

FOREWORD

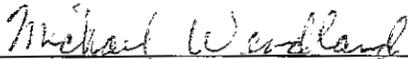
This manual reflects the procedures of Hill County. The purposes of this manual are :

- To provide supervisors with the information necessary to fulfill their responsibilities to their employees; and
- To provide for fairness and equity in the treatment of employees.

It is expected that supervisors will become familiar with the contents of this manual so that they will be able to answer employee questions as they arise and apply the appropriate policies and procedures as the occasion requires. Supervisors are also responsible for ensuring that the employees that work for them are informed of these policies and procedures, understand them and abide by them.

Questions about application, interpretation, or clarification regarding any specific policies or procedures are to be directed to the Hill County Personnel Clerk.

Because such policies and procedures are subject to change, with or without prior notice, the information provided in this Procedural Manual is not intended to create a contract of employment nor should it be construed as terms and conditions of a contract of employment with the Hill County.



Michael Wendland, Chairman
Hill County Commission

HILL COUNTY PROCEDURAL MANUAL

Revised October 2008

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EMPLOYMENT AT WILL

Nothing contained in this policy manual or in any other materials or information distributed by the county creates a contract of employment between an employee and Hill County during the introductory period of employment. As established by Montana law, during the introductory period of employment, employment is on an at-will basis. This means that employees are free to resign their employment at any time, for any reason, and Hill County retains that same right. No statements to the contrary, written or oral, made either before or during the introductory period of an individual's employment can change this. No individual supervisor, department head or elected official can make a contrary agreement. The term of the introductory period of employment is defined in *Introductory Period*.

OPEN COMMUNICATION

At Hill County, we believe that communication is at the heart of good employee relations. Employees should share their concerns, seek information, provide input and resolve work-related issues by discussing them with their supervisors until they are fully resolved. It may not be possible to achieve the results an employee wants, but the supervisor needs to attempt to explain in each case why a certain course of action is preferred. If an issue cannot be resolved at this level, the employee is welcome to discuss the issue with the department head/elected official of his/her department, if the immediate supervisor and department head are not one in the same. The supervisor should set up a time for both of them to meet with the department head/elected official.

Regardless of the situation, employees should be able to openly discuss any work-related problems and concerns without fear of retaliation. Department heads and supervisors are expected to listen to employee concerns, encourage their input, and seek resolution to the issues and concerns. Often this will require setting a meeting in the near future. Department heads and/or supervisors are to set these meetings as quickly as possible, and employees are expected to understand that issues and concerns may not always be addressed at the moment they arise. Discussing these issues and concerns with management will help to find a mutually acceptable solution for nearly every situation.

If an employee has a concern about discrimination and/or harassment, Hill County has set up special procedures to report and address those issues. The proper reporting procedures are set forth in *Harassment and/or Discrimination*. Similarly, Hill County has set up special procedures to report and address problems. The proper reporting procedures for problems are set forth in the employee Personnel Manual under *Problem Solving Procedure*.

HILL COUNTY EQUAL EMPLOYMENT POLICY

PURPOSE: To inform management and employees of the provisions of the various discrimination laws

STATEMENT OF POLICY

Hill County is an equal employment opportunity employer. The County does not refuse employment or discriminate in compensation or the other terms, conditions and privileges of employment based upon race, color, national origin, age, physical or mental disability, genetic information, marital status, religion, creed, gender, sexual orientation, or political beliefs. Any applicant for employment with the County or employee, who believes he or she has been subjected to discrimination, including harassment, based upon any of these factors, should immediately contact any supervisor in the chain of command or a County Commissioner.

Pre-employment Inquiries

Except as may be required by the reasonable demands of a position (a bona fide occupational qualification) or compliance with a lawful affirmative action plan or government reporting or record-keeping requirements, the County will not elicit information concerning race, color, national origin, age, physical or mental disability, genetic information, marital status, religion, creed, gender, sexual orientation, or political beliefs from applicants for employment. The County will obtain information required for tax, insurance, social security, compliance with garnishment or immigration laws or other legitimate business purposes after employment.

Pre-employment Physical Examinations

Hill County will require pre-employment medical examinations only when necessary to determine ability to perform the physical duties of a particular position. Any pre-employment medical examination will be job-related.

Hill County will require a pre-employment medical examination only after a conditional offer of employment has been made to a job applicant and only when the following requirements are met:

- A. All applicants for the same position are subjected to the examination.
- B. The results of the examination are maintained on separate forms and in separate files and are treated as confidential, except that supervisors and managers may be informed regarding necessary restrictions and accommodations and safety personnel may be informed if a disability might require emergency treatment.
- C. The results of the examination will not be used to refuse employment or to make a distinction in employment unless a medical evaluation establishes inability of the particular applicant to safely and efficiently perform the duties of the position with reasonable accommodation, if necessary.

Nepotism

Hill County does not discriminate against applicants or employees based upon marital status unless required to do so by the reasonable demands of the position (a bona fide occupational qualification). Compliance with Section 2-2-302 and 2-2-303 MCA, which prohibit nepotism in hiring and appointment, is not discrimination. Marital status includes whether a person is married, divorced, separated or single and the identity and occupation of a person's spouse. See Hill County Policy on Employment of relatives

Equal Pay

Hill County does not pay any employee less than an employee of the opposite sex for work involving substantially equivalent skill, effort, and responsibility and which is performed under similar working conditions unless the disparity is based upon a factor other than sex.

Disability

Reasonable Accommodation

Hill County does not discriminate against any applicant or employee in hiring or in the terms, conditions and privileges of employment due to physical or mental disability. When the County becomes aware of any physical or mental disability which prevents an otherwise qualified applicant or employee from performing a job, prior to refusing employment or making a distinction in terms, conditions or privileges of employment because of the disability, the County will assess whether any reasonable accommodation would allow the person to perform the job. An accommodation which creates an undue financial hardship on the County or which endangers health or safety is not a reasonable accommodation.

The County will make any reasonable accommodation necessary to allow an otherwise qualified applicant or employee to perform the job. Any otherwise qualified applicant for employment or employee with a disability who requires reasonable accommodation may inform his or her immediate supervisor or the County Commission of the nature of the disability and the accommodation requested. Employees with access to such information shall maintain the confidentiality of the information to the extent reasonably possible and shall not release the information to anyone who does not have the right or need to know.

Communicable Diseases

Communicable diseases, including AIDS, are physical disabilities. The County will not discriminate against any applicant for employment or employee based upon communicable disease unless required to do so by the reasonable demands of the position. Prior to making any distinction based upon communicable disease, the County will evaluate:

- The nature of the risk
- The duration of the risk
- The severity of the risk
- The probability that the disease will be transmitted and cause harm.

The County will evaluate these factors after obtaining the medical judgments of public health officials.

Maternity

Hill County does not discriminate against any applicant or employee in hiring or in the terms, conditions and privileges of employment based upon pregnancy, childbirth, or related medical conditions.

The County will not terminate any employee due to pregnancy or childbirth.

The County will grant a request by a female employee for a reasonable leave of absence for maternity. A reasonable leave of absence for maternity is leave for that period of time during which a female employee is incapable of performing normal job duties due to maternity. The County may require medical verification of disability.

The County will not require any employee to take a mandatory maternity leave for an unreasonable length of time. If absenteeism due to pregnancy becomes excessive or if a pregnant employee is incapable of performing normal job duties, the County may require the employee to take maternity leave until the employee is capable of performing normal job duties on a regular basis. Prior to requiring maternity leave, the County will assess whether the County can make any reasonable accommodation which will allow the pregnant employee to continue to work.

The County will reinstate an employee who has taken a reasonable leave of absence for maternity to her original job or to an equivalent job with equivalent pay and accumulated seniority and other benefits.

An employee requiring maternity leave shall provide the County with reasonable notice of the expected date of leave. An employee returning from maternity leave shall provide the County with reasonable notice of her intent to return to work. When the County receives notice of intent to return to work, the County will reinstate the employee as soon as reasonably possible. See Hill County's policy on Family and Medical Leave.

Religion

Hill County will make reasonable accommodation for religious beliefs. Any otherwise qualified applicant for employment or employee who requires reasonable accommodation may inform his or her immediate supervisor or the County Commission of the religious accommodation required. All employees with access to such information shall maintain the confidentiality of the information to the extent reasonably possible and shall not release the information to anyone who does not have the right or need to know.

Sexual Harassment

Sexual harassment of employees and any other person is prohibited. It is the County's policy to provide employees with a work environment free of sexual harassment.

Sexual harassment includes unwelcome verbal or physical conduct of a sexual nature when:

- Submission to the conduct is implicitly or explicitly made a term or condition of employment
- Submission to or rejection of the conduct is used as the basis for an employment decision affecting the individual, or
- The conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment also includes harassment directed toward a person because of gender.

Examples of prohibited sexual harassment include, but are not limited to:

- Propositions or pressure to engage in sexual activity
- Sexual assault
- Repeated intentional body contact

- Repeated sexual jokes, innuendos, or comments
- Constant staring or leering
- Inappropriate comments concerning appearance
- Display of magazines, books, or pictures with a sexual connotation
- Pattern of hiring or promoting sex partners over more qualified persons
- Any harassing behavior, whether or not sexual in nature, directed toward a person because of the person's gender, including, but not limited to, hazing employees working in nontraditional work environments.

Retaliation

Hill County will not retaliate against any applicant, employee, or past employee for opposing unlawful discriminatory practices, filing a discrimination complaint, testifying or participating in any other manner in a discrimination proceeding.

Grievance Procedure

Any employee who believes he/she or another employee has been subjected to a violation of these policies should immediately report the incident to his or her immediate supervisor or contact the Hill County personnel office. If the immediate supervisor is involved in the matter, the employee should inform his or her immediate supervisor's supervisor, or the personnel office, or the County Commission. Please refer to Hill County's problem solving procedure in the Hill County Personnel Manual for additional information on the proper reporting procedures.

Neither the County nor any employee will retaliate against any employee for filing a discrimination grievance or for participating in any way in a grievance procedure.

EQUAL EMPLOYMENT

Our goal at Hill County is to recruit, hire and maintain a diverse workforce. Equal employment opportunity is the law and applies to all areas of employment, including selection, hiring, training, termination, compensation and benefits.

As an equal employment opportunity employer, Hill County does not discriminate in its employment decisions on the basis of race, religion, color, national origin, gender, sexual orientation, age, disability or on any other basis that would be in violation of any applicable federal, state or local law. Furthermore, Hill County will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship.

As a government employer, the organization has adopted a written Affirmative Action Plan to ensure utilization of minorities, the disabled, veterans, disabled veterans and disabled veterans' family members, and women at all levels and divisions of the organization. This plan will be reviewed on an annual basis. Hill County is committed to making a good-faith effort toward achieving the objectives of the Plan. Any employee who would like to review the Plan may do so by scheduling an appointment with the Personnel Department during normal business hours.

HARASSMENT AND/OR DISCRIMINATION

Hill County strives to maintain a workplace that fosters mutual employee respect and promotes harmonious, productive working relationships. The county believes that discrimination and/or harassment in any form constitutes misconduct that undermines the integrity of the employment relationship. Therefore, Hill County prohibits discrimination and/or harassment that is sexual, racial or religious in nature or is related to anyone's gender, national origin, age, sexual orientation or disability. This policy applies to all employees and all individuals who may have contact with any employee.

Hill County expects that everyone will act responsibly to establish a pleasant and friendly work environment. However, if an employee feels he/she has been subjected to any other form of harassment and/or discrimination, the employee should firmly and clearly tell the person engaging in the harassing and/or discriminating conduct that it is unwelcome, offensive, and should stop at once. The employee also should report any discrimination and/or harassment to the Personnel Clerk. That person will take the necessary steps to initiate an investigation of the discrimination and/or harassment claim.

Hill County will conduct its investigation in as confidential a manner as possible. A timely resolution of each complaint will be reached and communicated to the employee and the other parties involved. Appropriate corrective action, up to and including termination, will be taken promptly against any employee engaging in discrimination and/or harassment. Retaliation against any employee for filing a complaint or participating in an investigation is strictly prohibited. However, any employee that knowingly makes a false claim of harassment and/or discrimination will be subject to corrective action, up to, and including, termination. For more information, review *EEO Harassment* in employee Personnel Manual.

DRUG-FREE WORKPLACE AND SUBSTANCE ABUSE

Hill County is committed to providing a safe, healthy, and efficient working environment for all employees. Having a drug free work place protects our health and safety. Employees who are free of alcohol and drugs have fewer accidents, make fewer mistakes and are more productive. To help achieve this goal, employees are prohibited from:

- possessing, distributing, selling, manufacturing, or being under the influence of any illegal drug;
- consuming alcoholic beverages while on county premises, in county vehicles, or while on county business or time, or bringing alcohol onto county premises; and
- abusing prescription drugs or possessing prescription drugs that have not been prescribed for the employee by a physician.

While Hill County does not condone the abuse of alcohol, prescription drugs, and/or use of illegal drugs, Hill County recognizes the fact that chemical dependency is treatable. If an employee recognizes a personal addiction or abuse problem and seeks assistance from Hill County in advance of detection, the county will assist the employee in seeking treatment. The confidential nature of the employee's counseling and rehabilitation for drug and/or alcohol abuse will be preserved. Counseling, rehabilitation and employee assistance are available on an individual basis through various agencies including TLC Recovery, Havre, Montana; Rocky Boy Chemical Dependency Program, Rocky Boy Agency, Montana; Rocky Mountain Treatment Center, Great Falls, Montana; Gateway Recovery Center, Great Falls, Montana; Benefis Health Services, Great Falls, Montana; and Rimrock Foundation, Billings, Montana. Counseling and rehabilitation fees may be partially covered by the Hill County medical plan. For more employee assistance programs, including drug and alcohol counseling, treatment, or rehabilitation programs, contact the Personnel Office.

Hill County's substance abuse program includes several components to support its efforts to remain drug-free, including:

- supervisory training;
- employee awareness program;
- pre-employment drug screening for specific positions;
- drug testing for accidents involving injury and/or property damage;
- drug testing on a random basis for specific positions; and
- an Employee Assistance Program (EAP).

The Employee Assistance Program (EAP) is a confidential resource designed to assist employees and their eligible dependents in dealing with challenges and problems, such as substance abuse. Employees and/or eligible dependents can obtain information about available resources by contacting the Hill County Personnel Office.

Hill County believes that all employees have the responsibility to:

- Report to work at all times free of alcohol or other drugs and their effects.
- Seek and accept assistance for alcohol and other drug abuse related problems before job

- performance is affected.
Support Hill County's effort to eliminate alcohol and other drug abuse among employees where it exists.

An employee who violates this policy is subject to corrective action up to, and including, termination of employment. Hill County may refer the employee to a treatment or counseling program for illegal drug use or controlled substance abuse. Use of some drugs is detectable for several days. Detection of such drugs will be considered being "under the influence." Detection of an alcohol concentration of greater than 0.04 will be considered being "under the influence." Refusal to submit to a drug and/or alcohol screen is grounds for immediate termination.

Employees using prescription drugs according to a physician's instructions or using over-the-counter drugs for medicinal purposes should, in the event such drugs would impair their physical, mental, emotional, or other faculties, notify their Supervisor or the Personnel Clerk. Such information will remain confidential.

All information relating to drug and/or alcohol screens is to be kept strictly confidential. The information will be kept in each employee's medical file, which will be maintained separately from the employee's personnel file. These medical files are secured, and access will be limited to certain individuals pursuant to the county's Employee Records Policy. Under no circumstances should the results of a drug and/or alcohol screen be discussed with individuals that do not have a work-related need to know.

If a Supervisor suspects that an individual is at work and under the influence of alcohol and/or drugs, the Supervisor should notify the Personnel Clerk or the County Attorney to seek authorization to test the employee. The Supervisor will be granted permission to test the employee if sufficient objective symptoms exist to indicate the employee may be under the influence of drugs and/or alcohol. The Supervisor should make a written record of the employee's name, the date, time and symptoms present. This documentation will be attached to the test results. If the test results in the employee being "under the influence", the documentation will be placed in the confidential medical file. If the test results in the employee not being "under the influence", the documentation will be forwarded to the Personnel Office and will not be placed in the employee medical file.

DRUG AND ALCOHOL TESTING PROCEDURE

I. APPLICABILITY

This procedure applies to all employees. All employees are subject to Post-Accident Testing, and Return-to-Duty and Follow-up Testing. Employees who are subject to Commercial Driver's License (CDL) requirements, employees who perform safety sensitive functions, drivers of Senior Citizen passenger vehicles, nurses and anyone employed by the law enforcement agency excluding dispatchers and the secretary (all positions hereafter collectively referred to as "covered positions") are also subject to Pre-Employment Testing, Reasonable Suspicion Testing and Random Testing. It applies to on-duty time as well as off-site breaks and lunch periods when an employee is scheduled to return to work. Definitions for abbreviations used herein are included at the end of this procedure.

All employees must sign a form documenting that the employee has read and been informed about this procedure.

II. PROHIBITED SUBSTANCES

"Prohibited substances" addressed by this procedure include the following:

Illegally Used Controlled Substances or Drugs

Illegal use of controlled substances or drugs which include marijuana, amphetamines, opiates, phencyclidine (PCP), and cocaine is prohibited. Illegal use also includes the misuse of legally prescribed drugs and use of illegally obtained prescription drugs.

Legal Drugs

The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills or judgment may be adversely affected must be reported to the supervisor, and medical advice should be sought, as appropriate, before performing safety-sensitive functions.

A legally prescribed drug means that the employee has a prescription or other written approval from a physician for the use of a drug in the course of medical treatment, and the physician advises the employee that the substance does not affect the driver's ability to safely operate a CMV. It must include the patient's name, the name of the substance, quantity/amount to be taken and the period of authorization. The misuse or abuse of legal drugs while performing safety-sensitive functions is prohibited.

Alcohol

The use of beverages or substances, including medication, containing alcohol while performing safety-sensitive functions is prohibited. No employee shall perform safety-sensitive functions within four hours (4) after using alcohol. No employee shall be on duty or operate a CMV while the driver possesses alcohol. An employee who possesses alcohol will be subject to disciplinary action and will be removed from performing safety-sensitive functions until the start of the employee's next regularly scheduled duty period but not less than twenty-four (24) hours. The employee may also be referred to the SAP for evaluation to determine what assistance, if any, the employee needs in resolving problems associated with

alcohol misuse and be released to duty by the SAP, with completion of a return-to-duty alcohol test indicating an alcohol concentration of less than 0.02. Follow-up testing may be required. The concentration of alcohol is expressed in terms of grams of alcohol per 210 liters of breath as measured by an evidential breath testing device (EBT). See CFR Part 40, as amended.

III. TESTING COMPLIANCE REQUIREMENTS

Any employee or prospective employee who refuses to sign any required release(s) for release of information relative to test results or required follow-up evaluations by the SAP, fails to comply with a request for testing, provides false information in connection with a test, or who attempts to falsify test results through tampering, contamination, adulteration or substitution shall be considered as having a positive test.

Refusal includes an inability to provide a urine specimen or breath sample without a valid medical explanation, as well as a verbal declaration, obstructive behavior, or physical absence resulting in the inability to conduct the test. (Note: If the employee or prospective employee is unable to provide the required amount of urine for drug testing, he/she will be instructed to drink not more than twenty-four (24) ounces of fluids and, after a period of up to two (2) hours, again attempt to provide a complete sample using a fresh collection container with the original insufficient specimen discarded.)

Refusal to submit to testing and not being available for post-accident testing unless injury prevents testing will be considered insubordination and a positive test. Disciplinary action will be taken which could include termination.

IV. TESTING FOR PROHIBITED SUBSTANCES

Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment and laboratory facilities which have been approved by the U.S. Department of Public Health and Human Services (DPHHS). All testing will be conducted consistent with the procedures put forth in 49 CFR Part 40, as amended.

Hill County will protect individual dignity, privacy and confidentiality throughout the testing process.

A. Drug Testing

Drug testing may occur at any time during on duty time. The drugs that will be tested for include marijuana, cocaine, opiates, amphetamines and phencyclidine.

An initial drug screen will be conducted on each specimen. For those specimens that are positive, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if the amounts present are above the minimum thresholds in 49 CFR Part 40, as amended.

The following actions will occur as a result of a confirmed positive drug test:

First occurrence - removal from performing safety- sensitive functions; and subject to long-term

disciplinary suspension without pay [ten (10) or more working days], disciplinary demotion, or recommendation to the Supervisor for termination. Unless a recommendation is made to the Supervisor for termination, the employee will be referred to the SAP for evaluation and a determination of what assistance, if any, the employee needs in resolving problems associated with controlled substances use; released to duty by the SAP; and completion of a return-to-duty controlled substances test with a verified negative result for controlled substances use.

Second occurrence - removal from performing safety-sensitive functions; suspension without pay; and recommendation made to the Supervisor for termination.

If Hill County determines that an employee will undergo reasonable suspicion testing, the employee shall be removed from performing safety-sensitive functions until Hill County is notified of acceptable test results.

B. Alcohol Testing

Alcohol testing shall be performed only when the employee is performing safety-sensitive functions, or immediately prior to performing or immediately after performing safety-sensitive functions.

Tests for alcohol concentration will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA) approved EBT operated by a trained breath alcohol technician (BAT).

