IN THE BROWARD COUNTY, FLORIDA, CHARTER SECTION 10.01
ENFORCEMENT HEARINGS FORUM

CAROL J. BREECE,
Broward County Inspector General,
Plaintiff,

CASE NO. EH-2026-001

v.

ABIODUN AJAYI,
Defendant.
_____/

MOTION TO DISMISS COMPLAINT FOR LACK OF JURISDICTION

COMES NOW, Defendant Abiodun Ajayi, by and through the undersigned counsel, and files this motion to dismiss and, in support thereof, states as follows:

1. On January 27, 2026, the Broward Office of the Inspector General ("Broward OIG") served a Complaint on Ms. Ajayi alleging two violations of Section 26-16(a) of the Broward County Code of Ordinances and Chapters 4 and 9 of the Internal Control Handbook of the Human Resources Division of Broward County as promulgated by Administrative Order #400 of the Broward County, Florida, Administrative Code ("ICH").
2. The two violations alleged are:

> COUNT ONE - On or about March 29, 2024, ABIODUN AJAYI, as a Broward County employee seeking elected public office, engaged in activity related to seeking that office during her working hours as a Broward County employee, to wit: ABIODUN AJAYI appeared on the "Time Out 360" podcast from her County office and promoted her candidacy for Broward County Tax Collector between 8:30 a.m. and 5:00 p.m. on Friday, March 29, 2024, in violation of Section 26-16(a) of the Broward County Code of Ordinances.
>
> COUNT TWO - Between on or about June 16, 2023, and on or about July 11, 2024, ABIODUN AJAYI, as a Broward County employee seeking elected public office, engaged in activity related to seeking that office during her working hours as a Broward County employee, to wit: ABIODUN AJAYI sent and/or received campaign-related emails through her Broward County email address between

8:30 a.m. and 5:00 p.m., in violation of Section 26-16(a) of the Broward County Code of Ordinances.

3. Section 26-16(a) of the Broward County Code of Ordinances ("the County Code") provides as follows:

> An employee seeking elected public office shall not engage in any activity related to seeking the office during working hours as a county employee. The county administrator shall adopt rules for the use of approved leave time for such employees.

4. Chapters 4 and 9 of the ICH provide a framework with rules, guidelines, and prohibitions for those county employees seeking to run for an elected office. The ICH is attached as Exhibit A.

5. Section 10.01 of the Broward County Charter creates the Broward OIG and sets forth the IG' s duties and responsibilities. Section 10.01(C)(1) and (2) of the Broward County Charter provides as follows:

> (1) After completing his or her investigation and determining that there is probable cause to believe misconduct has occurred, the Inspector General **shall** notify the appropriate civil, criminal, or administrative agencies charged with enforcement related to the alleged misconduct. **If no civil, criminal, or administrative agency has jurisdiction over the alleged misconduct, the matter shall be referred to a Hearing Officer** … for quasi-judicial enforcement proceedings.
>
> (a) The Inspector General shall refer findings of alleged criminal offenses to the Office of the State Attorney and/ or the Office of the United States Attorney.
>
> (b) The Inspector General shall refer findings of alleged civil offenses involving a violation of Chapter 112, Part III, Florida Statutes, to the Florida Commission on Ethics.
>
> (c) The Inspector General shall refer findings of alleged violations of The Florida Election Code, Chapters 97 through 106, Florida Statutes, to the Florida Elections Commission (except as to alleged violations that may be criminal in nature, which shall be referred to the Office of the State Attorney).
>
> (d) The Inspector General shall refer other alleged offenses to the appropriate civil, criminal, or administrative agency that would have jurisdiction over the matter.

(2) Any civil infraction **not** covered by paragraphs (1)(a) through (d) above shall be stated in a complaint brought in the name of the Inspector General…[and] the Inspector General shall refer the complaint to a Hearing Officer…
[Emphasis added]

6. Section 10.01(C)(1) specifically provides that "[i]f no civil, criminal, or administrative agency has jurisdiction over the alleged misconduct," the matter shall be referred to a Hearing Officer as provided by Section 10.01(C)(2). The IG Hearing Officer is essentially a venue of last resort and may only be used if no other agency has jurisdiction over the alleged misconduct.
7. An employee violating Section 26-16(a) of the County Code is subject to penalties and "**shall** be [prosecuted] by the state attorney or assistant state attorney of the state court judicial circuit in and for Broward County…" *[emphasis added]* under Section 1-13 of the County Code titled "Enforcement of County Ordinances":

> In addition to any other penalties, remedies, or other enforcement measures provided by ordinance or law, the following provisions shall be applicable to each violation of a County ordinance:
> (1) Each violation of a County ordinance provision that prohibits a specified act or specified acts by a person or persons shall be subject to and may be prosecuted in the manner authorized by § 125.69, F.S., including any subsequent amendment thereto. Prosecution of a violation of a County ordinance shall be by the state attorney or assistant state attorney of the state court judicial circuit in and for Broward County pursuant to § 27.34(1), F.S., including any subsequent amendment thereto.
> (2) The County may secure enforcement of a County ordinance in any appropriate court or administrative proceeding.
> (3) The Broward County Sheriff, the Broward County Sheriff deputies, and all other enforcement officers and persons shall have such powers to enforce County ordinances as are lawfully permitted.
> (4) The provisions of this section are deemed remedial and shall be applicable to both prior existing and subsequently adopted County ordinances and any subsequent amendments thereto.

8. Additionally, an employee violating Section 26-16(a) of the County Code can be criminally prosecuted under Florida Statutes §104.31 by the Office of the State Attorney:

…
(2) An employee of the state or any political subdivision may not participate in any political campaign for an elective office while on duty.
(3) Any person violating the provisions of this section is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

9. Concurrently, the Florida Elections Commission also has explicit jurisdiction over violations of Florida Statutes §104.31. Specifically, Florida Statutes §106.25 gives "[j]urisdiction to investigate and determine violations of this chapter and chapter 104" to the Florida Elections Commission. Because the Inspector General alleges that the Defendant engaged in campaign activities during her "standard work schedule" of 8:30 a.m. to 5:00 p.m., the Florida Elections Commission is an "administrative agency [that] has jurisdiction over the alleged misconduct."[1]
10. The Florida Commission on Ethics also has explicit jurisdiction over the conduct described in the Complaint pursuant to Florida Statutes §112.322(1). "It is the duty of the Commission on Ethics to receive and investigate sworn complaints of violation of the code of ethics as established in this part…" *Id.* Florida Statutes §112.313(6) prohibits a public employee from "corruptly" using any "property or resource which may be within his or her trust" to secure a special benefit, such as a campaign advantage. Because the Complaint alleges the unauthorized use of County office space and email servers for campaign purposes, the Florida Commission on Ethics also has jurisdiction over the alleged misconduct.
11. Finally, the Complaint alleges violations of the ICH. The ICH establishes a comprehensive administrative enforcement framework for the conduct alleged in the Complaint. Specifically, Chapter 7 of the ICH provides for a range of disciplinary actions, including suspension, demotion, and termination, which are administered by the

[1] The Broward OIG referred this matter to the Florida Elections Commission in October of 2023. The matter is pending before the Florida Elections Commission under case number 25-224.

County's Human Resources Division. Because the County's own administrative structure is "charged with enforcement related to the alleged misconduct," it constitutes an "administrative agency" with jurisdiction under Section 10.01(C)(1) of the Charter. The availability of this internal administrative remedy further demonstrates that a Hearing Officer is not the venue of last resort required for jurisdiction in this forum.

12. Referral of the Complaint to a Hearing Officer as provided in Section 10.01(C)(1) is dependent on there being no other civil, criminal, or administrative agency having jurisdiction over the alleged misconduct. To the extent that the Office of the State Attorney, the Florida Elections Commission, the Florida Commission on Ethics, and the Broward County Human Resources Division all have jurisdiction over the conduct alleged in the Complaint, there is no basis to refer the Complaint to the Hearing Officer described in Section 10.01(C) to conduct quasi-judicial enforcement proceedings.

WHEREFORE, the Defendant respectfully moves this court to dismiss the Complaint with prejudice.

Respectfully submitted this 25th day of February, 2026.

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By: /s/ Larry S. Davis .
Larry S. Davis, Esq.
Bar Number: 437719

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by the electronic mail to Katherine Y. McIntire at the Broward Office of the Inspector General at *kmcintire@broward.org* on this 25th day of February, 2026.

By: /s/ Larry S. Davis .
Larry S. Davis, Esq.
Bar Number: 437719

EXHIBIT A

HUMAN RESOURCES PROCEDURES

VOLUME 15
INTERNAL CONTROL HANDBOOK
HUMAN RESOURCES DIVISION

An Annex to the Broward County, Florida, Administrative Code
Promulgated by Administrative Order #400

Updated through Change #30, July 21, 2005

In this Acrobat version, the current Administrative Order is linked from the volume cover and the change sheets are not published. Change sheets and complete printed versions of the ICH are available in the Office of Professional Standards and in the main offices of the issuing agency.

In some cases, additional links were added to the table of contentspages to allow navigation to areas such as annexes or exhibits. The pagination, paragraph numbering, and font attributes which appear in the original hard copy pages are preserved to enable users to print individual pages to update any hard copies they may be maintaining.

TABLE OF CONTENTS

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TABLE OF CONTENTS

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TABLE OF CONTENTS

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TABLE OF CONTENTS

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TABLE OF CONTENTS

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TABLE OF CONTENTS

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I. **Employment of Persons with Disabilities/Reasonable Accommodations** The Division of Human Resources is responsible for administering employment examinations fairly and impartially and to promote equal employment opportunities for all applicants. Although, in general, waiver of competitive requirements is not made for individual cases, there are some circumstances in which reasonable accommodation may appropriately be given for applicants with physical or mental impairments or disabilities in the manner in which the written test is administered. For assistance in identifying means of accommodation for the applicant with disability, contact the Director of Human Resource which will consult as needed with the Office of Equal Opportunity, ADA Coordinator's office.

A. **Applicants with Disabilities** Applicants with known impairments or disabilities who request accommodations for application and testing process will be reasonably accommodated on a case by case basis. The County may request that the applicant provide documentation of the applicant's functional limitations to support the request for accommodation.

1. **Accommodation in Application Process** Job application materials will be made available in alternative formats for applicants with disabilities and facilities will be accessible to applicants with mobility impairments. County job applications will advise applicants that accommodation in the application process is available upon request.

2. **Accommodation in Examination/Testing** The County will provide reasonable accommodation in the testing process only if it knows, before administering the test, that an applicant needs an accommodation. The County may require that requests for accommodation in testing be made within a specified time before the administration of the test. The County will inform applicants, in advance, of any tests that will be administered as part of the application process so that they may request an accommodation, if needed. Examples of accommodation may include:

    a. If a competitor has a disability that by its very nature prevents the competitor from taking the normally scheduled competitive test, consideration may be given to the development of an equivalent examining technique, i.e., a technique that would give the disabled competitor the relative rank order to which he/she is entitled.

    b. Where an applicant requests accommodations for a written test because of dyslexia, the applicant could be given the opportunity to take the written test orally, if the dyslexia seriously impairs the applicant's ability to read. If, however, reading is a job-related function that the test is designed to measure, the County can require that the applicant with dyslexia take the written test

if this accommodation (not reading) would not be possible on the job or would be an undue hardship.

c. An applicant may be scheduled for an individual exam session when a particular disability precludes group administration of the written test.

d. The timing of some tests is open-ended and dependent upon the discretion of the examiner. Generally, disabled individuals can be given an extended time period if necessary.

e. Totally blind applicants will be provided with a reader and be scheduled individually for testing. Generally, the examiner acts as reader and recorder. A blind competitor may use Braille in answering the test questions. In this case, the competitor must read his/her answers to the examiner who will record the answers on the appropriate answer sheet.

f. If a hearing impaired applicant uses a hearing aide or can read lips, he/she will be seated toward the front of the test room and have the additional benefit of written instructions.

g. A cerebral palsied applicant may be tested individually with the examiner acting as recorder or turning pages if necessary. The person will be allowed ample time to take the test, especially for recording answers. If the competitor chooses, the examiner may record the answers for most tests.

h. If an applicant has had a limb amputated which prevents the act of writing, an individual session will be scheduled and the examiner will act as recorder.

3. **Measuring Applicants Skills** County required tests are designed to measure an applicant's skill, aptitude, qualities and abilities, rather than the applicant's impaired skills. Accordingly, tests will be administered in such a way that applicants who have impaired sensory (sight, hearing, process information, etc.), speaking or manual skills will not be required to use the impaired skill where an alternative test format can be provided. However, where the test is designed to measure that particular job related skill, the County may decline to provide an alternative test format.

4. **Responsibilities of the Applicant** In determining whether an applicant with a disability is qualified for the position, the County will consider the reasonableness of any accommodations requested or identified by the applicant. It is the responsibility of the applicant to make any need for an accommodation known. Otherwise, accommodations will not be discussed during the application process, as

the County is prohibited from making disability-related inquiries or inquiring whether accommodations are needed to perform essential functions of the job.

B. Employees with Disabilities When an employee requests accommodation to perform essential functions of a position, the request shall be directed to the Office of Equal Opportunity, ADA Coordinator's Office for a preliminary determination that the employee's impairment constitutes a "disability" as defined by the ADA (this is not necessary if a disability determination has been made already) and guidance with accommodation. The County is committed to providing reasonable accommodations for all qualified employees with known disabilities, in the form of modifying jobs, the work environment and the manner or circumstances in which jobs are customarily performed.

1. **Responsibilities of the Employee** It is the responsibility of the employee to make the impairment or disability known to the County and to request a change or modification to the job that is needed as a result of the employee's functional limitations (an "accommodation request").

