be the responsibility of the employee.
  6. Follow-Up Testing. When a driver has been found to be in violation of this policy and the substance abuse professional has determined that the driver needs assistance in resolving an alcohol- and/or substance-abuse problem, the driver will be subject to a minimum of six (6) unannounced follow-up tests within the first twelve (12) months as directed by the substance-abuse professional. Any costs associated with these tests will be the responsibility of the employee.
- G. Drug testing will be performed through urinalysis. Urinalysis will test for the presence of drugs and/or metabolites of the following controlled substances: (1) marijuana, (2) cocaine, (3) opiates, (4) amphetamines, (5) phencyclidine (PCP).

The urinalysis procedure starts with the collection of a urine specimen. Specimens will be submitted to a certified laboratory for testing. As part of the collection process, the specimen provided will be split into two vials: a primary vial and a secondary vial. The laboratory will perform initial screening on all primary vials. In the event the primary specimen tests positive, a confirmation test of that specimen will be performed before being reported by the Medical Review Officer (MRO) as a positive result.

All laboratory results will be reported by the laboratory to a MRO designated by the Appointing Authority. Negative test results shall be reported by the MRO to the Appointing Authority. Before reporting a positive test result to the Appointing Authority, the MRO will attempt to contact the employee to discuss the test result. If the MRO is unable to contact the employee directly, the MRO will contact the official confidant designated in advance by the Appointing Authority, who shall in turn contact the employee and direct the employee to contact the MRO. Upon being so directed, the employee shall contact the MRO immediately or, if after the MRO's business hours and the MRO is unavailable, at the start of the MRO's next business day. At the MRO's sole discretion, a determination will be made as to whether a result is positive or negative.

Pursuant to DOT regulations, individual test results for employee/applicants and employees will be released to the Appointing Authority and will be kept strictly confidential unless consent for the release of the test results has been obtained. Any individual who has submitted to drug testing in compliance with this policy is entitled to receive the results of such testing upon written request.

An individual testing positive may make a request of the MRO to have the secondary vial tested. The employee may request that the secondary vial be tested by a different certified laboratory. The individual making the request for a test of the second specimen must pay all costs associated with the test. The request for testing of a second specimen is considered timely if it is made to the MRO within seventy-two (72) hours of the individual being notified of a positive test result.

- H. All alcohol-breath tests shall be administered by a trained breath-alcohol technician (BAT) or a law enforcement officer certified to conduct such tests. Only evidential breath testing (EBT) devices shall be used along with the prescribed breath-alcohol testing form. The Employer and the testing facility shall follow the procedures in 49 CFR Part 40.
- I. Refusal to submit to any of the alcohol or controlled-substance tests required by this policy will result in **termination of employment**. Actions constituting a refusal to submit to a test include:
  - 1. Failing to provide adequate breath for alcohol testing without a valid medical explanation;
  - 2. Failing to provide adequate urine for controlled-substance testing without a valid medical explanation;

3. Engaging in conduct that clearly obstructs the testing procedure; and
4. Failing to remain readily available for a post-accident test.

At the Appointing Authority's discretion, an employee who tests positive for alcohol or controlled substances may be referred to a counseling program and be subject to return-to-duty and follow-up testing.

- J. Employees are encouraged to voluntarily admit problems with drugs and alcohol prior to violating departmental policies. If an employee voluntarily enters into counseling or rehabilitation, the employee will be permitted to apply for an unpaid leave of absence. The employee may also be permitted or required to use all available sick leave, vacation, compensatory time, and Family and Medical Leave, if applicable. Any costs associated with a voluntary counseling or rehabilitation program are the responsibility of the employee, unless otherwise covered by the Employer-sponsored medical benefit plan to which the employee belongs.
- K. The Appointing Authority will maintain records of the alcohol and controlled substances program in a secure location with controlled access. The Appointing Authority will not release information to unauthorized parties and will only release such as is required by law or if authorized or required by DOT regulations. Upon written request from the driver, the Employer will promptly provide copies of any records pertaining to the driver's use of alcohol or controlled substances including the results of any tests. The Employer may charge a reasonable fee for copies. However, access to this information will not be contingent upon payment for records other than those specifically requested.
- L. All employees subject to this policy remain subject to all other policies, procedures, rules and regulations established by the Appointing Authority which are not inconsistent with the requirements herein. All employees also remain subject to all other applicable Federal, State, and local laws and regulations.
- M. The Appointing Authority shall ensure supervisors designated to determine whether reasonable cause exists to require an employee to undergo testing as outlined herein receive at least sixty (60) minutes of training on alcohol misuse and receive at least an additional sixty (60) minutes of training on controlled substance use. The training shall cover the physical, behavior, speech, and performance indicators of probable alcohol misuse and use of controlled substances.

**GAMBLING****SECTION 7.08**

- A. The Appointing Authority believes that gambling among employees in the workplace can lead to bad morale, hard feelings, and financial hardship. Therefore, gambling is prohibited on the Employer's premises during the workday or at the workplace and will be cause for termination.
- B. Gambling is defined as playing a game of chance or wagering money on the outcome of a game, contest, or other event.

- C. For the purpose of this policy, the workday includes regular working hours, lunch periods, clean-up time, and other breaks on the Employer's property.

**GARNISHMENTS****SECTION 7.09**

- A. A court-ordered legal claim by a creditor against the wages of an employee for non-payment of a debt and served by the constituted legal authority is a garnishment and must be recognized and executed by the County Auditor and the Employer's payroll officer. Repeated and/or multiple garnishments on the wages of an employee may result in disciplinary action.
- B. When a garnishment is received for an employee, the following procedures will apply:
1. The County Auditor's Office will determine whether or not the employee has had previous garnishments of wages;
  2. The Auditor's Office will notify the Appointing Authority of the garnishment; and
  3. The Appointing Authority or designee will schedule a conference with the employee and the employee's supervisor to discuss the garnishment.
- C. If the garnishment is the employee's first one, the following procedure will apply:
1. A meeting will be arranged between the employee and the Appointing Authority or designee. The employee will be advised of the consequences of further garnishments; and
  2. Every reasonable effort to counsel the employee will be made by the Appointing Authority or designee in order to assist the employee in working out the employee's financial difficulties. A reasonable effort is referring the employee to the appropriate agency that can assist the employees.
- D. While repeated or multiple garnishments may be cause for disciplinary action, an employee's demonstrated willingness and good-faith effort to resolve their financial problems, such as having sought assistance from a credit counseling service or similar agency, will be taken into account in determining what, if any, disciplinary action is appropriate. However, no employee will be removed solely because of the successful garnishment of the employee's personal earnings by only one (1) judgment creditor in any twelve (12) month period.

**POLITICAL ACTIVITY****SECTION 7.10**

- A. Certain specific political activities are legally permitted or prohibited to all classified employees, including classified employees on authorized leave of absence from their positions. Unclassified employees are substantially less restricted, except those unclassified employees subject to Federal Merit Standards. Employees who are subject to Federal Merit Standards are generally those paid with Federal funds distributed directly or by the State of Ohio.

All employees are encouraged to exercise their constitutional rights to vote. References in this policy to politics and political activity refer to partisan activities, campaigns, and elections involving primaries, partisan ballots, or partisan candidates. The following are examples, but the lists are not necessarily all-inclusive:

- B. Activities Prohibited to All Employees (Including Unclassified Employees Not Subject to Federal Merit Standards):
1. Use official authority or influence for the purpose of interfering with an election or nomination to office, or affecting the results thereof;
  2. Soliciting a contribution from any person while the soliciting employee is performing his or her official duties;
  3. Soliciting a contribution while the soliciting employee is in those areas of a public building where official business is transacted or conducted;
  4. Soliciting a contribution from a public employee while that employee is performing his or her official duties;
  5. Soliciting a contribution from a public employee while that employee is in those areas of a public building where public business is transacted;
  6. Directly or indirectly coercing, intimidating, or causing harm to another person or threatening to do so because that person makes or does not make a contribution to a candidate, campaign committee, political party, legislative campaign fund, or political action committee;
  7. Knowingly soliciting a contribution at the direction of or with the authorization of a County elected officer or his or her campaign committee from:
    - a. an employee whose Appointing Authority is the County elected officer;
    - b. County employee whose Appointing Authority is authorized or required by law to be appointed by the County elected officer; or

- c. a County employee who functions in or is employed in or by the same public agency, department, division, or office as the County elected officer; and
  - 8. Knowingly soliciting a contribution at the direction of or with authorization of a candidate for County elected office or his or her campaign committee from:
    - a. a County employee whose Appointing Authority will be the candidate, if elected;
    - b. a County employee whose Appointing Authority will be appointed by the candidate, if elected; or
    - c. a County employee who will function in or be employed in or by the same public agency, department, division, or office as the candidate, if elected.
- C. Activities Permitted to Classified Employees and Unclassified Employees Subject to Federal Merit Standards:
  - 1. Registering and voting;
  - 2. Expressing opinions, either orally or in writing, but not political campaigning;
  - 3. Voluntarily financially contributing to political candidates or organizations;
  - 4. Circulating non-partisan petitions or petitions stating views on legislation;
  - 5. Attending political rallies. Employees may attend political rallies that are open to the general public;
  - 6. Signing nominating petitions in support of individuals;
  - 7. Displaying political pictures in the employee's home or on the employee's property;
  - 8. Wearing political badges or buttons or displaying political stickers on private vehicles; and
  - 9. Serving as a precinct election official under Section 3501.22 of the Ohio Revised Code.

D. Activities Prohibited to Classified Employees and Unclassified Employees Subject to Federal Merit Standards:

1. Participating as a candidate for public office in a partisan election, or in a non-partisan general election if the nomination to candidacy was obtained in a partisan primary or through the circulation of nominating petitions identified with a political party;
2. Filing petitions meeting statutory requirements for partisan candidacy to elective office;
3. Circulating official nominating petitions for any candidate participating in a partisan election;
4. Holding an elected or appointed office in any partisan political organization;
5. Accepting party-sponsored appointment to any office normally filled by partisan election;
6. Campaigning by writing for publications, by distributing political material or by making speeches on behalf of a candidate for partisan elective office;
7. Soliciting, either directly or indirectly, any assessment, contribution, or subscription, either monetary or in-kind, for any political party or political candidate;
8. Soliciting the sale of or selling political party tickets, materials, or other political manner;
9. Engaging in partisan activities at the election, such as soliciting votes, assisting voters to mark ballots, or transporting or helping get out the voters on election day;
10. Acting as recorder, checker, watcher, challenger, judge, or board of election poll worker for any party or partisan committee. RC 124.57 allows an employee to work as a precinct election official, but Federal Merit Standards may not;
11. Engaging in political caucuses of a partisan nature; and
12. Participating in a political action committee which supports partisan activity.

E. Any employee desiring to seek or accept any public position or office should inform the Appointing Authority, who may request an opinion in advance from the Hardin County Prosecuting Attorney.

**TOBACCO FREE****SECTION 7.11**

- A. In light of the Surgeon General’s and Environmental Protection Agency’s determinations that the inhaling of secondary smoke may be hazardous to one’s health and in compliance with ORC 3791.031, and for the safety of the Employer’s premises, the use of any tobacco products is hereby prohibited in all buildings, facilities, and vehicles owned, leased, or under the control of the Hardin County Appointing Authority including, but not limited to, all office space, auditoriums, classrooms, stairwells, conference rooms, elevators, libraries, medical care facilities, lobbies, hallways, public waiting rooms, restrooms, mechanical areas, storage areas, any and all eating and kitchen areas, and at any outside worksite.
- B. Smoking is also prohibited in all Employer-owned vehicles and at or near any location where there exists a danger of fire or explosion.
- C. Tobacco use is prohibited in any area immediately adjacent to locations of ingress or egress to the Hardin County Appointing Authority’s buildings, or in any area at which smoke may enter the buildings through entrances, windows, ventilation systems, or other means.
- D. Smoking is prohibited in any area, regardless of its nature, which has been designated by the Appointing Authority as a no smoking area.
- E. Any activity, which will lead to violation of the terms and provisions of Section 3794.01 through 3794.09 of the Ohio Revised Code, any successor of or amendment to the same, or any regulations properly adopted pursuant thereto, is prohibited.
- F. Employees who choose to smoke during working hours shall do so in a manner consistent with this policy, and they shall not be entitled to any additional breaks or to take their breaks at different intervals in order to smoke.
- G. Where the word, “smoking,” is used, it is intended to include the use of e-cigarettes, “vaping,” and other forms of inhalation of nicotine resulting in the expulsion of smoke, water vapor, etc. The Appointing Authority retains ultimate discretion as to what constitutes, “smoking”.
- H. Violation of this policy will subject employees to disciplinary action.

**CHAIN OF AUTHORITY****SECTION 7.12**

- A. All employees are required to follow the established chain of authority in processing concerns or complaints. Employees should first attempt to resolve such matters with their immediate supervisor prior to approaching any higher level or authority. If the immediate supervisor is unwilling or unable to resolve the employee’s concern, the employee should contact the next person in the chain of command.

- B. Employees shall follow any legal order or directive issued by their Supervisor, Department Head, or Appointing Authority. Failure to follow such orders or directives shall constitute insubordination and shall subject the employee to appropriate disciplinary action.
- C. An employee disagreeing with an order or directive issued by a Supervisor, Department Head, or Appointing Authority may explain their objections to the individual but may not refuse to obey any legal order or directive.
- D. Upon the completion of the assigned task, the employee may file a written complaint explaining the nature of their objection.
- E. In the absence of the Supervisor, Department Head, or Appointing Authority, the authority to make administrative decisions, apply disciplinary actions, authorize assistance and all other responsibilities of the Supervisor, Department Head, or Appointing Authority shall be delegated to the designee selected by the Supervisor, Department Head, or Appointing Authority and who will be in charge of the office while the Supervisor, Department Head, or Appointing Authority is absent.