If the initial test indicates an alcohol concentration of 0.02 or greater, a second (2nd) test will be performed to confirm the results of the initial test.

A confirmed alcohol concentration of 0.04 or greater will be considered a positive alcohol test, and is prohibited conduct under 49 CFR 382.

The following actions will occur:

Confirmed alcohol concentration of 0.02-0.039:

First occurrence - Removal from performing safety-sensitive functions until the start of the employee's next regularly scheduled duty period, but not less than twenty-four (24) hours following administration of the test; and completion of a return-to-duty alcohol test indicating a breath alcohol concentration of less than 0.02.

Second and any additional occurrences - Removal from performing safety-sensitive functions until the start of the employee's next regularly scheduled duty period, but not less than twenty-four (24) hours following administration of the test. The employee will be referred to the SAP for evaluation to determine what assistance, if any, the employee needs in resolving problems associated with alcohol misuse and be released to duty by the SAP, with completion of a return-to-duty alcohol test indicating an alcohol concentration of less than 0.02.

(Note: The above paragraph will also apply to an employee whose first (1st) confirmed test alcohol concentration test results are 0.04 up to 0.10 and a later test with concentration results of 0.02 up to 0.04.)

Confirmed alcohol concentration of 0.04 up to 0.08 (positive test):

First occurrence - removal from performing safety-sensitive functions; and subject to long-term disciplinary suspension without pay [ten (10) or more working days], disciplinary demotion or a recommendation to the Supervisor for termination. Unless a recommendation is made to the Supervisor for termination, the employee will be referred to the SAP for evaluation to determine what assistance, if any, the employee needs in resolving problems associated with alcohol misuse and be released to duty by the SAP, with completion of a return-to-duty alcohol test indicating an alcohol concentration of less than 0.02 and subject to follow-up testing as outlined below.

Second occurrence - removal from performing safety-sensitive functions; suspension without pay; and recommendation to the Supervisor for termination.

Confirmed alcohol concentration of 0.08 or greater (positive test):

First occurrence - removal from performing safety-sensitive functions; suspension without pay; and recommendation made to the Supervisor for termination.

C. Pre-Employment Testing

The successful applicant for a covered position will be required to undergo urine drug testing and breath alcohol testing after an offer of employment has been made. The employment offer will be conditioned on receipt of a negative drug test and a confirmed alcohol test indicating alcohol concentration of less than 0.02.

Prior to hire, the prospective employee must provide a written release so that Hill County can obtain from previous employers for the last two (2) years the required information as provided in 49 CFR Part 382, section 382.413. If this information is not provided to Hill County within fourteen (14) calendar days from the date the employment begins, the employee must be removed from performing safety-sensitive functions unless Hill County can document contact was made with the previous employer, the results of that contact, and why the information was not obtained.

A prospective employee with a confirmed positive drug or alcohol test will be disqualified from consideration for the position being filled. This will not prevent this individual from being considered for any subsequent vacancy.

A prospective employee with a confirmed alcohol test result of 0.02 or more must complete a second (2nd) test within twenty-four (24) hours with an alcohol concentration test result of less than 0.02. Failure to achieve these test results will disqualify the person for consideration for the position.

D. Reasonable Suspicion Testing

Employees in covered positions may be subject to a fitness-for-duty evaluation which includes urine and breath testing when there is reason to believe that drug or alcohol use is a potential factor in affecting job performance.

A reasonable suspicion determination will be made by a supervisor who has been trained in reasonable suspicion and who believes that the employee has violated the prohibitions of these regulations based on

specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee.

Reasonable suspicion determinations must be documented within twenty-four (24) hours of observation and by test results received. A description of the behaviors that led to the determination must be signed by the person who made the determination.

E. Post-Accident Testing

All employees will be required to undergo urine and breath testing if they are involved in an accident with a Hill County motor vehicle or CMV which occurs on a public road

AND EITHER - involves a fatality;

OR - a moving violation is issued to the (CMV) driver;

AND EITHER - involves injury to a person who, as a result of injury, immediately receives medical treatment away from the scene of the accident;

OR - one (1) or more of the motor vehicles incur disabling damage as a result of the accident requiring the vehicle to be towed away by a tow truck or other vehicle, or if it were driven, it would be damaged more.

(Note: Disabling damage means damage which precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs. It does NOT include damage to tires even if a spare is unavailable, head or taillight, turn signal, horn or windshield damage).

Following the accident, the employee will be tested within two (2) hours of the accident. If this can not be done, reasons for non-testing must be documented. Attempts to test will cease after eight (8) hours for alcohol testing and thirty-two (32) hours for drug testing.

Any employee involved in an accident must refrain from alcohol use for eight (8) hours following the accident or until he/she undergoes a post-accident alcohol test. Any employee who leaves the scene of the accident without appropriate explanation prior to submission to drug and alcohol testing will be considered to have refused the test. This will be considered a positive test.

F. Random Testing

Employees in covered positions will be subject to random, unannounced testing.

The selection for random testing will be made by a scientifically valid method, and each employee shall have an equal chance of being tested each time selections are made. A random number of those tested for drugs will also be subject to alcohol testing. Drug testing may occur at anytime during on-duty time. Alcohol testing will be performed before, during or after the employee is performing safety-sensitive functions.

In accordance with the regulations, the minimum annual percentage rate for alcohol testing will be completed for twenty-five (25%) of the average number of covered positions. Drug testing will be

completed for fifty percent (50%) of the average number of covered positions. If Hill County is in a pool with other employers, the actual percentage of Hill County employees may be higher or lower.

G. Return-to-Duty and Follow-Up Testing

Employees who previously had a confirmed positive on a drug or alcohol test must have a negative test and be evaluated and released to duty by the SAP before returning to perform safety-sensitive functions for Hill County.

Employees will be required to undergo unannounced follow-up alcohol and/or drug testing as directed by the SAP. This will consist of at least six (6) tests in the first twelve (12) months following the employee's return to duty. Follow-up testing will not exceed sixty (60) months from the date of the employee's return to duty.

Additionally, employees with a second (2nd) occurrence of a confirmed alcohol concentration test of 0.02 or greater will be required to complete a return-to-duty test and also be evaluated by the SAP before returning to work as indicated in Section IV, B above.

H. Employee Requested Drug Testing

An employee who questions the results of a confirmed positive drug test may request an additional test be conducted. This test must be conducted at a different testing DPHHS-certified laboratory. The test must be conducted on the split sample that was provided at the same time as the original sample. The method of collecting, storing and testing the split sample will be consistent with the procedures set forth in 49 CFR Part 40, as amended.

The employee's request for a re-test must be made to the MRO within seventy-two (72) hours of notice of the initial test result. Requests after the seventy-two (72) hours will only be accepted if the delay was due to documentable facts that were beyond the control of the employee. All costs for a re-test on the split sample will be paid by the employee unless the second (2nd) test invalidates the original test.

V. EMPLOYMENT ASSESSMENT

Any employee who has a confirmed positive for the presence of illegal drugs or alcohol above the minimum thresholds set forth in 49 CFR Part 40, as amended will be evaluated by the SAP designated by Hill County. The employee must sign a release so that Hill County can obtain information on the rehabilitation program duration, completion and follow-up requirements.

The SAP will evaluate the employee to determine what assistance, if any, the employee needs in resolving problems associated with the prohibited use or abuse of drugs or alcohol, recommend a rehabilitation program and follow-up schedule and determine if the rehabilitation program has been successfully completed. The SAP will also determine if and when the employee can be released to return to duty.

If an employee is released to return-to-duty, he/she must properly follow the rehabilitation program prescribed by the SAP and have a verified confirmed negative return-to-duty test result as indicated in

Section IV, G above. Failure to follow the program will result in a recommendation to the Supervisor for termination of employment.

VI. PROPER APPLICATION OF PROCEDURE

Hill County is dedicated to assuring fair and equitable application of this procedure. Therefore, supervisors/managers are required to use and apply all aspects of this procedure in an unbiased and impartial manner. Any supervisor/manager who knowingly disregards the requirements of this procedure, or who is found to deliberately misuse the procedure in regard to a subordinate, shall be subject to disciplinary action up to and including termination.

VII. COUNTY CONTACT

Any questions regarding this procedure or any other aspects of the drug-free and alcohol-free Hill County program should contact the Personnel Office.

VIII. DESCRIPTION OF THE APPLICABLE LEGAL SANCTIONS

The legal sanctions for unlawful manufacture, distribution, possession, or use of a controlled substance are set forth in the following Montana Codes:

- 45-9-101. Criminal distribution of dangerous drugs.
- 45-9-102. Criminal possession of dangerous drugs.
- 45-9-103. Criminal possession with intent to distribute.
- 45-9-109. Criminal distribution of dangerous drugs on or near school property.
- 45-9-110. Criminal production or manufacture of dangerous drugs.

IX. DEFINITIONS

Accident - an occurrence involving a Hill County commercial motor vehicle (CMV) operating on a public road AND EITHER - involves a fatality;

OR - moving violation is issued to the CMV driver;

AND EITHER - involves injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident;

OR - one (1) or more motor vehicles incurs disabling damage as a result of the accident requiring the vehicle to be towed away by a tow truck or other vehicle, or if it were driven, it would be damaged more.

Alcohol - the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

Alcohol concentration (AC) - means the concentration of alcohol in a person's blood or breath. When expressed as a percentage it means grams of alcohol per 100 milliliters of blood or grams of alcohol per 210 liters of breath.

Alcohol use - the consumption of any beverage, mixture, or preparation, including any medication containing alcohol.

Breath alcohol technician (BAT) - an individual who instructs and assists individuals in the alcohol testing process and operates an evidential breath testing device (EBT).

Commercial motor vehicle (CMV) - a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:

- has a gross combination weight of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 or more pounds; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used in the transportation of hazardous materials requiring placards.

Confirmation test - for alcohol testing, this means a second test, following a screening test with a result of 0.02 grams or greater of alcohol per 210 liters of breath, that provides quantitative data of alcohol concentration.

For controlled substances testing, this means a second analytical procedure to identify the presence of a specific drug or metabolite determined by Gas Chromatography/Mass Spectrometry (GC/MS) which is independent of the screen test and which uses a different technique and chemical principle from that of the screen test in order to ensure reliability and accuracy.

Controlled substance - includes, marijuana, amphetamines, opiates, phencyclidine (PCP) or cocaine.

Covered positions - positions that are subject to Commercial Drivers License (CDL) requirements, employees who perform safety-sensitive functions, drivers of Senior Citizen passenger vehicles, nurses and any one employed by the law enforcement agency excluding dispatchers and the secretary.

Driver - any person who operates a CMV. For the purposes of pre-employment testing, the term driver includes a person applying to drive a commercial motor vehicle.

Evidential breath testing device (EBT) - a device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA's September 1993 or later "Conforming Products List of Evidential Breath Measurement Devices" (CPL).

Medical Review Officer (MRO) - a licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by an employer's drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his or her medical history and any other relevant biomedical information.

Negative test - for drugs, a test with the amounts present that are at or below the minimum thresholds in 49 CFR Part 40, as amended. For alcohol, a concentration below 0.04.

On-duty time - For covered employees, this includes any period in which he or she is actually performing, is ready to perform or is immediately available to perform his or her employment functions. Specifically for drivers, this includes all time from the time a driver begins to work or is required to be in readiness to work until the time he is relieved from work and all responsibility for performing work.

On-duty time shall include:

1. All time at a carrier or shipper plant, terminal, facility or other property, or on any public property, waiting to be dispatched, unless has been relieved from duty by the motor carrier.
2. All time inspecting to make sure that the parts, accessories and emergency equipment are in good working order and ready for use or otherwise inspecting, servicing, or conditioning any commercial vehicle.
3. All time spent at the driving controls of a commercial motor vehicle in operation.
4. All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth.

5. All time 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 shipment loaded or unloaded.
6. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle

Performing a safety sensitive function - means an employee is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform any safety-sensitive function.

Positive test - for a drug test, an amount above the minimum thresholds in 49 CFR Part 40, as amended. For an alcohol test, a breath alcohol concentration at 0.04 or greater.

Refuse to submit - (to an alcohol or controlled substances test) means that an employee:

1. fails to provide adequate breath for testing without a valid medical explanation after he or she has received notice of the requirement for breath testing in accordance with the provisions of this part;
2. fails to provide adequate urine for controlled substances testing without a valid medical explanation after he or she has received notice of the requirement for urine testing in accordance with the provisions of this part; or
3. engages in conduct that clearly obstructs the testing process.

Reasonable suspicion - belief that the employee has violated the alcohol or controlled substances prohibitions, based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee.

Screening test (also known as initial test) - in alcohol testing, it means an analytical procedure to determine whether a driver may have a prohibited concentration of alcohol in his or her system. In controlled substance testing, it means an immunoassay screen to eliminate "negative" urine specimens from further consideration.

Substance abuse professional (SAP) - a licensed physician (Medical Doctor or Doctor of Osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders.

TOBACCO USE

The use of tobacco products including, but not limited to cigarettes, cigars, pipes and smokeless tobacco, is prohibited inside any of the county's facilities or vehicles. The use of tobacco products will be allowed in designated areas outside each county facility. Appropriate signage will be placed at entrances to all buildings advising employees and visitors that Hill County maintains a tobacco-free environment, and advising employees and visitors that tobacco usage is permitted only in the designated areas. Employees are to confine the use of tobacco products to designated smoking areas only. This relates to all work areas at all times, including before and after normal working hours.

WEAPONS

Despite some laws that allow people to carry firearms in public, Hill County prohibits anyone from possessing or carrying weapons of any kind on county property, in county vehicles or while on county time. This includes:

- any form of weapon or explosive;
- all firearms; and
- all illegal knives or knives with blades that are more than six (6) inches in length.

If an employee is unsure whether an item is covered, please contact the Personnel Office. Employees are responsible for making sure that any item they possess is not prohibited. Peace officers, security guards and other individuals who have been given consent by the County Commission to carry a weapon on the property will be allowed to do so.

While the county prohibits possession and carrying of weapons, nothing in this policy shall be construed as creating any duty or obligation on the part of the county to take any actions beyond those required of an employer by existing law.

VIOLENCE IN THE WORKPLACE

The safety and security of all employees is of primary importance at Hill County. Threats, threatening and abusive behavior, or acts of violence against employees, visitors, customers or other individuals by anyone on county property will not be tolerated. Violations of this policy will lead to corrective action up to, and including, termination and/or referral to appropriate law enforcement agencies for arrest and prosecution. Hill County reserves the right to take any necessary legal action to protect its employees.

Any person who makes threats, exhibits threatening behavior or engages in violent acts on county premises shall be removed from the premises as quickly as safety permits and shall remain off county premises pending the outcome of an investigation. Following investigation, the county will initiate an immediate and appropriate response. This response may include, but is not limited to, suspension and/or termination of any business relationship, reassignment of job duties, suspension or termination of employment, and/or criminal prosecution of the person or persons involved.

All employees are responsible for notifying their supervisor and the County Commission of any threats that they witness or receive or that they are told another person witnessed or received. Even without a specific threat, all employees should report any behavior they have witnessed that they regard potentially threatening or violent or which could endanger the health or safety of an employee when the behavior has been carried out on a county-controlled site or is connected to county employment or county business. Employees are responsible for making this report regardless of the relationship between the individual who initiated the threatening behavior and the person or persons being threatened. The county understands the sensitivity of the information requested, will handle the investigation confidentially and will respect the privacy of the reporting employee, to the extent such is safely possible.

SEARCH

Access to Hill County premises is conditioned upon its right to inspect or search the person, vehicle or personal effects of any employee or visitor. This may include any employee's office, desk, file cabinet, closet, locker or similar place. Because even a routine inspection or search might result in the viewing of an employee's personal possessions, employees are encouraged not to bring any item of personal property to the workplace that they do not want revealed to the county.

Any prohibited materials (or materials that maybe found to be prohibited) that are found in an employee's possession during an inspection or search will be collected by management and placed in a sealed container or envelope. The employee's name, date, circumstances under which the materials were collected, and by whom they were collected will be recorded and attached to the container or written upon the envelope. If after further investigation, the collected materials prove not to be prohibited, they will be returned to the employee, and the employee will sign a receipt for the contents. If the prohibited materials prove to be illegal and/or dangerous, they will not be returned to the employee but will be turned over to the appropriate law enforcement agency.

CONFIDENTIAL INFORMATION

Certain employees of Hill County will receive and have access to information that is confidential in nature. Employees that have such access will be informed of such by their supervisors. Employees are not to disclose any such confidential information to (a) any other person under the county's employment unless there is a legitimate business reason for doing so; or (b) any person outside the county's employment unless his/her supervisor has expressly stated that the information can be disclosed to that person. This obligation exists even after the employee leaves the county's employment.

ETHICS AND CONFLICTS OF INTEREST

Employees are expected to use good judgment, adhere to high ethical standards and avoid situations that create an actual or perceived conflict between their personal interests and those of the county. Hill County requires that the transactions employees participate in are ethical and within the law, both in letter and in spirit.

Hill County recognizes that different organizations have different codes of ethics. However, just because a certain action may be acceptable by others outside of the county's employment as "standard practice," that is by no means sufficient reason to assume that such practice is acceptable at the county. There is no way to develop a comprehensive, detailed set of rules to cover every situation. The tenets in this policy outline some basic guidelines for ethical behavior. Whenever employees are in doubt, they should consult with their supervisor.

Conflicts of interests or unethical behavior may take many forms including, but not limited to, the acceptance of gifts from vendors/contractors or potential vendors/contractors of the county. Gifts may only be accepted if they have a nominal retail value and only on appropriate occasions (for example, a holiday gift). Employees are cautioned not to accept any form of remuneration, nor may employees, for the benefit of anyone other than Hill County, sell to third parties any information, products or materials acquired from the county. Employees may engage in outside business activities, provided such activities do not adversely affect the county or the employee's job performance.

Employees are encouraged to seek assistance from their supervisors with any legal or ethical concerns. However, Hill County realizes this may not always be possible. As a result, employees may contact the Personnel Office or the County Attorney to report anything that they cannot discuss with their supervisor.

BULLETIN BOARDS

Hill County uses bulletin boards to communicate important information such as safety rules, job postings, statutory and legal notices, county policies, and management memos. Each employee has the responsibility to read the information that is posted. Your supervisor can give you the location of the bulletin board nearest your work area. Employees may not post material on departmental bulletin boards without the prior approval of his/her supervisor.

RESPECTFUL WORKPLACE

Hill County strives to maintain a workplace that fosters mutual respect and promotes harmonious, productive working relationships. The county believes in going beyond what is required by law and expects our employees to treat each other in a manner in which they would like to be treated and to give to others the respect that is due to every individual whether it is a fellow employee, supervisor, vendor, or visitor to our premises. Therefore, Hill County prohibits any behavior that is discourteous or demeaning to other employees.

Disrespectful behavior may include, but not be limited to, the following:

1. Jokes that demean another individual or group of individuals;
2. Name calling or nicknames that may be offensive;
3. Taking credit for another individual's work or ideas;
4. Refusing to communicate or speak with another individual;
5. Offensive verbal, visual, or physical conduct;
6. Repeated negative comments about others either orally or in writing;
7. Threatening another individual;
8. Invading another's privacy;
9. Knowingly blaming other individuals for a mistake they did not make;
10. Purposely invading another's personal space;
11. Gossiping about another individual; and
12. Any type of "bullying" behavior.

Hill County expects that everyone will act responsibly to establish a pleasant and friendly work environment. However, if an employee feels he/she has been subjected to any form of disrespectful behavior, the employee should report that conduct to his/her immediate supervisor or the Personnel Office within three calendar days of the offense. Employees are not required to approach the person who was disrespectful to them and may bypass any offending member of management. All employees should notify an elected official or supervisor regarding any disrespectful behavior that they witness or are told another person received.

Hill County will conduct its investigation in as confidential a manner as possible. Interviews, allegations, statements, and identities will be kept confidential to the extent possible. However, Hill County will not allow the goal of confidentiality to be a deterrent to an effective investigation. A timely resolution of each complaint will be reached and communicated to the employee. Appropriate corrective action, up to and including termination, will be taken promptly against any employee engaging in disrespectful behavior. The corrective action issued will be proportional to the severity of the conduct. The alleged perpetrator's employment history and any similar complaints of prior disrespectful behavior will be taken into consideration.

Hill County reserves the right to determine whether any type of behavior is disrespectful and injurious to the morale of the county.

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BACKGROUND CHECKS

Reference/Education Check

The position an individual applies for and the information he/she gives during the interview process will determine which contingencies may apply to an offer of employment. All employees applying for any position with Hill County will be subject to reference checks with former employer and/or managers. Reference checks will not be shared with the potential employee unless the employee makes a written request to the Personnel Office for such information.

Individuals who claim to have certain educational credentials, either in writing or in an interview, are subject to verification.

Driving Privilege/License Status Check

Any potential employees who will be driving a county vehicle, must keep their driving privileges in good-standing with the Department of Motor Vehicles. An employee may be required to present proof of such to his/her supervisor upon request prior to operating a county vehicle. Operation of a county vehicle without valid driving privileges may subject the employee to discipline including termination. Refer to *Use of County Vehicles*.

Depending on the job requirements, some employees may have to comply with the Department of Transportation requirements for a Commercial Drivers License. If such a license is required, operation of a county vehicle or county equipment without valid commercial driving privileges may subject the employee to discipline including termination.