2. **Documentation Request** The County may require documentation of an employee's functional limitations, for the purposes of making a disability determination or to support a request for accommodation. **The County will not provide accommodations that constitute an undue hardship in regard to being unduly costly, extensive, or substantial, or that would fundamentally alter the nature of business performed.**

3. **Reassignment** Where there are no reasonable accommodations available to enable an employee with a disability to perform the essential functions of her/his current position, the accommodation of reassignment will be considered. However, the County need not consider reassigning an employee with a disability unless there is a vacant position, or position that will become vacant within a reasonable amount of time, for which the employee is qualified. If necessary, the County will consider whether reasonable accommodation would enable the employee to perform the essential functions of the new job. It is the responsibility of the employee seeking reassignment to complete any scheduled testing for a vacant position and to demonstrate all prerequisite qualifications for the new position. Generally, reassignments will be made to an equivalent position in terms of pay and other job status, if one is available. However, the County is not required by the ADA to create a new position, bump employees from another job or promote an employee seeking reassignment as an accommodation. If no equivalent positions are vacant, the employee may accept a reassignment to a lower graded position. In this situation, the County is not required to maintain the employee's salary at the level of the employee's prior position. If the County has no vacant position for which the

employee is qualified, with or without accommodation, the employee may be separated from County service. Further, if in the process of reassignment, there is documentation that the employee has declined to accept assignment to the available vacancy, the employee may be separated from County service.

See also **Disability Leave** and **Leave Without Pay as a Disability Accommodation**, in this handbook in the Attendance and Leave Chapter.

I. General Procedure for Filling Vacant Positions When a position is created or becomes vacant, a Division may begin the hiring process. In general, Civil Service System positions can be filled only with candidates certified to the appointing agency by the Division of Human Resources. While it is the policy of the Office of Budget and Management Policy that a new employee may not start until the position is actually vacant, the Division may request a list of eligibles as soon as the Personnel Action, Form 102-102, for the separation of the current employee has been submitted. Submit a Personnel Requisition, Form 102-105, along with the Form 102-102 to the Position Control Unit of the Office of Budget and Management Policy.

Without a Form 102-105, Human Resources will not send a list of eligibles to your Division. This means that the Form 102-102 which vacates a position must be submitted promptly. The Form 102-102 may be submitted with a future effective date as soon as the transaction is formalized, i.e., the written resignation or notice of retirement is received.

A. Requisitioning Staff

1. Existing Positions Complete a Personnel Requisition, Form 102-105 and forward it to the Position Control Unit of the Office of Budget and Management Policy along with the Personnel Action Form 102-102, effecting the separation of the current incumbent. See also this Handbook chapter on Separations.

2. New Positions Complete a Personnel Requisition, Form 102-105, after completing procedures related to classification or reclassification discussed in this handbook. Forward the Form 102-105 to the Office of Budget and Management Policy.

3. Completing the Personnel Requisition, Form 102-105 The following instructions are provided to assist completion of Form 102-105. Please type all information. A copy of Form 102-105 is in Annex A.

a. Enter the Name of the Requesting Division. Use the name used to refer to the Division on the County organization chart.

b. Enter the Request Number if your Division uses numbers on requisitions for its own use. Human Resources refers to the transaction by the number it assigns to the resulting Certificate of Eligibles. Enter the date the request is prepared.

c. Indicate type of appointment and status of the position/s by placing an "X" next to the appropriate descriptor in each area.

d. Enter the number of vacancies and budget position number (BPN) associated with each vacancy. BPNs can be obtained from the Division Director or the Office of Budget and Management Policy. In no case can more than one employee be assigned to the same BPN simultaneously.

e. Enter the class code and title. A Form 102-105 can cover only one job classification. Separate forms are required for each separate job classification. Class codes and titles can be obtained from the Combined Pay Plans or from Human Resources for new positions.

f. Indicate the Geographic Location Code for the work area to which the position is assigned. Only certain job classes are included in the Geographic Work Area Program. Check with Staffing Services in Human Resources to ascertain if the class is included. If the class is NOT included, this block need NOT be completed.

g. Enter the LGFS agency and object and the work location code to which the position/s is/are assigned. LGFS account numbers can be obtained from the Accounting Division or the Office of Budget and Management Policy. The work location code identifies the section-division-department of the position. Location code numbers can be obtained from the Office of Budget and Management Policy.

h. Enter the name and office address of the individual to whom the Form 102-106, Certificate of Eligibles, should be sent. This information should be included even if the Division plans to pick up the 102-106 from the Division of Human Resources offices.

i. Enter the name and telephone number of the individual who will be conducting the interviews.

j. If there are specific, job-related qualifications deemed necessary for this particular position in the general classification, explain them in the Selective Factors block.

k. The Division Director signs and dates the Form 102-105. The completed Form 102-105 is sent to Position Control in the Office of Budget and Management Policy through the Department Director where required.

B. Recruitment, Application, and Examination

1. **Announcements and Advertisements** Announcements are prepared by the Staffing Services Section in collaboration with the user Division. Human Resources researches the advertising necessary to produce an adequate applicant pool. Frequently, the user Division is asked to suggest trade journals, job fairs, or the location of schools for use in selecting advertising media. If special advertising is required, the requesting Division is required to provide funding.

   Job announcements are sent to each Division each week and Divisions are asked to post the job announcements for a minimum of two weeks. If special information, such as the Information Technology Experience Inventory, Form 102-100B, is required for the job classification, that request will be distributed with the job announcement and may be required for submission of the Application for Employment, Form 102-100. A copy of the Information Technology Experience Inventory, Form 102-100B is contained in Annex A.

2. **Application for Employment, Form 102-100** A separate Application for Employment must be submitted for each job announcement. Form 102-100 is available from the Application Desk of the Division of Human Resources. If an application is received after the closing date on the job announcement, Human Resources sends Form 102-129 to the applicant.

3. **Notice of Employment Examination, Form 102-144** For competitions where examinations are pre-scheduled, the applicant is given an Examination Notice, Form 102-144, upon submission of the application and his/her name is placed on an examination roster.

4. **Applications from County Employees** County employees may apply for any advertised open-competitive position, and for any promotional position provided they have completed at least six months of full-time employment in the Classified Civil Service as of the date of the announcement. County employees may also "Open-file" applications for any position classification for which a register of eligible applicants exists. See elsewhere this Chapter for a discussion of Open Filing.

5. **Examination/Qualifying Process** The examination for a job class may consist of any one or a combination of the following: written test, performance test, unassembled rating, oral panel interview, or demonstration test. The same examination may NOT be taken more frequently than once every sixty (60) calendar days. This is important because the same test may be administered for more than one job class.

6. **Duration of Test Scores** Test scores are valid for one year. Applicants may elect to use previous scores for new announcements if it has been less than a year since they last tested.

7. **Notice of Exam Results** Once the examination process is completed and all scores have been recorded, Human Resources completes and mails a Notice of Rating, Form 102-104, to applicants who completed the qualifying process. The Notice of Rating indicates the person's eligibility and, if eligible, the score on the exam and original place on the register.

8. **Employee Preference Points** The Division of Human Resources allocates preference points to County employees competing in open competitive Civil Service examinations or County employees open filing for an established open competitive eligible register. Employee preference points are not awarded in promotional competitions.

   Upon attaining a passing score of at least 70 on the exam and before the eligible list is established, preference points are awarded on the basis of the employees' application and personnel records in accordance with the following:

   a. Exams with a set closing date: One preference point is awarded for each full year of continuous County service as of the closing date of the exam, to a maximum of five points for five full years of continuous service.

   b. Exams given on a continuing basis: One preference point is awarded for each full year of continuous County service as of the date the application is submitted, to a maximum of five points for five full years of continuous service.

   c. The rank order of employee preference eligibles among other eligibles on the register is determined on the basis of their augmented ratings.

9. **Veteran's Preference Points** Upon attaining a passing score of at least 70 in the exam procedure and before the eligible list is established, the Division of Human Resources will award Veteran Preference points on open competitive Civil Service System examinations in accordance with Florida State law.

   The rank order of veteran preference eligibles among other eligibles on the register is determined on the basis of their augmented ratings. The names of veterans will be placed on the eligible register before those of non-veterans with the same score and otherwise in accordance with Florida State law.

10. **Applicant Interest Cards, Form 102-125** Applications can be accepted from the general public only for job classes currently being advertised. Applicant Interest Cards, Form 102-125, available from the Application Desk, may be completed for other job classes in which an applicant is interested. County employees may complete Applicant Interest Cards, Form 102-125, for job classes for which there is no current open competitive register. Human Resources mails Applicant Interest Cards when the job class is next announced on an open competitive basis, advising the applicant or employee of the opportunity to apply and indicating the closing date of the announcement.

11. **Recruitment Referral Bonus** In the event that the County has difficulty filling a particular vacant position due to the condition of the job market, the Board of County Commissioners may authorize the County Administrator to provide a Recruitment Referral Bonus to a current unrepresented employee who recommends an individual for the specifically designated vacant position consistent with this policy, if that individual is ultimately hired for the position.

The following guidelines govern the application of this policy:

a. A vacant position may be determined difficult to fill based on the following conditions:
   (1) Traditional recruitment methods have not produced viable candidate(s); or,
   (2) It is determined that the job is so unique that viable candidates are scarce; or
   (3) It is determined that the labor market is so tight, that viable candidates are scarce.

b. **Notification**: Vacancies eligible for the Recruitment Referral Bonus may be communicated in a variety of methods, i.e., County Line, Sun-E-News, BC-Net, etc.

c. **Eligibility**: To be eligible to receive a Recruitment Referral Bonus, an eligible unrepresented employee must respond to the specific notification for referral, including the name of the individual being nominated and the position by name to which they are being referred.

d. **The Bonus**:

   (1) **Recommendation**: Upon a joint recommendation from the recruiting agency and the Human Resources Division, the County Administrator may recommend to the Board of County Commissioners that for a specific "difficult to fill" position/vacancy, a Recruitment Referral Bonus be paid to the unrepresented employee and the specified amount to be paid.

   (2) **Bonus Amount**: The bonus amount is flexible – dependent upon a number of factors, including, but not limited to the position's salary level, the duration of the vacancy, the vacant position's criticality to the agency, etc. The bonus amount will range from $500 to $1500, unless otherwise approved by the Board.

(3) **Payment Schedule**: The bonus may be paid all at one-time or may be split, i.e. payment of the first half to be paid when the new employee actually begins work, payment of the second half of the bonus would be contingent upon the newly hired employee receiving a satisfactory annual performance review.

e. **Multiple Referrals**: In the event that multiple employees recommend the same candidate for the same "difficult to fill vacancy", then the bonus award may be given to the employee who responded first, i.e., the earliest of all the referrals.

C. Open-Filing Procedures Applications for established eligible lists are accepted at the Application Desk from current employees of the Board of County Commissioners as long as an eligibility list for the classification is in existence and the list is not due to expire for at least six (6) weeks if the basis of rating is a written test only or eight (8) weeks if the basis of rating includes an application evaluation or panel interview. Regular employees must satisfy the six-months full-time employment requirement to open-file to a 'promotional' register.

1. **Applying through the Open-File Process** To open-file, the employee completes and submits an application, Form 102-100, the Equal Employment Opportunity Information Form, Form 102-114, and any other appropriate documentation. The 102-100 must be marked OPEN FILE across the top, in large capital letters. The application should be current, reflecting the most recent information about the person's County employment. Items 19, 19A, and 20 should be completed to receive preference points where applicable. Return completed forms to the Human Resources Application Desk for processing.

2. **Unacceptable Open-File Applications** Open-filing applications will be voided: if the applicant is not a current County employee, if the applicant is already on the register; if the applicant had taken the same written exam within the previous sixty (60) calendar days; if a new announcement for the classification has been issued; if the applicant's employment with the County ends; if the applicant had previously applied for the register and failed the original rating of training and experience; or if the register is due to expire within six weeks to eight weeks.

3. **Open-File Tests** Human Resources will notify open-filing applicants of the time and place to report for any required examination. No written examination or performance test, if the same test is used for different job classifications, will be administered to repeat open-filing applicants more than once each sixty (60) calendar days.

4. **Open-File Basis of Rating** If a job-related evaluation of training and experience is part of the qualifying process, open-filing applicants will be rated in the same manner, on the same basis, and, if possible, using the same personnel as constituted the original rating panel.

5. **Experience Rated as of the Exam Closing Date** To preserve equity for all applicants on registers of eligibles, where the rating consists in whole or in part of evaluation of training and experience indicated in the application, the qualifications of open-filing applicants will be evaluated as of the date the examination announcement was closed. Employees will NOT be given credit for experience or length of county employment obtained **after** the closing date on the examination announcement.

6. **Open File Oral Panel Examinations** Scheduling oral examinations is difficult since it involves a time commitment by County executives. Therefore, rescheduling oral examinations will not be allowed, and open-filing applicants absent from an oral examination will be marked "Ineligible-Absent Oral".

7. **Expiration of Open-File Eligibility** Eligibility for open-filing eligibles expires on the same date as for eligibles placed on the register when it was originally established.

D. Certification

1. **If There is an Existing Register** When Human Resources receives a properly executed Personnel Requisition, Form 102-105, Human Resources prepares a Certificate of Eligibles, Form 102-106, from a register of applicants established as a result of the exam procedure.

   Contents of the Certificate The 102-106 contains the names, addresses, and telephone numbers of the five individuals standing highest on the register at that time. Ties occurring at the fifth rank are also included, i.e., if three applicants have the same rating and are tied for the fifth position, seven names would be submitted instead of five. If there is more than one vacancy, you will receive one additional name for each additional vacancy.

   Certificate Package and Notice of Certification A copy of the Application for Employment, Form 102-100, for each eligible is sent with the Certificate of Eligibles, Form 102-106, to assist in the interview process. In addition, Human Resources notifies each applicant in writing advising of the vacancy and indicating the person to contact for the selection interview.

   The Interview and Selection chapter is helpful in planning what information to gather during a selection interview in order to evaluate each candidate and to complete the background verification process. Your Division may also need to contact the references listed on the Application for Employment, Form 102-100, to help in the selection process.

   Since you are asked to return all copies of Applications for Employment, Form 102-100, to the Division of Human Resources with the completed Certificate of Eligibles, Form 102-106, you need to keep all interview notes separate. Please do not write comments on the copies of Form 102-100.

2. **If There is No Current Register of Eligible Applicants** The Division of Human Resources will take steps to establish a register upon receipt of a properly executed Form 102-105, Personnel Requisition. It normally takes about 6 weeks from the date the job is announced until the register is established. It takes about 8 weeks if an oral panel interview is part of the examination process.