**WORKPLACE VIOLENCE****SECTION 7.13**

- A. The safety and security of employees, clients, contractors, and the general public are of vital importance to the County. Therefore, threats, threatening behavior, or acts of violence made by an employee or anyone else against another person's life, health, well-being, family, or property will not be tolerated. Employees found guilty of violence shall be terminated from employment.
- B. The purpose of this policy is to provide guidance to employees should they encounter a situation they believe is or could result in an act of violence.
- C. The word "violence" in this policy shall mean an act or behavior that:
  - 1. Is physically assaultive;
  - 2. A reasonable person would perceive as obsessive (e.g., intensely focused on a grudge, grievance, or romantic interest in another person and likely to result in harm or threats of harm to persons or property);
  - 3. Consists of a communicated or reasonably perceived threat to harm another individual or in any way endanger the safety of another;
  - 4. Would be interpreted by a reasonable person as carrying a potential for physical harm to the person;
  - 5. A reasonable person would perceive as intimidating or menacing;

6. Involves carrying or displaying weapons, destroying property, or throwing objects in a manner reasonably perceived to be threatening; or
  7. Consists of a communicated or reasonably perceived threat to destroy property.
- D. The Appointing Authority prohibits the following:
1. Any act or threat of violence by an employee against another person's life, health, well-being, or property;
  2. Any act or threat of violence, including, but not limited to, intimidation, harassment, or coercion;
  3. Any act or threat of violence which endangers the safety of employees, clients, contractors, or the general public.
  4. Any act or threat of violence made directly or indirectly by words, gestures, or symbols; and
  5. Use or possession of a weapon on the Employer's premises, on a department-controlled site, or an area that is associated with employment except by law enforcement officers in their line of duty or as specifically exempted in the Carry and Concealment of Weapons policy, Section 7.14 of this manual.
- E. The most common situations where workplace violence is likely to occur are as follows:
1. Dealing with the Public: Violent situations could occur in employee contact with the public. While the Appointing Authority has a strong commitment to public service, the Appointing Authority does not intend for employees to be subjected to verbal or physical abuse by members of the general public.
  2. On-the-Job: Situations could occur where relationships between employees or between an employee and a supervisor result in strong negative feelings by the individuals involved.
  3. Off-the-Job: An employee could become involved in a personal non-criminal dispute with a coworker, family member, or neighbor during the employee's non-working hours. The Appointing Authority prohibits any act of violence by an employee towards any other employee while off duty. If the situation escalates, individuals sometimes secure restraining orders from the courts. If an employee requests such a restraining order, the employee should include the work location as well as the employee's place of residence in the order.
- F. The possession or use of dangerous weapons is prohibited on Employer property, in Employer vehicles, or in any personal vehicle which is used for Employer business or is parked on Employer property, except as hereinafter provided.

1. A dangerous weapon is defined as:
    - a. A loaded or unloaded firearm; or
    - b. A weapon, device, electronic stun weapon, chemical substance, or other material that in the manner it is used, or could ordinarily be used, or is intended to be used, is readily capable of causing serious bodily injury.
  2. Exceptions: A law enforcement officer may possess a firearm on Employer property while engaged in law enforcement activities. Employees who possess a valid permit to carry a firearm, if a firearm is brought on Employer property, must keep the firearm unloaded and in the employee's personal vehicle, which shall be locked.
- G. Any person who makes substantial threats, exhibits threatening behavior, or engages in violent acts on the Employer's property shall be removed from the premises as quickly as safety permits and shall remain off the premises pending the outcome of an investigation. The Appointing Authority will initiate an appropriate response which may include requesting criminal prosecution of the person(s) involved.
- H. It is a requirement that all employees report, in accordance with this policy, any behavior that compromises the Appointing Authority's ability to maintain a safe work environment. All reports will be investigated immediately and kept confidential, except where there is a legitimate need to know. Even without an actual threat, personnel should also report any behavior they have witnessed which they regard as threatening or violent when that behavior is job related or might be carried out on an Employer-controlled site or is associated with employment with the Appointing Authority.
- I. All incidences of suspected or potential violence shall be reported to the employee's immediate supervisor. Employees should not take the position that the incident is too minor to report or that it does not appear to be a "real problem". Employees should not wait until it is too late to be proactive.
- J. Supervisor Responsibilities. Supervisors are responsible for assessing situations, making recommendations regarding the appropriate response, and investigating reports of or knowledge of violent activities that have occurred in the workplace or that involve an employee.
- K. When any actual, potential, or suspected incident of violence is brought to the attention of a supervisor, the supervisor shall evaluate the severity of the situation immediately and have the individual reporting the incident fill out a Workplace Violence Incident Report Form. If it is concluded an actual act of violence has occurred or if there is a likelihood violence could result, the supervisor or designee shall immediately notify the Appointing Authority, who shall:
1. Discuss the situation with the employee(s) and attempt to find out what caused the situation; and

2. Determine what action is to be taken to prevent the situation from occurring again. Such actions may include but not be limited to:
  - a. Assigning a different employee to the area or job;
  - b. Talking with the disgruntled citizen, vendor, or employee(s);
  - c. Discussing the incident and ordering appropriate actions;
  - d. Referring the affected employee(s) to professional help or counseling; and/or
  - e. Terminating from employment an employee found guilty of violence.
- L. All employees who apply for, obtain, or are the subject of a restraining order which lists department locations as being protected areas, must provide to the Appointing Authority a copy of the petition and declarations used to seek the order, a copy of any temporary protective or restraining order which is granted, and a copy of any protective or restraining order which is made permanent.

**CARRY AND CONCEALMENT OF WEAPONS****SECTION 7.14**

- A. The safety and security of employees, visitors, contractors, and the general public are of vital importance to Hardin County. Therefore, the carrying of concealed handguns or firearms by an employee or anyone else on the property of the Appointing Authority is strictly prohibited unless required as a condition of employment or as specifically exempted in subsection D2. Employees found guilty of violating this policy will be terminated and face possible criminal charges.
- B. The purpose of this policy is to provide guidance to employees of Hardin County should they encounter a situation in which they believe a person possesses a handgun and/or firearm as defined in ORC 2923.11.
- C. The Appointing Authority prohibits the following, unless required as a condition of employment or as specifically exempted in subsection D2:
  1. The carrying of weapons (specifically a handgun) while on or off duty (whether or not licensed to do so) in or on any property or vehicle owned or controlled by the Appointing Authority, or in any employment-related area;
  2. The carrying of weapons and/or handguns on or off duty while occupying any parking area owned, leased, or controlled by the Appointing Authority, whether or not contained in a vehicle;
  3. The use or possession of a weapon or handgun on or off duty on the Employer's premises or controlled site, or in an area that is associated with employment;

4. The display of a weapon or handgun on or off duty, whether on the Employer's premises, on a site controlled by the Appointing Authority, or in any area, including parking lots, associated with employment, will be interpreted as a threat and prosecuted by the Employer;
  5. Employees displaying an empty handgun and/or weapon holster whether on the Employer's premises, Employer-controlled site, or in any employment-related area, including parking lots, while on or off duty;
  6. Employees displaying weapons and/or handguns while on or off duty and participating in a strike and/or picket will be terminated; and
  7. Employees using and/or possessing a weapon or handgun while in the employment and/or duty of the Appointing Authority will not be defended or indemnified by the Employer.
- D. The possession or use of dangerous weapons is prohibited on Employer property, in Employer vehicles, or in any personal vehicle which is used for Employer business or is parked on Employer property, except as hereinafter provided.
1. A dangerous weapon is defined as:
    - a. A loaded or unloaded firearm; or
    - b. A weapon, device, electronic stun weapon, chemical substance, or other material that in the manner it is used, or could ordinarily be used, or is intended to be used, is readily capable of causing serious bodily injury.
  2. Exceptions
    - a. Law Enforcement. Individuals may possess a firearm on Employer property if the individual is employed in the capacity of a law enforcement officer and is engaged in law enforcement activities.
    - b. Storage of a Handgun in the Privately Owned Motor Vehicle of a Person Issued a Concealed Handgun License. An employee or other individual who has been issued a valid concealed handgun license may transport or store a firearm or ammunition within the person's privately owned motor vehicle only when both of the following conditions are met:
      - (1) Each firearm and all of the ammunition remains inside the person's privately owned motor vehicle while the person is physically present inside the motor vehicle, or each firearm and all of the ammunition is locked within the trunk, glove box, or other enclosed compartment or container within or on the person's privately owned motor vehicle; and

- (2) The vehicle is in a location where it is otherwise permitted to be.

A firearm that is authorized to be stored or transported as specified in this subsection D2 b must be the type of firearm covered and permitted for storage and transport under ORC 2923.12. Any individual, whether or not issued a valid concealed handgun license, is not permitted to store any other type of weapon other than the firearm authorized for storage and transport by ORC 2923.12 in that individual's personal vehicle or carry such weapons anywhere on Employer property.

- E. Any employee observing a person displaying or showing a strong indication that they may pose the threat of carrying a weapon, handgun, or holster shall immediately notify the County Sheriff's Office and/or local police department. The person who displays a weapon, handgun, or holster on the Employer's property, except as specifically exempted in subsection D2, shall be removed from the premises by the law enforcement agency as quickly as safety permits and shall remain off the premises, pending the outcome of an investigation. The Employer will initiate an appropriate response requesting criminal prosecution of the person(s) involved.
- F. It is a requirement that all employees report, in accordance with this policy, any behavior that compromises the Employer's ability to maintain a safe work environment. All reports will be immediately investigated by the police and kept confidential, except where there is a legitimate need to know. Even without an actual threat, personnel should also report any behavior they have witnessed which they regard as a possible concealment of a weapon, in violation of this policy, when that display is job related or might be carried out on a site controlled by or associated with employment by the Appointing Authority.
- G. All incidences of suspected or potential concealment should be reported to the Sheriff's Office. Employees should not take the position that the incident is too minor to report or that it does not appear to be a "real problem". Employees should not wait until it is too late to be proactive.
- H. Supervisor Responsibilities. Supervisors are responsible for following up with the appropriate law enforcement agency (i.e., Sheriff's Office) in assessing situations, making decisions on the appropriate response, and responding to reports of concealed weapons that have occurred in the workplace or that involve an employee of the Employer.
- I. When any actual, potential, or suspected concealment is brought to the attention of a supervisor or the department head, the department head or designee shall evaluate the severity of the situation immediately. If it is concluded that an actual act of carry and concealment has occurred or if there is a likelihood that violence could result, the department head or designee shall:

1. Discuss the situation with the appropriate law enforcement agency and employee(s) who witnessed the concealment; and
  2. Determine what action is to be taken to prevent the situation from occurring again. Such actions may include, but not be limited to:
    - a. Assigning a different employee to the area or job;
    - b. Talking with the disgruntled visitor and/or employee(s);
    - c. Discussing the incident with the Appointing Authority and offering suggestions for appropriate actions;
    - d. Referring the affected employee(s) to professional help or counseling; and/or
    - e. Terminating the employee(s) from employment.
- J. The Employer shall post in obvious locations signage that contains the following:
- “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 or holster onto these premises.”
- K. These areas shall include any Hardin County-owned property, including but not limited to the following:
1. All Hardin County buildings and facilities; and
  2. All Hardin County parking areas.

**WHISTLEBLOWER/FRAUD REPORTING****SECTION 7.15**

- A. In accordance with RC 124.341, if an employee in the classified or unclassified civil service becomes aware, in the course of employment, of a violation of State or Federal statutes or the misuse of public resources, and the Appointing Authority has authority to correct the violation or misuse, the employee may file a written report identifying the violation or misuse with the Appointing Authority. In addition to or instead of filing a report with the Appointing Authority, the employee may file a written report with the Office of Budgeting and Management’s Office of Internal Audit or file a complaint with the Ohio Auditor of State’s fraud-reporting system created under RC 117.03.

The Ohio Auditor of State’s office maintains a system for the reporting of fraud, including misuse of public money by any official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll-free number, the Auditor of State’s website, or through United States mail.

If the employee reasonably believes that the violation or misuse of public resources is a criminal offense, the employee, in addition to or instead of filing a written report with the Appointing Authority or the Office of Internal Auditing, may report it to the Hardin County Prosecutor. External complaints may be made in three (3) ways:

1. File a written complaint at:

Ohio Auditor of State's Office  
Special Investigations Unit  
88 East Broad Street  
P.O. Box 1140  
Columbus, Ohio 43215

or

OBM Office of Internal Audit  
30 East Broad Street, 34<sup>th</sup> Floor  
Columbus, Ohio 43215-3457

2. Call the Fraud Hotline, 1-866-FRAUD OH (1-866-372-8364)

3. Online: <http://ohioauditor.gov/fraud/default.html>

B. Except as otherwise provided in Section C of this policy, the Appointing Authority shall not take any disciplinary action against an employee in the classified or unclassified civil service for making any report authorized by Section A of this policy.

C. An employee in the classified or unclassified civil service shall make a reasonable effort to determine the accuracy of any information reported under Section A of this policy. The employee is subject to disciplinary action, including suspension or removal, as determined by the Appointing Authority, for purposely, knowingly, or recklessly reporting false information under Section A of this policy.

D. For the purposes of this policy:

1. An employee acts *purposely* when it is their specific intention to cause a certain result, or when the gist of the offense is a prohibition against conduct of a certain nature, regardless of what the offender intends to accomplish thereby, it is their specific intention to engage in conduct of that nature.
2. An employee acts *knowingly*, regardless of their purpose, when they are aware that their conduct will probably cause a certain result or will probably be of a certain nature. A person has knowledge of circumstances when they are aware that such circumstances probably exist.

3. An employee acts *recklessly* when, with heedless indifference to the consequences, they perversely disregard a known risk that their conduct is likely to cause a certain result or is likely to be of a certain nature. A person is reckless with respect to circumstances when, with heedless indifference to the consequences, they perversely disregard a known risk that such circumstances are likely to exist.
- E. Employees shall sign acknowledgement of this policy by signing the acknowledgment form contained in the forms section of this manual within thirty (30) days of appointment.

**CHILDREN IN THE WORKPLACE****SECTION 7.16**

The Appointing Authority is responsible for addressing the needs of the public and must be a good steward of public tax dollars. This includes the need to ensure the workplace is as efficient and conducive to this mission as possible. Further, the Appointing Authority recognizes the obligation to provide as safe and conducive workplace as possible to assist employees in properly furthering the mission of County Government.

In furtherance of this mission, no employee shall report to work during their regular schedule or during hours after the normal work schedule with their child(ren). Children require appropriate supervision from their parents and/or family and are not appropriate to be in the workplace. An employee properly supervising their child(ren) is distracted from their duties and responsibilities to serve the public. Such can also be a distraction for other employees in the workplace and the public who may be present seeking assistance from the employees.

Therefore, any employee who brings their child(ren) to work during official and/or authorized working hours without prior written authorization shall be in violation of this Policy and subject to discipline up to and including termination based on the severity of the violation.

**DISCIPLINARY PRINCIPLES – CLASSIFIED EMPLOYEES****SECTION 8.01**

The Appointing Authority believes that 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. Furthermore, the Appointing Authority believes that the basic guidelines, set forth below, must consistently be applied in order to effectively and fairly correct unsatisfactory job behavior.

- A. Employees will generally be advised of expected job behavior, the types of conduct that the Employer has determined to be unacceptable, and the normal penalties for such unacceptable behavior. Some infractions will warrant discipline or discharge even without a specific rule.
- B. Immediate attention shall be given to policy infractions unless special circumstances warrant further investigation or delay.
- C. Discipline should usually be progressive but depending on the severity of the offense, may proceed immediately to termination.
- D. An employee's immediate supervisor and all supervisors up to and including the Appointing Authority shall be responsible for administering discipline. However, the Appointing Authority shall have final say on approval of discipline.
- E. Discipline should be applied uniformly and consistently, and any deviations from this standard procedure should be justified and documented.