Criminal Check

Depending on the job requirements, some employees may be subject to a criminal background checks. Background checks may be requested for potential employees and current employees. If a position requires a background check, the employee must sign a notarized statement providing: name, address, date of birth, and social security number; statement confirming the employee has asserted he/she has not been convicted of a crime or details of a crime he/she has reported; acknowledgment that a background check may be conducted; acknowledgment that the employee may request a copy of the report and challenge its accuracy; and acknowledgment that prior to completion of the background check, access to children, the elderly or the disabled may be denied. (See MONT. CODE ANN. §§44-5-211 to 215 (2003).)

Only supervisors or the Personnel Office may receive a criminal background check. Information gained from any of the above background checks will be held in confidence and shared with supervisory individuals only on a need-to-know basis.

HILL COUNTY EMPLOYMENT ELIGIBILITY DOCUMENTS

Federal regulations require Hill County to comply with the Immigration Reform and Control Act of 1986. All new employees must complete an I-9 Form and provide proof of their identity and their ability to work in this country. The Auditor's Office is responsible for obtaining the I-9 Form and verifying the eligibility to work in the United States. Employees will be expected to complete the I-9 Form during orientation on their first day of work. The Auditor's Office will properly complete the Employer Section of the I-9 Form. If a new employee is unable to provide the necessary documentation within three (3) working days from the date of hire, he/she must provide proof that he/she has applied for the required documents. If this is not provided, the employee may be terminated.

If a department head/manager is notified by any governmental agency that it is going to conduct an inspection of the I-9 documents, the manager should contact the Auditor's Office immediately.

All I-9 documents shall be kept in the Hill County Auditor's Office in a separate file. Refer to *Employment Records*.

NEW EMPLOYEE ORIENTATION

In an effort to insure a smooth transition to Hill County, all newly hired employees will participate in an orientation. Orientation is the joint responsibility of the new employee's supervisor, the Auditor and the Personnel Office. The specific responsibilities of each are set forth on the Orientation Checklist form. (See Appendix A, Form A.)

All new employees must attend orientation. During the orientation session, the employee will receive a Personnel Manual and will be given an opportunity to ask questions about any information contained in the Personnel Manual.

The new employee's supervisor is responsible for ensuring that each employee attends an orientation session prior to commencing his/her job duties. In addition, supervisors are responsible for all job training. Supervisors should ensure that they talk often with new employees during the first few weeks of their employment.

HOURS OF WORK

The standard workweek is forty (40) hours. The standard workday is eight hours for nonexempt workers. Workday lengths for exempt employees are determined primarily by their current workloads. General office hours are from 8:00 a.m. to 5:00 p.m. daily. However, hours and days of work will vary according to the needs of the County. As starting and ending times vary within departments, the department head/elected official of each department will determine the schedule for his/her department. The workweek commences on Monday morning at 12:01 a.m. and ends the following Sunday evening at Midnight.

An unpaid meal period is provided to any employee who works more than six (6) hours per day. The normal meal period should occur approximately halfway through the workday. However, certain departments may require alternate meal periods. The length of the meal period may vary from thirty (30) minutes to one (1) hour according to the needs of the department. Non-exempt employees should account for the unpaid lunch periods on their time sheet.

Non-exempt employees receive two fifteen-minute paid break periods for each full workday, one approximately a quarter of the way into the workday and one approximately three quarters into the workday. Employees are not to leave the premises during this paid break period. Hill County reserves the right to modify an employee's starting and quitting time as well as the number of hours worked to accommodate business needs.

ATTENDANCE AND PUNCTUALITY

Hill County recognizes the need for employees to be absent from work due to illness or the need to take care of personal business during the normal workday. The county instituted Sick and Vacation Leave to provide for these needs as they arise. Employees may also qualify for a leave of absence for their own major illness, the major illness of a family member, the birth or adoption of a child, workers' compensation injury or military and/or National Guard duty. Having provided for these situations, it is important to remember that excessive absenteeism, tardiness and/or leaving early causes other employees within the county to have to bear the burden of filling in for the absent employee.

Employees, who are not on an approved leave of absence or are absent from work without sufficient Sick Leave to cover that absence, will be addressed through the *Corrective Action Process*. The following corrective action steps should be taken each time this occurs:

First Incident	Report of Conference
Second Incident	First Written Warning
Third Incident	Final Written Warning
Fourth Incident	Termination

Consecutive days of absence for the same reason are deemed to be one incident.

If at any time an employee corrects his/her excessive absentee problem and has no unexcused absences during a six-month period, corrective action, if it becomes necessary again, should begin with a Report of Conference.

If an employee, who has been with the company less than 180 days, has an unexcused absence, he/she will be issued a Final Written Warning for that absence. If an unexcused absence occurs again within his/her first 180 days of employment, the employment will be terminated. If the new employee has no further incidences during his/her first 180 days of employment, the Final Written Warning will revert to a Report of Conference.

Periodically, special circumstances will occur that warrant an employee being excused from work without sufficient Sick Leave to cover the absence. The supervisor may approve this type of request pursuant to the Leaves of Absence policy if the supervisor deems such appropriate.

Occasionally an employee will exhibit a pattern of absenteeism that must be corrected, despite having sufficient Sick Leave to cover those absences (*i.e.*, consistently missing a specific day of the week, the day before or after a holiday, the day before or after a scheduled vacation). Such cases should be reviewed with the Personnel Clerk before issuing any corrective action.

Employees who are going to be absent, tardy or leave early from work are responsible for notifying their supervisors as soon as possible, regardless of whether they have sufficient leave to cover the absences. Employees who are absent and fail to notify their supervisors will be subject to corrective action for failure to notify. Employees who have been absent three consecutive days without calling to speak with their supervisors will be considered to have voluntarily resigned.

INTRODUCTORY PERIOD

The introductory period is intended to give new employees the opportunity to demonstrate their ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. Hill County uses this period to evaluate employee capabilities, work habits and overall performance. Either the employee or Hill County may end the employment relationship at will at any time during the introductory period, with or without cause or advance notice.

All new employees work on an introductory basis for the first one hundred eighty (180) days after their date of hire. If Hill County determines that the designated introductory period does not allow sufficient time to thoroughly evaluate the employee's performance, the introductory period may be extended for a specified period.

After three (3) months of employment, an introductory employee shall receive a written evaluation on the form provided by the supervisor and be counseled on strengths, weaknesses and progress. Refer to Appendix A, Form B. The department head will meet with the employee to review the formal evaluation and discuss its contents. If the supervisor determines at any time during the introductory period that the services of an introductory employee are unsatisfactory, the employee may be separated upon written notice setting forth the reason for termination.

Any class of employee who is funded by State or Federal grant monies will remain a county employee only for the duration of the grant period. Refer to employee's Personnel Manual *Personnel Classification*. These employees shall earn and accrue all regular benefits.

During the introductory period, new employees are eligible for those benefits that are required by law, such as workers' compensation insurance and social security. Depending on the classification of the employee, new employees are also eligible for those benefits identified in the *Personnel Classification*. Employees should read the information for each specific benefit program for the details on eligibility requirements.

If the employment relationship is ended at any time during the introductory period, the supervisor may, at his/her discretion, hire another candidate from the same pool to fill the position. If the supervisor determines that no other qualified applicants are available from the job screening pool, he/she may elect to re-post the position. *See Job Vacancy Filling*.

HILL COUNTY EMPLOYEE RECORDS POLICY

Introduction

This policy is adopted to provide the minimum criteria that should be met for consistent retention and availability of employee data. Hill County is required to keep accurate, up-to-date employment records on all employees to ensure compliance with state and federal regulations, to keep benefits information up-to-date and to make certain that important mailings reach all employees. The county considers the information in employment records to be confidential.

Employees must inform the Personnel Office, in writing, of any necessary updates to their personnel file such as a change of address, changed telephone numbers, emergency contact, marital status, number of dependents or military status. Employees should also inform their supervisor and Personnel Office of any outside training, professional certifications, education or any other change in status. In addition to a general personnel file and financial file, Hill County maintains a separate medical file for each employee. Access to an employee's medical file is extremely limited and based on a need-to-know-only basis.

Definitions

"Employee Personnel Record" means the individual file(s) containing documentation of current and historically pertinent information for each Hill County employee. The record consists of three separate and confidential files: Personnel, Medical and Financial.

Policy

All employee personnel records of employees will be maintained in the Hill County Auditor's Office. All documents will be maintained for not less than five (5) years. After five (5) years, Hill County may discard the records as Hill County deems necessary. See ARM 24.11.701 and ARM 24.9.805.(2b).

If such exist, the following documents for employees will be kept in individual employee personnel files:

A. Personnel:

1. County application and/or resume of employee;
2. Seminar/training attendances;
3. Any records pertaining to hiring, promotion, transfer and selection for training or apprenticeship;
4. Orientation checklist, personnel/procedural manual acknowledgments;
5. Licenses/certification;
6. Longevity computation, certification form and any documentation of previous employment that affects employee benefits;
7. Records of any on the job accidents logged by the department head for the past five (5) years;
8. Safety forms and meeting attendance;
9. Performance related information;
10. Disciplinary matters;
11. Letter of resignation;

12. Vacation requests;
13. Letters of commendation from staff/public;
14. Exit Interview; and
15. Any other information the department feels is necessary.

B. Financial:

1. Original Hire Letter;
2. All copies of payroll forms affecting employee's pay and/or status;
3. W-4 forms, copy of driver's license, and copy of Social Security card;
4. Employee leave record, time and attendance reports which may be kept separately for ease of access;
5. Garnishments such as health insurance premiums, credit union, savings bond deferred compensatory deductions, donations, memberships, court orders, etc.;
6. Enrollment of health insurance plans;
7. Any documents specifying wages or salary;
8. Investigative and/or consumer credit reports;
9. Termination form;
10. Copy of "Designation of Person Authorized to Receive Decedent's Warrants", if applicable; and
11. Contribution of Sick Leave Forms.

C. Medical:

1. FMLA documents;
2. Medical records/physician notes;
3. Workers Compensation records;
4. Drug testing documents;
5. Disability/restriction information; and
6. EEO and Emergency Information form.

Persons who may have access to Personnel Records are as follows:

- A. The employee may look at his/her Personnel Record, at a pre-arranged time, in the company of the County Attorney or Personnel Clerk;
- B. The employee's Supervisor and/or Department Head;
- C. The Auditor and Deputy Auditor;
- D. The county Attorney and Personnel Clerk; and
- E. For all others, written permission from the employee and Personnel Clerk must be obtained.

General employment information such as dates and duration of employment, title of position, verification of salary range and a short description of work performed may be furnished upon written request. Hill County will verify only the dates of employment and job titles to outside agencies inquiring by telephone. No other information will be give out about an employee without written authorization from the employee, except what is required to comply with the law.

Confidential matters contained in personnel files will not be released without the individual employee's written permission or by a valid legal order. An employee rate of pay is not confidential material and may be released by the Auditor.

At any time, an employee may file a written rebuttal to material in the record. However, this does not guarantee the removal of such material. An employee may file a correction, rebuttal or grievance as follows:

- A. Correction: An employee should notify, in writing, the Personnel Office of any clerical errors contained in the Personnel Record.
- B. Written rebuttals: An employee has the right to file a written rebuttal to data maintained in the Personnel Record, which will be retained with the personnel file.
- C. Grievance: An employee has the right to file a grievance on data maintained in Personnel Record. The *Problem Solving* procedure set forth in the Hill County Personnel Manual shall be followed.

Employee Personnel Records should be kept locked when not in use.

All employee I-9 Forms shall be kept in a separate file. Refer to *Employment Eligibility Documents*.

The Financial file and Personnel file shall be combined after termination of employment.

JOB DESCRIPTIONS

A job description is a formal document describing the nature, scope, physical requirements and responsibilities of a specific job within the county. Job descriptions are used for purposes of training and development, annual performance appraisals, promotions, recruiting and hiring. Job descriptions are prepared by the Personnel Office and Department Heads/Elected Officials with input from the incumbent employee and the supervisor.

The Personnel Office is responsible for:

1. Administering the overall job description program;
2. Monitoring job descriptions for proper format;
3. Maintaining a central file of all current job descriptions; and
4. Ensuring that all positions have a job description. Supervisors and department heads are responsible for reviewing and approving job descriptions for their areas.

The county's job evaluation program provides a systematic and equitable method of evaluating all jobs within Hill County. All jobs within the county must be evaluated and assigned a grade and step on a matrix. All new positions must be evaluated and approved by the Hill County Commission before the job can be posted. *See Job Vacancy Filling.* When the duties of a job change significantly, it may be necessary to reevaluate the job's classification.

PERFORMANCE REVIEWS

In order to ensure that all employees receive regular feedback on their performance, supervisors shall evaluate the job performance of every employee who works for them on a regular basis. Performance reviews establish a performance history with the county and are used in performance, promotion and transfer decisions. All original Performance Review Forms are maintained in the employee's personnel file located in the Auditor's Office. Performance Review Forms are located at Appendix A, Form B.

Supervisors shall conduct regular, timely performance reviews. Supervisors shall complete evaluations on all employees pursuant to the following schedule: three months, six months, one year, two year, and every other year thereafter. Supervisors may review performance more often than is required by this policy.

Supervisors should use a coaching approach to help an employee grow in his/her position. Part of this process involves regular reviews to evaluate performance. Some factors considered are dependability, quality and quantity of work, interpersonal skills, and judgment. The purpose of this evaluation is to guide employees' progress in their current position, to discuss ways in which their performance can be improved, and when appropriate, explore their potential for advancement. These formal performance reviews are in addition to the informal meetings supervisors should have with employees throughout the review period.

Written goals and objectives should be reviewed with the employee at the beginning of the review period to ensure that he/she understands and agrees with all performance criteria. All new employees should be given goals and objectives within 90 days of beginning employment. The employee's performance should be reviewed periodically with feedback and direction regarding all performance criteria.

If a supervisor other than the department head/elected official is conducting the review, all Performance Review Forms should be reviewed with the department head/elected official before the performance review conference takes place with the employee. The department head/elected official should sign the Performance Review Form before it is reviewed with the employee to signify his/her agreement with the contents of the Performance Review Form. When the Performance Review Form has been reviewed with the employee, the employee and the employee's supervisor need to sign it. An employee's signature on his/her performance evaluation only acknowledges that it has been reviewed with the employee. Employees should be encouraged to attach any written comments they wish to their performance reviews. The Performance Review Form with any employee comments will become a part of the employee's personnel file. The completed form should be forwarded to the Personnel Office and a copy provided to the employee.

When an employee is away from work due to a leave of absence greater than 60 days and any part of the leave includes or occurs within the 60 days immediately preceding the review date, the employee's review will be postponed. The performance review will take place 60 days after the employee returns to work.

HILL COUNTY

Recruitment and Hiring Process

STATEMENT OF POLICY

It is the policy of Hill County to recruit, select, and promote personnel without regard to race, color, religion, creed, sex, age, marital status, national origin, disability, or political belief. It is the county's policy to base county employment on job-related standards, experience, education, training, and interpersonal strengths and abilities. The following procedures should be adhered to by all departments in filling positions:

A. Requests to fill all job vacancies should be made in writing to the Hill County Commissioners as soon as the department head or governing board becomes aware of a vacancy. Requests shall include a job description containing essential functions of the position.

B. Upon receipt of written approval to fill the position, the selection process will begin. The selection process will be coordinated between the Hill County Commissioners, the department head, and any governing board vested with hiring authority.

C. Department head or governing board will fax, deliver, email or mail the job vacancy notice to the State of Montana Job Service, Havre, Montana; MSU-Northern, Havre Montana; Rocky Boy's Reservation TERO, Rocky Boy Agency, Montana; Fort Belknap Reservation TERO, Fort Belknap Agency, Montana. Department head or governing board will set up newspaper (3 day) advertisement, and/ or advertise in trade publications, or advertise elsewhere in the discretion of the hiring authority.

D. Applications may be picked up at the County Commissioner's office OR the Clerk & Recorder's office in the Hill County Courthouse. Applications are available online at the Montana Job Service. Completed applications need to be turned in to Hill County Commissioner's office and will be date stamped as received. Late applications are NOT accepted.

E. Commissioners' office will remove EEO confidential information from applications and forward to Department for review. Initial screening by Department will determine if applications meet minimum requirements and proceed to interview process. Hill County reserves the right to reject any and all applications for the position and re-advertise needed.

F. Department shall provide interview questions to Commission for approval, form hiring committee to include Department head and 2 other elected officials/department heads/board members/supervisors. Department shall schedule interviews for top applicants and prepare interview materials for committee.

G. Selection strategy may include one or more of the following devices:

- a. Job applications/supplemental questionnaires
- b. Written, oral and/or performance tests
- c. Final interviews
- d. Reference checks (It is suggested that only the top applicant should have his/her references checked. The reference check should be used to verify work history and academic records.)
- e. Background Checks (Information obtained from such checks must be coordinated with the County Commissioners, Personnel Office and/or the MACo attorney)

H. The foregoing recruitment policy is not necessary for temporary or short term recruitment.

I. Reasonable accommodations shall be made for disabled applicants to allow participation in the selection process.

J. In initial hiring, veteran's preference shall apply according to Montana statute. (Section 39-29-102 MCA). Initial hiring means a personnel action for which applications are submitted from outside the ranks of current employees.

K. The appropriate Department shall make job offers in writing. A job offer will specify whether the job is permanent, temporary, and seasonal or a short-term position and whether the job is full or part-time; in accordance with Hill County personnel policies. The offer should also specify the position, title, grade, salary, work location, starting date, hours of work, and the applicable probationary period. While considering the recommendations of the hiring committee, the final authority of making the hiring decision rests with the Department. After the employee is hired the department shall forward all notes, applications and documents utilized in the hiring process to the County Commission.

L. The Hill County Commissioners have the sole authority over setting starting wages, salaries, and increases utilizing the county salary matrix as much as possible.

EMPLOYMENT OF RELATIVES

Hill County has no prohibition against hiring relatives of other employees. However, supervisors, department heads and elected officials may not hire any person related or connected by consanguinity within the fourth degree or by affinity within the second degree where the hiring would result in the relatives being in a supervisor-subordinate position.

The only exceptions to this policy are as follows:

1. Sheriff in the appointment of a person as a cook or an attendant;
2. Renewal of an employment contract of a person who was initially hired before the member of the board, bureau, or commission or the department head to whom the person is related assumed the duties of the office;
3. Employment of election judges; or
4. Employees already employed in their positions at the enactment of this policy.

Further, supervisors, department heads, elected officials and employees may not enter into any agreement with other county department supervisors to appoint or hire any person related to the supervisor, department head, elected official employee, or connected with them by consanguinity within the fourth degree or by affinity within the second degree.

Consanguinity is a blood relationship or the relation of persons descended from the same common ancestor. Affinity is the connection existing in consequent of a marriage, between each of the married persons and the kindred of the other.

A supervisor-subordinate position is present when one individual has supervision over or the ability to direct the activities of another individual. The term is not restricted to one's ability to hire, fire or evaluate.

While Hill County encourages amicable relationships between supervisors and their subordinates, it recognizes that involvement in a romantic relationship may compromise or create a perception that compromises a supervisor's ability to perform his/her job. Any involvement of a romantic nature between a supervisor, department head, elected official and anyone he/she supervises, either directly or indirectly, is prohibited.

Any interpretation of this policy will be made by the Hill County Attorney.

CHILDREN AND PETS IN THE WORKPLACE

An employee may not bring his/her children to work without prior consent from his/her department head. There shall be no babysitting of children or pets allowed in the various County offices by employees. This is also construed to mean that school children will not be allowed to wait in the County offices for their parents after school until closing time. This may be waived by the department head in extreme cases.

INCLEMENT WEATHER

Because of the critical nature of the county's work, it is imperative that employees make every effort to report to work in the event of inclement weather, including, but not limited to, snow, ice, freezing rain or flood. Employees should also make every effort to remain at work in the event inclement weather occurs during their work schedule.

If the county offices are open and a non-exempt employee cannot report for work due to inclement weather conditions, the employee has the option of taking vacation time, compensatory time or unpaid leave. Employees unable to make it to work due to inclement weather will not be issued corrective action for attendance.

OTHER EMPLOYMENT

While Hill County does not prohibit employees from having a second job, secondary employment must not affect the employee's work hours, interfere or conflict with the employee's regular duties, raise any ethics concerns, or necessitate long hours that may impact the employee's working effectiveness. Employees are required to inform their supervisors of other employment. Refer to Personnel Manual *Outside Employment*.

POLITICAL ACTIVITIES - THE HATCH ACT

The Hatch Act restricts the political activity of individuals principally employed by Hill County who work in connection with programs financed in whole or in part by federal loans or grants. An employee of Hill County is covered by the Hatch Act, if he or she has duties in connection with an activity financed in whole or in part by federal funds. Those employees must follow these primary guidelines when working or volunteering on a political campaign for political office.