   For many positions, user Divisions are an integral part of the process of establishing a register. Divisions may be asked to provide qualified representatives to participate in the rating or oral interview process. It greatly expedites the rating process, holding to a minimum the time required to establish a list, if Divisions provide the representative/s as soon as possible after the Division of Human Resources requests them.

3. **Completing the Certificate of Eligibles, Form 102-106** The following instructions are provided to assist in completing Form 102-106. A copy is contained in Annex A. After interviewing all applicants from the list, complete the "ACTION" column on the Form 102-106. Use the following symbols:

   SYMBOL **Means the applicant**

   'A' - accepted the offered position.
   'D' - declined the offered position.
   'NS' - was not selected for the position.
   'FR' - did not respond or could not be reached.
   'O' - for some very substantial reason, the Division objects to the applicant and/or wishes to pass over a preference eligible. In this case, a Statement of Reasons for Objecting to an Eligible or for Proposing to Pass Over a Preference Eligible, Form 102-107, must be completed. It is the intent of the Civil Service Rules that selection be made from the individuals certified by Human Resources, so an objection to an eligible should be specific and substantial.

   a. If additional names are required, check the box on the Form 102-106 and indicate the number of vacancies remaining. Ultimately, a Division is entitled to five viable candidates for one vacancy. If more than five names have been certified, more names will be certified only if there are, cumulatively, fewer than five NS's on the previous certificate/s.

   b. The Division Director signs and dates the form.

   c. Return the white copy of the Form 102-106 and the copies of the Form 102-100 for each eligible to the Division of Human Resources within two weeks from the date the certificate was issued. Retain the pink copy for your Division files.

   d. Remember that once a selection is made, you must also arrange for a Post-offer

Medical Exam, prepare a Personnel Action Form 102-102, and complete the Background Verification Record, Form 102-142, and the INS I-9 Form.

E. **Objection to an Eligible and/or Pass Over a Preferred Eligible** If you intend to object to an eligible or pass over a preferred eligible, please call the Staffing Services Section in Human Resources for guidance. In general, objection to an eligible or proposing to pass over a preferred eligible is done on a Statement of Reasons for Objecting to an Eligible or for Proposing to Pass Over a Preference Eligible, Form 102-107.

1. **Objection to an Eligible Applicant** If a preference or non-preference eligible is completely unacceptable in your estimation for valid, job-related reasons, you may wish to object to the eligible by filing a Form 102-107. While your objection may or may not be sustained, if you do not file an objection and simply place "NS" in the Action column of the Certificate of Eligibles, Form 102-106, the name will remain on the eligible list. If you file a Form 102-107 and place an "O" in the Action column of the Form 102-106, and your objection is sustained by the Director of Human Resources, you will not have to interview the person again. *NOTE: The Director of Human Resources reserves the right to sustain an objection for a specific position only, in which case the name would be sent out again for all other positions.*

2. **Preference Eligible or Veteran Pass Over** If there is a 'P' or 'XP' designation in the rating column on the Certificate of Eligibles, Form 102-106, it means the person is a preference eligible. Not every selection of a non-preference eligible from a list that includes preference eligibles involves a pass over. If a preference eligible has the fourth highest rating and you wish to select a non-preference eligible with a higher rating, you do not have to complete the Form 102-107 because the preference eligible is not passed over. If you wish to select a candidate with the same or lower score than that of the preference eligible, you must complete Form 102-107. A non-preference eligible may not legally begin employment unless the Director of Human Resources finds that the reasons for passing over the preference eligible are sufficient, or unless a vacancy is reserved for the preference eligible pending the Director of Human Resources decision.

   Under State law, some veteran's with an 'XP' rating must be placed at the top of the list of eligibles regardless of score and cannot be passed over unless he/she is physically unable to do the work. Approval of pass over is on a case by case basis. This means that if a pass over is approved for one certification, it may not apply to other certificates. In this case, the preference eligible will be certified for future vacancies in your Division.

3. **Instructions for Completing Form 102-107** The following instructions are to assist in completing Form 102-107. Please call the Division of Human Resources Staffing Services Section for guidance on specific objections and pass overs. A copy of Form 102-107 can be found at Annex A. Please type all information.

   a. Indicate the nature of the action by checking the appropriate box.

b. Enter eligible's name, address, and rating as shown on the Certificate of Eligibles, Form 102-106. Enter the Certificate Number and Class title as shown on the Form 102-106.

c. State the reasons for objecting to the eligible or for passing over the preference eligible. Be specific and clear so that the significance of your objection or pass over is readily apparent.

d. The appointing authority signs and dates the Form 102-107.

e. Enter the Division name and phone number of the contact person.

f. Send the completed Form 102-106 and both copies of Form 102-107 along with any supporting documents to the Division of Human Resources.

4. **Director's Decision** The Director of Human Resources will review the Form 102-107. A copy of the Form 102-107 will be returned to the Division with the Director of Human Resources' decision indicated on the back of the form.

F. **Temporary Service Firm Usage Guidelines** The County contracts with temporary service companies as an additional tool to help meet unusual temporary help needs. The objective is to make use of temporary firms as simple and convenient as possible, while ensuring that use of these firms does not inappropriately substitute for regular staffing services. Agencies wishing to use temporary service firms do so through the LGFS Purchasing system. The following guidelines apply:

1. The temporary service firms only provide help of a non-supervisory nature. Principally, they provide short-term, interim office clerical and limited field maintenance type employees. No use of temporary service firms is authorized for any County position which is supervisory, executive, or managerial in nature, or providing specialized professional services through these contracts.

2. Use of temporary service firm employees is not to exceed 180 days and generally will be considerably less than that. Any need for use of a temporary service company employee for longer than 180 days is to be reviewed by the Division of Human Resources in advance.

3. The Division of Human Resources will periodically audit temporary service contract utilization. Other than the limitations described above, direct access by agency Directors is relatively simple through LGFS.

4. Contact the Staffing Services Manager for any questions about the appropriateness of use of temporary service firms.

I. **Appointment** After the certification, selection, pre-employment, and verification procedures are completed, you are ready to make an appointment to the vacancy. When making any type of appointment, do not inform the candidate that he/she has the job until the paperwork has been approved by the Division of Human Resources, including any objections or pass overs. For regular Classified Civil Service appointments from eligible lists, you may tell the appointee of the tentative appointment, pending clearance of paperwork.

Employees in positions that are excluded from Classified Civil Service Rules cannot be directly appointed to a vacant Civil Service position unless they have competed through regular Civil Service procedures and have been certified in the top five names from an eligible list.

If there is any question regarding the nature of an appointment, or the action to take to remedy a set of circumstances related to an appointment action, please call the Staffing Services Section in Human Resources.

A. **Personnel Action Form 102-102** All appointments are requested on an automated Personnel Action Form 102-102. Consult the Personnel Actions chapter in this handbook.

1. **Appointment Categories** On the Form 102-102, a transaction that brings a person into the County's Payroll/Human Resource system is treated as an appointment. If a former employee is re-hired, either from a general or preferred re-employment list, for most purposes the action is treated as a new appointment as it relates to benefit eligibility. However, a current non-probationary benefit eligible employee may petition the Director of Human Resources in writing to receive prior Broward County service credit toward his/her Annual Leave accrual rate if he/she was previously separated from Broward County employment in good standing from a non-probationary benefit eligible position. The benefit eligible employee must have been employed in an agency reporting to the Broward County Commission, not to include Constitutional Offices. Any prior service credit granted will only be applied for Annual Leave accruals beginning with the pay period following notice of approval. If it is known that the candidate worked for the County before, please indicate that the transaction is a reappointment on the Form 102-102. Appointments are categorized as one of the following on the Form 102-102.

a. New Appointment The person never before worked for the County.

b. Re-Appointment The person has worked for the County before but is not being reinstated.

c. Reinstatement The person worked for the County before and is being returned to the same, or lower in series, job class previously held within two years of separation.

d. Other Used on a case-by-case basis when the descriptors above do not apply. Call Human Resources for guidance. An appointment procedure in the event of an emergency such as a hurricane, is established and is discussed in the County's Disaster Plan.

2. Types of Appointment Any action which fills a position is referred to as an 'appointment'. The following apply to both initial appointments bringing someone into the County system and to appointments that change the status or employment of a current employee. Appointments are also defined by the nature of the position and/or the conditions under which the candidate is appointed.

NOTE: All appointments except COMP and XMPT require the prior review and approval of the Staffing Services Section in Human Resources.

a. **COMPASSIONATE (COMP)** - Refers to a compassionate appointment which allows for a time-limited, full or part-time, non-competitive appointment at entry-level salary rates to a position excluded from the Classified Civil Service.

b. **EXCLUDED (XMPT)** - Refers to an appointment to a position that is excluded from Civil Service in accordance with the Civil Service Rules. All appointments to positions excluded from the Classified Civil Service are made at the discretion of the County Administrator (Appointing Authority). The appointment procedure and salary placement limitations set forth in the Civil Service Rules do not apply to excluded appointments. In such unclassified appointments, the Appointing Authority has the discretion to set the salary anywhere within the established pay range regardless of whether or not the selected candidate is a current County employee. Salaried employees in positions excluded from the Classified Civil Service shall receive fringe benefits, benefit administration policies as outlined herein, at least comparable to those received by unrepresented Classified Civil Service employees. This section shall not be construed so as to grant such employees any property rights to continued employment or grievance or appeal rights regarding any term or condition or their employment.

c. **LIMITED TERM (LIMT)** - Refers to an appointment for a limited term, e.g., an individual is selected from an eligible list to replace a regular

employee who is on leave of absence without pay. A person holding a limited term appointment is excluded from the Classified Civil Service and is terminated when the person being replaced returns to work. At that point, the person's name will usually be returned to the eligible list. **NOTE:** Except for the limited nature of the appointment, the limited term employee is entitled to all applicable benefit programs and accrues paid leave. However, limited-term appointees are not covered by FRS for the first 6 months of employment since they are considered temporary by FRS until after 6 months' employment. If the person is still on limited-term status after 6 months, the person is covered by FRS retroactively to the date of original appointment.

d. **PART-TIME (PT)** - Refers to an appointment made to a part-time position, with 20+ or 19, and must be from a list of qualified eligibles. Part-time 20+ are included in the Personnel Cap and are considered to be benefit eligible employees. PT19 positions are covered by FICA, Medicare and FRS. However they are excluded from the Classified Civil Service, are not included in the Personnel Cap, are not eligible to receive paid or unpaid leave or participate in benefit programs.

e. **PROBATIONARY (PROB)** - Refers to appointment of a candidate selected from an eligible list to fill a regularly budgeted Classified Civil Service position, that is, a position that is included in the Personnel Cap.

f. **PROVISIONAL (PROV)** - Refers to an appointment made when there is an urgent need to fill a position in a job class and there is no valid eligibility list available. The appointee must be found to be initially qualified based on the established standards for the job class and is hired provisionally until an eligible list can be established. The Director of Human Resources must approve provisional appointments before actual hiring takes place. The Division of Human Resources will take steps to establish an eligibility list, and the provisional appointee will be given the opportunity to compete for the position by following the prescribed examination procedures for the classification.

Provisional Appointments are normally for a period not to exceed six (6) months in a twelve (12) month period. If no eligibility list is established within six (6) months, the Director of Human Resources may extend the provisional appointment for an additional six (6) months. The appointing Division must initiate another Personnel Action Form 102-102, for the extension, indicating the nature of the action in the Special Action box. The

provisional employee is eligible for benefits immediately upon the original date of hire. A Form 102-102 is required to effect the probationary appointment to the regular position.

g. **REGULAR** - Refers to appointment of an employee who has successfully completed a probationary appointment and is an automatic change of status effectuated by the successful completion of the probationary period.

h. **SEASONAL (SEAS)** - Refers to appointment of an individual to perform work of a temporary or transitory peak period which recurs once or a few times per year, such as tax collection or a recreation program. Seasonal appointment is a specialized type of temporary appointment limited to no more than a TOTAL of 6 months actual employment in any 12-month period. Such appointments are a result of a cooperative recruiting effort between the user and the Staffing Services section but may also be made off of an eligible list, subject to the same rules and policies as other appointments. At the end of the work period, seasonal appointees may be put into an inactive status to be recalled for the next seasonal period. The user is responsible to initiate activation\inactivation by request to Payroll, and follow-up in memo form. Employees in seasonal positions are not entitled to benefits and are excluded from the Classified Civil Service.

i. **STUDENT (STDT)** - Refers to an appointment to a job classification and position that are specifically labeled as Student. The appointee is required to be a student, as defined by Florida Statute, in a state licensed school as a condition of employment in a Student capacity. Student appointments are a type of temporary appointment which can work as long as they are students and are not entitled to benefits. All student appointments are competitive and all referrals are made through the Division of Human Resources, Staffing Services Section, and are audited annually in about November to insure continuation of Student Status. A competitive employment process is conducted on an as needed basis. The appointing authority must contact the Division of Human Resources who will then refer students directly to the user/interviewer after taking appropriate recruitment action which includes placement of advertisements, screening/rating/testing, and referral of the top qualified candidate.

j. **TEMPORARY (TEMP)** - Refers to the appointment of an individual to a position for work of a temporary nature that will not continue more than 6 months in any 12-month period. Ordinarily such appointments must be made from an eligible list, but if this is not practicable, the Director of Human

Resources may authorize appointment of an otherwise qualified individual. **NOTE:** Employees in temporary positions are not entitled to benefits and are excluded from the Classified Civil Service.

k. **WILL CALL** - Refers to an appointment made to a will-call position, e.g., a specialized type of part-time position which must be filled from an eligible list. Employees in will call positions are not included in the Personnel cap and are not part of a bargaining unit. Employees in will call positions are covered by FICA and Medicare. They are not covered by FRS, are not eligible to receive paid or unpaid leave or participate in benefit programs.

B. Appointment Packages A new appointment package consists of:

- A completed Background Verification Record, Form 102-142,
- An INS Form I-9 with the copy of the identification documents
- The Personnel Action, Form 102-102, appointing the candidate,
- An original Employment Application, Form 102-100, if the person is not being hired through the Civil Service System.
- A completed Medical Exam Confirmation, Form 102-160

1. Department Directors may not sign appointment, re-appointment, or reinstatement Form 102-102s unless a completed Form 102-142 and INS I-9 are attached to it. Human Resources will not process an initial appointment or reinstatement Form 102-102 that is not accompanied by a Background Verification Record and an INS Form I-9.