**PROGRESSIVE DISCIPLINE – CLASSIFIED EMPLOYEES****SECTION 8.02**

- A. The Appointing Authority has adopted this discipline policy as a guide for the uniform administration of discipline. It is not, however, to be construed as a delegation of, or a limitation upon, the Appointing Authority's right to impose a different level of discipline when the circumstances warrant, or when the infractions involve an unclassified employee.
- B. This manual provides general guidelines for specific offenses. However, the examples of specific offenses given in any grouping are not all inclusive and serve merely as a non-binding guide.
- C. The general guidelines provided in this policy do not preclude the application of a more-or-less-severe penalty for a given infraction.
- D. Records of verbal warnings and written warnings shall cease to have force and effect for progressive discipline of an employee after twenty-four (24) months of active pay status, provided there is no intervening disciplinary action during the twenty-four (24) month period. Such warnings may be used, however, to show notice to an employee that certain conduct is unacceptable.

- E. Records of suspension, demotions, or reductions shall cease to have force and effect for progressive discipline of an employee after twenty-four (24) months of active pay status, provided there is no intervening disciplinary action during the twenty-four (24) month period. Again, however, such records may be used to show notice.
- F. All records of discipline shall be maintained in the employee's personnel file.
- G. 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 Appointing Authority may agree, to remove disciplinary action from an employee's general personnel file after two (2) years, where there has been no intervening discipline in the two (2) year period. The record of discipline will be kept in a separate "dead" file for at least seven (7) years. The Appointing Authority is required to maintain such records by the Ohio Civil Rights Commission.
- H. Supervisors may issue verbal and written warnings (found in the forms section of this manual). These forms should, in each case of discipline, be completed and signed by the supervisor responsible for administering discipline, written approval by the Appointing Authority, delivered to the employee, and signed by the employee. The completed form shall be forwarded to the Appointing Authority for placement in the employee's personnel file.
- I. Only the Appointing Authority has the authority to reduce in classification or pay, suspend, or terminate an employee. Prior to such discipline, a predisciplinary conference must be held if the situation involves a classified employee.
- J. Suspensions of more than twenty-four (24) hours, reductions, or terminations of classified employees must be filed with SPBR on an Order of Removal, Suspension, or Reduction (ADM 4055 found in the forms section of this manual) and in accordance with RC Section 124.34.
- K. Reduction in classification or pay, suspension, fine, or removal of an unclassified employee does not require an ADM 4055 form and may be executed at the discretion of the Appointing Authority. A written notice shall be provided to the employee. While a predisciplinary conference is not legally required for unclassified employees, it is recommended that the Appointing Authority meet with the employee to provide the employee with an opportunity to respond regarding the alleged infraction prior to reducing, suspending, or removing the employee from public service.

- L. The Appointing Authority may place an employee on administrative leave with pay, but only in circumstances where the health or safety of an employee or of any person or property entrusted to the employee's care could 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 Appointing Authority completes the predisciplinary process, investigates the alleged infraction, and takes action or decides not to do so. Compensation for administrative leave shall be equal to the employee's base rate of pay.

**DISCIPLINARY CONFERENCE – CLASSIFIED EMPLOYEES****SECTION 8.03**

- A. Whenever the Employer or designee determines that an employee may be disciplined for cause (including all suspensions, reductions, or termination), the employee will be notified of the allegations and supporting evidence and a disciplinary conference will be scheduled to give the employee an opportunity to offer an explanation of the alleged conduct. A disciplinary conference is primarily an informal fact-finding session, not a legal proceeding. The objective of the conference is to obtain information through testimony, documentation, and/or questioning of witnesses to determine whether the alleged misconduct occurred.
- B. Disciplinary conferences will be conducted by a hearing officer. The hearing officer may be the Appointing Authority's designee, or an objective party from inside or outside the jurisdiction of the Appointing Authority. The hearing officer will ask the employee to respond to allegations of misconduct. Failure to respond truthfully will result in termination of employment.
- C. Not less than twenty-four (24) hours prior to the scheduled starting time of the conference, the Employer will provide the employee with a written detailed outline of the charges which may be the basis for disciplinary action (Notice of Disciplinary Conference found in the forms section of this manual). In response, the employee must:
1. appear at the conference to present an oral or written statement in the employee's defense; or
  2. elect in writing to waive the disciplinary conference (Waiver of Disciplinary Conference found in the forms section of this manual).
- D. In the notice or at any time in the process, the Appointing Authority may assure the employee that their statement will not be used in any criminal proceeding, nor will evidence found as a result of those statements. The Appointing Authority shall confer with the Prosecutor before offering such assurance and before questioning any classified employee about conduct of the employee that may have been criminal.
- E. The supervisor and employee will be notified by the Appointing Authority or the designee of the time, location, and person who will conduct the conference. The person conducting the conference will recite the allegations, summarize the evidence that is the basis of the allegations, and ask the employee to respond.

- F. An employee who elects to attend the conference and present evidence, or who is called to testify, must answer all questions truthfully. If it is later proven that the employee's answers were not truthful, the employee will be terminated.
- G. At the conference the employee may present any testimony, witnesses, or documents that explain whether or not the alleged misconduct occurred. The employee shall provide a list of witnesses to the hearing officer as far in advance as possible, but not later than four (4) hours prior to the disciplinary conference. It is the employee's responsibility to notify witnesses that their attendance is desired.
- H. Upon a reasonable request from the employee, the Employer may delay the disciplinary conference to enable an employee's representative to attend. Generally, the Employer should permit only one (1) such delay.
- I. At the discretion of the hearing officer, the predisciplinary conference may be recorded. The Appointing Authority is not legally required to permit recording of a predisciplinary conference by the employee.
- J. Hearing Officer's Report
1. The hearing officer shall determine when the conference is concluded and will adjourn the meeting. They may also independently investigate facts alleged by the responding employee or the employee's witnesses, may limit the number of witnesses, and may reconvene the conference if necessary to get additional information or to allow the employee opportunity to respond further or to respond to new matters. For example, if the employee provides an explanation that involves facts unknown to the supervisor, the person conducting the hearing may continue the hearing to investigate. As another example, if the employee or a witness provides information that indicates that the employee committed additional infractions, the person conducting the conference may continue the conference to investigate, or to allow the Employer to issue a revised notice before concluding the disciplinary conference. This is proper procedure if no discipline has yet been issued.
  2. The hearing officer shall objectively hear the case and shall prepare a written report setting forth findings of fact and concluding whether or not the alleged misconduct occurred. The hearing officer shall not recommend discipline. A copy of the hearing officer's report will be provided to the employee and the Appointing Authority within five (5) working days following preparation. The Appointing Authority will decide what discipline, if any, is appropriate, and may agree or disagree with the hearing officer's conclusions.
- K. Within a reasonable time following receipt of the report, the Appointing Authority shall determine what discipline, if any, is warranted based upon the facts found by the hearing officer.

- L. If discipline is warranted, the Appointing Authority shall follow the Agency disciplinary policy and procedures.

**GUIDELINES FOR DISCIPLINARY ACTION AND PENALTIES****SECTION 8.04**

- A. RC Section 124.34 sets out the forms of misconduct which are the legal basis for reduction, suspension, or removal of a classified employee. Those forms of misconduct are:
1. Neglect of duty;
  2. Incompetency;
  3. Inefficiency;
  4. Unsatisfactory performance;
  5. Dishonesty;
  6. Drunkenness;
  7. Immoral conduct;
  8. Insubordination;
  9. Discourteous treatment of the public;
  10. Any other failure of good behavior;
  11. Any other acts of misfeasance, malfeasance, and nonfeasance;
  12. Any violation of the Employer's policy or work rules; and
  13. Conviction of a felony.
- B. The offenses set forth in Groups I, II, and III below are non-inclusive examples of the above forms of misconduct which the State Personnel Board of Review (SPBR) has historically judged to warrant the penalties established for each group.
- C. In general, Group I Offenses may be defined as those infractions which are of a relatively minor nature and which, in turn, 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.

- D. 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.
- E. 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.
- F. THIS DISCIPLINE POLICY IS A GENERAL GUIDELINE ONLY. THE FOLLOWING EXAMPLES OF SPECIFIC OFFENSES ARE NOT ALL INCLUSIVE AND ARE NOT INTENDED TO BE BINDING ON THE EMPLOYER.

**GROUP I OFFENSES**

FIRST OFFENSE	Verbal warning
SECOND OFFENSE	Written warning
THIRD OFFENSE	One (1) day suspension (up to and including twenty-four [24] hours) without pay
FOURTH OFFENSE	Five (5) to fifteen (15) day suspension without pay
FIFTH OFFENSE	Up to and including termination

Following are examples of Group I Offenses. Following each offense in parentheses are the applicable RC Section 124.34 misconduct types.

1. Failure to properly and completely clock/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. Leaving a post of continuous operations prior to being relieved by an employee of the incoming shift (neglect of duty or failure of good behavior).
4. Creating or contributing to unsanitary or unsafe conditions or poor housekeeping (inefficiency, neglect of duty, or failure of good behavior).
5. Failure to observe official safety rules or common safety practices (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).

6. Failure to report accidents, injuries, or equipment damage (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
7. Discourteous treatment of the public (discourteous treatment of public or failure of good behavior).
8. Inattention to the needs of the public (discourteous treatment of public or failure of good behavior).
9. Distracting the attention of others, unnecessary shouting, use of profane or other inappropriate language, misuse of two-way radios, or otherwise causing disruptions on the job (inefficiency, neglect of duty, or failure of good behavior).
10. Malicious mischief, horseplay, wrestling, or other undesirable or potentially harmful conduct (inefficiency, immoral conduct, discourteous treatment of public, or failure of good behavior).
11. Interfering with the work performance of subordinates/other employees or causing other disruptions of the workplace (inefficiency, neglect of duty, or failure of good behavior).
12. Failure to cooperate with other employees (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
13. Neglect of or careless failure to observe Employer rules, regulations, policies, and procedures (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
14. Excessive garnishments (failure of good behavior or nonfeasance).
15. Use or possession of another employee's working equipment or property without approval (dishonesty or failure of good behavior).
16. Unauthorized use of the Employer's telephone for other than business purposes (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
17. Obligating the Employer for any minor expense, service, or performance without prior authorization (dishonesty, neglect of duty, failure of good behavior, or misfeasance).
18. Neglect of or careless failure to care for Employer property or equipment (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
19. 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).

20. 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).
21. Neglect of or careless failure to prepare required reports or documents (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
22. 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).
23. Failure to commence duties at the beginning of the work shift or leaving work prior to the end of the work shift (inefficiency, neglect of duty, or failure of good behavior).
24. Leaving the job or work area during the regular working hours without authorization (neglect of duty, failure of good behavior, or nonfeasance).
25. Making preparations to leave work without specific prior authorization before the lunch period, any official break period, or specified quitting time (neglect of duty, failure of good behavior, or nonfeasance).
26. Establishing a pattern use of sick leave or other misuse or abuse of sick leave (neglect of duty, malfeasance, failure of good behavior).

### **GROUP II OFFENSES**

FIRST OFFENSE	One (1) (up to and including twenty-four [24] hours) to three (3) days suspension without pay
SECOND OFFENSE	Five (5) to fifteen (15) day suspension without pay
THIRD OFFENSE	Termination of employment

Following are examples of Group II Offenses. Following each offense in parentheses are the applicable RC Section 124.34 misconduct types.

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). This may be a Group III Offense for CDL holders.
3. Failure to report for overtime work without proper excuse after being scheduled to work (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).

4. Willful refusal to clock/sign in or out when required (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
5. Performing private work on Employer time (inefficiency, neglect of duty, failure of good behavior, or misfeasance).
6. Neglect or careless failure to observe official safety rules, or common safety practices inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
7. Threatening, intimidating, or coercing subordinates, other employees, or general public (inefficiency, neglect of duty, or failure of good behavior).
8. Use of abusive or offensive language or gestures toward subordinates, other employees, residents or the general public (immoral conduct, insubordination, failure of good behavior, or malfeasance).
9. The making or publishing of false, vicious, or malicious statements concerning other employees, residents, the Employer, or its operations (dishonesty, failure of good behavior, or malfeasance).
10. Solicitation or distribution on Employer property in violation of the solicitation and distribution policy (inefficiency, neglect of duty, failure of good behavior, or misfeasance).
11. Willful disregard of the Employer's rules, regulations, policies, and procedures (inefficiency, neglect of duty, failure of good behavior, misfeasance, malfeasance, or nonfeasance).
12. Negligent failure to obey a reasonable order of a supervisor or failure to carry out work assignments, including verbal instructions (inefficiency, neglect of duty, failure of good behavior, or misfeasance).
13. Neglect or carelessness in the use of Employer property or equipment (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
14. Obligating the Employer for a major expense, service, or performance without prior authorization (dishonesty, neglect of duty, failure of good behavior, or misfeasance).
15. Unauthorized use of Employer property or equipment, including the unauthorized reproduction of this manual or the Employee Handbook (inefficiency, neglect of duty, failure of good behavior, or misfeasance).
16. Negligent failure to report accidents, injuries, or equipment damage (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).

17. 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).
18. 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).
19. Refusing to provide testimony or information concerning any investigation (insubordination, failure of good behavior, or nonfeasance).
20. Possession or storage of alcoholic beverages on the Employer's premises (neglect of duty, drunkenness, failure of good behavior, or malfeasance).
21. Unauthorized presence on the Employer's property (failure of good behavior or misfeasance).
22. Habitual neglect of timely completion of required reports or documents (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
23. Willful failure to timely complete required reports and documents (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
24. Unauthorized posting or removal of notices or documents on or from bulletin boards (failure of good behavior, misfeasance).
25. Leaving the job or work area during regular working hours without authorization or leaving work prior to the end of the work shift.
26. Violation of any policy or work rule contained in this manual or otherwise.

### **GROUP III OFFENSES**

FIRST OFFENSE                      Termination of employment

Following are examples of Group III Offenses. Following each offense in parentheses are the applicable RC Section 124.34 misconduct types.

1. Wanton or willful neglect in the performance of assigned duties (inefficiency, neglect of duty, failure of good behavior, misfeasance, or malfeasance).
2. Instigating, leading, or participating in any walkout, strike, sit-down, stand-in, sympathy strike, call-in, slow-down, 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 RC Chapter 4117 (neglect of duty, failure of good behavior, or misfeasance).

3. Refusal without legitimate reason to work during emergency situations or conditions (insubordination, neglect of duty, failure of good behavior, or nonfeasance).
4. Signing/clocking or altering other employees' timecards or records; altering one's own timecard or record or having one's timecard or record signed/clocked or altered by another without authorization (dishonesty, failure of good behavior, or malfeasance).
5. Knowingly concealing a communicable disease (i.e., T.B., etc.) which may endanger others (neglect of duty, failure of good behavior, misfeasance, or malfeasance).
6. Carrying or possessing firearms, explosives, or weapons in the work area (failure of good behavior or malfeasance).
7. Willfully withholding information which threatens the safety and security of the Employer, its operations, or employees (dishonesty, failure of good behavior, misfeasance, or malfeasance).
8. Willfully demeaning, verbally abusing, and/or humiliating a resident, employee, or other person (discourteous treatment of the public, neglect of duty, failure of good behavior, or malfeasance).
9. Threatening, intimidating, or physically abusing a resident, employee, or other person (malfeasance or failure of good behavior).
10. Committing an act of discrimination, sexual harassment, or engaging in conduct giving insult or offense on the basis of race, color, sex, sexual orientation or gender identity, age, religion, national origin, disability or known pregnancy, childbirth or related medical conditions (immoral conduct, neglect of duty, failure of good behavior, or malfeasance).
11. Fighting with or attempting to injure a resident, employee, or other person (discourteous treatment of the public, neglect of duty, failure of good behavior, or malfeasance).
12. 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).
13. 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).