Hill County employees may (provided it does not violate other county policies & procedures):

- Be a candidate in a political election in which no candidates represent a political party;
- Register and vote as they choose;
- Assist in Voter Registration Drives;
- Express opinions about candidates and issues;
- Attend fundraisers and contribute money to political organizations and campaigns;
- Volunteer on a campaign;
- Recruit volunteers for a political campaign;
- Participate in activities such as phone banking and precinct walking;
- Display bumper stickers, lawn signs, and other campaign paraphernalia;
- Raise money for their union's political action committee from other union members;
- Run for nonpartisan offices (that is, parties are not listed on the ballot); or
- Volunteer, run for, and hold an office in a local or state political party;

Hill County employees may not:

- Be a candidate in a political election in which any candidate represents a political party (elected officials of local government are exempt if the elective office is the principal employment);
- Raise money for a partisan political campaign;
- Allow their names to be used in any fundraising appeal on behalf of a partisan political campaign;
- Participate in a phone bank that is engaged in fundraising for a partisan campaign; or
- Raise money for their union's political action committee from persons other than their fellow union members.

This list is not all-inclusive, and questions regarding the legality of the application of any event or policy should be asked beforehand. This list does not encompass all that is or is not allowed per the regulation. Additional information is available in the Personnel Office. Employees may request advice about activities which are permitted or prohibited by the Hatch Act from their supervisor or from the following:

HATCH ACT UNIT
U.S. Office of Special Counsel
1730 M Street N.W., Suite 218
Washington D.C. 20036-4505
Tel: (800) 85-HATCH
(202) 254-3650
Fax: (202) 653-5151
E-mail: hatchact@osc.gov
Web site: <http://www.osc.gov>

USE OF COUNTY PREMISES AND PROPERTY

Meetings held on county premises, owned or leased, must be for the purpose of conducting business. Meetings for other purposes are strictly forbidden. The use of public property should occur only during normal hours of actual employment or when performing county business at other times.

The use of county stationery for personal correspondence is strictly forbidden. The personal use of its facsimile or copying machines also is forbidden.

WORK AREAS AND PERSONAL EQUIPMENT

Employees shall keep their work station in a neat and orderly manner and shall not mar or deface desks, equipment or other surfaces (walls, floors, ceilings) in their or other employees' work areas.

Employees may, within reasonable bounds, have personal equipment and decorations such as plants and pictures at their work stations. All equipment necessary for the job such as office machines and tools will be provided by the county with the exception of mechanic's hand tools.

Personal belongings brought onto county premises are the employee's responsibility. While the county does all it can to protect employee's property, it cannot be held responsible for the loss or theft of personal belongings. If employees find property missing or damaged, they should report it to their supervisor immediately.

BREASTFEEDING

Hill County supports women who want to continue breastfeeding after returning from maternity/parental leave. Hill County supports and encourages the practice of breastfeeding. In addition, Hill County accommodates the breastfeeding-related needs of all employees and will ensure that all employees are provided with adequate facilities for breastfeeding or the expression of milk for their children.

Hill County has a suitable space for breastfeeding and breast pumping for a lactating employee in all of its buildings and department locations. Hill County will ensure the space provided in each location has the basic necessities of privacy, lighting and electricity for the pump apparatus and is in reasonable close proximity to the employee's work area. All employee supervisors will ensure the room is readily available during the term the employee needs the space. For employees in the courthouse and annex, a room with a lock will be available. In all other locations including, but not limited to, the road department, fair, park, library, detention center, museum and senior center, a private room with a lock will be available. The location provided will not be a toilet stall in a non-private restroom.

Hill County will not refuse to hire or employ, and will not bar or discharge from employment an employee who expresses milk in the workplace. Hill County will not discriminate against an employee who expresses milk in the workplace in compensation or in terms, conditions or privileges of employment.

Hill County provides reasonable unpaid break time each day to an employee who needs to express breast milk for the employee's child. The break time must, if possible, run concurrently with any break time already provided to the employee. Additional breaks will be approved or disapproved at the discretion of the employee's supervisor. Break time will not be approved if to do so would unduly disrupt Hill County's operations.

Personal Telephone Calls and Personal Communication Devices

A. Personal Telephone Calls Using County Telecommunication Systems

County-provided phones are to be used for County business and may be used for personal business on a limited basis only. The use of telecommunications equipment for essential personal business (e.g., calls to children, teachers, doctors, day care centers, and family members to inform them of unexpected schedule changes and other essential business) must be kept to a minimum, and not interfere with conducting County business.

It is the employee's responsibility to ensure that no cost to the County results from personal phone calls.

Personal Communication Devices

The use of personal communication devices such as cell phones, smart phones, tablets, PDA devices, etc., to communicate, Email, text, or interact with personal social media sites (Facebook, Twitter, etc.) during work hours is prohibited. The use of cell phones for essential personal business (e.g., calls to children, teachers, doctors, day care centers, and family members to inform them of unexpected schedule changes and other essential business) must be kept to a minimum, and not interfere with conducting County business. Personal communication devices such as cell phones may be used for the purposes of conducting County business if necessary.

Utilizing a computer or personal device that connects with the Internet to visit an offensive site or inappropriate material during work hours or break periods is prohibited and subject to disciplinary action. This prohibition includes sexually explicit or offensive messages or images, cartoons or jokes, ethnic or religious slurs, racial epithets, or any other statement or image that might be construed as harassment or disparagement on the basis of race, color, national origin, age, physical or mental disability, marital status, pregnancy, religion, creed, sex, sexual orientation, political beliefs, genetic information, veteran's status, or any other category protected by law. **Exceptions to this paragraph will include Law Enforcement, County Attorney's office and Health Department when doing so in the course of conducting official County business.**

In order to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rule (See **Employee Personnel Records**) regarding the safeguarding of confidential information, County employees must refrain from the use of Instant Messaging, cell phones, texting, unprotected Email, or any other unsecured communication (e.g., unsecured Bluetooth interfaces or unsecured Internet conferencing) to transmit confidential information regarding County employees or citizens.

Computers, Internet, and Email

All County business equipment, hardware, software, network equipment, communications systems, Internet, Email, and data are the property of the County, and employees can use these only for authorized purposes such as conducting County business. Please see the department head or coordinate with the Information Technology (IT) department for instructions (and when troubleshooting is necessary) about the operation of computers, telecommunication systems, or other electronic devices used on the job. Employees must operate all IT equipment according to manufacturers' user instructions and County policy. All employees must sign the **Computers, Internet, and Email Policy Acknowledgement Form** found in **Appendix D** of this Handbook.

A. Computers

Employees shall not install, modify, or remove any software operating on County computers. Employees may request review of additional software applications that may enhance or improve existing systems. The IT department is responsible for the overall operation of the County computer systems; and all installation, modification, or removal of software, hardware, or data should be reviewed and approved by the IT department.

Employees shall not use or disseminate codes, access a file, or retrieve any stored communication, other than where authorized, unless there has been prior clearance by the supervisor or department head. All computer passwords are the property of the County and will not be shared with other individuals.

B. Internet and Email

Employees should not expect any privacy with County Internet and Email use. The County may monitor Internet use for planning and managing network resources, performance, troubleshooting, and suspected or potential abuse. All messages employees create, send, or retrieve over the County's systems are the property of the County.

County Internet and Email use are available for conducting County business. County employees may not use the County-maintained Internet, intranet, and related services for activities not related to County business. The County recognizes that sometimes an employee may use County computers and Internet for essential types of personal use; however, this must be kept to a minimum and not be excessive.

The creation, transmission, or viewing of any data or images that may be construed to violate the County's **Preventing Harassment and Discrimination Policy** or **Equal Employment Opportunity Policy** is strictly prohibited. This prohibition includes sexually explicit or offensive messages or images, cartoons or jokes, ethnic or religious slurs, racial epithets, or any other statement or image that might be construed as harassment or disparagement on the basis of race, color, national origin, age, physical or mental disability, marital status, pregnancy, religion, creed, sex, sexual orientation, political beliefs, genetic information, veteran's status or any other category protected by law.

None of the County's information technology resources may be used to transmit critical or derogatory statements regarding employees, political figures, or any other persons. **Exceptions to this paragraph will include Law Enforcement, County Attorney's office and Health Department when doing so in the course of conducting official County business.**

Internet access is provided by the County to assist employees in obtaining work-related data and technology. All Internet data that is composed, transmitted, or received via our computer communications systems is considered to be part of the official records of the County and, as such, is subject to disclosure to law enforcement or other third parties. Employees may also be held personally liable for any violations of this policy.

Social Media

Social media is web-based technology that allows interactive dialogue and includes, but is not limited to, blogs, collaborative projects, content communities, and social networking sites.

Content contributed to social media by County employees may not:

- Claim to represent the County; or
- Include statements that are inappropriate because they are discriminatory, threaten violence, are obscene or otherwise disparage members of the public or co-workers.

An employee's online conduct that adversely affects their job performance, the performance of fellow employees or otherwise adversely affects the County's legitimate business interests may result in disciplinary action up to and including termination. All instances must be judged on a case-by-case basis.

Elected Officials/Department heads are allowed to manage and/or designate employees to manage official social media outlets for County Business purposes.

Nothing in this policy should be construed as prohibiting an employee's right to engage in concerted activity or to discuss the terms and conditions of their work as permitted by the NLRA.

Travel

Hill County elected officials, employees and others representing the county on official county business shall receive expenses as established by MONT. CODE ANN. 2-18-502 (2003) and 2-18-503 (2003), and any amendments. Spousal or dependent expenses are not allowed. Refer to County Resolution No. 89-1370.

Actual registration fees for approved conferences, workshops, and meetings shall first be approved and the either paid in advance or reimbursed to the person incurring them, provided a claim for reimbursement is supported by a receipt showing payment of the registration fee.

All travel expenses shall be approved by the Elected Official/Department Head. Expense advances may be approved by the Commission to offset any undue financial hardships on employees traveling on behalf of the county. Transportation shall be the most economical in terms of direct costs to the county.

Travel claims paid for and approved from grant revenue for more than state rates utilized county-wide will need documentation supporting the claim for full reimbursement.

Travel claims exceeding state rates will be paid with discretion. Advance notice is appreciated. Concerns on claims in Auditor's office will be referred to Commissioners for approval.

The willful misrepresentation or altering of claims is unlawful, may result in the filing of criminal charges and may result in corrective action including termination.

Contact the Auditor's Office for current information of allowable travel expenses.

USE OF COUNTY VEHICLES

Vehicles essential in accomplishing job duties are expensive and may be difficult to replace. When using county vehicles, employees are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards and guidelines.

The County Commission and Elected Official/Department Head shall designate those job positions that require the use of county-owned vehicles on a take-home basis. County vehicles shall not be used by county employees for personal use.

When an employee is on county business, a county vehicle should be used whenever possible. The County Commission may authorize an employee to use his/her private vehicle for official use only when a county vehicle is not available or when extenuating circumstances warrant an exception. Use of private vehicles without prior approval will be paid at the lower rate referenced in state code.

Employees who require the use of a county vehicle must sign for it and pick up the key and fuel card at the mail room. When returning county vehicles, the vehicle should be parked in the designated area in the courthouse parking lot and the key and fuel card promptly returned to the mail room. Vehicles are to be returned filled with gas, interiors free of trash, and windshields washed. Under no circumstances will a county vehicle be kept overnight without prior authorization from the Commissioners.

A valid and current operator's license must be in the possession of the operator and maintained at all times and the operator shall comply with state, tribal and municipal vehicle operation laws. Oil levels should be checked each time the vehicle is fueled. If a vehicular accident or theft of the vehicle occurs, it must be immediately reported to law enforcement and to the employee's supervisor.

The improper, careless, negligent, destructive, or unsafe use or operation of equipment and vehicles, as well as excessive or avoidable traffic violations, can result in disciplinary action, up to and including termination of employment. Payment of speeding and/or parking tickets is the sole responsibility of the employee driving the vehicle. Failure to pay such tickets prior to notification to Hill County by law enforcement agencies may result in corrective action up to, and including, termination for the employee driver.

Spouses or non-employees may not ride in county vehicles unless permission is granted by the Commissioners. Exceptions to this rule may be granted for official County business, possible carpooling with employees of other Counties, and transportation for legal appearances or subpoenas. Spouses or non-employees may not operate county vehicles.

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

Hill County may pay a portion or all of the fees required for employees to maintain one professional designation that is directly related to their jobs. Occasionally there may be a valid business reason to make an exception to this policy and pay for more than one membership or professional designation. The employee's department head/elected official must approve the membership prior to the employee submitting a claim for payment.

Hill County may also pay a portion or all of the expenses associated with attending periodic meetings and seminars sponsored by professional organizations. The department head/elected official must approve the payment of such prior to the employee submitting a claim for payment.

PERSONAL CONDUCT

Hill County expects all employees to observe certain standards of behavior while at work and at county-sponsored events. Employees shall be responsible for ensuring that the conduct of any of their guests at a county-sponsored function is respectful and not offensive to anyone in attendance. These standards are not intended to restrict employees but to ensure a consistent application of the policies and procedures for all employees.

These standards include, but are not limited to:

- Completing all documents and records accurately;
- Maintaining satisfactory attendance and punctuality;
- Performing duties and operating equipment with care to protect the safety of the employee, co-workers, and the public;
- Carrying out assigned duties and following reasonable instructions or requests from supervisors and/or management;
- Not posting any literature, handbills, petitions, posters or other materials on the premises without the prior approval (refer to *Bulletin Boards*);
- Refraining from soliciting funds or selling any item, commodity, or service;
- Not possessing weapons on the premises unless authorized by supervisor because such is necessary to fulfill job requirements;
- Refraining from any manner or form of discrimination and/or harassment, regardless of whether it is sexual, racial, religious, or related to another's gender, age, sexual orientation, or disability;
- Using county property or that of another employee in an appropriate manner;
- Obtaining authorization to remove county property or another employee's property from its location;
- Refraining from misuse, theft or destruction of county time and/or property or another employee's property;
- Remaining in your work area, on the job and awake during working hours;
- Reporting to work fit for duty and not under the influence of alcohol and/or drugs and refraining from using, selling, or possessing illegal drugs on county premises or while on county business. While working, employees should only possess and take drugs that are medically authorized, approved, and determined by the employee, the employee's physician, and the county not to impair job performance or cause a safety hazard. Employees are responsible for notifying their supervisors that they are taking prescription medication if it would affect their performance on the job;
- Passing a mandatory drug and/or alcohol test or not refusing to take a mandatory drug and/or alcohol test;
- Refraining from fighting, threatening, intimidating or coercing fellow employees during working hours or at county-sponsored functions;
- Refraining from the use of foul or offensive language;
- Disclosing or using confidential information only with proper authorization; and
- Using county telephones for county purposes only and not for personal business other than allowed by county policy;
- Following the Montana Code of Ethics (Section 2-2-101 (2003)/1-1-304 (2003) MCA);
- Maintain all licenses, certifications and/or registrations necessary to perform the job.

Failure to observe the above standards could lead to corrective action up to, and including, termination.

CORRECTIVE ACTION

When it becomes necessary to address an employee's actions in the workplace, general guidelines of acceptable business conduct will govern. Depending upon the nature and seriousness of the employee's actions, corrective action may begin at any step of the Corrective Action Process. The purpose of the process is to ensure that employees are informed of exactly what behavior needs to be corrected, the measures the employee must take to correct unacceptable behavior, and give the employee adequate opportunity to correct the situation. All supervisors must fill out a Record of Conference (*See Appendix, Form F.*), subject to the correction steps taken.

Corrective Action Steps

Step One: Report of Conference

The employee's immediate supervisor will meet with the employee and inform him/her of the specific behavior that is unacceptable. The supervisor will clearly identify the behavior and set a time by which the situation must be rectified. A written record of this conversation should be forwarded to the Personnel Office to be placed in the employee's personnel file.

Step Two: First Written Notice

Follow the same procedure as the Report of Conference, but in addition, ask the employee to sign the written record indicating he/she has read the document. The employee may wish to write his/her own comments on the notice or attach comments to that document.

Step Three: Final Written Notice

Follow the same procedure as the First Written Notice. The Final Written Notice must specify to the employee that the consequences of failing to remedy the behavior will be termination of employment.

Step Four: Termination

An employee who does not correct his/her behavior after three warnings will be terminated if the behavior continues. If twelve months has elapsed since the employee received corrective action, the Corrective Action Process may begin at Step One (Report of Conversation). In cases involving more serious problems or violations of county policy, the process may be accelerated. All documentation may be considered to establish an overall conduct record. **Any proposed acceleration of the Corrective Action Process must first be reviewed by the County Attorney before it takes place.**

On rare occasions, an employee may be terminated for a single occurrence of behavior or violation of policy without having been previously warned. Such action may be justified because the offense is severe enough to make a warning unnecessary and any employee would normally know that such behavior is unacceptable. In these cases, supervisors should suspend the employee, with pay, pending a complete investigation of the situation before terminating the employee. **Any proposed terminations must first be reviewed by the County Attorney before the termination takes place.**

In cases where the supervisor feels an employee should be terminated immediately, the supervisor should:

- Advise the employee that he/she is immediately suspended;
- Request the employee immediately leave the premises;
- Obtain all county property from employee including keys; and
- Inform the Personnel Office of the circumstances with a recommendation for termination.

Prior to termination, all non-introductory employees will be given notice and the opportunity for a hearing. If the hearing is waived or after the hearing the request is still termination, the employee will be given written notice of the termination which sets forth the reasons for the termination and the county's *Problem Solving* procedure will be attached.

Suspension may take place at any time during the Corrective Action Process. A supervisor may place a non-exempt employee on suspension without pay for no longer than five working days. Exempt employees may, after authorization from the County Attorney, be placed on suspension without pay for no longer than five working days. Employees may be placed on suspension when they commit serious acts, but not so severe as to warrant immediate termination. Discretion should be used in applying suspension as a management tool.

New employees will be in a probationary period for the first 180 days of their employment. If corrective action needs to be taken during the introductory period, the offending employee will be issued a Final Written Notice that clearly states that an additional occurrence of unacceptable behavior within the 180-day introductory period will result in termination. The employee will be asked to sign the document indicating that he/she has read the notice. Any written warning issued during the introductory period will become a Report of Conference upon completion of the introductory period. Refer to *Introductory Period*.

LEAVING THE COUNTY'S EMPLOYMENT

When an employee wishes to resign because of illness or for personal reasons, the possibility of a leave of absence may be explored if the employee has a good work record and has sufficient length of service. Employees should speak to their supervisors.

If an employee chooses to resign from Hill County, the county requests the employee give adequate notice to his/her supervisor. This notice should be in writing, usually two weeks prior to the anticipated date of leaving. *See* MONT. CODE ANN. §2-16-502 (2003) for more information. Employees are required to turn in all county property prior to their last day of employment.

When employees leave the county's employment, they will be required to meet with the County Auditor to make any arrangements for any possible retirement benefits or insurance and will be asked to participate in an exit interview. The primary purpose of the exit interview is to ask for valuable feedback about employees' work experiences at Hill County. Participation in the meeting with the Auditor is mandatory. Participation in an exit interview is strictly voluntary.

When an employee is separated for cause or laid off from employment, any unpaid wages will be paid to the employee on the next regular payday for the pay period or within 15 days from the separation, whichever occurs first.

For more information, refer to Personnel Manual *Resignation and Discharge and Exit Interview*.

REFERENCES

All inquiries regarding employees who are currently employed or who have been previously employed by Hill County are to be referred to the Personnel Office. Frequently a potential employer will inquire about an employee's character or abilities. This information is considered confidential and may not be released without an employee's written release. If any employee leaving the county's employment intends to use the county as a reference, the employee may provide the county a release prior to leaving. If a release is provided either by the employee or the potential employer, the Personnel Office will refer the request to the supervisor. Otherwise, the Personnel Office will confirm only dates of employment and job title.

The only exception to the above statement is that the Auditor's Office may release salary/wage information upon request.

REINSTATEMENT AFTER A BREAK IN SERVICE

Employees who resign and return to work or seasonal employees missing a season will receive no credit on the salary or other applicable wage matrix for previous years worked. However, any public state employee will receive credit for longevity for vacation purposes only and must turn in written documentation in order to receive credit for previous time.

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WAGE AND SALARY

Hill County strives to attract and retain highly competent employees, and comply with all governmental regulations. The County Commission and Auditor are responsible for the overall administration of the wage and salary matrices, and for the implementation thereof.

As Hill County is a government employer, the public has the right to know the salary range of all employees and such must be provided upon request.

PERSONNEL CLASSIFICATIONS

The Fair Labor Standards Act requires all employees to be classified according to the overtime provisions of the law. For the purpose of paying any compensation, all employees are classified as either "Exempt" or "Non-Exempt" from overtime compensation. All determinations of wage classification status are made through the job description process and job evaluation process.

The Auditor and department head/elected official are responsible for placing all employees into one of six categories for eligibility to receive certain benefits offered by Hill County. The categories are fully defined in *Getting Acquainted* of the employee Personnel Manual. If an employee has questions about his/her job classification or status, the employee should speak to his/her supervisor.

Information regarding hours of work, breaks and lunch, overtime and compensatory time, emergency situations, shift differential and work hours, time cards, payday, early paychecks, employee loans and accepting gifts are also set forth in the employee Personnel Manual in *Getting Acquainted*.