2. If the appointment is a result of a transfer, promotion, or demotion, the INS Form I-9 is not required. The new employing organization may satisfy the background verification requirement by securing a copy of a previously completed Form 102-142 from the previous employing unit and up-dating it to cover the period since the last verification was completed. College education and all other special requirements or certifications must **always** be verified if a requirement of the position. The up-dated Background Verification Record must then be attached to the appointing Form 102-102 for processing as described above. If a copy of a previously completed Background Verification Record form cannot be secured, the new employing unit is responsible for completing the entire verification process.

C. **Compensation Status** Appointments are further defined by the Compensation Status budgeted and authorized for the position.

FT - position regularly scheduled for a full work week.
PT20 - position regularly scheduled for at least ½ a work week, is covered by Classified Civil Service and included in the authorized personnel cap.
PT19 - position regularly scheduled for less than ½ a work week is excluded from Classified Civil Service and not included in authorized personnel cap.
WC - position does not have regularly scheduled hours.
SEAS - position authorized according to FRS regulations.
STDT - position authorized according to FRS regulations.

D. **Other Appointment Actions** The following apply only to transactions affecting current County employees and are processed in the Change Section of an automated Form 102-102.

1. **Promotion** An appointment is a promotion when a current employee is selected for a position that is assigned to a classification which has a higher maximum pay rate. The definition of promotion is a change from a position in one class to a position in another class which has a higher maximum pay rate and usually involves a pay increase. Appropriate exceptions may be approved by the County Administrator upon the recommendation of the Director of Human Resources based on a review of the supervisory versus non-supervisory responsibilities of the positions involved in the personnel action. The employee must be selected through the proper selection procedures which include appointment from an eligible list, reclassification upward, or reappointment after demotion.

a. See also **Acting Appointments for Administrative Positions Excluded from Civil Service** in the chapter on Classification and Reclassification.

2. **Reclassification** is reallocating a position to a different class because of significant change/s in the actual work assignment/s of the position where such changes are of a permanent nature, based on added or deleted elements to the job and intended by management. The position may be reclassified to a higher or lower classification or to a classification with the same maximum pay rate. Once a position has been reclassified, the incumbent must then be appointed to the new classification. The automated Form 102-102 is used to appoint the person to the new classification. For information on procedures related to Classification and Reclassification refer to that chapter in this handbook.

3. **Parallel Appointment** This type of appointment is one where an employee is appointed to a position with a **different** job class but which has the **same** salary range as the employee's current class. An employee appointed as a result of this type of appointment must serve a new probationary period in the new classification and shall be eligible for merit increase consideration, if applicable, after working the equivalent of one year of full-time service after the effective date of the transaction.

4. **Lateral Transfers or Assignment Changes** This is a transaction that occurs when a regular employee moves from his/her current position to another position with the same job class. These transactions may be caused by the needs of service or at the request of an employee with the approval of affected appointing authorities. If the employee has NOT completed a probationary period in the job class, he/she must be selected from a list of eligibles in which case he/she must re-apply for the classification to have his/her name added to the list of eligibles. If the employee has completed a probationary period in the classification, he/she may request to be notified of vacancies in the job classification by Human Resources.

    a. In most instances, a 'lateral transfer' within the same job classification does not require the employee to serve a new probationary period if he/she has successfully completed a probationary period in that job class and does not require a change in anniversary date for merit consideration.

    b. In all cases, the employee must be qualified for the new position and must have passed an exam or have been rated eligible for the position to which he/she is being transferred.

    c. Transfers always involve a change of budget numbers and usually require the employee to move from one Department, Division or Office to another. The appointing Division initiates the transfer process by contacting the current employing Division and asking for a copy of the employee's automated Form 102-102 and a written release along with an Informal Special Performance evaluation. See the chapter on Performance Appraisals and Merit Pay in this handbook.

5. **Demotions** An appointment is a demotion when a current employee is selected for a position that is assigned to a classification which has a lower maximum pay rate, and the salary is set in accordance with the rules. Appropriate exceptions may be determined by the Director of Human Resources based on the supervisory versus non-supervisory responsibilities of the positions involved in the personnel action.

A demotion may be at the convenience of the employee, e.g., he/she is selected from an eligible list or he/she may wish to change work locations. Demotions may also be at the convenience of management, i.e., when an employee is unable to satisfactorily perform the duties of the higher level position.

NOTE: Prior approval of any appointment action that results in a demotion under this paragraph must be obtained from the Staffing Services Section of the Division of Human Resources.

In all cases, the transaction is processed on a Form 102-102. Indicate demotion and make a brief explanatory statement regarding the change in the remarks section of the Form 102-102.

6. **Demotion for convenience** This descriptor is used only in specific situations. Contact the Staffing Services Section in Human Resources prior to submitting the Form 102-102. If Human Resources finds this descriptor to be appropriate, the proper rate of pay must be determined and the transaction will be processed as a demotion.

E. Change of Status Employees who have been appointed from the top five on an eligible list to positions on a limited term basis or employees in regular part-time positions who have worked for one year may be moved to regular full-time positions. This does not apply to employees in 'will-call' positions. Limited term appointees may be moved only to the position of the person they are replacing. Part-time employees may be moved only to full-time positions in their current classification within the current employing Division. In unusual circumstances, exceptions to this may be made. Contact Staffing Services for guidance.

This transaction would be treated as an 'Other' on the Form 102-102, and the nature of the change would be indicated in the Remarks Section.

F. Non-Appointment Change Actions The Change Section of Form 102-102 contains other types of transactions that do not involve the appointment process, i.e., Correction, Pay Adjustment, and Leave of Absence. These are discussed elsewhere in the Handbook.

G. Employment ID & Group Health ID Cards The appointing Division should refer the newly hired benefit eligible employee and/or an employee eligible for benefits through a status change to Employee Benefit Services. Refer to the Benefits Chapter in this handbook.

II. **Base Rate of Pay** The policies used to determine base rate of pay under various circumstances are generally the same for all regular employees. **For job classifications covered by collective bargaining agreements, please consult the applicable union contract.**

A. **New Appointments** New appointments are ordinarily made at the entry level or minimum rate of the pay range to which the job classification is assigned. Pay ranges and minimum and maximum rates are listed on the pay tables. When preparing the Personnel Action, Form 102-102, please express the pay rate in terms of an hourly amount.

1. **Selected Classifications in Bargaining Units** Some bargaining agreements provide for appointment above the entry level in selected job classes for possession of special certifications. The job classes and certifications are specified in the labor agreement. Where an over-entry appointment is made on this basis, copies of the certifications should be attached to the appointing Form 102-102.

2. **Other Bargaining Unit Classifications and Classifications NOT Covered by a Bargaining Agreement**

a. To 10% above the Minimum On new appointments, pay rates up to 10% above the minimum of the pay range may be authorized in unusual circumstances as long as the over-entry rate is otherwise justified and approved by the Office of Budget and Management Policy and the Division of Human Resources. The completed 102-102 should include the applicant's employment application (102-100) & resume (if applicable), a letter from the applicant stating salary requirement and a memo from the appointing authority stating specific reasons justifying the request.

b. More than 10% above the Minimum On new appointments, pay rates at more than 10% above the minimum of the pay range must be approved through the ARM process. The Administrative Request Form, Form 20-1, with the appointing Form 102-102 and supporting documentation should be sent to Human Resources, through the Office of Budget and Management Policy, for review before ARM consideration. The supporting documentation must include:

- a memo of explanation/justification from the Division Director,
- a statement from the applicant,
- verification of current or previous employment, and
- verification of current or most recent salary and length of time at that salary,

Human Resources will examine the applicant's qualifications, prior salary and experience, and rank on the eligible list before making a recommendation to ARM.

B. **Promotions** Promotion is defined elsewhere in this Chapter. The pay rate on promotion to a classification within the non-represented pay plans is the highest of: the minimum of the new pay range or 7-1/2% more than the employee's current pay rate, not to exceed the maximum of the new class.

An employee may not be promoted twice during the same fiscal year within the same Division unless he/she is selected through the Classified Civil Service competitive process or unless specific authority to do so is granted by the Board of County Commissioners.

For actions involving employees whose job classifications are covered by collective bargaining agreements, please consult the applicable Union contract and the Division of Human Resources.

C. **Reclassification** A employee may not be reclassified twice during the same fiscal year within the same Division, Office, or Department unless specific authority to do so is granted by the Board of Commissioners.

1. When a position is reclassified to a class with a higher maximum pay rate, or would otherwise be considered a promotion in accordance with these rules, the employee's current pay rate shall be increased by 7-1/2% or to the minimum rate for the higher class, whichever is greater. Where salary ranges overlap and the current rate of pay is at or above the minimum rate of the class to which he/she is being promoted, the pay rate shall be increased by 7-1/2%, not to exceed the maximum of the new class. The employee shall serve a new probationary period and shall be eligible for merit increase consideration, if applicable, one year after the effective date of the reclassification.

2. When a position is reclassified to a class with the same maximum pay rate, the employee's current rate of pay does not change. If the reclassification is to a different job class, the employee shall serve a new probationary period in the new job class and shall be eligible for merit increase consideration, if applicable, one year after the effective date of the reclassification.

3. When a position is reclassified to a class with a lower maximum pay rate, or would otherwise be considered a demotion in accordance with these rules (i.e. reclassification downward), the employee shall be permitted to continue at his/her present rate of pay and receive merit increases, if applicable, not to exceed the

maximum of the range of the lower classification. If the employee's pay rate is above the maximum for the lower class, the employee shall be permitted to continue at his/her present rate of pay during his/her period of incumbency, except in the case of layoff or reduction in force, but shall not be entitled to salary increases except for longevity merit increases where appropriate.

D. **Demotion** When an employee is demoted, the pay rate assigned shall be within the pay range of the classification to which the employee is demoted unless the situation is a reclassification downward. Section C-3 above applies to reclassification to a class with a lower maximum pay rate.

1. Probation retreat or a probationary demotion following promotion returns the employee to the pay rate he/she would have otherwise been entitled had the promotion not occurred. Where demotion is for the employee's convenience. the pay rate will ordinarily be within the range of the lower classification and is based on the employee's years of County service. In general, pay for appointments that result in a demotion will be calculated beginning with the minimum of the new range and allowing a 5% increment for each year of County service, not to exceed the maximum of the range for the new class. However, each case is considered individually.

2. Pay rates for disciplinary demotions, demotions requested by the County. and demotions in lieu of layoff will be set on a case by case basis by the Director of Human Resources.

E. **Re-employment** This is a general term used to refer to a variety of situations involving rehiring and the resulting base pay rate will vary based on the circumstances. Contact Staffing Services in Human Resources for guidance related to rate of pay upon re-employment.

F. **Bargaining Unit Positions** For appointments to job classes covered by collective bargaining agreements, please consult the applicable labor agreement. Each labor agreement has its own pay plan identified by a letter.

UNION	BARGAINING UNIT	PAY PLAN
Federation of Public Employees	Blue Collar	B
IAFF, Local 2019	Aviation Firefighters	F
Amalgamated Transit Union, Local 1267	Mass Transit	M
IAFF, Local 3333	Fire Rescue	R
Amalgamated Transit Union, Local 1591	White Collar	W
IAFF, Local 3080	Port Everglades Firefighters	S
Federation of Public Employees	Port Maintenance Unit	T
Federation of Public Employees	Port Non-supervisory	U
Federation of Public Employees	Port Supervisory	Q
Governmental Supervisors Assoc.	Supervisory Unit	X
Governmental Supervisors Assoc.	Non-Supervisory Unit	P

III. Appointment Procedures for Positions Excluded From Classified Civil Service

A. Excluded Positions Below the Level of Director

1. The appointing authority will determine whether to promote internally or to recruit external candidates for the vacancy. For promotional recruitment, the appointing authority will determine, in conjunction with the Division of Human Resources, whether to publish a promotional excluded announcement. Announcements for both promotional and open competitive recruitment must be posted for at least two calendar weeks.

2. Announcements must be reviewed by Human Resources prior to posting to check for proper format, pay ranges, training and experience requirements, etc. Posted qualification requirements must conform to those stated in the approved class specification for the job class. Announcements for excluded recruitment are distributed to the same sources utilized for Classified Civil Service System positions.

3. Vacancies should be advertised in the media to ensure an adequate pool of applicants from which to make a selection. Minimally, the advertisement should run in the local papers at least once, preferably on a Sunday for better coverage. All costs of advertising are paid by the appointing Division. For information on procedures for payment of advertising costs, consult with the Purchasing Division.

4. Application for excluded positions below the level of Director is made by resume sent directly to the appointing Division which will screen applicant qualifications and conduct selection interviews. The selected applicant should not be notified of a firm starting date until the appointment paperwork and Form 102-102 has been reviewed and approved by Human Resources.

5. Since application is by resume, the selected candidate must complete a Form 102-100 for inclusion in the official Personnel folder. It should be sent with the appointing Form 102-102. Human Resources will review the selected applicant's background to ensure that he/she meets the minimum training and experience qualifications of the job class. The Background Verification Record, Form 102-142, must accompany the Form 102-102. For GRANT funded positions, selected candidates must also complete the "Acknowledgment of Exclusion from Classified Civil Service", Form 102-140. See the Interview and Selection chapter for further information regarding background verification.

6. Appointments to excluded positions are indicated on the Form 102-102 as 'Excluded'. The compensation status, i.e., full-time, part-time 20+, should also be indicated on the 102-102.

B. Excluded Positions at the Division Director Level and Above The immediate appointing authority determines whether to promote internally or to recruit external candidates for the vacancy. This decision may require consultation with the County Administrator.

1. Filled by Promotion If the vacancy is to be filled by promotion, the vacancy need not be advertised externally but may be publicized internally by notice to all Offices, Departments, and Divisions. Internal promotions shall conform to the qualification requirements of the Broward County Administrative Code and/or applicable job class requirements.

2. Filled Externally Vacancies which are to be filled externally shall be advertised, in which case the advertising is arranged and paid for by the appointing agency. The Division of Human Resources may consult with the appointing authority on the formulation and placement of advertising. Qualifications statements shall reflect job requirements as stipulated in the Administrative Code and,/or job description.