14. 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).
15. Gambling during work hours (inefficiency, neglect of duty, failure of good behavior, misfeasance, or malfeasance).
16. 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).
17. 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).
18. Engaging in unauthorized political activity as provided in the Political Activity Section of this manual (failure of good behavior, malfeasance).
19. The unlawful manufacture, distribution, dispensation, possession, or use of alcohol or a controlled substance which takes place in whole or in part in the workplace (drunkenness, immoral conduct, neglect of duty, failure of good behavior, or malfeasance).
20. 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).
21. 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).
22. 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).
23. Intentional misuse of Employer or other public funds (dishonesty, neglect of duty, failure of good behavior, or malfeasance).
24. 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).
25. 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).

26. 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).
  27. Making false claims or misrepresentations in an attempt to obtain any benefit (dishonesty, failure of good behavior, neglect of duty, or malfeasance).
  28. Misusing, removing, or revealing 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).
  29. Misuse, removal, or destruction of Employer records without prior authorization (dishonesty, neglect of duty, failure of good behavior, or malfeasance).
  30. Committing violations of official safety rules or common safety practices (inefficiency, neglect of duty, failure of good behavior, or nonfeasance).
  31. Engaging in unauthorized political activity.
  32. Conviction of certain felonies as provided by RC 124.34.
  33. Failure to report an act of discrimination, sexual harassment, or engaging in conduct giving insult or offense on the basis of race, color, sex, sexual orientation or gender identity, age, religion, national origin, genetic information, military or veteran's status, disability, or known pregnancy, childbirth, or related medical conditions (immoral conduct, neglect of duty, failure of good behavior, or malfeasance).
  34. Committing violations of the Employer's workplace violence policy (discourteous treatment of the public, neglect of duty, failure of good behavior, or nonfeasance).
  35. Violation of any policy or work rule contained in this manual or otherwise.
- G. Multiple policy violations should be dealt with by following the progressive discipline procedure set forth below:
1. Multiple minor offenses which are unrelated are progressively disciplined in the groups in which the offenses are outlined in these guidelines.
  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 are listed 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, may be combined to result in discipline which exceeds the severity of the total sum of the separate offenses.

**APPEALS OF PERSONNEL ACTIONS – CLASSIFIED EMPLOYEES SECTION 8.05**

- A. Classified employees may appeal suspensions of more than twenty-four (24) hours, reductions in pay or classification, layoffs, job abolishment, or terminations either through the internal grievance procedure contained in this manual or to the State Personnel Board of Review (SPBR).
- B. Appeals to the SPBR by classified employees must be filed within ten (10) days after receipt of the order by the employee to the SPBR. However, appeals from layoffs or a displacement must be filed or postmarked no later than ten (10) days after receipt of the notice of layoff or after the date the employee is displaced.
- C. The SPBR has authority to decide whether an appeal warrants a hearing. When an appeal is heard, the SPBR may affirm, disaffirm, or modify the disciplinary action.
- D. Interim, temporary, intermittent, and other employees serving in the unclassified service have no appeal rights to the SPBR. Probationary employees likewise may not appeal to the SPBR.
- E. Disciplinary action based on conviction of a “felony” within the meaning of RC 124.34 may not be appealed to the SPBR.

**COMPLAINT PROCEDURE – CLASSIFIED EMPLOYEES SECTION 8.06**

- A. Classified employees may appeal suspensions of more than twenty-four (24) hours, reductions in pay or classification, layoffs, job abolishment, or terminations. For discipline twenty-four (24) hours or less, the employee may file a written objection to the finding and/or discipline.
- B. Classified employees have the right to file such an appeal without prejudice. No employee shall be disciplined, harassed, retaliated against, or dealt with unfairly as a result of filing an appeal or testifying in a hearing unless said testimony revealed additional facts.
- C. If a discipline is of a nature to qualify for appeal to the State Personnel Board of Review (SPBR), the employee may elect to appeal the matter to SPBR. If the employee later appeals the matter to the SPBR or a court of law, the internal complaint procedure shall be discontinued. It is the responsibility of the employee to file the SPBR notice timely and in the form required by the SPBR.
- D. Complaints filed by an employee regarding illegal discrimination should be filed and resolved pursuant to the complaint procedure contained in the Discrimination Complaint Procedure section of this manual and not this complaint procedure.

- E. The Appointing Authority shall have set forth in writing the chain of command within the office, detailing Supervisor, Department Head, and Appointing authority for purpose of following this procedure.
- F. Step One: Immediate Supervisor
1. Any employee with a complaint shall first discuss the matter with the employee's immediate supervisor, if applicable, within five (5) working days of the action giving rise to the complaint. The supervisor shall make every reasonable effort to resolve the complaint at this time.
  2. If the employee is not satisfied with the response, the employee may elect to proceed to Step Two, if applicable, or if not applicable, to Step Three.
- G. Step Two: Department Head
1. The employee shall reduce the complaint to writing (Complaint Form found in the forms section of this manual) and deliver same to the Department Head within five (5) working days of receipt of the response in Step One. The Department Head shall schedule a hearing within five (5) working days of receipt and issue a decision within five (5) working days following the hearing.
  2. If the employee is not satisfied with the response, the employee may elect to proceed to Step Three.
- H. Step Three: Appointing Authority
1. The employee shall reduce the complaint to writing (Complaint Form found in the forms section of this manual) and deliver same to the Appointing Authority or designee within five (5) working days of receipt of the response in Step Two. The Appointing Authority shall schedule a hearing within ten (10) working days of receipt. The Appointing Authority shall issue a decision within fifteen (15) working days following the hearing. The decision of the Appointing Authority shall be final and binding on all parties.
- I. Any complaint not filed or processed to the next step of the chain of command shall be considered resolved based on the Employer's last answer.
- J. General Procedures for Hearings
1. Complaints citing issues of law shall be forwarded by the Appointing Authority to the Prosecuting Attorney's Office for an opinion before proceeding, and all time limits shall be held in abeyance until such opinion is received by the Appointing Authority.
  2. The parties may extend time limits by mutual written agreement.

3. A complainant may have witnesses present at any hearing. Employees, and employee witnesses shall not lose pay or benefits for time spent in hearings if held during the employee's normal working hours. Prior notice of any employee participating in any complaint hearing shall be provided to the Appointing Authority to allow the employee to be relieved of duty.
4. Hearings shall be informal. The rules of evidence shall not apply.

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**FORMS SECTION**

Acknowledgment of Children in the Workplace Policy  
Acknowledgment of Receipt of Auditor of State Fraud-Reporting System Information  
Acknowledgment of Receipt of Documents  
Application for Employment  
Application for Use of Sick Leave  
Authorization to Release Paycheck  
Bi-weekly Time Report  
Certification of Health Care Provider for Employee's Serious Health Condition (FMLA)  
Certification of Health Care Provider for Family Member's Serious Health Condition (FMLA)  
Certification of Qualifying Exigency for Military Family Leave (FMLA)  
Certification for Serious Injury or Illness of Current Servicemember for Military Family Leave (FMLA)  
Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave (FMLA)  
Checklist for New Employees  
COBRA Health Insurance Continuation  
Complaint Form  
Counseling Session Forms  
Designation Notice (FMLA)  
Discrimination Complaint Form  
Driver's Report Form  
Drug-Free Workplace Statement and Notice  
Exit Interview Form  
Expense Reimbursement Form  
First Report of Injury, Occupational Disease, or Death (FROI)  
Immigration Reform & Control (Employment Eligibility) (Form I-9)  
Interim Appointment Letter  
Intermittent Appointment Letter  
Letter of Appointment  
Letter of Resignation/Retirement  
Medical Physician's Statement  
Notice of Disciplinary Conference  
Notice of Eligibility and Rights and Responsibilities (FMLA)  
Notice of Involuntary Disability Separation  
Notification of Intention to Convert Sick Leave Upon Retirement  
Ohio's Ethics Laws and Related Statutes  
Ohio New-Hire Reporting Form  
Order of Removal, Reduction, Suspension, Fine, Involuntary Disability Separation  
Performance Evaluation Form  
Personnel File Release  
Personnel Policy and Procedure Manual Distribution List  
Reasonable Suspicion Checklist  
Record of Suspension  
Record of Verbal Warning

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**FORMS SECTION**

Record of Written Warning  
Request for Civil Leave or Leave of Absence Without Pay  
Request for Family and Medical Leave  
Request for Paid Leave  
Temporary Appointment Letter  
Waiver of a Disciplinary Conference  
Work Schedule Addendum  
Workers' Compensation Procedure  
Workplace Violence Incident Report

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**ACKNOWLEDGEMENT OF CHILDREN  
IN THE WORKPLACE POLICY**

**PAGE 1 OF 1**

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

I hereby acknowledge that I have received and reviewed a copy of *Section 7.16 – Children in the Workplace* — from the Hardin County Appointing Authority Personnel Policy and Procedure Manual.

I understand that if I breach this policy, I could be subject to discipline including termination of my employment.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Appointing Authority and/or Designee

\_\_\_\_\_  
Date Received

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**ACKNOWLEDGEMENT OF RECEIPT OF AUDITOR OF STATE FRAUD –  
REPORTING SYSTEM INFORMATION**

**PAGE 1 OF 1**

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 (30) days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging the Hardin County Appointing Authority 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 also 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: \_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

You have been given copies of the following documents that have an important impact on your employment with the Employer. Each of the documents was explained to you and you were given an opportunity to read each one. If you have any remaining questions or concerns about these documents, stop now and ask the Employer’s representative before proceeding. The following documents may be subject to change and the employee will be notified of such changes through the usual channels of dissemination.

If you do not have any questions, please acknowledge that each of the following documents were given to you by signing and dating the following:

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**I Hereby Acknowledge that I Have Received a Copy of the Following Documents, Which Establish My Obligation as an Employee of the County. By My Signature Below, I Hereby Acknowledge that I Have Read and Understand These Documents or Will Read Each of These Documents, and Agree to Comply with All Terms and Conditions Therein. I Further Understand that If I Breach These Policies or Acknowledgments, I Could Be Subject to Discipline Including Termination of My Employment.**

	<u>Date</u>	<u>Signature</u>
<b>Carry and Concealment of Weapons (Section 7.14)</b>	_____	_____
<b>Discriminatory Harassment (Section 2.03)</b>	_____	_____
<b>Drug Free Workplace Policy (Section 7.06)</b>	_____	_____
<b>Ethics of Public Employment (Section 7.01)</b>	_____	_____
<b>Personnel Policy and Procedures Manual</b>	_____	_____
<b>Use of Information Systems (Section 6.10)</b>	_____	_____
<b>Workplace Violence Policy (Section 7.13)</b>	_____	_____
<b>No Expectation of Privacy (Section 6.14)</b>	_____	_____
<b>Children in the Workplace (Section 7.16)</b>	_____	_____

**Note:** New employees should complete this acknowledgment within fourteen (14) days following their hire.



**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**APPLICATION FOR EMPLOYMENT**

2. Employer's Name _____ Address _____ _____ Supervisor's Name _____	Dates Employed From: _____ Month/Year To: _____ Month/Year	Your Job Title Beginning _____ End _____
Describe your duties, responsibilities, equipment operated, etc., for position (s) held _____ _____ _____		
Describe your reason(s) for leaving _____ _____		

3. Employer's Name _____ Address _____ _____ Supervisor's Name _____	Dates Employed From: _____ Month/Year To: _____ Month/Year	Your Job Title Beginning _____ End _____
Describe your duties, responsibilities, equipment operated, etc., for position (s) held _____ _____ _____		
Describe your reason(s) for leaving _____ _____		

**EDUCATION AND TRAINING**

	Formal Education	College	Technical School
<b>School Name and Location</b>			
<b>Years Completed</b>	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 Above	1 2 3 4 Above
<b>Diploma/Degree/Major</b>			
<b>Other School(s) Attended</b>	_____ _____ _____		
Please describe courses you took, technical training you received, or skills you have attained which you feel would help you perform the job for which you are applying (e.g., special machines or equipment you operate, hobbies, or volunteer work projects which have taught you qualifying skills, etc.: _____ _____ _____			

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**MISCELLANEOUS**

**The following information will be used only if it is directly related to the classification/position for which you are applying.**

Have you ever been employed in the state or county service of the State of Ohio?  Yes  No

Have you any job-related training in the U.S. Military?  Yes  No

If you answered "yes" to either of the last two (2) questions, please explain: \_\_\_\_\_

Have you ever filed an application here before?  Yes  No

Have you ever been employed here before?  Yes  No

**WORK REFERENCES**

**Please give the name, address, and phone number of three references not related to you who would know of your skills for this position.**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I hereby declare that the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that, if employed, any misstatement, omission of fact on this application or falsification shall be cause for dismissal.

**I authorize you to obtain information through contacts with my former employers and the references listed above.**

\_\_\_\_\_  
Applicant's Signature Date \_\_\_\_\_

Reference Check #1 \_\_\_\_\_ Verified Date \_\_\_\_\_  
Comments \_\_\_\_\_

Reference Check #2 \_\_\_\_\_ Verified Date \_\_\_\_\_  
Comments \_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**APPLICATION FOR USE OF SICK LEAVE**

**PAGE 1 OF 1**

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Requested Leave Date: \_\_\_/\_\_\_/\_\_\_ From: \_\_\_\_\_ a.m./p.m. To: \_\_\_\_\_ a.m./p.m. Total hours: \_\_\_\_\_

Requested Leave Date(s): From: \_\_\_/\_\_\_/\_\_\_ Starting at: \_\_\_\_\_ a.m./p.m.  
To: \_\_\_/\_\_\_/\_\_\_ Ending at: \_\_\_\_\_ a.m./p.m. Total hours: \_\_\_\_\_

**Reason For Leave Requested**

- Illness or injury of the employee  
Nature of illness or injury: \_\_\_\_\_  
Is illness or injury job-related?  Yes  No
  - Illness or injury of a member of the employee's immediate family  
Does the ill or injured family member live in same household as employee?  Yes  No
  - Exposure to contagious disease
  - Death of a member of employee's immediate family  
Name and relationship of deceased: \_\_\_\_\_
  - Medical, dental, or optical examination or treatment of the employee **OR** a member of immediate family
  - Pregnancy, childbirth, and/or related medical conditions
- \_\_\_\_\_ **Total Hours Sick Leave Requested**

This leave would qualify for Family and Medical Leave (FML), regardless of whether the employee has, or intends to, request FML.  Yes  No

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

**If requesting sick leave for more than three (3) consecutive workdays, the employee shall be required to present a doctor's certificate stating the exact nature of the illness/injury and the employee's ability to perform the essential functions of his/her position.**

**Administrative Action**

\_\_\_\_\_ Balance of accrued sick leave hours prior to request  
\_\_\_\_\_ Number of hours requested  
\_\_\_\_\_ Balance of sick leave hours, if approved

- Recommended     Not Recommended     Approved     Disapproved

\_\_\_\_\_  
Appointing Authority's Signature

If approved by the Appointing Authority, this leave will be counted against the employee's annual hourly Family and Medical Leave (FML) entitlement as indicated:  None    \_\_\_\_\_ hours

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**AUTHORIZATION TO RELEASE PAYCHECK**

**PAGE 1 OF 1**

**Authorization**

I, \_\_\_\_\_, hereby authorize the County to release my paycheck to \_\_\_\_\_ on \_\_\_\_\_ (date), and I relieve the County of any liability in regards to such release.