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TIME OFF PROGRAMS

Hill County offers the following time off programs to employees:

- ▶ Sick Leave
- ▶ Disability
- ▶ Vacation
- ▶ Holidays
- ▶ Benefits for Part-Time, Temporary, Seasonal & Intermittent Employees
- ▶ Family and Medical Leave (FMLA)
- ▶ Personal Leave of Absence
- ▶ Leave for Jury Duty
- ▶ Military Leave
- ▶ Parental Leave
- ▶ Inclement Weather Leave

To determine whether an employee qualifies for any of these programs, the employee can contact his/her supervisor. Procedures for leave based on *Family and Medical Leave* and *Inclement Weather* are found in this Procedural Manual. A description of all programs is in the Personnel Manual. For more information, an employee may contact the Auditor's Office.

Employees may contribute a portion of their sick leave to a fellow employee upon approval of the Board of County Commissioners. Contributions are voluntary and are irrevocable once contributed. The qualifications for contribution are found in Form G in the Appendix. Contributing employees must complete Form G and return it to the Deputy Clerk of the Board of County Commissioners. The Commissioners will review the request thereafter.

edit Deputy

Example
of Draft

SICK LEAVE

Sick leave benefits are calculated and leave granted pursuant to MONT. CODE ANN. §2-18-618. Eligible employees who terminate employment are entitled to a lump sum payment equal to ¼ of the time attributed to the accumulated sick leave, based on the salary of the employee at termination.

Employees may take sick leave for the following reasons:

- employee's illness
- immediate family member's illness
- immediate family member's death
- attendance at a funeral of a coworker, relative or personal friend

"Immediate family member" is defined as the employee's parents, spouse, children, brothers, sisters and grandparents. This includes individuals holding the relationship to the employee as a step-relative or an in-law.

Use of sick leave must be approved by the Supervisor. Employee's receipt of sick leave benefits may be conditioned upon receipt of the verification or certification. Procedures for obtaining sick leave authorization are set forth in the employee's Personnel Manual.

GUIDELINES FOR TRANSFERRING SICK LEAVE

Eligibility to transfer:

1. To transfer sick leave the employee shall have completed the 90 days qualifying period to take sick leave.
2. Employee shall have a minimum balance of 80 hours of accrued sick leave remaining in his/her account following the contribution. The minimum balance for part-time employees shall be prorated.
3. Sick leave hours may be transferred between all Hill County departments.

Eligibility to receive:

1. Employee must have met the 90-day probation period to take sick leave hours.
2. Employee must have exhausted all personally accrued sick leave, annual leave, and compensatory time.
3. Employee must suffer an extensive illness or accident which results in absence of work no less than 10 consecutive days or to provide necessary care of or attendance to an immediate family member until other attendance can reasonably be obtained.
4. Provide to the County Commissioners a physician's certification of illness or accident if requested.
5. Employees may receive no more than a maximum of 160 sick leave hours in any continuous 12 month period. The 12 month period shall begin on the first day the employee receives a transfer of sick leave hours.

6/14/13

SICK LEAVE

Sick leave benefits are calculated and leave granted pursuant to MONT. CODE ANN. §2-18-618. Eligible employees who terminate employment are entitled to a lump sum payment equal to $\frac{1}{4}$ of the time attributed to the accumulated sick leave, based on the salary of the employee at termination.

Employees may take sick leave for the following reasons:

- ▶ employee's illness
- ▶ immediate family member's illness
- ▶ immediate family member's death
- ▶ attendance at a funeral of a coworker, relative or personal friend

"Immediate family member" is defined as the employee's parents, spouse, children, brothers, sisters and grandparents. This includes individuals holding the relationship to the employee as a step-relative or an in-law.

Use of sick leave must be approved by the Supervisor. Employee's receipt of sick leave benefits may be conditioned upon receipt of the verification or certification. Procedures for obtaining sick leave authorization are set forth in the employee's Personnel Manual.

SICK LEAVE CONTRIBUTIONS

Employees may contribute a portion of their sick leave to another county employee. The procedure is as follows:

1. The Elected Official/Department Head sends a memo to all departments for need for sick leave contributions.
2. The individual employee makes the decision whether or not to contribute sick leave, following the guidelines outlined on Form G.
3. The form is forwarded to the Auditor's Office for completion and verification of available hours the employee can contribute.
4. After the Auditor's Office has verified the hours and completed the form, it goes to the Commissioners for final approval.
5. The original completed form is placed in the employee's financial file who is donating the time. Copies of the Contribution of Sick Leave form are placed in the financial file of the employee who is receiving the donated time.

For more information, an employee may contact his/her Supervisor or the Auditor's Office.

FINANCIAL PROGRAMS

Hill County offers the following financial programs to employees:

- ▶ Flexible Spending Accounts
- ▶ PERS
- ▶ Social Security
- ▶ Unemployment Insurance
- ▶ Clothing Allowance
- ▶ Deferred Compensation

To determine whether an employee qualifies for any of these programs, the employee can contact his/her supervisor. Descriptions of the programs are listed in the Personnel Manual. For more information, an employee may contact the Auditor's Office.

HEALTH COVERAGES

Hill County offers the following coverages to employees:

- ▶ Medical
- ▶ Worker's Compensation

To determine whether an employee qualifies for any of these coverages, the employee can contact his/her supervisor or the Auditor's Office. Descriptions of the coverages are listed in the Personnel Manual. For more information, an employee may contact the Auditor's Office.

FAMILY AND MEDICAL LEAVE

Employees who have been employed for at least one year, and for at least 1,250 hours during the preceding 12-month period are eligible for family and medical leave. For employees not eligible for family and medical leave, Hill County will review business considerations and the individual circumstances involved. Except for those employees designated as “highly compensated employees” or “key”, employees will be returned to the same or to an equivalent position upon their return from leave.

Family or medical leave will be unpaid leave. However, the employee must first use all of his or her accrued paid sick leave. After the sick leave is exhausted, the employee will have the option of using his or her accrued paid vacation leave. If the employee elects to use paid vacation leave, the employee must notify his or her supervisor in writing of such an election. The remainder of the leave period, if any exists, will then consist of unpaid leave.

All employees who meet the applicable time-of-service requirements may be granted a total of twelve weeks of unpaid family leave and paid sick and vacation leave combined (during any 12-month period) for the following reasons:

- (1) the birth of the employee’s child and in order to care for the child;
- (2) the placement of a child with the employee for adoption or foster care;
- (3) to care for a spouse, child or parent who has a serious health condition;
- (4) a serious health condition that renders the employee incapable of performing the functions of his or her job;
- (5) an employee who has a family member who has been called to or is on active duty in the armed forces that experiences a “qualifying exigency” arising out of the fact that a spouse, parent, or child in on or has been called to active duty; or
- (6) employees who have a family member injured in the line of duty in the armed forces.

The entitlement to leave for the birth or placement of a child for adoption or foster care will expire twelve months from the date of the birth or placement.

Employees who are applying for FMLA for a family member injured in the line of duty in the armed forces are entitled to 26 weeks of unpaid leave, as opposed to the traditional 12 weeks. In addition, the definition of a “serious injury or illness” covers a broader range than the standard that applies when an employee takes regular FMLA leave. Supervisors may require certification of the service member’s health condition.

In all cases, an employee requesting leave must complete an Application for Family and Medical Leave (*See* Appendix, Form H) and return it to his or her supervisor. The completed application must state the reason for the leave, the duration of the leave, and the starting and ending dates of the leave.

An employee intending to take family or medical leave because of an expected birth or placement, or because of a planned medical treatment, must submit an application for leave at least 30 days before the leave is to begin. If leave is to begin within 30 days, an employee must give notice to his or her immediate supervisor and the Personnel Clerk as soon as the necessity for the leave arises.

An application for leave based on the serious health condition of the employee or the employee’s spouse, child or parent must also be accompanied by a Medical Certification Statement (*See* Appendix, Forms I and J.) completed by the applicable health care provider. The certification must state the date on which the health condition commenced, the probable duration of the condition, and the appropriate medical facts regarding the condition.

If the employee is needed to care for a spouse, child or parent, the certification must so state along with an estimate of the amount of time the employee will be needed. If the employee has a serious health condition, the certification must state that the employee cannot perform the functions of his or her job.

During a period of paid family or medical leave, an employee will be retained on Hill County's health plan under the same conditions that applied before leave commenced. To continue health coverage, the employee must continue to make any contributions that he or she made to the plan before taking leave. Arrangements for the payment of such must be made with the Hill County Auditor. Hill County will not pay an employee's portion of the employee's health premiums. Failure of the employee to pay his or her share of the health insurance premium may result in loss of coverage.

If the employee fails to return to work after the expiration of the leave, the employee will be required to reimburse Hill County for payment of health insurance premiums during the family leave, unless the reason the employee fails to return is the presence of a serious health condition which prevents the employee from performing his or her job or to circumstances beyond the employee's control.

During unpaid leave, an employee is not entitled to the accrual of any seniority or employment benefits that would have accrued if not for the taking of leave. An employee who takes family or medical leave will not lose any seniority or employment benefits that accrued before the date leave began. During unpaid leave, an employee must pay 100% of the employee's health insurance premiums to maintain health insurance coverage. If an employee is dropped from the county's health insurance due to non-payment of premiums during unpaid leave, the employee will immediately be re-enrolled upon the employee's return to work for Hill County.

If an employee makes pre-tax contributions to a flexible spending account as part of an employee benefits plan, the employee must make arrangements with the Hill County Auditor to make payments during family and medical leave. Hill County will not make the contributions for the employee.

An employee eligible for family and medical leave – with the exception of those employees designated as “highly compensated employees” – will be restored to his or her old position or to a position with equivalent pay, benefits, and other terms and conditions of employment. Hill County cannot guarantee that an employee will be returned to his or her original job. A determination as to whether a position is an “equivalent position” will be made by Hill County.

An employee must complete a Notice of Intention to Return From Leave (*See Appendix, Form K.*) before he or she can be returned to active status. If an employee wishes to return to work prior to the expiration of a family or medical leave of absence, notification must be given to the employee's supervisor at least two working days prior to the employee's planned return. If required by the supervisor, the employee must also complete a Fitness-for-Duty Certification (*See Appendix, Form K.*) before he or she can be returned to active status.

The failure of an employee to return to work upon the expiration of a family or medical leave of absence will subject the employee to immediate termination unless an extension is granted. An employee who requests an extension of family leave or medical leave due to the continuation, recurrence or onset of her or his own serious health condition, or of the serious health condition of the employee's spouse, child or parent, must submit a request for an extension, in writing, to the employee's immediate supervisor. This written request should be made as soon as the employee realizes that she or he will not be able to return at the expiration of the leave period.

COBRA/HIPPA

Upon retirement from the county, the following are the requirements to remain on the county medical coverage plan:

- ▶ **An employee** is eligible if he/she meets either of the following criteria:
 1. The employee is age 50 or more, with at least 5 years membership service in the Public Employees' Retirement System; or
 - ▶ The employee has at least 25 years of membership service in the Public Employees' Retirement System.

- ▶ **An elected official** is eligible if he/she is age 50 or more and has at least 4 years of membership service in the Public Employees' Retirement System.

Retired employees and elected officials remaining on the county medical coverage plan are responsible for the established monthly premium. The premiums must be paid no later than the last working day of the month; such payment will be for the next month's coverage.

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INJURY / ILLNESS ON THE JOB

Any employee reporting an on-the-job injury or illness will receive immediate and appropriate medical treatment. All applicable federal, state, and local laws or regulations pertaining to occupational injuries or illnesses will be followed and complied with at all times.

It is the responsibility of all employees to report immediately in writing to their supervisor all on-the-job injuries or illnesses regardless of how insignificant or minor the injury or illness may appear at the time. Under Montana Workers' Compensation Act, an employee must report injuries within 30 days after an incident occurs or no claims for compensation is considered.

If the employee does or does not require medical treatment, the employee must fill out a First Report which the supervisor can obtain from the Auditor's Office. For example, see Appendix A, Form L. These reports should be sent to the Auditor's Office.

If any county employee witnesses or is aware of a non employee being injured or having an accident on county property, the non employee will be provided with a Non Employee County Accident Report Form. This report is in the Appendix, Form M.

Upon receipt of a First Report, the Auditor or Personnel Clerk will promptly send a copy of the form to the County Safety Officer to determine what corrective action, if any, should be taken on the work-related incident, accident, injury, illness, or known unsafe work condition or practice. The County Safety Officer will maintain confidentiality. The County Safety Officer will return the form to the Personnel Office along with a notation as to what corrective action, if any, was taken or the Safety Officer will provide recommendations for corrective action. The Personnel Clerk will bring any recommendations to the attention of the County Commission. The forms will be maintained in the Personnel Office and will be treated as confidential medical information.

Failure to report an injury or illness as required by state law and organization policy could result in loss of compensation benefits and possibly lead to corrective action up to and including termination.

In the event the injury is of the nature that requires outside medical treatment, employees will be paid for their entire shift and should not "clock out". If subsequent medical visits are necessary, employees should schedule those during non-work hours if possible. Employees will be required to take sick leave or vacation leave if the appointment is during their regular work shift.

The county will continue to pay the health insurance premiums for an employee on workers' compensation for a period of six months. This benefit is per incident. After the six month period expires, the employee may elect to continue to pay his/her own health insurance premiums.

WORKERS' COMPENSATION

Hill County provides every employee with wage and supplement and medical benefits for work-related injury or disease covered under the Montana Workers' Compensation Act or the Occupational Disease Act. Injuries occurring in the course of employment are paid for by workers' compensation insurance. Workers' compensation insurance pays all medical costs, without a deductible provision, and is paid for exclusively by Hill County. There are well-defined provisions that must be met to ensure that employees qualify for workers' compensation benefits.

Any work-related injury or illness must be immediately reported in writing to the employee's supervisor and, by Montana state law, within 30 calendar days after the occurrence to the supervisor. The workers' compensation insurer will investigate all late reported claims. Workers' compensation fraud is a felony, punishable by fines and/or jail time. Hill County will prosecute any individual found to be claiming a work-related illness or injury fraudulently.

There are two types of workers' compensation benefits paid to an employee with a work-related injury or illness: medical and wage replacement benefits.

Medical benefits

- Physician's Fees - The approved physician who provides treatment is paid through the workers' compensation insurer;
- Hospital Fees - Paid in full;
- Pharmacy Costs - Paid in full if prescribed by an approved physician; and
- Special Costs - Any other medical costs including but not limited to braces, crutches, physical therapy, and rehabilitation therapy if deemed necessary by an approved physician will be paid in full according to state law.

Wage replacement benefits

Wage replacement benefits are paid during the time employees are temporarily disabled from a work-related injury or illness. Employees receive a percentage of their salary as set by Montana state law.

The workers' compensation laws provide for a waiting period before injured employees become eligible for wage replacement benefits. Wage loss benefits begin after the first 32 hours or 4 days, whichever is less. A claimant is eligible for compensation starting with the 5th day. See MONT. CODE ANN. §39-71-736 (2003). Employees may use accrued annual or sick leave benefits to cover wage loss during the waiting period. After the waiting period and if eligible, the workers' compensation insurer will pay the employee. The check will be mailed to the employee's home address.

Employees who decline temporary modified duty in order to return to work from a leave of absence due to a workers' compensation injury will be considered to have resigned and will be terminated. If an employee is eligible for family and medical leave due to the employee's personal health condition, the employee will have his or her workers' compensation benefits terminated if he or she refuses temporary modified duty for which the employee is qualified. Refer to *Temporary Modified Duty*.

Any employee who fails to return to work after being released by an approved physician will be considered to have resigned and will be terminated.

TEMPORARY MODIFIED DUTY

Hill County is committed to providing work, when possible, for employees who have been restricted by a physician due to a work-related injury or illness. Such work will be provided subject to availability. Work will be assigned due to the nature of the injury or illness and the limitations set forth by the treating physician. Every effort will be made to place employees in positions within their own departments, but if necessary, employees will be placed wherever an appropriate position is available.

While on temporary modified duty, employees will continue to receive their regular rate of pay. Employees who are placed outside their department will continue to have their salary charged to their regular department.

In addition to any requirements placed on by the Worker's Compensation provider, employees on temporary modified duty must furnish a written update of their medical condition to Personnel Office from the treating physician after each visit in order to remain in the reassigned job. Temporary modified duty assignments are limited to a period of 90 days, subject to review. Being placed on a temporary modified duty assignment does not excuse an employee from following all policies, rules and regulations.

HILL COUNTY EXPOSURE CONTROL POLICY

1. PURPOSE AND OBJECTIVES

- A. The purpose of this policy is to establish a comprehensive Exposure Control Policy which establishes requirements for protection against communicable diseases and infection for the Hill County Employees and the public it serves. Hill County recognizes that exposure to communicable diseases is an occupational health hazard and that communicable disease transmission is possible during day-to-day activities. While each individual is ultimately responsible for his or her own health, Hill County recognizes a responsibility to provide a safe work place.
- B. Objectives
1. To provide protection from communicable diseases to the Employees of Hill County.
 2. To provide services to the public without regard to known or suspected diagnoses of communicable disease in any person.
 3. To regard all patient/client contacts as potentially infectious.
 4. To provide training and personal protective equipment (PPE) needed for protection from communicable diseases.
 5. To recommend current/appropriate vaccinations for all employees.
 6. To prohibit discrimination for health reasons.
 7. To regard all medical information as strictly confidential. No individual's health information will be released without the signed written consent of the individual.

II. RESPONSIBILITY

- A. The Hill County Safety Committee will provide oversight of this policy and its implementation. Annually the Safety Committee will review the implementation of this policy. The proceedings must be recorded and available for public review.
- B. It is the responsibility of supervisors at all levels to arrange for implementation of an exposure control program.
- C. The Director of Nursing Services is appointed Exposure Control Officer and has oversight responsibility for implementation of Hill County Employees Exposure Control Program at all levels throughout the County Departments. Specifically:
1. Investigate all incidents of known or suspected exposure to an infectious material.
 2. Evaluate possible exposures to communicable diseases and coordinate communications between departments and the County Health Department.
 3. Collect quality assurance data on the Hill County exposure control program and present this data to the safety committee at regular meetings.
 4. Conduct spot inspections of various department operations to ensure compliance with this policy.
 5. Maintain a confidential database of exposures and treatment given.
 6. Coordinate the immunization program.
 7. Develop criteria for purchase of exposure control personal protective equipment and determine location and stocking levels for each department.

8. Notify the Safety Officer if quality assurance data indicate a safety hazard requiring immediate attention.
 9. Provide technical assistance in development of exposure control educational programs.
 10. Serve as the "designated officer" as required by the Ryan White Comprehensive Resources Act of 1990.
- D. The Personnel Department, Safety Officer and Exposure Control Officer or their designees will direct development and delivery of a comprehensive exposure control educational program which complies with OSHA regulation 29 CFR Part 1910.1030 to all employees.
- E. Personnel or Department Heads will make arrangements to have the training presented.

III. EXPOSURE DETERMINATION

When blood, or body fluids visibly contaminated with blood, has specific contact with a staff member's eye, mouth, other mucous membranes, or with broken skin, an Occupational Exposure Incident has occurred.

- A. The following job classifications are reasonably anticipated to involve exposure to blood, body fluids, or other potentially infectious substances in the performance of their duties:
- Health Department - Nursing staff, WIC, Family Planning, Sanitarian, D.E.S.
 - Maintenance staff
 - Detention Center staff
 - Sheriff's staff
 - Senior Citizen's Center nursing staff
 - Custodial staff
 - Fair staff
- B. The following tasks are reasonably anticipated to involve exposure to blood, body fluids, or other potentially infectious materials:
- Routine care of clients; immunizations, blood draws, exams.
 - Cleaning of facilities, especially rest room facilities.
 - Various laboratory activities; tests, blood draws, exams, assessments.
 - Maintenance of waste system, detention center.

IV. POST-EXPOSURE PROTOCOLS

- A. Any individual exposed to potentially infectious material will immediately wash the exposed area with soap and water or saline eye wash if the eyes are involved.
- B. Any individual having an occupational infectious disease exposure will immediately report the exposure to their supervisor or the Exposure Control Officer.
- C. The individual will fill out a Blood/Bodily Fluid Exposure Incident Report. Report forms are found in the Appendix, Form H, or are available from each department chair/supervisor or the Exposure Control Officer.
- D. The individual will fill out an employee Blood/Body Fluid Exposure Report within 24 hours for any of the following exposures:
1. Needle-stick injury
 2. Break in skin by a potentially contaminated object.

3. Splash of blood or other potentially infectious material onto eyes, mucous membranes, or non-intact skin.
 4. Mouth-to-mouth resuscitation without pocket mask or one-way valve.
 5. Other exposure that an individual may feel is significant.
- E. The report will include details of the task being performed, the probable means of transmission, the portal of entry, and the type of PPE used. The report will be forwarded to the Exposure Control Officer.
- F. The Exposure Control Officer will evaluate the report for the exposure hazards. A current copy of the CDC guidelines will be attached to this policy. If no exposure has occurred, the Exposure Control Officer will counsel the member on exposure hazards. The Exposure Control Officer will complete the injury report, indicating disposition of medical management, and file the report with the appropriate individuals (personnel office). Report from the medical provider will be on file within 15 days of the completed evaluation.
- G. The physician of person exposed should be contacted and a medical exam scheduled within 24 hours.
- Obtain consent of the employee to obtain blood test results. These test results should be documented. If consent is not obtained, employer must show that legally required consent could not be obtained.
 - Inform employee that he/she may receive HIV and HBV serological testing, counseling and safe and effective post-exposure prophylaxis at no expense to the employee.
 - Within 15 days after medical evaluation of exposed employee, provide the employee with the health care professional's written opinion with regard to whether the Hepatitis B vaccination is indicated and if it has been received. If a Hepatitis B vaccination is indicated and the employee declines the vaccination, which would be given at the employer's expense, the employee must sign a declination statement.
- H. The Exposure Control Officer will refer individuals for infection control retraining or for stress management counseling if indicated.
- I. The source patient will be traced by the Exposure Control Officer. The Exposure Control Officer will notify the receiving facility or source patient that a probable communicable disease exposure occurred, and request and infectious disease determination, as provided under the Ryan White Act of 1990.
- J. Request consent to test the source patient for HIV, HBV and HCV will be made. The source patient has the right to refuse such testing.
- K. The Safety Officer will assume the duties of the Exposure Control Officer during absence except for those duties which require specialized professional training and education.