3. Application by Resume Application shall be by resume. The Division of Human Resources has been designated as the official recipient of all applicant resumes for these positions, but may delegate this responsibility as appropriate.

4. Screening/Selection Process The resume screening or selection process shall ordinarily include the following elements.

a. A screening committee of appropriate level and expertise shall be appointed by the County Administrator or Department Director. The appointing authority shall be responsible for conferring with the County Administrator regarding screening committee composition. The Division of Human Resources and OEO should serve as members of the screening committee.

b. The Division of Human Resources may coordinate the screening process if requested to do so by the appointing authority. The screening committee members will each review the resumes independently, separating candidates into groups based on appropriateness of qualifications.

c. The screening committee should then convene to compile their ratings and decide which candidates should be called for interviews. When the compilation is complete, there may be further discussion of the candidates and of those to be selected for interview.

d. The interview time and date should be coordinated with the County Administrator's Office. The entire selection committee should serve as the interview panel and provide, through a rating process, a recommended ranking

of candidates. The final decision and authority for selection remains a matter for the appointing authority in consultation with the County Administrator.

e. Interviews may be scheduled by the Division of Human Resources or the appointing authority. Letters should be sent to the candidates, confirming the interview time and date, indicating what expenses will be paid, and requesting a breakdown of the candidates' present total compensation package. A list of up-to-date references should also be requested. The letter should also include information concerning County fringe benefits and the budget to be supervised.

f. All provisions of the post-offer medical examination program must be adhered to. For out-of-the area candidates, medical exams may be arranged to be conducted at the time of the interview.

g. Once a final selection has been made, the appointing authority is responsible for contacting the candidate to make the employment offer, including salary, subject to completion of a reference check and background verification. Provisions of Pre-Employment Background Verification, discussed elsewhere in this Handbook, must be observed. **NOTE: Obtain the candidate's approval prior to calling his/her present employer or reference associated therewith.**

h. The background verification. including schooling, must be concluded satisfactorily prior to final appointment. The Division of Human Resources is available to assist with these procedures if desired.

I. Questions concerning moving allowances should be referred to the Purchasing Division.

j. See also the Interview and Selection chapter.

5. **First Recruitment Not Successful** If initial recruiting for a vacancy has not proven successful, additional recruiting may be conducted without additional advertising, and subsequent screening/selection process may be waived. However, an appointee must still meet the prescribed qualifications for the position. Any decision to utilize this approach shall be made in consultation with the County Administrator. Preliminary consultation should be held with the Division of Human Resources to determine if other expressions of interest in the position have been made.

6. **Appointments** Once the applicable procedures above have been completed, prepare the Form 102-102. Have the candidate prepare an Application for Employment. Form 102-100, and forward it with the Form 102-102, Form 102-142, 1-9 and any other required appointment documentation through channels to the Budget Office.

C. Salary setting for Positions excluded from Civil Service:

1. New Hire Appointments - For new hire appointments to positions excluded from Civil Service, the appointing authority has the discretion to set the new employee's salary upon appointment at any rate within the established pay range. except in cases where a collective bargaining agreement specifically establishes a starting pay limitation. (Contact Labor Relations for assistance.)

2. Appointments of Current Employees - For appointments of current employees to positions excluded from Civil Service, the appointing authority has the discretion to set the salary upon appointment at any rate within the established pay range, except for appointments to positions covered by a collective bargaining agreement which specifically provides for salary determinations upon a change in position. The salary determination authority described in this section is not applicable to incumbent where the affected employee retains Civil Service Status.

D. Signature Requirements The County Administrator's signature is required as appointing authority for appointment to Division Director-level positions and above. For lower level excluded appointments, the Division and Department Directors signatures are required.

E. Post-Offer Medical Examinations All new employees will be required to undergo a post-offer medical examination in accordance with this handbook.

BENEFIT ELIGIBLE EMPLOYEES as referenced throughout this handbook are employees who are appointed to full time and part time 20+ positions that are included in the County's personnel cap. Benefit eligible employees may participate in the County's group insurance programs and are eligible to: receive paid leave and holidays, and participate in the Tuition Reimbursement program.

The rules and procedures contained in this chapter are generally applicable, unless specially provided otherwise in a collective bargaining agreement.

I. **HOURS OF WORK AND WORK SCHEDULES** The established workweek and the hours of work shall, insofar as practicable, be uniform within occupational or functional groups and shall be determined by the Department, Office or Division Director in accordance with the operational needs of the department, office or division and the reasonable needs of the public.

A. **Five-day Workweek** The five day workweek for full-time benefit eligible employees shall consist of five (5) regularly scheduled work days of seven and one-half hours each including a daily time adjustment of one-half hour for a total workweek of forty (40) hours (37.5 hours worked + 2.5 hours time adjustment).

B. **Four-day Workweek** The four day work week for full-time benefit eligible employees is four (4) regularly scheduled work days of nine and one-half hours each including a daily time adjustment of one-half hour for a total workweek of forty (40) hours (38.0 hours worked + 2.0 hours time adjustment). Four day workweek rules do not apply to five day workweek employees who are periodically approved to flex their schedule.

NOTE: Time Adjustment as described above is generally applicable for full-time benefit eligible positions. The appropriate time adjustment is applicable for each day or portion of a day actually worked. **For more information consult the Labor Relations section.** Employees covered by collective bargaining agreements are subject to the provisions of the applicable labor agreement.

C. **Work Schedule Variations**

1. **Time Card Preparation**

a. Hourly (FLSA nonexempt) Employees are required to fill out a biweekly time card, however, they may vary (flex) hours of work within the established workweek with the approval of their supervisor and Division Director. Any hours worked in excess of the established workweek are subject to the Overtime provisions of this Chapter and appropriate labor agreements, if applicable.

b. Salaried (FLSA exempt) Employees are generally not required to complete a time sheet. In order to be satisfied that the necessary work is being performed, Directors may require time sheets or other recording methods. Salaried (FLSA exempt) employees may vary their work schedule due to the nature of their position with the County, each employee is expected to satisfy the requirements of their position with respect to working the hours necessary to effectively accomplish their job responsibilities.

2. **Non-Standard or Irregular Work Schedules or Locations** The potential operational necessity for irregular and/or nonstandard work schedules or locations are recognized and may be established through the approval of the appropriate Department. Division or Office Director consistent with the administrative guidelines throughout this Chapter.

   a. In addition to operational issues, it is recognized that a nonstandard work schedule or location may be necessary as an option in conjunction with Family/Medical Leave Act (FMLA) or Americans with Disabilities Act (ADA), however, this option should be exercised only in consultation with the Office of Equal Opportunity and/or the Division of Human Resources.

   b. Directors and managers must ensure that all aspects of appropriate supervision are met when establishing nonstandard or irregular work schedules or locations.

   c. As with the standard workweek, any deviation from an established nonstandard work schedule or location must be authorized in accordance with the attendance and leave policies outlined in this Chapter.

   d. Alternate work schedule or location adjustments that are temporary in nature (i.e., related to a project or assignment that is relatively short term in nature) and not intended to be on going may be authorized under his Section and are not considered telecommuting as outlined below.

3. **Telecommuting** - Telecommuting is a voluntary ongoing regular work assignment program that provides managers (telemanager) the ability, and non-supervisory employees (telecommuter) the privilege, of developing an alternate work schedule which includes approved alternate work sites from which employees can perform certain tasks which do not interfere with the employee's normal face-to-face interaction with the agency supervisors, coworkers or clients consistent with the rules of this section. **Decisions regarding approval of participation or continued participation in Telecommuting as a work assignment are at the sole discretion of the County.**

Employees covered by collective bargaining agreements are subject to the provisions of their union contracts.

a. The telecommuter and telemanager must develop specific measurable performance criteria with scheduled follow-up prior to the start of telecommuting. A current written record of the criteria must be maintained by the Department, Office or Division. The Division of Human Resources Employee Development Section offers Management by Results training through the "Training Calendar for County Employees" as a recommended resource to assist in this process.

b. Employees that would be best suited to a telecommuting work assignment are those who are able to be productive independently: are self-motivated and flexible; are knowledgeable about the job: are dependable and trustworthy, maintain an evaluation that "meets overall expectations,"are organized and have Good communications skills. For a telecommuting work assignment, a Telecommuting Agreement and Notification for 102-150 (Annex A) must be used to define the tasks, expectations, hours, days. other parameters related to the telecommuting work assignment and to document approval. The Agreement must, at a minimum, be reviewed annually in conjunction with the employee's Leadership Performance Review. Any changes to an employee's work arrangement must be recorded on the 102-150 and must be approved with a copy forwarded to the Division of Human Resources for inclusion in the official personnel file. **An agency, at its discretion, may review or revoke the BC 102-150 more frequently based on the operational needs of that agency.**

   (1) The telecommuter and telemanager must complete the BC-102-150 and receive approval from the appropriate Department, Division and/or Office Director PRIOR TO the start of telecommuting. **Employees with supervisory responsibilities are not permitted to participate in the telecommuting program unless specifically approved by the County Administrator.** A copy of the BC-102-150 must be forwarded to the official personnel file maintained in the Division of Human Resources.

   (2) If the alternate worksite is not a County facility, a picture of the workspace must be attached to the completed BC-102-150.

   (3) A daily record of time devoted to telecommuting tasks must be maintained. Daily records must be attached to agencies' approved biweekly timecard and the daily total hours recorded for each telecommuting day. **All telecommuting hours must be recorded in the appropriate Hours, Earnings and Deductions (HED)code (i.e., 007 = overtime regular, 008 = overtime premium, 009 =**

regular hours). Daily records can be maintained on an agency's existing timekeeping mechanism or on a 102-151 Telecommuting Daily Record Form.

(4) The standard telecommuting work schedule should be for one full work day per week and the work hours must, at a minimum, include four "core" hours that coincide with the office's regular hours to coordinate appropriate supervision and customer service. **Any deviations from these telecommuting work schedule standards must be approved by the County Administrator or designee.**

(5) Departments, Offices or Divisions are responsible for determining what public records, if any, a telecommuter is allowed to take to an alternate worksite and insuring the security and accessibility of those records.

c. a. If the Telecommuter requires access to the County's IBM mainframe or E-mail system, a completed DP 130 shall be forwarded to the Office of Information Technology (OIT) requesting access required. The DP 130 shall indicate the systems to be accessed and describe the equipment and software the Telecommuter will be using to access these systems.

(1) The County may permit employees to use County-owned Laptop/Notebook computer, modem, software, or other equipment at the telecommuting location with the approval of the Department, Division or Office Director and in accordance with existing County policies for use of such equipment.

(2) Equipment provided by the telecommuter will result in no cost to the County, and will be maintained by the telecommuter.

d. b. The appropriate Department, Division or Office shall maintain a record of any additional costs incurred as a result of Telecommuting,

e. c. The telecommuting work assignment does not supplant any established Civil Service Rules and Regulations or County policies and procedures. Employees participating in telecommuting as a work assignment must adhere to all County rules, policies and procedures. Violations of Any rules, policies, or procedures while telecommuting may subject the employee to disciplinary action.

f. d. An employee's participation in the telecommuting work assignment has no effect on their wages and benefits.

D. Lunch/Meal Periods A lunch or meal period shall be scheduled during the workday or shift and is not considered to be time worked except in special circumstances when it is determined by the County that the responsibilities of the position require the person to be immediately available

and frequently interrupted by calls to duty. It is not necessary to permit employees to leave the premises for scheduled meal periods to be considered non-work time. but employees should not be required to remain at their work stations, interrupted frequently by "calls to duty", and/or permitted to perform duties.

Lunch or meal periods are generally one hour in duration but may be shortened to meet operating needs. Lunch/meal periods shall be unpaid.

E. **Breaks** Employees scheduled between eight and ten hours a day, including time adjustment where applicable, are entitled to two fifteen-minute breaks; one in the first half and one in the last half of the shift. Employees scheduled ten hours or more per day are entitled to two twenty-minute breaks; one in the first half and one in the last half of the shift. Part-time 20+ employees are eligible for breaks for the equivalent of each half day worked. Breaks or rest periods are considered to be time worked and therefore are compensable. Breaks may not be accumulated from day to day, may not be accumulated within the same day, may not shorten the workday, and may not be monetized. Employees covered by collective bargaining agreements are subject to the provisions of their union contracts.

F. **Overtime** Employees eligible for overtime must obtain appropriate approval prior to working any overtime. Failure to secure proper prior approval to work overtime may result in disciplinary action.

CAUTION Managers are cautioned against creating additional overtime liability by allowing employees to work beyond their weekly scheduled hours when overtime is not approved. Employees working more than seven (7) minutes past their regularly scheduled hours, without an equivalent approved schedule reduction, adjustment during the same workweek, will create an additional quarter hour of overtime liability in that workweek.

An employee whose job is NOT exempt from the overtime provisions of the Fair Labor Standards Act (FLSA) shall be compensated at a premium overtime rate of one and one-half times his/her regular hourly rate of pay for all hours actually worked in excess of forty hours in a seven-day standard workweek.

1. For those employees receiving a time adjustment and eligible for overtime compensation, overtime shall be computed as follows:

    a. Regular employees working a five (5) day workweek, the first two and one-half (2 %2) hours of overtime, e.g., between 37.5 and 40.0 hours, shall be paid at straight overtime. Premium overtime shall be paid for time worked in excess of forty (40) hours.

b. Regular employees working a four (4) day workweek, the first two (2) hours of overtime, e.g., between 38.0 and 40.0 hours, shall be paid at straight overtime. Premium overtime shall be paid for time worked in excess of forty (40) hours.

NOTE: Employees in positions that are exempt from the overtime provisions of the Fair Labor Standards Act are considered to be compensated on a salaried basis and do not receive overtime or compensatory time.

Employees covered by collective bargaining agreements are subject to the provisions of their union contracts.

2. **Hours Counted as Hours Worked** The following hours, not actually worked, shall count as hours worked for the sole purpose of computing eligibility for the overtime rate.

a. Holiday pay as defined in this Chapter when the designated holiday is the employee's normally scheduled workday and the employee is given the day off in observance of the holiday.

b. Bereavement Leave hours as defined in this Chapter.

c. Hours of paid Standby Duty Assignment as defined in this Chapter when an employee has used authorized Sick or Annual Leave during the scheduled work week.