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

\_\_\_\_\_  
Date

**Acknowledgment of Receipt**

I hereby acknowledge receipt of paycheck # \_\_\_\_\_ on \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**BI-WEEKLY TIME REPORT**

Employee: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Work Period: \_\_\_\_\_ to \_\_\_\_\_  
 Hourly Rate: \_\_\_\_\_ Vacation Accrual Rate: \_\_\_\_\_ Workweek Hours: \_\_\_\_\_ Paid Time Off: \_\_\_\_\_

Date	Day	Time In	Time Out	Time Out	Hours Worked	Comp Time Earned	Holiday	Vacation	Sick Leave .0575	Comp Time	Total Hours Paid
	Sat.										
	Sun.										
	Mon.										
	Tues.										
	Wed.										
	Thurs.										
	Fri.										
	Sat.										
	Sun.										
	Mon.										
	Tues.										
	Wed.										
	Thurs.										
	Fri.										

Total Hours Paid: \_\_\_\_\_

Prior Public Employee Dates: \_\_\_\_\_ Location: \_\_\_\_\_  
 Transfer Hours from Prior Public Employment: \_\_\_\_\_ Sick Hours: \_\_\_\_\_ Vacation Hours: \_\_\_\_\_  
 Prior Vacation Leave Accumulated: \_\_\_\_\_ Earned Vacation Time: (\_\_\_\_\_) Used: \_\_\_\_\_ Vacation Leave Accumulated: \_\_\_\_\_  
 Prior Sick Leave Accumulated: \_\_\_\_\_ Earned Sick Leave: (.0575/hr.) \_\_\_\_\_ Used: \_\_\_\_\_ Sick Leave Accumulated: \_\_\_\_\_  
 Prior Compensatory Time Accumulated: \_\_\_\_\_ Earned Comp Time: (\_\_\_\_\_) Used: \_\_\_\_\_ Comp Time Accumulated: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_



**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S  
SERIOUS HEALTH CONDITION (FMLA)**

**PAGE 2 OF 4**

**PART A: MEDICAL FACTS**

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

**Mark below as applicable:**

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

Yes     No    If so, dates of admission:

\_\_\_\_\_

Date(s) you treated the patient for condition:

\_\_\_\_\_

Will the patient need to have treatment visits at least twice per year due to the condition?  Yes     No

Was medication, other than over-the-counter medication, prescribed?  Yes     No

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

\_\_\_\_\_

2. Is the medical condition pregnancy?  Yes     No. If so, expected delivery date: \_\_\_\_\_

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition:  Yes     No

If so, identify the job functions the employee is unable to perform:

\_\_\_\_\_

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S  
SERIOUS HEALTH CONDITION (FMLA)**

**PAGE 3 OF 4**

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**PART B: AMOUNT OF LEAVE NEEDED**

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery?  Yes  No

If so, estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition?  Yes  No

If so, are the treatments or the reduced number of hours of work medically necessary?

Yes  No

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

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Estimate the part-time or reduced work schedule the employee needs, if any:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions?  Yes  No

Is it medically necessary for the employee to be absent from work during the flare-ups?

Yes  No. If so, explain:

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Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next six (6) months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: \_\_\_\_ times per \_\_\_\_ week(s) \_\_\_\_ month(s)

Duration: \_\_\_\_ hours or \_\_\_\_ day(s) per episode





**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**CERTIFICATION OF HEALTH CARE PROVIDER FOR FAMILY  
MEMBER'S SERIOUS HEALTH CONDITION (FMLA)**

**PAGE 2 OF 4**

information when responding to this request for medical information. "Genetic Information" as defined by GINA includes the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Please provide medical history information regarding your patient only to the extent necessary to fully respond to all relevant items below.

Provider's name and business address: \_\_\_\_\_

Type of practice/Medical specialty: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

**PART A: MEDICAL FACTS**

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?  
\_\_\_ No \_\_\_ Yes. If so, dates of admission: \_\_\_\_\_

Date(s) you treated the patient for condition: \_\_\_\_\_

Was medication, other than over-the-counter medication, prescribed?  Yes  No

Will the patient need to have treatment visits at least twice per year due to the condition?  Yes  No

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

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

2. Is the medical condition pregnancy?  Yes  No If so, expected delivery date: \_\_\_\_\_

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

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

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**CERTIFICATION OF HEALTH CARE PROVIDER FOR FAMILY  
MEMBER'S SERIOUS HEALTH CONDITION (FMLA)**

**PAGE 3 OF 4**

**PART B: AMOUNT OF CARE NEEDED:** When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

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

Estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

During this time, will the patient need care?  Yes  No

Explain the care needed by the patient and why such care is medically necessary:

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5. Will the patient require follow-up treatments, including any time for recovery?  Yes  No

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

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Explain the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_

---

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery?  Yes  No

Estimate the hours the patient needs care on an intermittent basis, if any:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

Explain the care needed by the patient, and why such care is medically necessary:

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**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**CERTIFICATION OF HEALTH CARE PROVIDER FOR FAMILY  
MEMBER'S SERIOUS HEALTH CONDITION (FMLA)**

**PAGE 4 OF 4**

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities?  Yes  No

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next six (6) months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: \_\_\_\_ times per \_\_\_\_ week(s) \_\_\_\_ month(s)

Duration: \_\_\_\_ hours or \_\_\_\_ day(s) per episode

Does the patient need care during these flare-ups?  Yes  No

Explain the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
**Date**



**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY  
FAMILY LEAVE (FMLA)**

**PAGE 2 OF 3**

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military; a document confirming the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached.

**Part B: Amount Of Leave Needed**

1. Approximate date exigency commenced: \_\_\_\_\_

Probable duration of exigency: \_\_\_\_\_

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?  Yes  No

If so, estimate the beginning and ending dates for the period of absence:

\_\_\_\_\_

3. Will you need to be absent from work periodically to address this qualifying exigency?  Yes  No

Estimate schedule of leave, including the dates of any scheduled meetings or appointments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

Frequency: \_\_\_\_ times per \_\_\_\_ week(s) \_\_\_\_ month(s)

Duration: \_\_\_\_ hours \_\_\_\_ day(s) per event.

**Part C**

If leave is requested to meet with a third party (such as to arrange for childcare or parental care, to attend counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or e-mail address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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



**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF A CURRENT  
SERVICE MEMBER FOR MILITARY FAMILY LEAVE (FMLA)**

**PAGE 1 OF 4**

Notice to the EMPLOYER INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a serious injury or illness of a covered servicemember to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 CFR § 825.310. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 CFR § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 CFR 1635.9, if the genetic Information Nondiscrimination Act applies).

**SECTION I:** For Completion by the EMPLOYEE and/or the CURRENT SERVICEMEMBER for whom the Employee is Requesting Leave INSTRUCTIONS to the EMPLOYEE or CURRENT SERVICEMEMBER: Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a servicemember. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 CFR § 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

**SECTION II:** For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125. INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is a member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty in the Armed Forces or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.

A complete and sufficient certification to support a request for FMLA leave due to a covered servicemember's serious injury or illness includes written documentation confirming that the covered servicemember's injury or illness was incurred in the line of duty on active duty or if not, that the current servicemember's injury or illness existed before the beginning of the servicemember's active duty was aggravated by service in the line of duty on active duty in the Armed Forces, and that the covered servicemember is undergoing treatment for such injury or illness by a health care provider listed above. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the servicemember's condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 CFR 1635.3(f), or genetic services, as defined in 29 CFR 1635.3(e).

**SECTION I:** For Completion by the EMPLOYEE and/or the CURRENT SERVICEMEMBER for whom the Employee is Requesting Leave: (This section must be completed first before any of the below sections can be completed by a health care provider.)

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF A CURRENT  
SERVICE MEMBER FOR MILITARY FAMILY LEAVE (FMLA)**

**PAGE 2 OF 4**

**Part A: Employee Information**

Name and address of employer (this is the employer of the employee requesting leave to care for current servicemember): \_\_\_\_\_  
\_\_\_\_\_

Name of employee requesting leave to care for current servicemember:

\_\_\_\_\_

First	Middle	Last
-------	--------	------

Name of current servicemember (for whom employee is requesting leave to care):

\_\_\_\_\_

First	Middle	Last
-------	--------	------

Relationship of employee to current servicemember requesting leave to care:

\_\_\_\_ Spouse \_\_\_\_ Parent \_\_\_\_ Son \_\_\_\_ Daughter \_\_\_\_ Next of Kin

**Part B: Current Servicemember Information**

- (1) Is the current servicemember a current member of the Regular Armed Forces, the National Guard, or Reserves?  Yes  No

If yes, please provide the servicemember's military branch, rank, and unit currently assigned to:

\_\_\_\_\_

Is the servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)?  Yes  No

If yes, please provide the name of the medical treatment facility or unit: \_\_\_\_\_

- (2) Is the servicemember on the Temporary Disability Retired List (TDRL)?  Yes  No

**Part C: Care To Be Provided To The Current Servicemember**

Describe the care to be provided to the current servicemember and an estimate of the leave needed to provide the care:

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

**SECTION II: For Completion by a United States Department of Defense ("DOD") Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125.. If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator). (Please ensure that Section I above has been completed before completing this section.) Please be sure to sign the form on the last page.**

**THE HARDIN COUNTY APPOINTING AUTHORITY  
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**CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF A CURRENT  
SERVICE MEMBER FOR MILITARY FAMILY LEAVE (FMLA)**

**PAGE 3 OF 4**

**Part A: Health Care Provider Information**

Health Care Provider's Name and Business Address:

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Type of Practice/Medical Specialty: \_\_\_\_\_

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; or (4) a DOD non-network TRICARE authorized private health care provider or (5) a health care provider as defined in 29 CFR 825.125: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Part B: Medical Status**

(1) Current servicemember's medical condition is classified as (check one of the appropriate boxes):

**(VSI) Very Seriously Ill/Injured** — Illness/injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD health care providers.)

**(SI) Seriously Ill/Injured** — Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD health care providers.)

**OTHER Ill/Injured** — A serious injury or illness that may render the servicemember medically unfit to perform the duties of the member's office, grade, rank, or rating.

**NONE OF THE ABOVE** (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380 or an employer-provided form seeking the same information.)

(2) Is the current servicemember being treated for a condition which was incurred or aggravated by service in line of duty on active duty in the Armed Forces?  Yes  No

(3) Approximate date condition commenced: \_\_\_\_\_

(4) Probable duration of condition and/or need for care: \_\_\_\_\_

(5) Is the current servicemember undergoing medical treatment, recuperation, or therapy?  Yes  No  
If yes, please describe medical treatment, recuperation, or therapy:  
\_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
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**CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF A CURRENT  
SERVICE MEMBER FOR MILITARY FAMILY LEAVE (FMLA)**

**PAGE 4 OF 4**

**Part C: Servicemember's Need For Care By Family Member**

(1) Will the servicemember need care for a single continuous period of time, including any time for treatment and recovery?  Yes  No  
If yes, estimate the beginning and ending dates for this period of time: \_\_\_\_\_

(2) Will the servicemember require periodic follow-up treatment appointments?  Yes  No  
If yes, estimate the treatment schedule: \_\_\_\_\_

(3) Is there a medical necessity for the servicemember to have periodic care for these follow-up treatment appointments?  Yes  No

(4) Is there a medical necessity for the covered servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)?  Yes  No

If yes, please estimate the frequency and duration of the periodic care:

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

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
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**CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF A VETERAN  
FOR MILITARY CAREGIVER LEAVE (FMLA)**

**PAGE 1 OF 4**

**SECTION I:** For completion by the EMPLOYEE and/or the VETERAN for whom the employee is requesting leave

**INSTRUCTIONS to the EMPLOYEE and/or VETERAN:** Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for military caregiver leave under the FMLA leave due to a serious injury or illness of a covered veteran. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 CFR 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

(This section must be completed before Section II can be completed by a health care provider.)

**PART A: EMPLOYEE INFORMATION**

Name and address of employer (this is the employer of the employee requesting leave to care for a veteran):

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Name of employee requesting leave to care for a veteran:

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First	Middle	Last
-------	--------	------

Name of veteran (for whom employee is requesting leave):

---

First	Middle	Last
-------	--------	------

Relationship of employee to veteran:

Spouse     Parent     Son     Daughter     Next of Kin     (please specify relationship)

**PART B: VETERAN INFORMATION**

1. Date of the veteran's discharge: \_\_\_\_\_
2. Was the veteran dishonorably discharged or released from the Armed Forces (including the National Guard or Reserves)?  Yes     No
3. Please provide the veteran's military branch, rank and unit at the time of discharge:  
\_\_\_\_\_
4. Is the veteran receiving medical treatment, recuperation, or therapy for an injury or illness?  Yes     No

**PART C: CARE TO BE PROVIDED TO THE VETERAN**

Describe the care to be provided to the veteran and an estimate of the leave needed to provide the care:

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**THE HARDIN COUNTY APPOINTING AUTHORITY  
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**CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF A VETERAN  
FOR MILITARY CAREGIVER LEAVE (FMLA)**

**PAGE 2 OF 4**

**SECTION II:** For completion by: (1) a United States Department of Defense (“DOD”) health care provider; (2) a United States Department of Veterans Affairs (“VA”) health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider; or (5) a health care provider as defined in 29 CFR 825.125.

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** The employee named in Section I has requested leave under the military caregiver leave provision of the FMLA to care for a family member who is a veteran. For purposes of FMLA military caregiver leave, a serious injury or illness means an injury or illness incurred by the servicemember in the line of duty on active duty in the Armed Forces (or that existed before the beginning of the servicemember’s active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the servicemember became a veteran, and is:

1. a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember’s office, grade, rank, or rating; or
2. 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
3. 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
4. an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans’ Affairs Program of Comprehensive Assistance for Family Caregivers.