V. EXPOSURE PREVENTION AND CONTROL

- A. Communicable disease control is best accomplished with comprehensive preventive measures. These measures encompass employee and student training, extensive communications such as newsletters and flyers, screening, and prompt reporting of known or suspected exposure incidents.
- B. A known or suspected exposure incident must be fully investigated to minimize any subsequent exposure.

DISINFECTING POLICY

Spills of bodily fluids (e.g. urine, feces, blood, saliva, nasal discharge, eye discharge, or any fluid discharge) must be cleaned up and disinfected immediately in keeping with professionally established guidelines (e.g. Standards of the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor). Any tools and/or equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie. Toys are disinfected daily.

Steps to Disinfecting:

- Secure the area by removing all individuals so that they are safe from contamination.
- Gather supplies including disinfectant solution, disposable bags and towels.
- Place non-porous gloves on both hands.
- Remove excess fluid with paper towels.
- Clean the soiled area with soap and warm water.
- Wash down or spray area with a freshly prepared bleach solution 10:1 (water to bleach) or other appropriate disinfectant.
- Do not rinse, allow to air dry.
- Any disposable protective equipment will be placed in plastic bags and disposed of.
- Wash hands as per hand washing policy.

Waste Disposal:

All wastebaskets need to be lined with plastic bags and not allowed to overflow. Plastic liner bags of wastebaskets should be removed whenever wastebaskets are emptied. Bathroom garbages must be double-lined.

Infectious materials such as paper towels used to clean up blood, dressings and gloves should be placed in a plastic bag, tied securely, checked for leakages, and placed in a double-lined garbage can located in either bathroom.

Contaminated Laundry:

All clothing/laundry soiled with blood, or body fluids visibly contaminated with blood, are considered contaminated.

All contaminated laundry must be handled with gloves.

Contaminated laundry should be handled as little as possible, and should be washed preferably in hot water. If this laundry belongs to a child or parent, it must be sent home to be washed.

If contaminated laundry cannot be immediately washed, it must be placed in a plastic bag, tied securely and double-bagged if necessary to prevent leakage. The use of bags will signify to others that the laundry is contaminated and proper procedures should be followed.

VI. EMPLOYEE TRAINING

- A. Supervisors at all levels must provide notice of the likelihood of exposure to all employees upon commencement of employment and annually thereafter. Furthermore, supervisors must arrange for exposure prevention and minimization training to all employees upon commencement of employment and annually thereafter.
- B. The Personnel Clerk, Safety Officer and Exposure Control Officer or their designees will assist supervisors in developing training programs.

- C. Training will be accomplished in compliance with OSHA regulation 29 CFR Part 1910.1030 and shall include:
1. An accessible copy of 29 CFR Part 1910.1030 and an explanation of its contents.
 2. An explanation of the County exposure control policy.
 3. A general explanation of the causes, symptoms and transmission of infectious diseases.
 4. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to potentially infectious substances.
 5. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
 6. Information on preventive measures.
 7. Information on post-exposure protocol.
 8. Information on the signs and color-coding required for biohazard materials and on their proper storage and disposal.

VII. HEALTH MAINTENANCE

- A. Work restrictions for reasons of infection control may be initiated by the Department Head/Supervisor or the Exposure Control Officer. These may be temporary or permanent. As an example, individuals with extensive dermatitis or open skin lesions on exposed areas may be restricted from providing patient care or performing duties that would cause unnecessary exposure to body fluids.
- B. All individuals are encouraged to receive annual health evaluations, and are encouraged to be immunized against hepatitis B (HBV), influenza, measles, mumps, rubella, tetanus and diphtheria. Employees of the County may be able to receive these immunizations as a benefit of their insurance coverage.
- C. The Exposure Control Officer will maintain records in accordance with OSHA's CFR 29, Part 1910.1030.
1. Individual participation in the infection control program will be documented, including:
 - a. Name and SSN of individual.
 - b. Immunizations records.
 - c. Circumstances of exposure to communicable diseases.
 - d. Post-exposure medical evaluation, treatment and follow-up.
 - e. Dates and content of training.
 2. Infection control records will become part of the individual's health file related to the exposure (separate from personnel files) and will be maintained for the duration of employment plus 30 years.
 3. Medical records are strictly confidential. Medical records will be maintained in the office of the Exposure Control Officer. Medical records will not be released without the written consent of the individual. There will be no exceptions to this policy for Administration, State Administration or insurance companies.
 4. Records of participation in available counseling programs are considered medical records.
 5. Individuals may examine their own medical records, and may request that copies be sent to their personal physician. Release of medical records to another physician will be made only with the consent of the individual.
 6. Abstracts of medical records without personal identifiers may be made for quality assurance, compliance monitoring or program evaluation purposes as long as the identity of individuals cannot be determined from the abstract.

VIII. PERSONAL PROTECTIVE EQUIPMENT

A. Specification, purchase, storage and issue of Personal Protective Equipment (PPE):

1. The County is responsible to supply, repair, replace and dispose of PPE.
2. Standards for PPE will be developed by the Exposure Control Officer and the Safety Committee, and updated or modified as needed.
3. The Exposure Control Officer will assist each department head in determining proper stock levels of PPE for each department.
4. The department head will ensure that stock of PPE and First Aid kits are adequate and that replacements are acquired in a timely manner before stocks are depleted.
5. The location of PPE will be posted and accessible to department members at all times.
6. Available PPE will include disposable gloves, a barrier-type mask with a one-way valve for rescue breathing/CPR, rubber gloves for disinfection, leak proof disposable bags and sharps containers if applicable.
7. Disposable gloves will be latex.
8. Sharps containers will be closable, puncture resistant and leak proof. Sharps containers will be color-coded, labeled as biohazard, and immediately accessible.

IX. SELECTION AND USE OF PERSONAL PROTECTIVE EQUIPMENT

- A. No emergency is predictable or controllable. While blood is the single most likely source of HIV, and HBV infection in the workplace, it is safest to assume that all body fluids are infectious. For this reason, PPE will be chosen to provide barrier protection against all body fluids.
- B. Disposable gloves will be worn during any patient contact when the potential exists for contact with blood, body fluids, non-intact skin or other infectious material. Gloves will be replaced as soon as possible when soiled, torn or punctured. Wash hands after glove removal. Disposable gloves will not be reused or washed and disinfected for reuse. Where possible, gloves should be changed between patients in multiple injury situations.

LICENSED EQUIPMENT OPERATORS

In order to provide a safe working environment, equipment operators should be properly trained and licensed. All equipment operators must be 18 years of age and have a valid driver's license. As required by his/her supervisor, each operator must successfully complete safety courses and drug screenings.

Any unsafe actions by a licensed operator will lead to corrective action up to and including termination.

Any employees choosing to operate equipment without proper training, license and the consent of their supervisors will be subject to corrective action up to and including termination.

BLOODBORNE PATHOGEN EXPOSURE CONTROL POLICY

I. Purpose and Objectives

A. Purpose

1. The purpose of this policy is to establish a comprehensive Exposure Control policy which establishes requirements for protection against communicable diseases and infection for Hill County employees and the community it serves. Hill County recognizes that exposure to communicable diseases is an occupational health hazard and that communicable disease transmission is possible during day to day activities. While each individual is ultimately responsible for his or her own health, Hill County recognizes a responsibility to provide a safe work place.

B. Objective

1. To provide protection from communicable diseases to employees and community we serve.
 - To provide services to the public without regard to known or suspected diagnosis of communicable disease in any person.
 - To regard all patient contacts as potentially infectious.
 - To provide training and personal protective equipment (PPE) needed for protection from communicable diseases.
 - To recommend current vaccinations for all individuals.
 - To encourage participation in available counseling services.
 - To prohibit discrimination for health reasons.
 - To regard all medical information as strictly confidential.

II. Responsibility

A. Oversight and Implementation

- Hill County Commissioners will provide oversight of this policy and its implementation.
- The Infection Control/Safety Committee will review the implementation of this policy annually. Minutes will be kept.
- Department Supervisors at all levels will see that the policy is implemented in their area.
- Exposure Control Officer has oversight responsibility for implementation of Hill County Exposure Control Program. Specifically:
 - a. Investigate all incidents of known or suspected exposure to an infectious material.
 - b. Evaluate possible exposures to communicable disease and coordinate communication between department and County Health Department.
 - c. Collect data on County Infection Control Program and present data to Safety Committee at regular meetings.
 - d. Conduct inspections to ensure compliance. Inspection team will consist of a minimum of 3 members. All departments will be scheduled for a minimum of one inspection annually, and be expected to send at least one department employee to participate in another department's inspection.
 - e. Maintain confidential database of exposures and treatment given.
 - f. Assign coordination of immunization program.
 - g. Develop criteria for purchase of PPE and determine location and stocking levels for each department.
 - h. Notify County Safety Officer if data indicates a safety hazard requiring immediate attention.
 - i. Provide technical assistance in development of infection control educational programs.
 - j. Serve as the "Designated Officer" as required by the Ryan White Comprehensive Resources Act of 1990.

- B. Training
 - A training officer will be appointed by the Commissioners.
 - The Training Officer will direct and deliver a comprehensive infection control education program which complies with OSHA Regulation 29 CFR Part 1910.1030.
- III. Exposure Determination
 - A. Job Classifications
 - The following job classifications are reasonably anticipated to involve exposure to blood, body fluids, or potentially infectious materials in the performance of their duties:
 - a. Public Health Nurses
 - b. Law Enforcement
 - c. Sanitation Department
 - d. Facility Custodians
 - e. Water Treatment Plant
 - B. Job Tasks
 - The following tasks are reasonably anticipated to involve exposure to blood, bloody fluids, or other potentially infectious material:
 - a. Providing emergency or non-emergency (routine) medical care.
 - b. Various law enforcement activities.
 - c. Waste water collection.
 - d. Cleaning departments especially rest room facilities.
- IV. Exposure Prevention Control
 - A. Communicable Disease Control
 - 1. Is best accomplished with preventive measures.
 - a. Encompass employee training.
 - b. Communications i.e. newsletter
 - c. Screening and prompt reporting of known or suspected exposures.
 - B. Incident Investigation
 - Know or suspected exposure incident must be fully investigated to minimize any subsequent exposure.
 - a. Forms and Investigation Report will be kept on file.
- V. Employee Training
 - A. Supervisor's Responsibility
 - Upon hiring, employee will be informed of likelihood of exposure and arrange for exposure training and annually thereafter.
 - B. Compliance with OSHA Regulation 29 CFR Part 1910.1030. Specifics may be found in your Exposure Control Manual.
- VI. Health Maintenance
 - A. Work Restrictions
 - For reasons of infection control may be initiated by the Department Manager or Infection Control Officer.
 - a. This may be temporary or permanent. For example: individuals with extensive dermatitis or open skin lesions on exposed areas may be restricted from performing duties that would cause unnecessary exposure to potentially infectious materials.
 - B. Employee Immunization
 - All employees are encouraged to receive annual health evaluations.
 - All employees at risk are encouraged to be immunized against Hepatitis B, Influenza, Mumps, Measles, Rubella, Tetanus, and Diphtheria.
 - a. Medical Records (Post Exposure) and immunization records will be maintained by the Health Department.
 - 1. Records will be kept for the duration of employment plus 30 years.
 - 2. Release of medical records will be only to a Physician after written

consent is obtained.

- VII. Personal Protective Equipment (PPE)
 - A. Purchase, Storage, and Issue
 - 1. The county is responsible to supply, repair, replace, and dispose of PPE.
 - 2. Department Supervisor or designee will ensure adequate stock is available.
 - B. Availability
 - Location of PPE will be posted and accessible to department employees at all times.
 - Available PPE may include: disposable latex gloves, rubber gloves, goggles, face shields, cover gowns, leak proof disposable bags, sharps containers (color coded, biohazard labeled).
- VIII. Selection and Use of Personal Protective Equipment
 - A. Infection in the Work Place
 - While blood is the most likely source of HIV and Hepatitis infection in the work place, it is safest to assume that all body fluids are infectious. PPE will be chosen to provide barrier protection against all body fluids.
 - B. Gloves
 - Worn during any procedure when the potential exists for contact with blood, body fluids, non intact skin, or other infectious material.
 - a. Gloves will be replaced as soon as possible when soiled, torn, or punctured.
 - b. Wash hand after glove removal.
 - c. Latex gloves will not be reused.
 - d. Gloves should be changes between patient contact/activities.
- IX. Post Exposure Protocols
 - A. Immediate Care
 - 1. Any employee exposed to potentially infectious material will immediately wash the exposed area with soap and water or flush eyes (with plain water or saline eye wash) if eyes are involved.
 - B. Reporting
 - 1. The employee having an occupational infectious disease exposure will immediately report it to the supervisor or Infection Control/Safety Officer.
 - 2. Employee will fill out an Exposure Incident Evaluation Form. Forms are available from your supervisor or the Infection Control/Safety Officer.
 - a. Form must be completed within 24 hours of any of the following exposures:
 - 1. Needle stick injury.
 - 2. Break in skin by a potentially contaminated object.
 - 3. Splash of potentially infectious material onto eyes, mucous membranes, or non intact skin.
 - 4. Mouth to mouth resuscitation without pocket mask or one way valve.
 - 5. Other exposure that employee may fell is significant.
 - b. Form will be forwarded to the Infection Control/Safety Committee.
 - C. Medical Care Post Exposure
 - 1. Medical evaluation including HBV, HCV, and HIV antibody testing at baseline, 2 weeks (for HBV and HCV only), 6 weeks, 3 months, 6 months, and 1 year.
 - 2. Employee should observe precautions to prevent secondary transmission.
 - 3. Hill County shall provide post exposure prophylaxis, when medically indicated. Most occupational exposures do not result in infection transmission.
 - a. Zidovudine (AZT) should be administered, preferably within 1-2 hours, post exposure. AZT should be administered for 4 weeks if tolerated.
 - b. An antiretroviral drug and protease inhibitor may be considered by

- physician in high risk cases.
 - c. Employee may decline drug treatment.
 - 4. "Counseling" will be offered.
 - 5. If source individual can be traced, they can be approached and asked to submit to lab testing for HBV & HIV. The source individual has the right to refuse testing.
- X. Compliance and Quality Monitoring/Program Evaluation
 - A. Compliance and Monitoring
 - 1. Inspection of departments/offices.
 - 2. Observation of activities.
 - 3. Analysis of reported exposures to communicable diseases.
 - B. Program Evaluation
 - 1. The Exposure Control Plan will be re-evaluated annually by the Safety Committee.
 - 2. Annual report will be made to the Commissioners.

BOMB THREAT, FIRE AND EVACUATION PLAN

INTRODUCTION

The purpose of this plan is to establish a procedure which can be easily and effectively put to use by Hill County employees. The procedure is designed to be implemented in the event of problems such as a fire, bomb threat, gas leak, etc. The goal is to ensure the safety of all employees and visitors to the County Courthouse. If put to use effectively, it will substantially diminish the chance for injury or death in the event of a major problem. All county department heads and supervisors must be familiar with the contents of this plan and ensure that their employees are too.

In case of fire or other major emergency requiring quick evacuation, the fire alarms should be pulled. The alarm will alert the entire courthouse to evacuate.

AUTHORIZED PERSONS

These personnel are authorized to make the decision to evacuate:

- A. Sheriff's Office
- B. Disaster and Emergency Services Coordinator
- C. County Commissioner(s)
- D. Building Manager.

RESPONSIBILITIES: ELECTED OFFICIALS/DEPARTMENT HEADS, BUILDING MANAGER, AND DESIGNATED FLOOR MONITORS.

- Elected officials/department heads will ensure all employees and visitors have cleared their respective areas. Elected officials/department heads will report to the Building Manager that their area is clear and will report anything that looks abnormal. All employees report to an area away from the building designated by each department supervisor. In inclement weather or immediate danger, report to the Havre-Hill County Library.
 - Designated floor leaders make a final check of the floor including bathrooms. The leaders report to the Building Manager located at the main entrance.
 - Basement - Health Department Secretary
 - 1st Floor - Clerk & Recorder
 - 2nd Floor - Justice of the Peace Secretary
 - 3rd Floor - Probation Secretary
- C. Building Manager's duties are:
1. Monitor main entrance doors (so no one goes back onto the floor);
 - Give designated floor leaders report of clearance to the responding agency. (police department, fire department, etc.)
 3. Remain on site for technical advise. Does not participate in actual search or rescue.
 4. Join departments at library.

NOTE: If you are on a different floor than the one you're assigned when the alarm sounds, you should evacuate with the rest of the employees and report to your department head to notify of your clearance. The last person to vacate an office should bring any left over personal items; purse, coat, etc., and close the door.

BOMB THREAT - IMMEDIATE ACTIONS AND RESPONSIBILITIES

- A. **STAY CALM!** Attract co-worker's attention if possible.
- B. Record the information exactly as the caller gives it. Don't hang up. Keep caller talking as long as possible. Try to get co-worker to call for assistance, dial 9-1-1.

- C. If no one was able to call 9-1-1, you do so immediately after caller hangs up. Provide emergency personnel with the recorded information and express any personal observations you may have regarding the threat. Try to be as accurate as you can when providing details of the call. Be available to law enforcement personnel for further questioning.

NOTE: Be familiar with the Bomb Threat Form (Appendix A, Form O.) before you actually need to use it. This form along with your ability to stay calm and gather all the facts will be of great assistance to the bomb technician and/or law enforcement personnel.

- D. The Commissioners, Sheriff, Disaster and Emergency Services Coordinator (DES) will obtain all the facts and evaluate the situation at which time the decision on evacuation will be made. The Sheriff's Office is the Disaster Control Center. Commissioners and DES Officer will meet in Sheriff's Office.

PLAN A - EVACUATION.

- A1. Notice to evacuate will be given by the fire alarm.
- A2. Employees, while evacuating, will make a cursory visual inspection of their work area. They are to look for anything unusual, abnormal or suspicious and a designated employee reports findings to the building manager. Evacuation will be conducted by use of stairwells only. The elevators will not be used. (Employees are not to touch anything, open drawers, lift objects, etc., looking for a device.)
- A3. Elected officials/department heads will ensure all employees and visitors have left their area and report to the Building Manager that their area is clear and report if anything looks abnormal, then join employees at the Havre-Hill County Library. If the Library is unsafe, the secondary assembly area is Havre City Hall.

Designated leaders make a final check of the floor including bathrooms. The leaders report to the Building Manager located at the main entrance.

Basement - Health Department Secretary
1st Floor - Clerk & Recorder
2nd Floor - Justice of the Peace Secretary
3rd Floor - Probation Secretary

NOTE TO DEPARTMENT HEADS: Secure cash drawers, leave office doors locked and close doors. Help control movement in stairwells. Account for employees at library and report same to the Commissioners or their Secretary.

- A4-A7. Health Department personnel will monitor the East side of the Courthouse for anyone trying to enter building. Havre Police Department will be notified who will be in charge of the search. Havre Fire Department could be requested to assist. If a device is found, the bomb technician will determine the best method to render it safe. Once safe, the "all clear" signal will be given and normal operations resume.

NOTE TO BUILDING MANAGER: Building Manager will be immediately available to emergency personnel to give assistance, after receiving floor reports. ONLY the Havre Police Department will conduct a detailed search for a suspected device.

NOTE: Depending on time of day, weather, and/or circumstances, the Commissioners may authorize employees to leave for the day or the remainder of the work shift until device is rendered safe.

Havre Police will be responsible for the progress of the search, coordination of all personnel involved, and in the event a device is located, will attempt to render safe such device. NO OTHER PERSONNEL will move, handle, or in any way subject themselves to a suspected device.

PLAN B - NO EVACUATION.

- B1. If the threat appears to be unfounded, a visual inspection will be made as a precaution, but no evacuation will be ordered.
- B2. Employees will be asked to make a cursory visual inspection of their work area. They are to look for anything unusual, abnormal or suspicious, and a designated employee reports findings to the Havre Police Department. (Employees are not to touch anything, open drawers, lift objects, etc., looking for a device.)
- B3-B4. If a device is not found, employees shall resume normal operations. If a device is found, the Havre Police will review and advise the Commissioners to evacuate.
- B5. When the decision to evacuate is made, the fire alarm will sound. Refer to PLAN A - EVACUATION.