3. **Compensatory Time** Compensatory hours may be substituted for overtime due to funding considerations at management's option with concurrence of the employee. Compensatory hours are earned at the same rate as overtime. Please refer to Section F above. Compensatory hours and overtime cannot be earned in the same workweek. Employees may also request substitution of compensatory hours for overtime pay. subject to the operational needs of the Division.

4. Compensatory time at the premium overtime rate **cannot accumulate** to exceed two hundred forty (240) hours, or **one-hundred sixty (160) hours of actual overtime** worked as specified in the FLSA. Once this limit is met, all premium overtime actually worked in excess of 40 hours in a seven-day standard work schedule must be paid as overtime. For employees eligible for the time adjustment, any straight time compensatory time earned shall not affect this limit.

5. Agencies are encouraged to allow employees to use earned compensatory time rather than create an ongoing pay liability by accumulating a large compensatory time balance. Compensatory hours may be used in fifteen-minute increments. Each county agency must maintain records of compensatory time earned and taken for each employee as prescribed in the Payroll Section of the Accounting Division Handbook. Any unused compensatory hours must be paid to the employee upon termination.

G. **Standby Pay for positions not exempt from FLSA overtime provisions** In order to provide coverage for service during off-duty hours, it may be necessary to assign and schedule employees to standby duty. A standby duty assignment authorized by a supervisor requires an employee to be available for work due to an urgent situation on the employee's off-duty time which may include nights. weekends, or holidays. Employees are required to be on standby duty when assigned unless excused by supervision.

1. **Standby Duty Assignment Pay** Employees assigned to standby duty by their supervisor are guaranteed two hours standby duty assignment pay at their regular straight-time hourly rate for each regular work day of standby duty assigned and scheduled; and three hours pay at their regular straight-time hourly rate for regular days off, with 'day' defined as a 24-hour time period.

2. **Standby Duty Hours Worked** In addition to standby duty assignment pay. employees on standby duty who are called to work will be paid for the actual time worked. For pay purposes, actual time worked starts at the time of notice and ends when he/she would reasonably be expected to return home. The employee is expected to respond to the call in a reasonable amount of time following notice. In the event any employee who is on standby duty fails to respond to a call to work, he/she will forfeit the standby duty assignment pay and may be subject to possible disciplinary measures.

3. **Schedules and Excused Assignments** Employees will not be assigned and scheduled to standby duty if excused in advance by the supervisor. However, in the event the supervisor cannot schedule the required number of employees for standby duty, then any employee who had previously been excused may be required to serve the necessary standby duty. Where operationally feasible, standby duty assignments should be made on a weekly basis.

H. **Emergency Working Conditions** Due to conditions beyond the control of the County, including but not limited to hurricanes, windstorms, and tornados, if the County Administrator declares an emergency and directs County agencies to cease normal business operations, employees shall be compensated as described below.

1. A benefit eligible employee regularly scheduled to work during the declared emergency who is ordered by his/her Division Director not to report or to go home prior to the completion of his/her shift will suffer no loss in pay (his/her time sheet will reflect normal scheduled hours). An employee who is on pre-approved sick leave, annual leave, or personal day before the declared emergency will suffer no loss of pay and the applicable leave bank shall not be deducted. Such hours paid but not worked will not count as hours worked for computing premium (time and one-half) overtime eligibility.

2. An employee eligible for overtime compensation who is ordered, or assigned as a result of volunteering, by his/her Division Director to work during the declared emergency shall be compensated at double their hourly straight time regular rate for all hours actually worked. This compensation is in lieu of any other compensation.

3. (a) An employee who is exempt from the overtime provisions of the Fair Labor Standards

Act and who is ordered or assigned as a result of volunteering, by his/her Division Director to work during the declared emergency is not eligible for additional compensation, except as otherwise provided below, however, he/she is eligible to receive Job Basis Leave.

(b) Effective February 1, 2004, unrepresented employees who are exempt from the overtime provisions of the Fair Labor Standards Act, and whose positions are in Salary Grades A and N, who are ordered or assigned as a result of volunteering, by his/her Division Director to work during the declared emergency, shall be compensated at the straight time rate of pay for each hour worked beyond their normal scheduled hours during a declared period of emergency operations.

4. Employees in part-time 19, temporary. will-call, student, seasonal positions will not be paid for hours not actually worked.

I. **Shift Differential** Shift differential pay is provided for employees who are otherwise entitled to
benefits, in certain classifications assigned to certain designated shifts. Consult the current pay plan for nonbargaining unit employees or the applicable union contract for employees covered by collective bargaining agreements.

J. **Certification Incentive Pay** Certification incentive pay supplements shall be provided for eligible employees for the receipt and maintenance of certain skill-based certificates and/or licenses. Consult the current pay plan for unrepresented employees or the applicable union contract for employees covered by collective bargaining agreements.

II. **HOLIDAYS** The following are designated as the County's official holidays.

New Year's Day	Labor Day
Martin Luther King Day	Veterans Day
Memorial Day	Thanksgiving Day and day after
Independence Day	Christmas Day

Two Personal Days of the employee's choice

A. **Holidays** Established by the Board Other days may be declared holidays by the Board of County Commissioners at its discretion. Whenever a holiday falls on a Saturday, the preceding Friday shall be designated a substitute holiday and observed as the official holiday for that year. When the holiday falls on Sunday, the following Monday shall be designated as the official holiday for that year.

B. **Holiday Pay** Full-time benefit eligible employees shall be paid eight (8) hours of paid leave if assigned to a five (5) day workweek, and ten (10) hours of paid leave if assigned to a four (4) day workweek, for designated holidays. Part-time 20+ employees shall be paid four (4) hours of paid leave for designated holidays.

NOTE: Employees appointed outside the personnel cap such as Compassionate, Student, Seasonal and Temporary appointees, and employees appointed on a will-call or part-time basis of fewer than 20 hours (PT 19) a week are NOT eligible to receive holiday pay.

1. **Holidays that Fall on Days Off** If the designated holiday falls on a benefit eligible employee's regular day off he/she may be granted another work day off with pay or be paid for the holiday, as detailed in B above.

2. **Work on a Holiday** If a benefit eligible employee works on a designated holiday. he; she may be granted another day off with pay or be paid for the holiday, as detailed in B above. In addition to the holiday pay, employees not exempt from the overtime provisions of FLSA will be paid at one and one-half times his/her regular hourly rate of pay for the hours worked on the holiday.

3. **Work Requirements** An employee who is not on approved paid leave and fails to report on a scheduled workday either before or after a holiday shall not be paid for the holiday.

C. Personal Days Benefit eligible employees are entitled to two days off during each calendar year in the form of sixteen (16) hours annual leave for full-time employees assigned to a five (5) day workweek, or twenty (20) hours if assigned to a four (4) day workweek, and eight (8) hours annual leave for part-time 20+ employees. Personal Day time can be taken on any of the employee's scheduled work days during the year in accordance with the provisions that govern the use of annual leave.

Employees covered by collective bargaining agreements are subject to the provisions of their union contract.

III. GENERAL PROCEDURE FOR REQUESTING LEAVE

A. Half Hour Increments Paid leave, except compensatory time, must be taken in half hour increments. If a fraction of a half hour is involved, the leave time taken must be raised to the next half hour for time recording purposes. Compensatory time may be taken in fifteen minute increments. **The thirty minute minimum will not apply when the employee is going to leave without pay status . In this case, portions of leave of less than 30 minutes must be used to bring leave balances to zero prior to placing the employee on leave without pay status.**

B. Form 102-112, Application for Leave/FMLA Designation Form 102-112 is for Division use to record employee requests for all paid and unpaid absences including FMLA. FMLA is discussed elsewhere in this Handbook.

Form 102-112 must be completed for any absence unless the employee's job is exempt from the overtime provisions of the Fair Labor Standards Act and the employee has received prior approval from the Division Director to vary his or her work schedule that work week. In this instance, the employee is not required to complete the Form 102-112 for partial day absences provided he or she has or will have worked the regularly scheduled number of hours during that workweek.

C. **Completing Form 102-112** The following procedures are for use in completing Form 102-112. A copy is in Annex A.

1. The employee enters his or her name, the name of the employing agency. and the total number of hours of leave requested.

2. The employee indicates (or agency representative ifthe information is received by phone or from someone else on behalf of the employee):
- The reason for the leave. The statement must support the type of paid or unpaid leave requested.
- How the leave is to be accounted for, checking the appropriate paid or unpaid leave responses.
- The dates and time of the absence, the number of hours for which leave is requested, and the leave code. For employees receiving the half-hour time adjustment when taking a full work day off, the time adjustment is not deducted and a full work day of leave time must be recorded.

3. The employee signs and dates the form. If the information is received on behalf of the employee, the person preparing the form would indicate the employee is not available for signature and check the source of the information.

4. The supervisor checks FMLA status, approves or disapproves the leave, signs and dates the form, and forwards it for Division Director approval if Division Director approval is required.

5. The agency representative completes the FMLA designation on the back of the form and provides a copy of the completed form to the employee.

D. **Leave While Incarcerated** The mere fact that an employee has become incarcerated is not in and of itself a valid reason for the discretionary granting of accrued paid leave or leave without pay. Any such situation should be reviewed in detail with the appointing authority and Human Resources prior to a leave related determination. Refer to this Handbook's chapter on Corrective Action (job abandonment).

E. **Documenting Leave Without Pay** Leave without pay for more than one-half of the work hours in a regular pay period or which accumulates to more than one-half of the work hours in a regular pay period (generally forty (40) hours) must be documented on Form 102-102, Personnel Action Form. Leave without pay of less than one-half of the work hours in a regular pay period or which accumulates to less than one-half of the work hours in a regular pay period must be documented in the agency's records.

IV. LEAVES WITH FULL OR PARTIAL PAY

A. **Annual Leave** Annual Leave is typically used for scheduled absences. such as vacation or personal business. Employees may also use Annual Leave for unscheduled absences, subject to proper approvals. Also refer to the discussion of the use of Annual Leave concurrently with FMLA in the section on FMLA.

Note: Annual Leave use, accrual rates, rules for request and approval, and maximum accumulations for employees in positions covered by collective bargaining agreements are subject to the provisions of the union contracts. Please consult the applicable labor agreement and the Labor Relations Section of Human Resources.

1. **Positions that accrue Annual Leave** Employees begin to accrue Annual Leave upon employment in a benefit eligible position. Non-represented employees may use accrued Annual Leave during a probationary period.

2. **Positions that do NOT accrue Annual Leave** Employees appointed to positions outside the personnel cap, such as Compassionate, Seasonal, Student, Temporary. Will Call and PT 19, are not considered to be eligible for benefits and do not accrue or use Annual Leave.

3. **Accrual Schedule** For unrepresented employees, the rate at which Annual Leave is earned is based upon completed years of continuous service from the most recent employment date as shown below. Part-time 20+ benefit eligible employees earn Annual Leave based on the number of hours worked up to 40 hours worked per week. (Leave accrual rates for employees covered by a labor agreement are listed in the applicable labor agreement.)

   a. less than 5 complete years of continuous employment, accrue two (2) weeks per year (80 hours); except that effective February 1, 2004, the County Administrator's Executive Team Members shall accrue a minimum of three (3) weeks annual leave per year (120 hours) upon appointment and up to ten (10) years of service

   b. more than 5, less than 10 complete years of continuous employment, accrues three (3) weeks per year (120 hours);

   c. Effective February 1, 2004, 10 years or more complete years of continuous employment, accrues four (4) weeks per year (160 hours).

   d. **Prior Service Credit** Current benefit eligible employees may petition the Director of Human Resources in writing to receive prior County service credit toward his/her Annual Leave accrual rate if he/she meets all of the following conditions:

      (1) Previously employed by Broward County in a benefit eligible position

(2) Successfully completed probation in the previous position (or worked at least 1040 hours if no probation was required)

(3) Separated from Broward County service in good standing

(4) Successfully completed probation in the employee's current position (or worked at least 1040 hours if no probation is required)

(5) Both current and previous employment were in an agency which reports to the Broward County Commission, not to include Constitutional Offices.

Any prior service credit granted will only have prospective Annual Leave accrual rate application (e.g. the prior service credit will only apply to time worked subsequent to approval, and only benefit eligible service will be considered). Approval of prior service credit will be determined by review and verification of available official record. The Director of Human Resources will respond in writing, with a copy to Payroll, if prior service credit is approved. The new annual leave accrual rate will become effective upon the beginning of the first pay period following approval.

The petition must include the following:
(1) Employee's Name (include any other legal names used)
(2) Social Security Number
(3) Previous date(s) of hire
(4) Previous Job title
(5) Previous Division/Department/Office name
(6) Previous status (i.e. full-time or part-time 20+)
(7) Effective date of separation
(8) Reason for separation
(9) Date/s of re-hire
(10) Current job title
(11) Current Division/Department/Office name
(12) Current status (i.e. full-time or part-time 20+)

4. Advance Request and Approval Requests for and approval of use of Annual Leave should be made prior to the date the leave is to occur. Exceptions are subject to the approval of the Division Director.

5. Maximum Accumulation

a. Unless otherwise provided in a collective bargaining agreement, represented employees who accumulate Annual Leave credit in excess of 280 hours as of the end of the last pay period which began in that calendar year shall forfeit the

excess leave unless specific approval for an exception is granted by the County Administrator.

b. Unrepresented employees who have an accrued annual leave balance in excess of 280 hours as of the end of the last pay period which begins in a calendar year shall have all hours beyond 280 cashed out provided the employee has used at least 80 hours of leave (Annual Leave or Job Basis Leave) during the preceding calendar year. No annual leave hours in excess of 280 shall be carried over into the next year without the approval of the County Administrator or designee.

6. **Running for Elected Office** An employee who wishes to run for elected office must use accrued Annual Leave before going on leave without pay status.

7. **Annual Leave Payout**

a. **Upon Separation** When an employee is separated from the County service. he or she will be paid for all accrued and unused Annual Leave.

b. **Upon DROP Election** Employees who enter the DROP program under FRS may elect to receive payout of Annual Leave at the start of their DROP period. Once a person's DROP period begins, the decision regarding payout of Annual Leave prior to termination of employment is irrevocable.