A complete and sufficient certification to support a request for FMLA military caregiver leave due to a covered veteran’s serious injury or illness includes written documentation confirming that the veteran’s injury or illness was incurred in the line of duty on active duty or existed before the beginning of the veteran’s active duty or existed before the beginning of the veteran’s active duty and was aggravated by service in the line of duty on active duty, and that the veteran is undergoing treatment, recuperation, or therapy for such injury or illness by a health care provider listed above. Answer fully and completely all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as “lifetime,” “unknown,” or “indeterminate” may not be sufficient to determine FMLA military caregiver leave coverage. Limit your responses to the veteran’s condition for which the employee is seeking leave. Do not provide information about genetic tests, as defined in 29 CFR 1635.3(f), or genetic services, as defined in 29 CFR 1635.3(e).

(Please ensure that Section I has been completed before completing this section. Please be sure to sign the form on the last page and return this form to the employee requesting leave [See Section I, Part A, above]. DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.)

**PART A: HEALTH CARE PROVIDER INFORMATION**

Health care provider’s name and business address:

\_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Type of Practice/Medical Specialty: \_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF A VETERAN  
FOR MILITARY CAREGIVER LEAVE (FMLA)**

**PAGE 3 OF 4**

Please indicate if you are:

- a DOD health care provider
- a VA health care provider
- a DOD TRICARE network authorized private health care provider
- a DOD non-network TRICARE authorized private health care provider
- other health care provider

**PART B: MEDICAL STATUS**

Note: If you are unable to make certain of the military-related determinations contained in Part B, you are permitted to rely upon determination from an authorized DOD representative (such as DOD Recovery Care Coordinator) or an authorized VA representative.

1. The Veteran's medical condition is:

- A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating.
- A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50% or higher, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave.
- A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment.
- An injury, including a psychological injury, on the basis of which the covered veteran is enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.
- None of the above.

2. Is the veteran being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces?  Yes  No

3. Approximate date condition commenced: \_\_\_\_\_

4. Probable duration of condition and/or need for care: \_\_\_\_\_

5. Is the veteran undergoing medical treatment, recuperation, or therapy for this condition?  Yes  No

If yes, please describe medical treatment, recuperation or therapy:

\_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
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**CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF A VETERAN  
FOR MILITARY CAREGIVER LEAVE (FMLA)**

**PAGE 4 OF 4**

**PART C: VETERAN'S NEED FOR CARE BY FAMILY MEMBER**

“Need for care” encompasses both physical and psychological care. It includes situations where, for example, due to his or her serious injury or illness, the veteran is unable to care for his or her own basic medical, hygienic, or nutritional needs or safety, or is unable to transport him or herself to the doctor. It also includes providing psychological comfort and reassurance which would be beneficial to the veteran who is receiving inpatient or home care.

1. Will the veteran need care for a single continuous period of time, including any time for treatment and recovery?  Yes  No

If yes, estimate the beginning and ending dates for this period of time: \_\_\_\_\_

2. Will the veteran require periodic follow-up or treatment appointments?  Yes  No

If yes, estimate the treatment schedule: \_\_\_\_\_

3. Is there a medical necessity for the veteran to have periodic care for these follow-up treatment appointments?  Yes  No

4. Is there a medical necessity for the veteran to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)?  Yes  No

If yes, please estimate the frequency and duration of the periodic care:

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

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. 2616; 29 CFR 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave. NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYEE REQUESTING LEAVE** (as shown in Section I, Part “A” above).

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**CHECKLIST FOR EMPLOYMENT REQUIREMENTS**

**PAGE 1 OF 2**

EMPLOYEE: \_\_\_\_\_ EMP# \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ FULL TIME                  PART TIME

COPY OF DRIVER LICENSE \_\_\_\_\_ COPY OF PASSPORT \_\_\_\_\_

COPY OF SOCIAL SECURITY CARD \_\_\_\_\_

BIRTH CERTIFICATE \_\_\_\_\_

OPERS FORM \_\_\_\_\_

SOCIAL SECURITY WINDFALL FORM I-9 \_\_\_\_\_

W-4 \_\_\_\_\_

OHIO TAX IT 4 \_\_\_\_\_

DIRECT DEPOSIT \_\_\_\_\_

SCHOOL TAX \_\_\_\_\_

AFFIRMATIVE ACTION \_\_\_\_\_

FIREARMS POLICY \_\_\_\_\_

CONCEAL CARRY \_\_\_\_\_

DRUG-FREE WORKPLACE \_\_\_\_\_

STATE FRAUD REPORTING \_\_\_\_\_

YMCA/TOBACCO-SMOKE FREE \_\_\_\_\_

CCAO & OHIO DEF COMP \_\_\_\_\_

LIFE INSURANCE FORM \_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
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**CHECKLIST FOR EMPLOYMENT REQUIREMENTS**

**PAGE 2 OF 2**

**INSURANCE (FULL TIME ONLY): MUST SIGN WAIVER ON ALL APPLICATIONS  
IF DECLINING**

INSURANCE COST LIST	_____		
SPOUSAL SURCHARGE/RESOLUTION	_____	*MUST SIGN, MARRIED OR NOT	
125 PLAN (ACCEPT/WAIVE)	_____		
MEDICAL INSURANCE FORM/INFO	_____	ACCEPTING	WAIVING
HIPAA NOTICE OF PRIVACY	_____		
DENTAL INSURANCE FORM/INFO	_____	ACCEPTING	WAIVING
VISION INSURANCE FORM/INFO	_____	ACCEPTING	WAIVING

**THE ITEMS ON THIS FORM HAVE BEEN DISCUSSED WITH ME.**

**EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

Dear Employee and Spouse (if applicable):

Under the Federal Consolidated Omnibus Budget Reconciliation Act (COBRA), you and/or your dependents may qualify to purchase, at your own expense, continued health insurance coverage for a specified period of time after coverage would normally terminate under the County's plan.

**QUALIFYING EVENTS**

In order to be eligible for this continued health coverage, a qualifying event must occur which would otherwise cause a loss of coverage. Qualified events include:

1. Termination of your service for any reason except gross misconduct; and
2. In the case of your dependents:
  - your becoming eligible for Medicare;
  - your death;
  - divorce or legal separation;
  - your dependents' ceasing to qualify as dependents under the terms of the County's plan.

**NOTIFICATION**

If coverage would otherwise be lost due to:

1. divorce or legal separation; or
2. your dependents' ceasing to qualify as dependents under the terms of the County's plan; then you or your dependent must notify the employer's plan administrator within sixty (60) days of the later of the date;
3. of the qualifying event; or
4. the dependent would lose coverage.

The plan administrator will then inform you of the cost to you, the proper election procedures, and will provide you with the necessary election forms.

If coverage would otherwise be lost due to any other qualifying event, then the plan administrator will notify you of the proper election procedures and provide you with the necessary election forms within the time periods specified by law.

**TYPE OF COVERAGE**

The continued health coverage provided by COBRA will be the same as that provided under the employer's plan for similarly situated individuals.

If this plan replaces another policy or plan and you or your dependents were receiving benefits under COBRA from the prior plan, then benefits may be continued under this provision for the remainder of the original period. However, benefits will be reduced by any benefits which are payable under the prior plan.

**MAXIMUM PERIOD OF CONTINUATION**

Depending on the qualifying event, health benefits may be continued for up to 18, 29, or 36 months from the date of the qualifying event.

If your coverage or your dependents' coverage would otherwise be lost due to termination of your service for any reason except gross misconduct, then coverage may be continued up to 18 months. If a second qualifying event occurs during this period, coverage may extend for an additional 18 months. Coverage may extend for up to twenty-nine (29) months from the date of the qualifying event if a beneficiary becomes disabled, and provides timely notice of that status to the plan administrator.

If your dependents' coverage would otherwise be lost due to:

- your becoming eligible for Medicare;
- your death;
- divorce or legal separation;
- your dependents' coverage ceasing to qualify as dependents under the terms of your employer's plan;

then coverage may be continued for up to thirty-six (36) months.

**In all cases, benefits will terminate earlier if the person receiving continued benefits:**

- does not pay the premium on time;
- becomes covered under another group plan;
- becomes eligible for Medicare; or
- your employer's plan terminates.

If you have any questions regarding COBRA continuation, call your plan administrator for further information.

Sincerely,



**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**Step 3 Appointing Authority**

Delivered by employee to Appointing Authority within five (5) working days of receipt of the Step 2 answer.

Date Submitted \_\_\_\_\_

Received by \_\_\_\_\_

Date of Hearing \_\_\_\_\_ (within ten [10] working days of receipt)

Appointing Authority's answer (within fifteen [15] working days of hearing) \_\_\_\_\_

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

Appointing Authority's Signature \_\_\_\_\_

Date \_\_\_\_\_



**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**DESIGNATION NOTICE (FMLA)**

**PAGE 1 OF 1**

To: \_\_\_\_\_

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

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on \_\_\_\_\_ and decided:

---

**Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.**

**The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:**

Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: \_\_\_\_\_

Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

**Please be advised (check if applicable):**

You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

We are requiring you to substitute or use paid leave during your FMLA leave.

You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position  **is**  **is not** attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

---

**Additional information is needed to determine if your FMLA leave request can be approved:**

The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than \_\_\_\_\_  
(Provide at least 7 calendar days)  
unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied. \_\_\_\_\_  
(Specify information needed to make the certification complete and sufficient)

We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

---

Your FMLA leave request is Not Approved.

The FMLA does not apply to your leave request.

You have exhausted your FMLA leave entitlement in the applicable 12-month period.

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**DISCRIMINATION COMPLAINT FORM**

**PAGE 1 OF 1**

Individuals who feel they have been illegally discriminated against or subject to discriminatory harassment on the basis of race, color, religion, sex, sexual orientation or gender identity, known pregnancy, childbirth, or related medical conditions, national origin, age, ancestry, genetic information, or disability or have been sexually harassed by an employee of the Employer or while working for the Employer may file a complaint by completing this form and submitting it to the EEO/ADA Coordinator.

Name of Complainant: \_\_\_\_\_  
Classification (if employee): \_\_\_\_\_  
Address (if non-employee): \_\_\_\_\_  
\_\_\_\_\_

Basis of complaint: \_\_\_\_\_  
(continue on back or  
separate page if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of incident(s): \_\_\_\_\_

If claiming discrimination based on disability or known pregnancy, childbirth, or related medical conditions, what accommodation do you request? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If claiming discrimination other than disability or known pregnancy, childbirth, or related medical conditions, what resolution do you request? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**IN CASE OF ACCIDENT**

**If At All Possible, The Driver Should Do All Of The Following:**

1. Stop at once.
2. Take steps to prevent further accidents — park safely, set out warning devices.
3. Send for police, call for medical assistance if anyone is injured.
4. Protect your passengers, your vehicle, and/or cargo.
5. Give other driver(s) your name, address, County's name and address, your vehicle's license or ID number, and your driver's license number.
6. Discuss the accident only with the police and your supervisor.
7. Complete the driver's report at the scene if possible.
8. Contact your supervisor or department head as soon as possible or have some else do it if you are unable.
9. Complete the County's report of accident as soon as possible.

**IMPORTANT**

1. **Never discuss the accident at the scene with the other people involved, or within hearing of anyone other than the police or your supervisor.**
2. **Never admit fault; let the police conduct their investigation and make their own determination of who is at fault.**
3. **Never commit yourself, or the County, to paying or fixing anything.**

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

Please sign below and present this acknowledgement slip to your supervisor for inclusion in your personnel file.

**Regulations**

The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance by any employee, which takes place in whole or in part in the Employer's workplace, is strictly prohibited and will result in criminal prosecution and discipline of the employee which may include termination from employment.

**Notification of Conviction**

Any employee convicted of any federal, state or municipal criminal drug statute for a workplace related drug offense must notify the Engineer of such within five (5) calendar days of the conviction.

**I hereby acknowledge that I have received a copy of the Hardin County Drug Free Workplace Policy which establishes my obligations as an employee. I further understand that if I breach this policy, I could be subject to criminal prosecution and/or discipline including termination of my employment.**

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

\_\_\_\_\_  
Date

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

Name \_\_\_\_\_ Separation Date \_\_\_\_\_  
 Job Title/Department \_\_\_\_\_ Date of Hire \_\_\_\_\_  
 Date Interviewed \_\_\_\_\_ Interviewed by \_\_\_\_\_  
 Reason for Separation \_\_\_\_\_

**Employee's Evaluation of the Job**

	Excellent	Satisfactory	Fair	Poor	Unsatisfactory
<b>Interest Job Held</b>					
<b>Performance Recognition</b>					
<b>Supervisory Fairness</b>					
<b>Chance for Advancement</b>					
<b>Wages and Benefits</b>					
<b>Rapport with Fellow Workers</b>					
<b>Training Received on the Job</b>					
<b>Description of Position Compared to Actual Work</b>					
<b>Communication Between Employees &amp; Management</b>					
<b>General Working Conditions</b>					

**Employee's Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Interviewer's Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor's or Department Head's final evaluation of employee \_\_\_\_\_  
 \_\_\_\_\_

Would we rehire?  Yes  No

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

Interviewer Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**EXPENSE REIMBURSEMENT FORM**

**PAGE 1 OF 2**

**PART A — REQUEST**

Employee Name \_\_\_\_\_  
Department \_\_\_\_\_

I hereby request to attend \_\_\_\_\_  
\_\_\_\_\_

Location \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

Transportation

- County Vehicle
- Private Vehicle
- Other

Registration Fee

\$ \_\_\_\_\_  
If pre-registration is requested,  
provide vendor's name:  
\_\_\_\_\_

Reimbursement is Requested For

- Mileage
- Parking
- Lodging
- Meals
- Other (Specify) \_\_\_\_\_

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

- 
- Recommended     Not Recommended     Approved     Disapproved

Department Head/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Appointing Authority \_\_\_\_\_ Date \_\_\_\_\_

County Commissioner \_\_\_\_\_ Date \_\_\_\_\_

County Commissioner \_\_\_\_\_ Date \_\_\_\_\_

County Commissioner \_\_\_\_\_ Date \_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**EXPENSE REIMBURSEMENT FORM**

**PART B — REIMBURSEMENT**

Employee's Name \_\_\_\_\_  
Department \_\_\_\_\_

<b>Mileage Reimbursement Report</b>						
Month/Day	Travel Points		Odometer Reading		Total	Transportation
	From	To	Start	Finish		
						<input type="checkbox"/> County Vehicle
						<input type="checkbox"/> Private
						<input type="checkbox"/> Other
						Parking: \$ _____
						Mileage \$ _____
			Total Miles			

<b>Meal Reimbursement Report</b>								
Month/Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Breakfast								Meals: \$ _____
Lunch								
Dinner								Lodging: \$ _____
Total Meals								
Lodging								

Approved for Payment                       Disapproved

Appointing Authority \_\_\_\_\_  
Date \_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**FIRST REPORT OF INJURY, OCCUPATIONAL DISEASE, OR DEATH  
(FROI)**

**SEE ATTACHED FORM**

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**IMMIGRATION REFORM AND CONTROL (EMPLOYMENT ELIGIBILITY) –  
FORM I-9**

**SEE ATTACHED FORM**

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**Letterhead**

Name  
Address

Welcome to employment with Hardin County. You are being appointed to the interim position of \_\_\_\_\_ (name of position), effective \_\_\_\_\_ (date).