FIRE

- A. Immediate Actions: (Any employee who notices fire)
1. Activate Fire Alarm Pull Stations in hallway;
 2. Switchboard operator calls 911, if known, give location;
 3. Evacuate to Havre-Hill County Library area.
- B. Responsibilities: Building Manager, Floor Leaders, Elected Officials/Department Heads, and Sheriff.
1. Building Manager
 - Monitor main entrance to ensure no one tries to re-enter the building.
 - b. Be available to give technical assistance and information.
 - c. Keep a log of all fire drills.
 2. Elected Officials/Department Heads
 - a. Ensure all employees and visitors have cleared their respective area.
 - b. Secure cash drawers, leave office locked, and close doors. Every department head who has cash transactions within that department must make plans to secure the cash if employees are required to vacate the building. All department employees need to be familiar with the plan and be able to test it on short notice. Department plans will be tested when this entire plan is exercised. (See part VII)
 - c. Help control movement in stairwells, and;
 - d. Account for employees at library and report to the commissioners or commissioners secretary.
 - Designated floor leaders make final check of floor including bathrooms. Report to Building Manager at main entrance.
 4. The Sheriff's Office will assist the police, fire, ambulance, other emergency services, and utility companies.
- C. Fire Extinguisher Location:
Fire extinguishers are located on each respective floor. All employees should be familiar with the location of the extinguishers and know how to use them.

TEST OF PLAN (FIRE DRILL)

The purpose of a fire drill is to familiarize employees with evacuation procedures and to keep this plan updated.

As approved by the Board of County Commissioners, this plan will be tested periodically. The fire drill will be announced by the fire alarms.

The Fire Drill Coordinator will be the DES Director, or in his absence, the Building Manager. The Drill Coordinator will conduct the fire drill and be responsible for:

- A. Reviewing and updating this plan prior to and after a drill (as needed);
- B. Ensuring a minimum amount of disruption of county business (courts, tax collection, etc.);
- C. Activating the alarm for the fire drill;
- D. Coordinating with City Fire Chief for assistance, if necessary;
- E. Ensuring safety of employees evacuating building; and
- F. Concluding the drill and conducting an evaluation.

JAIL PROCEDURES

The evacuation of the jail and coordination of the 911 Services and alternative plan for 911 Services during a bomb threat and fire will be the responsibility of the Hill County Sheriff as established through the Sheriff Department's Policies and Procedures.

LOCK-DOWN PROCEDURES

Lock-down procedures may be issued for a variety of reasons, including precautionary measures. Realistically, they may be implemented in situations involving a dangerous intruder(s), a suspected dangerous intruder(s), or other incidents that could potentially result in harm to persons on or near County property.

In the event an employee believes a situation requires a lock-down, the employee should advise his/her supervisor and comply with the following procedures:

- Assess the situation. If conditions warrant such, call 911. The County Commissioners should be contacted as soon as possible.
- The designated authority, Commissioners, will issue a lock-down notification along with procedures, through the most effective means:
 - Announcement over the Public Address (P.A.) System: Attention – because of a problem with our computers your paycheck will be two weeks late.
 - Sending a messenger to each office.
- Direct all staff and visitors into the closest office.
- Lock doors.
- Cover window(s) if possible.
- Move all persons away from windows and doors.
- Do not allow anyone outside of the office until an all-clear signal is given by the designated authority, i.e. Commissioners signal will come over the P.A. or by messenger.

EARTHQUAKE PROCEDURES

During an earthquake, employees should comply with the following procedures:

1. Stay calm and stay put – if you are indoors, stay there; if outdoors, stay there.
2. Drop, cover and hold – Know the Drill!
 - a. DROP down to the ground.
 - b. Take COVER under a sturdy desk, table, or other piece of furniture; If not possible, take COVER against an interior wall. It is important to COVER your head and neck with your arms. Avoid windows, hanging objects, mirrors, tall objects, exterior walls and heavy items on wheels.
 - c. If you take cover under a sturdy piece of furniture, HOLD onto it and be prepared to move with it. HOLD the position until the ground stops shaking. Expect aftershocks.
3. Expect the electricity to go out, fire alarms to go off and sprinklers to come on.

After an earthquake, employees should comply with the following procedures:

- Stay calm.
- Evaluate your immediate situation.
- Remove any employees from hazardous areas.
- Account for all employees in your department.
- If necessary, administer first aid. Do not attempt to move seriously injured individuals unless they are still in danger.
- Check natural gas, water and electrical lines for damage.
- Do not use the telephone, light switches, matches, candles or other open flame unless you are absolutely certain there is no natural gas leaking.
- Do not touch electrical power lines or broken electrical equipment.
- Be prepared for aftershocks.
- Unless there is imminent danger, await the decision to evacuate. It will be determined by the designated authority based on an initial assessment of the building and conditions outside. The designated authority is the Commissioners and Building Manager.
- If it is necessary to evacuate, take your emergency kit with you.
- Once you reach your alternate designation, (if safe, lawn east of the Courthouse or Library) account for all employees in your department once again. If it was necessary to leave injured employees behind, relay that information to the emergency response personnel and provide them the location in which they can be found.

SEVERE STORM

Be alert for weather warnings. Monitor Emergency Alert Stations or NOAA Weather Stations (National Weather Service and the Weather Channel.)

During a severe weather situation, employees should comply with the following procedures:

- All employees should go inside to the designated safe areas within their building (interior rooms away from windows).
- Close windows and blinds.
- Account for all employees.
- Remain in safe areas until warning expires or emergency personnel and/or your designated authority, Commissioners, has issued an "all-clear" advisory.

Flooding/Flash Flooding:

If your office is located in an area which is susceptible to either flooding or flash flooding, be prepared to evacuate the building and relocate to a pre-designated area. If time permits, gather personal belonging and any other necessary items (i.e. survival kit, roster, etc.). Be prepared to account for all employees.

Tornadoes:

In the event your area experiences a tornado, it will probably not be practical or even feasible to evacuate. An announcement will be made over the P.A. Convene in a sturdy, interior room (ground level or below) away from windows and take cover. Employees should proceed to the EOC (Emergency Operating Center) located below the old jail. If possible, each supervisor and elected official should know where the EOC is located and inform his/her staff.

VI. OTHER

Conflicts with State and Federal Laws 91
Procedural Changes 92

CONFLICTS WITH STATE AND FEDERAL LAWS

To the extent that any policy may conflict with federal, state or local laws, the county will abide by the applicable federal, state or local law.

PROCEDURAL CHANGES

Hill County reserves the right to suspend, revise or revoke any of its these procedures at any time.

APPENDIX A: FORMS

Orientation Checklist	Form A
Performance Evaluation	Form B
Selection Process Summary Sheet	Form C
Layoff Notice	Form D
Reinstatement Offer	Form E
Record of Conference	Form F
Contribution of Sick Leave	Form G
Application for Family or Medical Leave	Form H
Medical Certification Statement (Employee's Own Illness)	Form I
Medical Certification Statement (Illness of Employee's Family Member)	Form J
Notice of Intention to Return From Leave and Fitness-for-Duty Certification	Form K
First Report	Form L
Non-Employee Accident Report Form	Form M
Blood/Bodily Fluid Exposure Incident Report	Form N
Bomb Threat Form	Form O
Employee Request for Disability Leave	Form P
Designation of Person Authorized to Receive Decedent's Warrants (Last Paycheck) ...	Form Q
Maintenance Requisition	Form R
Employee Request for Parental Leave	Form S
Volunteer Application and Waiver	Form T
Raise Letter	Form U
Letter of Termination by Elected Official/Department Head	Form V
Letter of Termination by Employee	Form W
Emergency Contact Information Form	Form X

HILL COUNTY HIRE NOTIFICATION

_____ has been employed by the
(Name of Employee-please print clearly)

_____ as a _____
(Department/Office) (Title)

This is a _____ position.
(Full-time, part-time, temporary, seasonal, 90 day, intermittent)

Hire date is _____ and starting salary rate is _____ per
hour. Matrix _____. Grade _____. Step _____.

As the Elected Official/Department Head, I certify that the above employee has been made aware of the Hill County Procedural Manual and Personnel Manual.

Employee's Signature (required)

Date: _____

Elected Official/Department Head Signature

Date: _____

Due to no break in service, the employee will be granted time for service with Hill County for the purpose of raises. For exceptions and details, see the Auditor's Office.

111A years 111A hours and will be placed on Grade 111A Step 111A OR 111A /hr for the new position.

Original: Auditor
Cc: Personnel

SELECTION PROCESS SUMMARY SHEET

Title: _____ Dept: _____ Date: _____	Minimum Qualifications Pass/Fail	Reference Check Pass/Fail	Interview Wt: ____%	Written Exam Wt: ____% (optional)	Performance Tests Wt: ____% (optional)	Total Points	Veteran's Preference V=5% DV=10%	Final Score	Applicant Ranking (1, 2, 3, 4)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

The Department determines the weight to give to the Interview, the Written Exam and Performance Tests. The weight should equal 100%. The hiring committee will add their points for each interviewed applicant, and the total will be multiplied by the corresponding percentage and entered into the table. The Department will calculate the score for the Written Exam and Performance Tests (if any), multiply by the corresponding percentages, and enter the score into the table. The total points are then added for each applicant. If a Veteran's Preference applies, multiply the total points by the applicable percentage to receive a Final Score. Rank the applicants according to the highest score received.

Personnel Clerk

Department Head/Elected Official

Selection Committee Signature

Selection Committee Signature

SCORING KEY FOR INTERVIEW POINTS:

- 5-OUTSTANDING Displays superior ability; more than capable of performing the task(s); would likely perform excellently.
- 4-ABOVE AVERAGE Displays ability in all areas; would perform well on the task(s).
- 3-ADEQUATE Shows working knowledge of the area; could perform the task(s).
- 2-INADEQUATE Displays some ability but lacking in some areas, would likely have some difficulty with the task(s).
- 1-INEFFECTIVE Displays little ability in and knowledge of basic areas; could not perform the task(s).
- 0-NO KNOWLEDGE Basic knowledge or ability lacking; totally unprepared for the task(s).

HILL COUNTY Orientation Checklist

Employee _____ Supervisor _____ Department _____

Position _____ Starting Date _____

Instructions: Each department official (1st Auditor, 2nd Supervisor and 3rd Personnel) should place his/her initials in the space provided before each item after item is given/explained to new employee. After completion of your section, take the employee to the next department for completion of the orientation.

1. COMPLETION OF FORMS (Auditor)

- | | |
|--|--|
| <input type="checkbox"/> Withholding statement | <input type="checkbox"/> Payroll Status |
| <input type="checkbox"/> PERS retirement form | <input type="checkbox"/> Provide Proper Identification |

2. PROVIDED EMPLOYEE WITH AND/OR EXPLAINED USAGE:

Auditor's Office:

- Insurance
- Flex Plan
- Vacation leave
- Sick leave
- Deferred compensation
- Pay periods
- Other payroll deductions

Supervisor:

- Objectives of Department
- Work hours/lunch/rest periods
- Time and attendance reporting
- Introduction co-workers
- Equipment/supplies/requisitioning
- Mail Procedures
- Staff duties
- Facilities-restrooms, offices, etc.
- Fire exit&extinguish/first aid/hazards
- Key(s)
- Reporting absences/sick/vacation
- Overtime/Compensatory
- Travel
- Union (if applicable)

Personnel Office:

- Code of Ethics
- County/Personnel Policies
- Drug and Alcohol Guide
- Drug and Alcohol Facts
- Evaluation Plan
- Pre-employment drug test (if required)
- EEO Regulations
- Grievance Procedure
- Probation
- Safety Form
- Emergency Procedures
- Blood/Bodily Fluid Exposure Policy

3. COUNTY PERSONNEL MANUAL/PROCEDURAL MANUAL:

I, _____, acknowledge receipt of a copy of the Personnel Manual adopted by Hill County. I acknowledge that I have been informed the Hill County Procedural Manual is maintained and is available in my department. I understand that I will be responsible for complying with the terms and conditions in the Personnel Manual and the Procedural Manual. I have been informed that I am required to attend the Safety Meeting scheduled for the first working Monday of the month. I fully accept these Policies and Procedures as minimal terms of my employment with Hill County.

Signature of Employee Date

Signature of Auditor/Deputy Auditor Date

Signature of Department Head/Supervisor Date

Signature of Personnel Clerk/Officer Date

Original: Personnel File
Copy: Employee

**HILL COUNTY
DESIGNATION OF PERSON AUTHORIZED
TO RECEIVE DECEDENT'S WARRANTS**

This is a legally binding document

INSTRUCTIONS TO EMPLOYEE:

1. Complete this form (typewritten or in blue ink)
2. Show the designee's full name; for example, "Mary Jane Smith", not Mrs John E Smith.
Or for more than one designee or estate see the back of this form.
3. Show the designee's Social Security Number and date of birth.
4. Erasures or corrections may not be made in the writing of designee's name. If an error has been made, complete a new form.
5. Sign in ink. Submit original to the Auditor's Office. You should take a copy for your personal records before you return the original.
6. You may change your designation at any time by filing a new designation with the Auditor's Office.
7. You may completely revoke a designation at any time by a letter to the Auditor's Office, signed and dated by you (submit in duplicate).
8. Inform the Auditor's Office when a change occurs in your designee's address.

_____ EMPLOYEE NAME: last, first and middle initial	_____ Social Security Number
---	--

Pursuant to Section 2-18-412, MCA, I hereby designate the following person who notwithstanding any other provision of law, shall be entitled upon my death to receive all county warrants, (excluding warrants for payment of death benefits and refund of employee retirement contributions), that would have been payable to me as a result of my employment with Hill County had I survived:

_____ DESIGNEE'S NAME: last, first and middle initial	_____ Social Security Number	*For more than one designee see reverse side of form.
_____ DESIGNEE'S ADDRESS	_____ Date of Birth	
_____ CITY	_____ STATE	

STIPULATION: I hereby revoke any previous designation filed by me. If the above-named designee cannot be contacted within (60) days after the date of my death, this designation shall be void. his designation will remain in full force and effect during my employment with Hill County until revoked in writing by me. This designation will automatically terminate on the date final payment is received as the result of said employment.

_____ EMPLOYEE SIGNATURE	_____ DATE	
_____ ADDRESS		
_____ CITY	_____ STATE	_____ ZIP

AGENCY USE ONLY REVIEWED BY AND DATE _____	
_____ DESIGNATION REVOKED	_____ DATE
_____ AUTO CANCELED	_____

CONTRIBUTION OF SICK LEAVE

1. By completing Section 1 of this voucher, you may contribute sick leave hours to needy co-workers upon the approval of the Board of Hill County Commissioners.
2. Contributions are voluntary and irrevocable.
3. Qualifications to contribute sick leave hours are listed in the guidelines adopted by the Hill County Commission. Included in the guidelines, but not limited to, are the following:
 - a. You must be eligible to use sick leave (completed 90 day qualifying period for full-time employees or 520 hours qualifying period for part-time employees).
 - b. The minimum contribution is 1 hour.
 - c. After your contribution, a minimum of 80 hours must remain in your account.
4. To contribute, complete and sign Section 1 of this form and return it to the Commissioners Office.

SECTION 1 (To be completed by employee.)

I wish to contribute _____ hours of my personal sick leave to _____.

Name (print) Department

Signature Date

SECTION 2

_____ is eligible to contribute sick leave hours as indicated above. The employee's personal sick leave balance will remain at 80 hours (_____) or more after this contribution.

The employee's personal sick leave balance will be debited _____ hours for the pay period ending _____.

Auditor Date

SECTION 3

The Board of Hill County Commissioners have approved/disapproved the above request.

Chair of County Commissioners Date

HILL COUNTY Performance Evaluation

Employee Name _____ Job Title _____

Hill County Department _____ Supervisor _____

Date of Appraisal _____ Date of Last Appraisal _____

Instructions: Review each major performance criterion and evaluate the employee's performance and results. Please circle appropriate numerical rating. See the key at bottom of page 3 for definition of rating terms.

1. JOB KNOWLEDGE					•Technical ability					•On the job know how					•Ability to acquire new skills										
L	Far	Below	Req's.	H	L	Below	Req's.	H	L	Meets	Req's.	H	L	Exceeds	Req's.	H	L	Far	Exceeds	Req's.	H				
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Lack of knowledge. Needs constant instruction and direction.					Inadequate knowledge of duties. Understanding not sufficient to perform responsibilities well.					Has adequate knowledge to perform duties. Needs some additional instruction. Acquired a new skill.					Good knowledge of duties. Well-informed. Needs only occasional direction. Acquired more than one new skill.					Excellent understanding of duties. Extremely capable. Acquired several new skills.					

COMMENTS:

2. QUALITY OF WORK					•Accuracy, thoroughness, neatness					•Ability to follow instructions and fulfill responsibilities															
L	Far	Below	Req's.	H	L	Below	Req's.	H	L	Meets	Req's.	H	L	Exceeds	Req's.	H	L	Far	Exceeds	Req's.	H				
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Work req's. constant checking due to frequency of errors. Must be closely supervised. Frequently fails to complete work within established time period.					Work often has an unacceptable number of errors. Frequent reviews are necessary.					Work is done well with infrequent errors. Occasional review necessary. Routine supervision required.					Work is consistently done well. Little review necessary. Rarely makes errors. Took additional responsibility for additional projects.					Extremely motivated. Exceptionally high quality work at all times with no review necessary. Took additional responsibility for additional projects.					

COMMENTS:

3. PRODUCTIVITY					•Speed and timeliness of output					•Organization of time and workload					•Attendance/ punctuality										
L	Far	Below	Req's.	H	L	Below	Req's.	H	L	Meets	Req's.	H	L	Exceeds	Req's.	H	L	Far	Exceeds	Req's.	H				
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Has difficulty completing assignments within time permitted. Not able to use time wisely. Work is disorganized. Able to perform only one ask at a time.					Works at a slow rate and frequently unable to complete assignments on time. Has difficulty organizing work and dealing with multiple priorities.					Works at an acceptable rate and consistently completes assignments on time. Work area is organized. Able to prioritize work with some guidance.					Uses time wisely and often produces more work than required within time permitted. Very organized. Needs little assistance prioritizing.					Always produces more work than required within time permitted. Anticipates and prepares well. Needs almost no assistance prioritizing.					

COMMENTS:

4. INTERPERSONAL SKILLS •Courtesy to peers/customers •Contributes to team •Professional •Conflict resolution

L Far Below Req's. H					L Below Req's. H					L Meets Req's. H					L Exceeds Req's. H					L Far Exceeds Req's. H					
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Makes little attempt to get along with others. Instigates conflicts. Low degree of professionalism. Makes frequent negative comments.					Generally gets along with others. Occasionally fails to cooperate. Lacks professionalism. Makes minimal effort regarding relationships with others.					Courteous and cooperative. Tries to maintain harmonious working relationships. Displays a positive, professional demeanor.					Enthusiastic team player. Willing to contribute to good working relationships. Positive, professional demeanor. Able to build collaborative relationships internally.					Displays extraordinary ability to resolve conflict & obtain cooperation. High degree of professionalism. Very positive demeanor. Able to build collaborative relationships internally and externally.					

COMMENTS:

5. SAFETY •Adheres to the rules and regulations •Ensures safety standards are met

L Far Below Req's. H					L Below Req's. H					L Meets Req's. H					L Exceeds Req's. H					L Far Exceeds Req's. H					
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Fails to follow safety rules and regulations.					Falls below department standards.					Follows some safety rules and minimally meets department standards.					Follows safety rules and regulations. Exceeds departmental standards.					Excellent understanding of safety rules. Follows all safety rules and regulations, and ensures co-workers do the same.					

COMMENTS:

6. JUDGMENT/DECISIVENESS •Effectiveness in using logical and sound judgment •Ability to perform in stressful situations •Timely/practical decision making •Ability to manage change

L Far Below Req's. H					L Below Req's. H					L Meets Req's. H					L Exceeds Req's. H					L Far Exceeds Req's. H					
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Rarely uses logical and sound judgment. Decisions are impractical. Cannot perform well in stressful/new situations.					Often jumps to conclusions, which sometimes leads to wrong course of action. Does not perform well in stressful/new situations.					Usually makes logical sound judgments. Rarely jumps to conclusions. Searches out information to makes decisions. Sufficient performance in stressful/new situations.					Makes conscious effort to use logical, sound judgment in choosing appropriate course of action. Does not jump to conclusions. Above average performance in stressful/new situations.					Outstanding judgment. Has ability to foresee problems. Sought out by others for advice. Excellent performance in stressful/new situations.					

COMMENTS:

[NUMBERS 7&8 FOR EVALUATIONS OF SUPERVISORS ONLY]

7. SUPERVISORY SKILLS •Effective in selection/retention of employees •Ability to motivate staff •Positive employee relations

L Far Below Req's. H					L Below Req's. H					L Meets Req's. H					L Exceeds Req's. H					L Far Exceeds Req's. H					
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Lacks leadership qualities. Poor morale among subordinates.					Not assertive. Staff is unmotivated.No knowledge of management techniques. Weak leadership qualities. Fails to address issues.					Hires qualified staff most of the time. Strives to develop and motivate staff. Leadership capabilities. Satisfactory dept'l morale.					Effectively hires qualified staff. Develops staff and motivates to exceed requirements. Good leader. Positive employee relations.					Hires, develops and motivates staff extremely well. Extremely capable leader and supervisor.					