If payout of Annual Leave is elected. the employee continues to accrue Annual Leave in the same manner and at the same rate as if the election for payout had not been made except the employee must then begin to use Annual Leave in the year it is earned. Annual Leave remaining at the end of the year will be forfeited. In addition, there is no payout of accrued Annual Leave upon termination of employment.

Employees whose job classes are covered by collective bargaining agreements are subject to the provisions of the union contract.

8. **Annual Leave Transfer** At the employee or candidate's option, with the written mutual consent of the relinquishing and acquiring agencies, his/her accrued Annual Leave balance up to a maximum of eighty (80) hours (not funds) may be transferred to, or from, another Broward County affiliated agency, in lieu of full or partial annual leave payout, if the majority of the agency's budget is funded through the Broward County Commission's budget appropriations. Participating agencies may include Broward County Constitutional Offices and other similarly funded agencies. The written request should be directed to the Division of Human Resources and must include the following:

a. The employee/candidate's name and social security number

b. The benefit eligible position being transferred to

c. The relinquishing Division/Office name, and Director's name and signature

d. The signature of the payroll manager in the relinquishing agency verifying the number of hours that will be transferred and that these hours will not be paid out

e. The acquiring Division,/Office name, and Director's name and signature

f. Number of accrued annual leave hours to be transferred

g. Statement that the employee is requesting the transfer of leave in lieu of full or partial payout

NOTE: Upon approval, a copy of the written request will be forwarded to Payroll Central. The leave balances will be available for use upon the beginning of the first full pay period following approval. Transfer of annual leave into the County is subject to the procedures and limits provided in the County's Annual Leave policy.

9. Annual Leave Cash out for Career Development and Computer Expenses Effective January 1, 2001, **Employees in job classifications covered by collective bargaining agreements** may cash out Annual Leave for career development related expenses and computer purchases subject to the provisions and limitations described below.

a. Career Development Related Expenses:

(1) Employees may request to cash out annual leave for career development related expenses such as school tuition. seminar or conference registration fees and related costs, certification course fees, certification examination fees, student fees, text books, reference texts, etc. - whether or not the expenses result from approved Tuition Reimbursement program participation.

(2) Not more than one time per calendar year, employees may submit a request to cash out annual leave hours for career development expenses not to exceed a total gross amount of 52,000 per calendar year. Cash out requests must be submitted during the calendar year in which the expenses were incurred. b.

b. Computer Purchase:

(1) Employees may purchase any new computer hardware or software of their choice, including peripherals such as printers, scanners, modems, hard drives and monitors. The cost of warranties or service agreements, and installation may be included in the total amount requested.

(2) Not more than one time per calendar year. employees may submit a request to cash out annual leave hours for computer purchases not to exceed a total gross amount of $2,000 per calendar year. Cash out requests must be submitted during the calendar year in which the expenses were incurred.

c. Annual Leave Cash out Request Processing:

(1) All requests to cash out annual leave must be made using the "Application for Leave" form (BC 102-112).

(2) The leave form should indicate "Annual" and "Other" in the space provided and specifically indicate the number of hours requested to be cashed out. Note: Annual leave may be cashed out in no less than half hour increments.

(3) The leave form should indicate whether the requested cash out is for "Career Development Expenses" or "Computer Purchase".

(4) A copy of the applicable receipts from the retailer or educational institution of your choice must be attached to the request form. Purchases from one employee to another are not permitted under this program.

(5) Completed and signed leave forms with the required documentation are to be submitted to the Payroll Section of the Accounting Division.

(6) Cashed out annual leave, considered additional income, will be paid through the normal payroll cycle and will have mandatory Federal withholding taxes deducted totaling approximately 35%. Payroll will make every effort to process cash out requests as expeditiously as possible, but cannot guarantee a specific refund date.

d. Other Exclusions and Conditions

(1) By submitting a request to cash out annual leave, employees will be acknowledging that the monies are being used for the purchase of new computer equipment or career development expenses consistent with these rules.

(2) In order to participate in the Annual Leave Cash Out Program, employees must have sufficient accrued annual leave at the time of the cash out request in order to have at least forty (40) hours of leave remaining after the cash out.

(3) In requesting to participate in this program, the employee is agreeing that any dispute as to what may or may not be included for authorized cash out will be resolved by review and final decision of the Director of Human Resources.

(4) Employees may participate in both the Career Development and Computer Purchase portions of this policy. In the event an employee participates in both portions of the program, the maximum leave which may be cashed out during any calendar year shall not exceed $2,000 under each program for a total not to exceed $4,000.

(5) Annual leave cash out requests for expenses incurred during the calendar year must be submitted to the Payroll Section of the Accounting Division no later than the end of the last pay period which began in that year.

e. **Authority** The Career Development and Computer Expense Annual Leave Cash-Out program has been developed under the County Administrator's authority to approve the cash out of annual leave and is subject to review, modification or discontinuation at the discretion of the County Administrator.

10. Annual Leave Cash Out Effective January 1, 2001, **Unrepresented benefit eligible employees** have the option to cash-out accrued annual leave up to a maximum gross cash value of $4,000 once annually. Employees opting to cash-out leave must have utilized at least 80 hours of leave (Annual Leave and/or Job Basis Leave) during the preceding 12 months and retain a balance of at least 40 hours of annual leave following the cash-out.

a. All requests to cash-out annual leave under this policy must be made using the "Application for Leave" form (BC102-112).

b. The leave form should indicate "Annual" and "Cash-Out" in the space provided, specifically indicate the number of hours to be cashed out, and be submitted to the applicable Director for review and approval. Note: Annual leave may be cashed out in no less than half hour increments.

c. NOTE: Prior to approving the requested cash-out, the agency Director must ensure that the requesting employee has used at least the required 80 hours of leave during the preceding year.

d. Requests approved by the Director are forwarded to the Payroll Section of the Accounting Division.

e. Cashed out annual leave, considered additional income, will be paid through the normal payroll cycle and will have mandatory Federal withholding taxes deducted totaling approximately 35%. Payroll will make every effort to process cash out requests as expeditiously as possible, but cannot guarantee a specific refund date.

B. **Sick Leave** Sick Leave is used for approved absence from work due to the employee's personal illness or injury. Sick Leave may also used for employee medical, dental, or optical or other health-related appointments which could only be scheduled during work hours or where a County physician requires the employee to be absent.

Note: Sick Leave use, accrual rates, rules for request and approval, documentation requirements and maximum accumulations for employees in positions covered by-collective bargaining agreements are subject to the provisions of the union contracts. Please consult the applicable labor agreement and the Labor Relations Section of Human Resources.

1. a. Positions that accrue Sick Leave Benefit eligible employees begin to accrue Sick Leave immediately upon employment. Full-time benefit eligible employees accrue Sick Leave at the rate of eight hours per full month of work time. Employees appointed to benefit eligible positions on a Part-time 20+ basis accrue Sick Leave in proportion to the total number of hours worked per month. Employees in positions that are not represented by a collective bargaining unit may use accrued Sick Leave during a probationary period.

   b. Positions that do NOT accrue Sick Leave Employees appointed to positions outside the personnel cap, such as Compassionate. Student, Seasonal and Temporary, Will Call, or PT 19. are not considered to be eligible for benefits and do not accrue or use Sick Leave.

2. **Sick Leave Documentation** The following procedures describe documentation requirements for Sick Leave usage. Also see the discussion of Health Care Provider Certification under FMLA.

   a. A physician's excuse may be required after the employee has been absent due to illness or injury on three consecutive work days;

   b. A physician's excuse is required:

      (1) after absences that last five or more consecutive work days. The documentation from the doctor should release the employee to return to work and perform the essential duties of his or her position. The documentation should be attached to the Form 102-112 documenting the request for Sick Leave.

      (2) after five (5) separate occurrences of at least one full work day in duration for absence due to illness in any continuing twelve-month period.

      (3) at the discretion of the Supervisor when usage patterns are suspicious.

(4) The medical documentation required in this Handbook may be waived at the discretion of the Director of Human Resources.

3. **Acceptable Sick Leave Documentation** For the purposes of these procedures, acceptable documentation is defined as follows:

a. To verify illness:

(1) A receipt that contains the date/s of treatment, job-related reason for absence, and the licensed Florida physician's signature or signature stamp, or

(2) A note on the licensed Florida physician's office or professional letterhead or a prescription-type pad bearing the licensed Florida doctor's signature, which contains the date/s of treatment, job related reason for absence, or

(3) A Form 102-216, Health Care Provider Certification completed and signed by a qualified health care provider which contains the date/s of treatment and job-related reason for absence.

b. To verify ability to return to work after extended illness, special circumstances as determined by the employing agency, or leave without pay for medical reasons which lasts longer than five workdays, the employee must provide a note signed and dated by the physician stating the date/s and reason/s that the employee was under professional care and that the employee is now well and is able to return to his or her full, unlimited duties before the employee will be permitted to return to work.

4. Sick Leave Monitoring After five occurrences of absence due to illness or injury in any continuing twelve-month period, the employee must be informed in writing of the requirement to present documentation for the next and any additional sick leave occurrences within a 12-month period. This notice must inform the employee of the disciplinary consequences (see 7. below) of failure to provide acceptable documentation after the fifth occurrence. An occurrence means a separate incident of absence due to illness or injury that is at least one full workday in duration. A pattern of partial days (less than 8 or 10 hours) could be subject to these provisions. **Note: In some cases, unconnected occurrences may be considered one occurrence if supported by appropriate medical documentation (for example: regularly scheduled chemotherapy treatments). Consult with Labor Relations.**

In the event an employee exhausts Sick Leave and is subsequently absent due to illness or injury , the absence will be considered an occurrence for the purposes of sick leave monitoring regardless of the type of leave used to cover the absence.

The following illustrates how to calculate sick leave occurrences in a continuing twelve-month period.

Occurrence# 1 May 4 and 5, 2000	16 hours
Occurrence #2 June 16. 2000	8 hours
Occurrence #3 August 9 and 10, 2000	16 hours
Occurrence #4 October 27. 2000	8 hours
Occurrence #5 December 4, 2000	8 hours

After the December 4. 2000 occurrence, the employee must be informed by written memorandum from his or her Division that any occurrence of sick leave before May 4. 2001 would require a physician's excuse. The memo should also explain the disciplinary consequences of failure to provide a physician's statement.

In this example, occurrence #1 of May 4 and 5, 2000, would "burn off," meaning it would no longer be counted, after twelve months, which would be May 4. 2001. After May 4, 2001, the number of occurrences would be calculated with June 16. 2000 becoming occurrence #1.

5. **Patterns of Sick Leave Usage** If the supervisor suspects abuse of Sick Leave because of unusual circumstances or a developing pattern, i.e., Fridays/Mondays, before"after a holiday, partial day usage to avoid full day occurrences. or if the employee was denied Annual Leave and subsequently claims illness, etc.. the supervisor may inform the employee when he or she calls in "sick" that a physician's excuse will be required in order for the supervisor to approve the use of Sick Leave. In addition, subsequent to receiving notice of such a pattern, the employee may be placed on sick leave monitoring requiring physicians' statements for further occurrences. See also the discussion of FMLA.

6. **Exam by a County Physician** If the supervisor has reason to question the physician's excuse, the employee may be required to be examined by a County physician. The County may also request a second and a third medical opinion, at the County's expense. in connection with requests for leave under FMLA as determined by the County. Contact Labor Relations for guidance in these matters.

7. **Failure to Provide Sick Leave Documentation** Failure to provide the required documentation as discussed above will constitute an "offense" and the employee will be disciplined in the following manner:

   a. 1st offense - written reprimand (Form 102-111, Employee Notice) and denial of Sick Leave. The absence is processed as Absence Without Approved Leave (AWOL).

b. 2nd offense - three-day suspension (Form 102-111, Employee Notice) and denial of Sick Leave. The absence is processed as Absence Without Approved Leave (AWOL).

c. 3rd offense - termination.

See also the Chapter in this handbook on Corrective Action.

8. **Sick Leave Under False Pretenses** If it is established that an employee has taken Sick Leave under false pretenses, the time off shall be processed as Absence Without Approved Leave (AWOL). The employee may also be subject to disciplinary action.

9. **Advance Notice Required** When Sick Leave is taken, the employee shall notify his or her immediate supervisor prior to, or within one (1) hour after, the time at which the employee normally begins work. If the employee does not notify his or her supervisor within that time, use of Sick Leave will not be approved unless the Division Director determines that timely notification was impractical.

10. **Sick Leave Accrual and Pay Out on Separation** Sick Leave credit may be carried over from one calendar year to the next. All accrued, unused Sick Leave may be approved for use as paid leave consistent with the provisions of the Civil Service Rules and Regulations, however, for the purpose of pay out calculation as described below no accrued Sick Leave hours beyond 960 hours will be considered in the calculation for pay out.

    When an employee resigns or is separated from employment for any reason other than discharge for cause, she or he shall be paid twenty-five (25%) percent of his or her Sick Leave accumulated as of the date of termination based on the 960-hour maximum. When an employee terminates employment in order to begin to receive retirement benefits under the Florida State Retirement System at the time of separation or who is separated due to death shall be paid fifty (50%) percent of his or her Sick Leave accumulated as of the date of separation based on the 960-hour maximum.

11. **Sick Leave Transfer** At the employee's or candidate's option, with the written mutual consent of the relinquishing and acquiring agencies, his or her accrued Sick Leave balance up to a maximum of ninety-six (96) hours (not funds) may be transferred to, or from, another Broward County affiliated agency, in lieu of full or partial sick leave payout , if the majority of the agency's budget is funded through the Broward County Commission's budget appropriations. Participating agencies may include Broward County Constitutional Offices and other similarly funded agencies. The written request should be directed to the Division of Human Resources and must include the following:

    a. The employee's/candidate's name and social security number

b. The benefit eligible position being transferred to

c. The relinquishing Division/Office name, and Director's name and signature

d. The signature of the payroll manager in the relinquishing agency verifying the number of hours that will be transferred and that these hours will not be paid out

e. The acquiring Division/Office name, and Director's name and signature

f. Number of accrued sick leave hours to be transferred Statement that the employee is requesting the transfer of leave in lieu of full or partial payout

NOTE: Upon approval, a copy of the written request will be forwarded to Payroll Central. The leave balances will be available for use upon the beginning of the first full pay period following approval. Transfer of Sick Leave into the County is subject to the procedures and limits provided in the County's Sick Leave policy.