This position is an interim appointment, the duration of which shall be based upon the length of the approved leave of absence of another County employee. Your appointment shall continue only during the time of such leave of absence. During this period, you shall be scheduled \_\_\_\_\_ (day) through \_\_\_\_\_ (day) from \_\_\_\_\_ (time) to \_\_\_\_\_ (time).

Any change in schedule will be communicated to you by your supervisor.

As an interim appointment, this position is in the unclassified service. You shall serve in this position at the pleasure of the Appointing Authority and may be terminated from employment with or without cause, with or without notice, with no right of appeal.

Please see your supervisor or the Business Office with any questions concerning your appointment.

\_\_\_\_\_  
Signature

I hereby acknowledge and accept appointment to the untested, non-tenured classified service as provided herein.

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

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**Letterhead**

Name  
Address

Welcome to employment with Hardin County. You are being appointed to the intermittent position of \_\_\_\_\_ (name of position), effective \_\_\_\_\_ (date).

This position is an intermittent appointment to work an irregular schedule which will be determined by the fluctuating demands of the work and is not predictable.

Your actual schedule will be communicated to you by your supervisor in advance.

As an intermittent appointment, this position is in the untested, non-tenured classified service. You shall serve in this position at the pleasure of the Appointing Authority, and may be terminated from employment with or without cause, with or without notice, with no right of appeal.

Please see your supervisor or the Business Office with any questions concerning your appointment.

\_\_\_\_\_  
Signature

I hereby acknowledge and accept appointment to the untested, non-tenured classified service as provided herein.

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

THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL

LETTER OF APPOINTMENT

PAGE 1 OF 1

Department Letterhead

Dear \_\_\_\_\_:

Please be advised that effective \_\_\_\_\_ (date) you are appointed as a **(regular)** **(temporary)** **(seasonal)** **(interim)** **(student)** employee to the position of \_\_\_\_\_ with Hardin County. You are to report for work at \_\_\_\_\_ (location) on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

This appointment is in the **(classified)** **(unclassified)** service and you will be working on **(a)** **(an)** **(full-time)** **(part-time)** **(intermittent)** basis. Please see your immediate supervisor regarding your work schedule.

Your position is a **(salaried)** **(hourly)** position **(exempt)** **(nonexempt)** from the Fair Labor Standards Act (FLSA). You **(will)** **(will not)** be eligible to earn overtime. Your starting rate of pay shall be \_\_\_\_\_ **(per hour)** **(annually)**.

If you are required to operate a vehicle as part of your employment, you will be required to maintain the appropriate operator's license and exhibit an acceptable driving record during the course of your employment.

You will also be required, as a condition of your continued employment, to remain insurable under the County's liability insurance coverage and to meet the following certifications or bonding requirements: \_\_\_\_\_

I wish to welcome you to Hardin County and I wish you the very best during your working career.

Sincerely,

\_\_\_\_\_  
Appointing Authority

I hereby acknowledge I have received a copy of this letter of appointment, been given ample opportunity to discuss its contents, and agree with the terms of my appointment as expressed herein.

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

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**LETTER OF RESIGNATION/RETIREMENT**

**PAGE 1 OF 1**

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

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby resign  retire  from my employment with Hardin County.

My last working day will be \_\_\_\_/\_\_\_\_/\_\_\_\_, and my resignation  retirement  will be effective on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_ p.m.

Reason(s) for resignation or retirement (optional):

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

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

Accepted: \_\_\_\_\_  
(Appointing Authority's Signature)

\_\_\_\_\_  
Effective Date

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**MEDICAL PHYSICIAN'S STATEMENT**

**PAGE 1 OF 2**

**Employee Authorization to Release Information**

Employee Name \_\_\_\_\_  
(Please Print) Employee Signature/Date \_\_\_\_\_

I hereby authorize this medical physician to release the information requested below or any other information requested by my employer, Hardin County, relative to this use of sick leave, in order to qualify for sick leave benefits, FMLA leave, disability leave, etc.

**Statement of the Physician**

_____ Name of Physician	_____ Phone Number
_____ Street Address	_____ City, State, Zip Code
_____ Type of Practice	_____ Date

Date and time you examined the above-named employee \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

State the reason you examined the individual (state exact nature of illness, injury, or treatment)

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

Please state your prognosis \_\_\_\_\_  
\_\_\_\_\_

May the employee return to work immediately?  Yes  No  
If no, when do you reasonably expect he or she may return? Date \_\_\_\_\_

Have you placed this employee under any work restrictions (e.g., weight lifting limitations, number of hours per day, etc.)? If so, please state the restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you prescribed any medications which may impair performance?  Yes  No  
If yes, what are the medications and for how long are they prescribed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**MEDICAL PHYSICIAN'S STATEMENT**

**PAGE 2 OF 2**

If the above-named individual was accompanying a member of his or her immediate family who was seen by you, was the named individual's presence required?  Yes  No

If the above-named individual was seen by you for a reported occupational disease or injury, please submit any additional information necessary to assist in the processing of a Workers' Compensation claim.

Was the illness or injury job related?  Yes  No

Is this illness or injury a reoccurrence of a prior illness or injury (answer only if reported as job related)?  Yes  No

Given the above restrictions/limitations, will the employee be capable of performing the work-related tasks set forth on the attached job description?  Yes  No

\_\_\_\_\_  
Actual Signature of Licensed Medical Physician

\_\_\_\_\_  
Date

**Note: This form must be completed to justify payment to an employee of sick leave benefits. Statements from physicians that refer only to being under "professional care" are unacceptable.**

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**NOTICE OF DISCIPLINARY CONFERENCE**

**PAGE 1 OF 1**

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

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

This notice is provided to you to advise that a disciplinary conference will be held at \_\_\_\_\_ (time) at \_\_\_\_\_ (location) on \_\_\_\_\_ (date) to provide you with an opportunity to respond to the following allegations of misconduct:

Alleged Offenses: \_\_\_\_\_

Type of Offense: \_\_\_\_\_ Group \_\_\_\_\_ Number(s) \_\_\_\_\_

You have the right to:

1. Appear at the hearing to present oral or written statements and any documents in your defense;
2. Appear at the hearing and have your chosen representative present an oral or written statement and any documents in your defense; or
3. Elect in writing to waive your opportunity to have a disciplinary hearing.

Failure to respond truthfully may result in further disciplinary action. You may be represented by any person you choose, whether such individual is an employee or not. However, no conference will be delayed more than twenty-four (24) hours to enable your representative to attend.

If you elect to attend the conference and present any evidence in your defense, or if you are called to testify as to any allegations of misconduct by the Appointing Authority, you must answer all questions truthfully. If it is proven in a subsequent conference that your responses to questions were not truthful, such dishonesty may result in further disciplinary action.

At the conference you may present any testimony, witnesses, or documents which would explain whether or not the alleged misconduct occurred. You may be represented by any person you choose. You shall provide a list of witnesses to \_\_\_\_\_ no later than one (1) hour prior to the disciplinary conference. It is your responsibility to notify your witnesses that their attendance is desired. No conference will be delayed more than twenty-four (24) hours to enable your representative to attend. A written report will be prepared by the person conducting the conference concluding as to whether or not the alleged misconduct occurred. A copy of this report will be provided to you within five (5) days following its preparation.

The disciplinary conference will be conducted by: \_\_\_\_\_ (name);  
\_\_\_\_\_ (telephone number).

If you have any questions in regard to this procedure, please contact this individual immediately

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**NOTICE OF ELIGIBILITY AND RIGHTS AND RESPONSIBILITIES  
(FMLA)**

**PAGE 1 OF 3**

In general, to be eligible an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 CFR § 825.300(b), which must be provided within five (5) business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 CFR § 825.300(b), (c).

**PART A — NOTICE OF ELIGIBILITY**

TO: \_\_\_\_\_  
Employee

FROM: \_\_\_\_\_  
Employer Representative

DATE: \_\_\_\_\_

On \_\_\_\_\_, you informed us that you needed leave beginning on \_\_\_\_\_ for:

- The birth of a child, or placement of a child with you for adoption or foster care;
- Your own serious health condition;
- Because you are needed to care for your \_\_\_ spouse; \_\_\_ child; \_\_\_ parent due to his/her serious health condition.
- Because of a qualifying exigency arising out of the fact that your \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on covered active duty or call to covered active duty status with the Armed Forces.
- Because you are the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

- Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
- Are **not** eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
  - You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately \_\_\_ months towards this requirement.
  - You have not met the FMLA's 1,250-hours of service requirement.
  - You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact \_\_\_\_\_ or view the FMLA poster located in \_\_\_\_\_.

**PART B — RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE**

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA leave you must return the following information to us by \_\_\_\_\_.

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**NOTICE OF ELIGIBILITY AND RIGHTS AND RESPONSIBILITIES  
(FMLA)**

**PAGE 2 OF 3**

(If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

- \_\_\_ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request \_\_\_ **is**/ \_\_\_ **is not** enclosed.
- \_\_\_ Sufficient documentation to establish the required relationship between you and your family member.
- \_\_\_ Other information needed (such as documentation for military family leave): \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_ No additional information requested.

If your leave does qualify as FMLA leave, you will have the following responsibilities while on FMLA leave (only checked blanks apply):

- \_\_\_ Contact \_\_\_\_\_ at \_\_\_\_\_ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.
- \_\_\_ You will be required to use your available \_\_\_ sick, \_\_\_ vacation leave and/or \_\_\_ other leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave.
- \_\_\_ Due to your status within the company, you are considered a “key employee” as defined in the FMLA. As a “key employee,” restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We \_\_\_ **have**/ \_\_\_ **have not** determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.
- \_\_\_ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every \_\_\_\_\_. (Indicate interval of periodic reports, as appropriate for the particular leave situation).

**If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on this form, you will be required to notify us at least two (2) workdays prior to the date you intend to report for work.**

If your leave does qualify as FMLA leave, you will have the following rights while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as the calendar year (January – December); a fixed leave year based on \_\_\_\_\_; the 12 month period measured forward from the date of your first FMLA usage, and a “rolling” 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on \_\_\_\_\_.

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**NOTICE OF ELIGIBILITY AND RIGHTS AND RESPONSIBILITIES  
(FMLA)**

- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have vacation leave and/or other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

\_\_\_\_ For a copy of conditions applicable to sick/vacation/other leave usage please refer to \_\_\_\_\_  
available at: \_\_\_\_\_

\_\_\_\_ Applicable conditions for use of paid leave: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Once we obtain the information from you as specified above, we will inform you, within five (5) business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact: \_\_\_\_\_**

at \_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**NOTICE OF INVOLUNTARY DISABILITY SEPARATION**

**PAGE 1 OF 1**

To \_\_\_\_\_ Date \_\_\_\_\_  
(Name of Employee)

You are hereby notified that you have been given a disability separation from employment with Hardin County as of the above date. This disability separation is granted because you have been deemed by your physician after a medical examination, and/or upon submission of satisfactory written documentation, to be unable to return to active work status within the six (6) month leave of absence without pay which you were granted on \_\_\_\_\_(date).

Since your disability separation is due to the same disabling injury for which you were placed on disability leave of absence, the maximum period of your disability separation shall be from \_\_\_\_\_ to \_\_\_\_\_ (not to be longer than two [2] years for reinstatement purposes).

You have the right to be reinstated to a position in your classification for the period of your disability separation. Requests for reinstatement must be made in writing. You shall be eligible for reinstatement after a medical examination conducted by a physician or upon submission of appropriate medical documentation which establishes that you have recovered from your disabling injury so as to be able to perform the essential functions of your position.

If you fail to apply for reinstatement or you are not found to be fit for reinstatement after proper application and examination within the two (2) year period of separation, you shall be permanently separated from services as of the date you were granted disability separation.

Please see me with any questions you may have concerning this notice or disability separation.

\_\_\_\_\_  
Appointing Authority, Hardin County

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**NOTIFICATION OF INTENTION TO CONVERT SICK LEAVE UPON  
RETIREMENT**

**PAGE 1 OF 1**

On this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year), I,  
\_\_\_\_\_ (name) have notified the proper Appointing  
Authority of my intention to convert the balance of my legally accrued and unused sick leave to  
a cash benefit payment upon my retirement.

I understand my present sick leave balance to be \_\_\_\_\_ (hours). I further understand  
that such payment shall be made only once after my retirement.

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

\_\_\_\_\_  
Appointing Authority Signature

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

In order to read the Ohio Ethics Law and Regulation Statutes, go to the following web link:

<https://www.ethics.ohio.gov/education/overview.html>

If you are unable to access the web link, the Appointing Authority or designee can provide you with a hard copy of the document to review.

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**OHIO NEW-HIRE REPORTING FORM**

**SEE ATTACHED FORM**

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**ORDER OF REMOVAL, REDUCTION, SUSPENSION, FINE, INVOLUNTARY  
DISABILITY SEPARATION (ADM 4055)**

**SEE ATTACHED FORM**

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**PERFORMANCE EVALUATION FORM**

**INSERT FORM HERE**

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**PERSONNEL FILE RELEASE**

**PAGE 1 OF 1**

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

I hereby authorize \_\_\_\_\_ to inspect and/or obtain copies of the following confidential information in my personnel file: \_\_\_\_\_

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

In exchange for the inspection and/or release of such confidential information, the undersigned individual/organization agrees to indemnify and hold harmless Hardin County and its officials of any and all liability directly or indirectly arising from the inspection and/or release of said information.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

---

**Office Use Only**

Number of copies @ \_\_\_\_\_ per photocopy = \_\_\_\_\_

Payment received by \_\_\_\_\_ Date \_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**PERSONNEL POLICY AND PROCEDURE MANUAL  
DISTRIBUTION LIST**

<u>Title</u>	<u>Date Issued</u>	
	<u>Manual #1</u>	<u>Manual #2</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**REASONABLE SUSPICION CHECKLIST**

**PAGE 1 OF 3**

Name of Observed Employee: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

When there is reasonable suspicion that an employee at work is unfit for duty, the supervisor or manager observing the behavior as well as another supervisor/manager as witness, if possible, must complete the checklist below. Where "Other" is checked, please describe.