COMMENTS:

8. COMMUNICATION SKILLS										•Ability to convey thoughts/ideas					•Listening and comprehension skill																																		
L Far Below Req's.					H					L Below Req's.					H					L Meets Req's.					H					L Exceeds Req's.					H					L Far Exceeds Req's.					H				
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25																								
Difficulty developing/ conveying thoughts. Very poor verbal, written and/or listening skills.					Does not consistently attempt to convey clear and concise thoughts. Weak verbal, written and/or listening skills.					Conveys thoughts clearly and concisely verbally and in writing most of the time. Makes conscious effort to listen.					Very adept at conveying thoughts clearly and concisely verbally and in writing. Able to listen. Conscious effort to be aware of non-verbal communications.					Very adept at conveying thoughts clearly and concisely verbally and in writing. Listens very effectively and has ability to interpret non-verbal communications.																													

COMMENTS:

EMPLOYEE STATUS Satisfactory _____ Unsatisfactory _____ Probation _____ Extended Probation _____

SUPERVISOR'S OVERALL PERFORMANCE COMMENTS _____

LIST THREE TO FIVE KEY PERFORMANCE OBJECTIVES FOR THE NEXT REVIEW PERIOD _____

Signature of Supervisor

Date

EMPLOYEE COMMENT After discussing the evaluation with the supervisor, the employee may comment on the evaluation. If employee has no comments, he/she should write "none".

Signature of Employee

Date

Definition of Rating Terms:

- Far Exceeds Req.s (21-25):** Very few employees merit this rating. This employee consistently exceeds established standards/goals.
- Exceeds Requirements (16-20):** This is the category in which a really good performer falls. It indicates a consistent accomplishment of established objectives with occasional instances of exception performance.
- Meets Requirements (11-15):** This employee effectively performs job duties and position objectives.
- Below Requirements (6-10):** This is a danger level of accomplishment. The employee sometimes meets established objectives, but lack consistency. The need for corrective action must be pointed out to the employee.
- Far Below Requirements (0-5):** Very few employees merit this rating. Here the employee meets established objectives only occasionally. If this rating appears in more than two characteristics, further retention of the employee should be seriously examined.

LAYOFF NOTICE

Employee's Name: _____

Employee's Social Security Number: _____

Effective Date of Layoff Notice: _____

As previously discussed with you, it is necessary that this department reduce its work force. As indicated by your signature, you desire to:

() TERMINATE SERVICE () BE PLACED IN AN INACTIVE STATUS.

In either case, this Notice establishes the fact that this action was involuntary on your part and that you were an employee in good standing as of the subject effective date. If you have elected to be placed in an inactive status, you must notify this department in writing if you desire to terminate your employment with Hill County, or if you have obtained employment with some other department (to receive proper service credits, etc.).

Employee's Position: _____

Employee's Department: _____

Employee's Signature_____
Date_____
Department Head Signature_____
Date

Board of Hill County Commissioners

Chairperson of the Board_____
Date_____
Commissioner_____
Date_____
Commissioner_____
Date

**REINSTATEMENT OFFER
HILL COUNTY, MONTANA**

Employee's Name: _____

Employee's Social Security Number: _____

Effective Date of Layoff Notice: _____

Effective Date of Reinstatement Offer: _____

Employee's Job at Time of Layoff:

Department: _____

Position: _____

Salary: _____

Per layoff notice date, _____, you elected to be placed in an inactive status for up to one (1) calendar year pending a reinstatement offer. Hill County is prepared to make you a reinstatement offer as follows:

Department: _____

Position: _____

Salary: _____

Offer approved by Department Head:

Signature

Date

You must accept or reject the above offer in writing within five (5) working days by signing this form and returning it to the employer department making the reinstatement offer.

I (accept) (reject) the above reinstatement offer. If I reject this offer, I understand that I will not remain in an inactive status.

SIGN ONLY ONE

_____ ACCEPTED: _____

Employee's Signature

Date

_____ REJECTED: _____

Employee's Signature

Date

Hill County, Montana
Application for Family or Medical Leave

Name: _____ Department: _____

Title: _____ Soc. Sec. No. _____

Address/Telephone: _____

Start Date of Anticipated Leave: _____ Expected Date of Return to Work: _____

Reason for Leave:

Employee's serious health condition*

(Explain): _____

To care for my child, spouse or parent who has a serious health condition*

(Explain): _____

Birth of my child

Placement of my son/daughter with me for adoption or foster care

Active Duty Family Leave

Injured Service Member Leave*

(Explain): _____

*A Medical Certification Statement, required to support the need for leave related to a serious health condition, has been completed by a health care provider and is attached hereto. If not attached hereto, such will be provided by no later than 20 calendar days hereof.

Note: I have reviewed Hill County's Family and Medical Leave Policy. I have received written notice of rights and obligations provided by the Family and Medical Leave Act of 1993, as amended January 2008. I hereby authorize a health care provider representing Hill County to contact my physician to verify the reason for my requested family and medical leave.

Signature: _____ Date: _____

REQUEST IS APPROVED:

Supervisor: _____ Date: _____

Personnel Clerk: _____ Date: _____

REQUEST IS DENIED:

Not FMLA eligible

Certification requirements not met

FMLA leave exhausted for year

Other: _____

Supervisor: _____ Date: _____

Hill County, Montana
Medical Certification Statement
(Employee's Own Serious Illness)

Name of Employee: _____

Date condition began: _____ Date condition ended (or is expected to end): _____

Medical facts regarding the condition: _____

Explanation of extent to which employee is unable to perform the functions of his or her job: _____

Will it be necessary for the employee to work intermittently or to work on less than a full schedule due to this condition? _____ If yes, please state the probable duration: _____

If the condition is a chronic condition or pregnancy, state whether the employee is presently incapacitated and the likely duration and frequency of episodes of incapacity: _____

If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments: _____

If the treatments will be provided on an intermittent or part-time basis, provide an estimate of the probable number and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery, if any: _____

If any of these treatments will be provided by another provider of health services, please state the nature of the treatments: _____

Is the employee unable to perform work of any kind? _____ If able to perform some work, is the employee unable to perform one or more of the essential functions of the employee's job? _____ If yes, please list the essential functions the employee is unable to perform: _____

If the employee's condition does not limit his/her ability to perform work, is it necessary for the employee to be absent from work for treatment? _____

Health care provider signature: _____ Date: _____

Address/Telephone: _____

Medical Release:

I authorize the release of any medical information necessary to process the above request.

Patient's signature: _____ Date: _____

Hill County, Montana
Medical Certification Statement
(Illness of Employee's Family Member)

Name of Employee: _____ Name of ill family member: _____

Date condition began: _____ Date condition ended (or is expected to end): _____

Medical facts regarding the condition: _____

Explanation of extent to which employee is needed to care for the ill spouse, child or parent:

Will it be necessary for the employee to work intermittently or to work on less than a full schedule due to this condition? _____ If yes, please state the probable duration: _____

If the condition is a chronic condition or pregnancy, state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity:

If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments: _____

If the treatments will be provided on an intermittent or part-time basis, provide an estimate of the probable number and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery, if any: _____

If any of these treatments will be provided by another provider of health services, please state the nature of the treatments: _____

Does the patient require assistance for basic medical or personal needs or safety, or for transportation? _____
If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery? _____

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

Health care provider signature: _____ Date: _____

Address/Telephone: _____

Medical Release:

I authorize the release of any medical information necessary to process the above request.

Patient's signature: _____ Date: _____

Hill County, Montana
Notice of Intention to Return From Leave
and Fitness-for-Duty Certification

Name: _____ Title: _____

Department: _____ Supervisor: _____

Date leave commenced: _____ Date of planned return: _____

I understand that my restoration to employment is subject to the following conditions:

1. If required by my Supervisor as a condition of restoration, I have provided written certification from my health care provider that I am able to resume working. (See below.)
2. Every attempt will be made to restore me to my original position. If the original position is unavailable, I will be placed in an equivalent position with equivalent pay and benefits.
3. During unpaid leave, I am not entitled to the accrual of any seniority or employment benefits during my period of leave.

Signature: _____ Date: _____

I have examined _____, am familiar with his/her job duties and can certify that he/she is fully able to resume working.

Health care provider's signature: _____

Date: _____

Health care provider's address/telephone: _____

FIRST REPORT of Occupational Injury or Occupational Disease						DATE STAMP	
Montana Association of Counties Workers' Compensation Trust MACo JPA				Send completed form to: Alternative Service Concepts, L.L.C. P.O. Box 517 Helena, MT 59624			
(Instructions for completing this form are on the reverse side.)							
WORKER	(Last) _____ (First) _____ (M.I.) _____		Date of Birth (MM/DD/YY) _____ / _____ / _____		Social Security Number _____		
	Full name of INJURED WORKER _____				City _____ State _____ Zip Code _____		
	INJURED WORKER'S Home Address (Street or Box No.) _____				City _____ State _____ Zip Code _____		
	Phone Number _____	Education <input type="checkbox"/> Loss than High School <input type="checkbox"/> Beyond High School <input type="checkbox"/>	Gender _____	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Number of Dependents _____	Payroll Classification Code under which you report employer's wages _____	
Date Hired _____		Worker's gross earnings for four (4) pay periods preceding the injury (Date/Amount) _____		(Date/Amount) _____		(Date/Amount) _____	
Check One <input type="checkbox"/> Full-Time Worker <input type="checkbox"/> Part-Time Worker <input type="checkbox"/> Seasonal Volunteer <input type="checkbox"/> # of Days Worked Per Week _____							
Worker's Gross Wage Rate is \$ _____ Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Explain) _____							
In addition to gross wages cited above, does the worker receive (check those which apply)? Estimate an equivalent dollar value, if any: \$							
<input type="checkbox"/> Board & Room <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commissions <input type="checkbox"/> Other (Explain) _____							
Did Worker return to work during next scheduled shift? Yes <input type="checkbox"/> No <input type="checkbox"/>		If No, will wage loss exceed 5 work days? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>		Last day worked date _____		Date of Return, if returned to work _____	
Full Wages Paid for Date of Injury? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was Salary Continued? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Describe how the accident happened, and give cause. Explain what the worker was doing when injured. Be specific. Give full details on all factors which led or contributed to the accident. Use a separate sheet of paper if you need additional space.							
ACCIDENT INFORMATION							
What specific object or substance caused the injury? _____				Code _____		Part of body affected (leg, arm, back, head, etc.) _____	
Nature of the injury (cut, fracture, etc.)? _____				Code _____		Date & Time of Injury _____ a.m. or p.m.	
Occupation of Injured Worker _____		Department _____		Date Disability Began _____		Date of Death if Applicable _____	
Names of witnesses to accident _____							
Did the accident occur on the employer's premises? Yes <input type="checkbox"/> No <input type="checkbox"/>		Address or location where accident occurred: _____ State _____ Zip Code _____					
Was worker injured while in your employ? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date employer notified _____		Accident reported to: _____		Was safety equipment provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	
						Was safety equipment used? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Attending Physician's Name _____		Address (Street or Box) _____		(City) _____		(State) _____ (Zip Code) _____ (Phone #) _____	
If Hospitalized, Hospital's Name: _____		Address (Street or Box) _____		(City) _____		(State) _____ (Zip Code) _____ (Phone #) _____	
Type of initial medical treatment received (please check) <input type="checkbox"/> No Treatment <input type="checkbox"/> Emergency Room <input type="checkbox"/> Treatment on-site by employer or medical staff <input type="checkbox"/> Clinic/Dr. Office <input type="checkbox"/> Hospitalization							
Employer's Name _____				Commercial Name: (doing business as) _____		FEIN Number _____	
Mailing Address (Street or Box) _____				(City) _____		(State) _____ (Zip Code) _____	
Location of operation, if different from mailing address _____				Nature of Business or SIC Code _____		Self-Insured Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer is a (check one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Is injured worker (check if applicable) <input type="checkbox"/> A Sole Proprietor <input type="checkbox"/> A Working Partner <input type="checkbox"/> A Corporate Officer		A member of the employer's (sole proprietor or partner) family living in the employer's household.			
Do you have any reason to question this accident? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain fully. Use separate sheet if you need additional space.							
Prepared by: _____ Official Title: _____ Date: _____							
Signing this claim for compensation authorizes the release of rehabilitation records, Social Security records and health care information to the workers' compensation insurer and the insurer's agents. IF YOU OBTAIN OR EXERT UNAUTHORIZED CONTROL OVER WORKERS' COMPENSATION BENEFITS, OR IF YOU SUBMIT A FALSE OR FRAUDULENT CLAIM FOR BENEFITS, YOU MAY BE FINED AND/OR IMPRISONED.							
Signature of Injured Worker: _____				Date: _____			
Authorized Employer's Signature: _____				Date: _____			
Claim Administrator's Claim Number: _____		Date Reported to Claims Administrator: _____		The above information is correct, with the following exception(s): <input type="checkbox"/> (Attach extra sheets if box at right is checked)			
Name and Address of Claim Administrator: Alternative Services Concepts, L.L.C. P.O. Box 517 Helena, MT 59624 (406) 442-1178 (1-888-442-8552)				Policy Effective Date: _____		Insurance Company Name: MACo Workers' Compensation Trust	
FEIN # 43-1954328				Policy Expiration Date: _____		Policy Number: _____	
INSURER ONLY							

NON-EMPLOYEE HILL COUNTY ACCIDENT REPORT FORM

If you were injured or had an accident on Hill County property, please fill out this form and return it to the Hill County Commissioners as soon as possible to determine if further action is needed. Thank you.

Name: _____

Address: _____

Phone Number: _____

Date of Accident: _____

Site of Accident: _____

Nature of Accident: _____

Do Not Write Below

Date Commissioners received this report: _____

Date Insurance Carrier was contacted: _____

Other Information and Follow-up: _____

BLOOD/BODY FLUID EXPOSURE INCIDENT REPORT

Name: _____ Date: _____

Job Title: _____ Department: _____

Date and Time of Exposure: _____

Length of Exposure: _____ Minutes

Type(s) of Body Fluid:

_____ Blood	_____ Saliva/Sputum	_____ Urine
_____ Feces	_____ Wound drainage	_____ Other

Route of Exposure:

_____ Eye	_____ Mouth	_____ Nose
_____ Open sore	_____ Eczema	_____ Intact skin

Type of Personal Protective Equipment Used:

_____ Gloves	_____ Pocket Mask	_____ None
--------------	-------------------	------------

Actions Taken:

Employee's Signature: _____

Date: _____

After completion, Employee must deliver this form to the Hill County Exposure Control Officer.

Exposure Control Officer Signature: _____

Date: _____

COUNTY OF HILL
EMPLOYEE REQUEST FOR DISABILITY LEAVE

Name: _____ SSN: _____
Department: _____ Position: _____

I am requesting a Disability Leave for the following reason(s):

The leave is anticipated to begin on _____, and tentative date of return to position is _____.

Type of Leave	Actual # Hours Accrued	Number of Hours to be Used
() Sick	_____	_____
() Annual Leave	_____	_____
() Compensatory	_____	_____
() Leave without pay	_____	_____

If this request is for Disability Leave, the employee should use all available accrued sick leave first. The remaining length of the leave required may then be taken as Annual Leave, Accrued Compensatory Time or Leave Without Pay. I understand that the County may require that I provide medical certification(s) of physical disability.

Employee's Signature Date

Supervisor's Approval and Signature Date

Commissioners Approval and Signature Date

REQUEST IS DENIED FOR THE FOLLOWING REASONS: _____

Further action requested of employee: _____

This is to certify that I have seen and reviewed the denial of my request for Disability Leave. Employee comments: _____

Employee's Signature and Date

Supervisor's Signature and Date

Witness Signature in event Employee refuses to sign Date

Distribution of Form: Original-Auditor's Office, 1st Copy-Employee, 2nd Copy-Department Head.

MAINTENANCE REQUISITION

Date:		Department or Area:
Requested By:		PRIORITY: (Circle One) Routine Urgent Immediate
DESCRIPTION OF WORK:		
Do Not Write Below This Line		
Job Number:	ACTION TAKEN:	Material Used:
Craftsman:		
Date Complete:	Parts Required:	Inspected (Date & Name):
Manhours:	Outside Repairs Required:	Date Returned to Department:

MAINTENANCE REQUISITION

Date:		Department or Area:
Requested By:		PRIORITY: (Circle One) Routine Urgent Immediate
DESCRIPTION OF WORK:		
Do Not Write Below This Line		
Job Number:	ACTION TAKEN:	Material Used:
Craftsman:		
Date Complete:	Parts Required:	Inspected (Date & Name):
Manhours:	Outside Repairs Required:	Date Returned to Department:

**HILL COUNTY
EMPLOYEE REQUEST FOR PARENTAL LEAVE**

Name: _____ SSN: _____

Department: _____ Position: _____

I am requesting parental leave for the birth of a child. I understand that if my parental leave exceeds eight (8) weeks, Hill County may required verification that a longer period of time is reasonable and prescribed by my medical doctor. My leave is anticipated to begin on _____, and tentative date of return to position is _____.

<u>Type of Leave</u>	<u>Actual # Hours Accrued</u>	<u>Number of Hours to be Used</u>
() Sick	_____	_____
() Annual Leave	_____	_____
() Compensatory	_____	_____
() Leave Without Pay	_____	_____

The employee should use all available accrued sick leave first. The remaining length of the leave required may then be taken as Annual Leave, Accrued Compensatory Time or Leave Without Pay.

I have verified with the Auditor's Office that I am eligible for and have accrued the time requested.

Employee's Signature

Date

Supervisor's Approval and Signature

Date

Personnel Office Approval and Signature

Date

Commissioners' Approval and Signature

Date

Distribution of Form: Original-Employee's Medical File, Copy-Employee

HILL COUNTY VOLUNTEER APPLICATION AND WAIVER



Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Social Security Number: _____ - _____ - _____ D.O.B.: _____

Phone: (Work) _____ - _____ (Home) _____ - _____ (Mobile) _____ - _____

Volunteer Position Applied For: _____

Dates Available: From _____ to _____

Previous Relevant Volunteer Experience: _____

Are you willing to supervise other volunteers? Yes No

Name two previous volunteer or personal references:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____

Your signature on this sheet indicates you understand you are not covered by any form of County insurance for injury, disability, lost wages or otherwise in performing volunteer work for the County. All such work is done at your own risk, and the County is not responsible for any injuries or damages. By signing this sheet you agree to take all due safety precautions, to wear appropriate clothing, and to handle any equipment in a safe manner. In addition, you agree to volunteer your time and understand you are not an employee.

Signature: _____ Date: _____

To be completed by Hill County Supervisor:

This Volunteer Application has been approved. The Volunteer will perform voluntary services for Hill County from _____ to _____. *If applicable:* [To offset his/her expenses, the Volunteer will receive a one-time stipend in the amount of \$ _____.]

Supervisor Signature: _____ Date: _____

RAISE LETTER

DEPARTMENT NAME: _____

EMPLOYEE NAME: _____

ANNIVERSARY: _____

PAY WILL CHANGE FROM: _____/YR _____/MONTH _____/HR

TO: _____/YR _____/MONTH _____/HR

DEPARTMENT
HEAD SIGNATURE _____ DATE _____

To be turned into Auditor's Office as early as possible in the month that the raise is due. Do not wait to turn in with the time card.

LETTER OF TERMINATION BY ELECTED OFFICIAL/DEPARTMENT HEAD

_____ is no longer working for my
PRINT EMPLOYEE NAME
department and should be terminated as of ____ / ____ / ____.

Elected Official/Department Head Signature

Date

Department Name

LETTER OF TERMINATION BY EMPLOYEE

I, _____ am terminating my employment
with Hill County. My last day of work will be ____/____/____.

Please pay any accrued vacation, sick or comp time that may be due to me.

Signature

Date

INITIAL INCIDENT INVESTIGATION

Date of injury: _____ Time of injury: _____ Date and time of investigation: _____

WHO was injured: _____

WHO else was involved in the incident: _____

WHO witnessed the incident: _____

WHAT was the employee doing when injured?

WHAT equipment, process or activity not described above may be related to the incident?

WHERE did the incident take place?

WHAT is the specific injury? (include body part(s) and severity)

WHY did this injury occur to this person at this time? Describe immediate cause and all underlying (root) causes you can identify. Continue to ask "why" for at least 5 levels of identified causes.

1.

2.

3.

4.

5.

HOW can similar incidents be prevented in the future? (include management, employee, equipment, and environmental considerations)

Name and title of investigator: _____ Signature: _____

Safety Committee Follow-up: What preventive measures were put in place to permanently avoid recurrence of similar incidents?

Memorandum

Date:

RE: Company Return to Work Program

Dear Medical Provider:

Our employees are the most important assets of our company.

When one of those employees is injured, we are committed to helping him or her return to work as soon as it's medically appropriate, both for the well-being of the employee and our company.

That is why we've implemented a Return to Work program. Through this program, we work with medical providers and injured employees to facilitate recovery and a return to the workplace. Our program includes options such as temporary modifications of work schedules and duties. We can also create temporary positions to accommodate an injured employee's physical capabilities. If an injury results in permanent restrictions, we strive to accommodate the employee's needs in compliance with the Americans with Disabilities Act.

If you have any questions about our Return to Work program or you would like to learn more about our workplace safety programs, please contact me directly.

Thank you for your assistance in this matter.

Sincerely,

Contact Information:

Name: _____

Position: _____

Phone: () _____