Observation Checklist (check all that apply):

Walking:     Normal                    Holding on                    Unable to walk            Unsteady  
                  Staggering                Swaying                    Falling  
                  Reaching for support                    Arms raised for balance  
                  Other \_\_\_\_\_

Standing:    Normal                    Swaying                    Feet wide apart            Unable to stand  
                  Rigid                    Staggering                Sagging at knees  
                  Other \_\_\_\_\_

Speech:      Normal                    Whispering                Slurred                    Shouting  
                  Incoherent                Slobbering                Silent                    Confused  
                  Rambling                Mute                    Slowed  
                  Other \_\_\_\_\_

Demeanor:    Normal                    Confused                    Cooperative                Calm  
                  Talkative                Polite                    Sarcastic                Sleepy  
                  Crying                    Silent                    Disoriented                Excited  
                  Argumentative                    Sleeping on the job  
                  Other \_\_\_\_\_

Actions:      Normal                    Hostile                    Fighting                    Profanity  
                  Drowsy                    Lethargic                Threatening                Hyperactive  
                  Calm                    Paranoid                Erratic/mood swings  
                  Euphonic                Resisting communication  
                  Other \_\_\_\_\_

Eyes:        Bloodshot                Watery                    Dilated/constricted pupils  
                  Droopy                    Glassy                    Inappropriate use of sunglasses  
                  Closed                    Other \_\_\_\_\_

Face:        Flushed                    Pale                    Profuse sweating            Runny nose  
                  Nose Sores                Other \_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**REASONABLE SUSPICION CHECKLIST**

Appearance:     Normal                       Neat                               Having odor  
                   Unruly                         Partially dressed             Dirty clothing  
                   Stains on clothing     Dry Mouth Symptoms       Messy  
                   Puncture marks        Tremors  
                   Bodily excrement stains  
                   Other \_\_\_\_\_

Breath:             No alcoholic odor             Faint alcoholic odor  
                   Alcoholic odor                Sweet/pungent tobacco odor  
                   Heavy usage, breath spray    Other \_\_\_\_\_

Movements:     Normal                       Jerky                             Nervous  
                   Slow                             Fumbling                       Hyperactive

Eating/  
Chewing:         Gum                             Candy                           Mints  
                   Other \_\_\_\_\_

Miscellaneous:  Presence of alcohol and/or drugs in employee's possession or vicinity  
                   On-the-job misconduct by employee  
                   Employee admission concerning alcohol use and/or drug use or possession  
                   If there are witnesses to employee's conduct, list below:  
                  \_\_\_\_\_  
                  \_\_\_\_\_  
                  \_\_\_\_\_

Other Observations/Details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's Explanation of Reasons for His/Her Conduct:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**REASONABLE SUSPICION CHECKLIST**

Once this form has been completed by you and a witness to the employee's behavior, you are now ready to take a position with the employee.

Action Taken:

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\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**RECORD OF SUSPENSION**

**PAGE 1 OF 1**

Employee's Name: \_\_\_\_\_ Classification: \_\_\_\_\_

**VIOLATION**

Date Violation Occurred: \_\_\_\_\_

Location of Violation: \_\_\_\_\_

Date(s) of Verbal Warning(s): \_\_\_\_\_

Date(s) of Written Reprimand(s): \_\_\_\_\_

**TYPE OF VIOLATION:**      Group \_\_\_\_\_      Number(s) \_\_\_\_\_

- |                            |                      |                             |
|----------------------------|----------------------|-----------------------------|
| ____ Incompetency          | ____ Inefficiency    | ____ Neglect of Duty        |
| ____ Dishonesty            | ____ Drunkenness     | ____ Immoral Conduct        |
| ____ Insubordination       | ____ Misfeasance     | ____ Malfeasance            |
| ____ Nonfeasance           | ____ Failure of Good | ____ Discourteous Treatment |
| ____ Other (explain below) | Behavior             | of the Public               |

Description of Violation: \_\_\_\_\_

(Additional information on back)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Issuing Action

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator

Date of discussion of the particulars: \_\_\_\_\_

Did employee request to have a representative present: \_\_\_\_\_ Whom? \_\_\_\_\_

Attach Hearing Officer's Report & Findings: \_\_\_\_\_

\_\_\_\_\_  
Signature of Hearing Officer

Date(s) that fine or suspension from duty without pay will occur: \_\_\_\_\_

\_\_\_\_\_  
Signature of Appointing Authority

This suspension is issued as a corrective measure in an effort to help you improve your conduct. Any further violations could result in more severe disciplinary actions. I hereby acknowledge that a copy of the above Order of Suspension has been given to me this day.

\_\_\_\_\_  
Signature of Employee      /  
Date

cc: Employee, Employee Personnel File, County Auditor

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**RECORD OF VERBAL WARNING**

**PAGE 1 OF 1**

Employee's Name: \_\_\_\_\_

Classification: \_\_\_\_\_ Department: \_\_\_\_\_

<b><u>TYPE OF VIOLATION:</u></b>	Group ____	Number ____
____ Incompetency	____ Inefficiency	____ Neglect of Duty
____ Dishonesty	____ Drunkenness	____ Immoral Conduct
____ Insubordination	____ Misfeasance	____ Malfeasance
____ Nonfeasance	____ Failure of Good	____ Discourteous Treatment
____ Other (explain below)	Behavior	of the Public

Date Violation Occurred: \_\_\_\_\_

Location Where Violation Occurred: \_\_\_\_\_

Description of Violation: \_\_\_\_\_

(attach additional sheets if necessary)

Necessary Corrective Action: \_\_\_\_\_

(attach additional sheets if necessary)

This verbal warning is issued as a corrective measure in an effort to help you improve your conduct or performance. This warning will cease to have force and effect for progressive discipline purposes after twenty-four (24) months if no intervening disciplinary action occurs. Further violations can result in more severe disciplinary action.

Signature of Person Issuing Warning \_\_\_\_\_ Title \_\_\_\_\_

I hereby acknowledge that a copy of the above Record of Verbal Warning has been given to me this day.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Employee Written Remarks:  Yes  No

Employee Remarks: \_\_\_\_\_

Signature or Appointing Authority \_\_\_\_\_ Date \_\_\_\_\_

Original: Personnel File  
Copy: Employee File

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**RECORD OF WRITTEN WARNING**

**PAGE 1 OF 1**

Employee's Name: \_\_\_\_\_

Classification: \_\_\_\_\_ Department: \_\_\_\_\_

<b><u>TYPE OF VIOLATION:</u></b>	Group ____	Number ____
____ Incompetency	____ Inefficiency	____ Neglect of Duty
____ Dishonesty	____ Drunkenness	____ Immoral Conduct
____ Insubordination	____ Misfeasance	____ Malfeasance
____ Nonfeasance	____ Failure of Good	____ Discourteous Treatment
____ Other (explain below)	Behavior	of the Public

Date Violation Occurred: \_\_\_\_\_

Location Where Violation Occurred: \_\_\_\_\_

Description of Violation: \_\_\_\_\_

(attach additional sheets if necessary)

Necessary Corrective Action: \_\_\_\_\_

(attach additional sheets if necessary)

Date(s) of prior Verbal Warning(s): \_\_\_\_\_

This written warning is issued as a corrective measure in an effort to help you improve your conduct or performance. This warning will cease to have force and effect for progressive discipline purposes after twenty-four (24) months if no intervening disciplinary action occurs. Further violations can result in more severe disciplinary action.

Signature of Person Issuing Warning \_\_\_\_\_ Title \_\_\_\_\_

I hereby acknowledge that a copy of the above Record of Written Warning has been given to me this day.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Employee Written Remarks:  Yes  No

Employee Remarks: \_\_\_\_\_

Signature or Appointing Authority \_\_\_\_\_ Date \_\_\_\_\_

Original: Personnel File

Copy: Employee File

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**REQUEST FOR COURT LEAVE OR LEAVE OF ABSENCE  
WITHOUT PAY**

**PAGE 1 OF 1**

**Section I (To Be Completed By Employee Requesting Leave)**

Name \_\_\_\_\_ Date of Request \_\_\_\_\_  
Job Title/Department \_\_\_\_\_

**Please check the type of leave requested, complete the appropriate blanks, and provide the requested documentation.**

**Civil Leave** (e.g., Jury Duty, Witness Duty, etc. – Attach Copy of Subpoena or Notice)

- I choose to receive my county wage for the time on civil leave, and I will turn over to the county any compensation received for civil duty.
- I choose to waive my county wage for the time on civil leave, and I wish to retain compensation received for civil duty.
- I choose to retain civil duty compensation, and I wish to take an earned and approved vacation day.

**Leave of Absence Without Pay**

- Personal  Education/Training/Specialized Experience
- Disability Leave (attach supporting documentation)  Military Leave
- Family Medical Leave (accumulated vacation and/or sick leave must be utilized first)

My leave will extend from \_\_\_\_\_ (date – month/year) to \_\_\_\_\_ (date – month/year)

**I understand that the provisions and regulations governing the use of, and return from, my leave as outlined in the Hardin County Personnel Policy Manual.**

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

---

**Section II (To Be Completed By Employee Requesting Leave)**

**Administrative Action**

- Recommended  Approved
- Not Recommended  Disapproved

\_\_\_\_\_/\_\_\_\_\_  
Signature of Supervisor /Date

\_\_\_\_\_/\_\_\_\_\_  
Signature of Appointing Authority /Date

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL

REQUEST FOR FAMILY AND MEDICAL LEAVE

PAGE 1 OF 1

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

**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):  
\_\_\_\_\_  
\_\_\_\_\_
- Due to a “qualifying exigency” arising out of the employee’s spouse, son, daughter, or parent being on active duty or being called up to active duty; or for an employee to care for a covered service member if the employee is the next of kin of the injured service member.

Beginning date/time of leave: \_\_\_\_\_

Ending date/time of leave: \_\_\_\_\_

Total hours of leave requested: \_\_\_\_\_

- If leave due to serious health condition of employee or member of immediate family, the appropriate “Certification of Health Care Provider form” must be completed and attached hereto.

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

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

**Management Action**

- Order second opinion to certification **OR**  Approved  Not Approved Because:  
\_\_\_\_\_

Authorizing Manager: \_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**REQUEST FOR PAID LEAVE**

**PAGE 1 OF 1**

Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_

**Paid Leave**

I hereby request paid leave beginning \_\_\_\_\_ and ending \_\_\_\_\_.

**Total Hours Requested** \_\_\_\_\_

Days Requested (Specify hours each day)		<u>Week 1</u>	<u>Week 2</u>
		Monday	_____
Tuesday		_____	_____
Wednesday		_____	_____
Thursday		_____	_____
Friday		_____	_____
Saturday		_____	_____
Sunday		_____	_____

Type of Leave Requested       Vacation       Military       Compensatory Time

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

**Administrative Action**

\_\_\_\_\_ Hours Available as of \_\_\_\_\_

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Recommended     | <input type="checkbox"/> Approved    |
| <input type="checkbox"/> Not Recommended | <input type="checkbox"/> Disapproved |

\_\_\_\_\_/\_\_\_\_\_  
Department Head/Supervisor /Date

\_\_\_\_\_/\_\_\_\_\_  
Appointing Authority /Date

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**Letterhead**

Name  
Address

Welcome to employment with Hardin County. You are being appointed to the temporary position of \_\_\_\_\_ (name of position), effective \_\_\_\_\_ (date).

This position is a temporary appointment for one specified period of time not to exceed thirty (30) days. During this period, you shall be scheduled \_\_\_\_\_ (day) through \_\_\_\_\_ (day) from \_\_\_\_\_ (time) to \_\_\_\_\_ (time).

Any change in schedule will be communicated to you by your supervisor.

As a temporary appointment, this position is in the untested, non-tenured classified service. You shall serve in this position at the pleasure of the Appointing Authority, and may be terminated from employment with or without cause, with or without notice, with no right of appeal.

Please see your supervisor or the Business Office with any questions concerning your appointment.

\_\_\_\_\_  
Signature Line

I hereby acknowledge and accept appointment to the untested, non-tenured classified service as provided herein.

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

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**WAIVER OF DISCIPLINARY CONFERENCE**

**PAGE 1 OF 1**

I, \_\_\_\_\_, on this \_\_\_\_\_ (day) of \_\_\_\_\_ (month),  
\_\_\_\_\_ (year), freely and voluntarily waive my right to a “Disciplinary Conference” scheduled  
for \_\_\_\_\_ (time), \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

Signed \_\_\_\_\_

Witnessed \_\_\_\_\_

Time \_\_\_\_\_

Date \_\_\_\_\_

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**Hours of Work/Overtime**

A. The normal work week for employees of Hardin County shall consist of one hundred and sixty-eight (168) hours within the seven (7) day period beginning at 12:01 a.m. on Sunday and ending at 12:00 p.m. the following Saturday.

B. The normal work day shall consist of one (1) of the following shifts, Sunday through Saturday:

\_\_\_\_\_ shift: \_\_\_\_\_ to

\_\_\_\_\_ shift: \_\_\_\_\_ to

\_\_\_\_\_ shift: \_\_\_\_\_ to

Any deviation from this schedule must be authorized in advance by the Employer.

C. The normal work day shall consist of one (1) of the following shifts, Sunday through Saturday:

\_\_\_\_\_ shift: \_\_\_\_\_ to

\_\_\_\_\_ shift: \_\_\_\_\_ to

\_\_\_\_\_ shift: \_\_\_\_\_ to

Any deviation from this schedule must be authorized in advance by the Employer.

**THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**WORKERS' COMPENSATION PROCEDURE**

**PAGE 1 OF 1**

**Employee Accident Procedures**

This packet is to help you facilitate the paperwork needed for BWC after you have sustained a work-related injury.

If you sustain a work-related injury or illness:

1. Obtain an Employee Workers' Compensation Injury Procedure Packet. This will have the paperwork you need for processing your claim.
2. Report the injury to your supervisor. If an emergency, seek care immediately.
3. Complete the Accident Report form. If you have suffered a back injury, complete the Back Injury Report.
4. Complete your portion of the First Report of Injury.
5. Take the Workers' Compensation Information Card, Modified Duty Statement, and First Report of Injury to the provider you have selected.

The following forms in the folder will need to be completed by the treating physician or facility:

- BWC First Report of Injury
- Modified Duty Statement

Items you will need to fill out:

- Report of Incident and Injury
- Back Injury (fill out both incident and back injury forms if you have suffered an injury to either your neck, mid, or lower back area)
- Employee portion of the First Report of Injury

Return the completed paperwork to your supervisor who will forward all information to your Workers' Compensation Coordinator.

Any questions concerning your claim can be directed to:

CompManagement Health Systems, Inc.  
P.O. Box 1040  
Dublin, Ohio 43017  
Toll-free number 1-888-247-7799 Ext 2599  
Fax number 1-614-718-9870                      Fax 1-800-334-4229  
For pharmacy inquiries, call RxNet at 1-888-796-3864

Check for third party BWC company used by the county.

THE HARDIN COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY AND PROCEDURE MANUAL

WORKPLACE VIOLENCE INCIDENT REPORT

PAGE 1 OF 1

**Date of Incident** \_\_\_\_\_

**Facts of Incident** \_\_\_\_\_

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

**Statement(s) of Witnesses**

1. \_\_\_\_\_

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

**Signature of Witness:** \_\_\_\_\_

2. \_\_\_\_\_

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

**Signature of Witness:** \_\_\_\_\_

3. \_\_\_\_\_

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

**Signature of Witness:** \_\_\_\_\_

4. \_\_\_\_\_

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

**Signature of Witness:** \_\_\_\_\_

**Proposed Action to Prevent Situation from Occurring Again** \_\_\_\_\_

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

\_\_\_\_\_  
**Signature of Supervisor or Department Head**

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

**THE HARDIN COUNTY APPOINTING AUTHORITY  
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