12. **Exhaustion of Sick Leave Sick** Leave in excess of the amount of leave the employee has accrued will not be approved. When an employee has exhausted his or her Sick Leave, Annual Leave and any other available paid leave, including any Donated Leave, must be used until it is exhausted before leave without pay will be approved. When all available and applicable paid leave is exhausted, the employee may then request a Leave of Absence Without Pay (LWOP)

Employees whose job classifications are covered by collective bargaining agreements are subject to the provisions of their union contracts.

C. **Sick Leave Bonus Day** As an incentive against the unnecessary use of sick leave, employees are eligible to earn a Sick Leave Bonus as described below for each 13 consecutive pay periods in which no sick leave is used.

1. Benefit eligible employees assigned to a five (5) day workweek shall be awarded eight (8) hours of leave; and

2. Benefit eligible employees assigned to a four (4) day workweek shall be awarded ten (10) hours of leave; and

3. Part-time 20+ employees will be awarded four (4) hours of leave regardless of their work schedule;

The 13 pay periods usually begins with the last use of Sick Leave. Sick Leave Bonus hours shall be credited to his or her Annual Leave balance. Use of Annual Leave earned in this manner is subject to the same advance request and approval provisions. Payroll clerks in each Division will maintain records of eligibility and advise Payroll Central of the earning of a Bonus Day via the payroll voucher.

D. Sick Leave Conversion The Sick Leave Conversion Program is a voluntary program which allows benefit eligible employees with a sick leave accrual balance above 500 hours, as of a set pay period in November, to convert sick leave hours to annual leave hours once annually. Sick leave hours are converted at a ratio of two (2) sick leave hours to one (1) annual leave hour for accrued sick leave up to 960 hours or at a ratio of one (1) sick leave hour to one (1) annual leave hour for hours accrued beyond 960 hours. The maximum number of sick leave hours which may be converted shall not exceed a conversion to forty (40) hours of annual leave credited once annually in January, while maintaining a minimum sick leave accrual balance of at least 500 hours. The Sick Leave Conversion procedure is as follows:

1. In November of each year, the Division of Human Resources shall request from Payroll Central a list of eligible employees with a sick leave accrual balance above 500 hours. One master copy shall be delivered to the Division of Human Resources, and one master copy shall remain with Payroll Central.

2. The Division of Human Resources shall distribute a memorandum to each Department/Division/Office to inform the division of applicable deadlines and procedures, and a listing of employees in their division eligible to convert leave. Each Division shall also receive individually addressed Sick Leave Conversion Request Forms (BC102-166) to distribute to eligible employees. A copy of form 102-166 in contained in Annex A.

3. Each Division shall distribute the forms and notify eligible employees of the deadlines and procedures. Eligible employees requesting conversion shall complete, sign and date the Sick Leave Conversion form, and indicate the number of hours they wish to convert. The requesting employee must return the completed form to the divisional payroll clerk by the deadline designated in the memorandum.

4. The divisional payroll clerk must verify that the form has been completed properly, sign and date form signifying receipt, and route a copy of the completed form to Payroll Central by the designated deadline for submission.

5. Payroll Central will verify the employee's eligibility to participate in sick leave conversion (i.e. sick leave balance minimum is still at least 500 hours) and the number of hours to be converted, and thereafter process the request. Converted leave hours will be credited to the employee's annual leave bank during the month of January.

NOTE: Accrued sick leave hours converted to annual leave hours cannot be converted back to sick leave. Usage of sick leave converted to annual leave is subject to the provisions of the applicable collective bargaining agreement and/or Civil Service Rules and Regulations governing annual leave. It is the division's responsibility to ensure that the division payroll clerk has the employee's completed Sick Leave Conversion Request form to Payroll Central by the designated deadline. The County is not responsible for late, lost or misdirected conversion requests.

Employees whose job classifications are covered by collective bargaining agreements are subject to the provisions of the union contract.

E. **Family Illness Leave** Benefit eligible employees may use Sick Leave as Family Illness Leave in the case of actual illness or injury of a member of the employee's immediate family or the employee's domestic partner or dependents of the employee's domestic partner. Immediate family is defined as the employee's spouse or domestic partner, parents or one who stood in place of a parent (in loco parentis), child, foster child, and stepchildren or other relative if the stepchild or other relative is domiciled in the employee's household. The employee is required to provide documentation of current registration of the domestic partnership.

A situation for which use of Family Illness Leave is requested may or may not be an FMLA event. Review the definition of serious health condition under FMLA to determine if the health condition of the family member or domestic partner is a serious health condition as defined under FMLA. If FMLA applies, the period of absence would also count toward the FMLA leave period and the use of Family Illness Leave would be concurrent with FMLA leave.

Employees in positions covered by collective bargaining agreements are subject to the provisions of their union contracts.

1. **Program Eligibility** Benefit eligible employees who have successfully completed an initial probationary period may be allowed to use up to 40 hours of accrued Sick Leave in a calendar year to care for a member of their immediate family, or a domestic partner or a dependent of their domestic partner, who is ill or injured. If an employee has exhausted his or her Sick Leave, the employee will not be granted Family Illness Leave.

   Employees are expected to exhaust Sick Leave and other available paid leave before donated leave, under the Donated Leave Program, will be considered or approved.

   For the purpose of administering this program, the annual period for Family Illness leave ends as of the end of the pay period in which December 31 occurs.

2. **Payroll Voucher Documentation** The number of Family Illness Leave hours granted to the employee must be noted for Payroll purposes.

3. **Subject to Sick Leave Use Procedures** Unless the situation qualifies as a serious health condition of the employee's spouse or domestic partner, parent, or child under FMLA, use of accrued Sick Leave for Family Illness is subject to the procedures specified for Sick Leave in this chapter requiring documentation to verify illness and other rules governing the use of Sick Leave. Use of Sick Leave for Family Illness is counted as any other use of Sick Leave, such as occurrences, unusual circumstances, etc. For example, if an employee has five occurrences of Sick Leave and on the sixth occurrence is absent to care for an ill or injured family member, then the employee must provide a physician's excuse to substantiate the illness or injury of the family member or domestic partner. If the employee is out for three consecutive working days to care for an ill or injured family member or domestic partner, a physician's excuse may be required. and will be required after five consecutive working days, to substantiate the health condition of the family member or domestic partner. If an employee fails to provide medical certification as required, the employee will be subject to corrective action as specified in the Sick Leave procedures in this Chapter. See also the discussion of FMLA.

4. **Affects Bonus Day Entitlement** As with other use of Sick Leave. use of Sick Leave for Family Illness counts as Sick Leave utilization and affects eligibility for Bonus Days.

5. **Election to Use Annual Leave** If an employee has utilized the 40 hours of Family Illness Leave for the year or does not wish to use his or her Sick Leave for the Family Illness, the employee may be granted Annual Leave for this purpose in accordance with the procedures specified in Annual Leave, this Chapter. If the condition of the family member or domestic partner otherwise qualifies as a serious health condition under FMLA, the employee's absence will apply to her/his FMLA period and Annual Leave used would be concurrent with FMLA.

F. Donated Leave Program The Accrued Leave Donation Program and the Compassionate Annual Leave Donation Program have been merged into a single program called the Donated Leave Program. The Donated Leave Program allows an eligible employee to voluntarily donate Annual Leave and/or Sick Leave to another eligible employee who is unable to work because of the serious health condition of the employee or to donate Annual Leave due to the serious health condition of the employee's spouse or domestic partner, parent, or child.

Absences, for which Donated Leave is requested, will be considered to be and will be processed as a request for leave under FMLA unless the employee can document that FMLA does not apply. In most cases, the period of approved absence will count toward the employee's FMLA period, even if donated leave is not obtained, and use of donated Leave, if any, would be concurrent with FMLA leave.

Employees whose job classes are covered by collective bargaining agreements are subject to the provisions of the union contract.

1. Eligibility Requirements

a. Recipients - An employee must be eligible to receive Donated Leave. To be eligible, the employee must meet all the following criteria:

(1) Is a benefit eligible employee who has completed an initial probationary period, or who, if employed in a position or classification excluded from Classified Civil Service, has been employed for six (6) months.

(2) Is unable to work because of the serious health condition of the employee, of her or his spouse or domestic partner, parent, or child involving extended serious illness or injury typically requiring hospitalization or extensive medical care.

(3) Has exhausted all available paid leave including Annual. Job Basis. Sick. and compensatory leave.

(4) Is not eligible for worker's compensation benefits for the health condition for which Donated Leave is being requested.

(5) Has not been disciplined for abuse of leave within a two-year period prior to the event for which Donated Leave is being requested. Sick Leave monitoring is not considered to be discipline for abuse of Sick Leave.

(6) Has formally applied to the Donated Leave Program to be considered as a recipient by submitting Form 102-165, Donated Leave Program Recipient Form. Completed forms are to be submitted through the chain of command, then forwarded to the Division of Human Resources.

(7) Recipients must provide a completed Donated Leave Program Physician's Certification of Illness/Injury, Form 102-165A, that supports the employee's statement of need to be absent or other acceptable medical substantiation from a licensed physician that includes the diagnosis, a description of the reason the employee is unable to perform his or her duties, the physician's prognosis, and a date the employee is expected to be able to return to work. If the employee will need donated leave intermittently, the employee needs to submit a doctor's statement containing all of the above information and a detailed statement of the dates and/or times that the employee expects to be away from work. Completed forms and doctor's statements are submitted to Employee Benefit Services.

b. Donors - To be eligible to donate leave under the Donated Leave program, , the employee must meet all the following criteria:

(1) Is a benefit eligible employee who has completed an initial probationary period, or who, if employed in a position or classification excluded from Classified Civil Service, has been employed for six (6) months.

(2) Must have a Sick Leave balance of at least 160 hours after the donated Sick Leave is subtracted, or an Annual Leave balance of at least 80 hours after the donated Annual Leave is subtracted.

(3) Has not yet donated 80 hours of Sick Leave and/or 80 hours of Annual Leave which has actually been used in the calendar year. A maximum of 160 hours (80 hours of Sick Leave and 80 hours of Annual Leave) can be donated and used in a calendar year.

(4) Has formally applied to the Donated Leave Program to be considered as a donor by submitting Forth 102-164, Donated Leave Program Donor Form.

2. Donated Sick Leave or Annual Leave may be approved to cover an absence due to a recipient employee's personal serious health condition. Only donated Annual Leave may be approved to cover an absence due to the serious health condition of a recipient's spouse or domestic partner, parent, or child.

3. The Donated Leave Program does not supplant any established Human Resources policy or procedure.

4. Other Program Provisions

a. Donated Leave Payout - Should the employment of a recipient terminate for any reason, any remaining Donated Leave will not be paid out.

b. Sick/Annual Leave Accrual - Recipients do not accrue Sick or Annual Leave while they are receiving Donated Leave.

c. Holiday - If a designated holiday occurs during the recipient's period of authorized leave, the employee will receive holiday pay which will not be charged against the remaining Donated Leave balance.

d. If a recipient returns to work on a reduced work schedule or on an intermittent basis, Donated Leave may be used to supplement pay for time worked, subject to appropriate documentation and approval.

e. Overtime - Donated Leave will not be counted as time worked for overtime purposes. The maximum amount of Donated Leave that will be approved for any

work week is the amount that would bring the hours paid to the recipient's normal work schedule.

f. Documentation - Employees applying to receive Donated Leave should provide all required documentation to the Division of Human Resources two (2) weeks prior to exhausting all applicable paid leave when the need is foreseeable and such prior notice is practicable.

g. Leave donations are made on an hour for hour basis. Donations require the approval of the employee's Division Director and the Director of Human Resources. Donated Leave is not deducted from the donor's leave balance until it is used. Once Leave has been deducted from the donor's account, it cannot be returned to the donor.

h. Donation of accrued leave does not affect the donor's earning a Bonus Day where otherwise eligible.

5. Termination of Eligibility Use of Donated Leave may be terminated under any of the following conditions:

a. The recipient applies for and receives retirement benefits from FRS or applies for and receives Social Security retirement or disability benefits or claims or receives unemployment compensation or accepts other employment during the approved leave. In these situations, the employee may also be subject to disciplinary action including possible termination.

b. The County determines that the recipient has abused leave, falsified information, or was otherwise not eligible for leave. In this case, the employee may be required to repay any leave previously received and may be subject to disciplinary action including termination.

c. A recipient is expected to notify his or her immediate supervisor immediately when released by her or his physician and to return to work as soon as the medical condition permits. A recipient who fails to advise the County of the physician's release or to return to work in a timely manner will be required to repay any leave received since the effective date of the physician's release and may be subject to disciplinary action including termination.

6. Reporting Requirements

a. A Quarterly report shall be prepared for the Director of Human Resources which shall include the following:

(1) The number of hours approved for use per quarter.

(2) The number of approved recipients.

b. An Annual report regarding program utilization shall be provided to the County Administrator with a copy to the County Commissioners and the Commission Auditor.

G. Educational Leave The Educational Leave program is to provide regular, benefit eligible full-time or part-time 20+ employees the opportunity to participate in occupationally related course work or other training not otherwise sponsored by the County which are only available during working hours. The primary purpose of the Educational Leave program is to provide education directly related and **clearly needed** on the job. **Except as provided in section G.1.a below, it is not the intent of the program to provide paid time off to attain or obtain advanced or special certifications, or regular or advanced college degrees.** The Division of Human Resources may, at its own discretion, refer a request that is in conflict with the guidelines listed below, to the Broward County Education Committee, for their opinion and guidance as to approval or disapproval. **For those employees whose job classifications are covered by collective bargaining agreements, please consult the applicable union contract.**

1. Eligible Coursework/Training

a. Coursework is defined as a course taken at scheduled times and days that extend over more than five continuous full or partial days, or scheduled for one or more full or partial days per week for a total of more than five full or partial days. For the completion of a degree or other formalized certification program, education leave may be granted when specific courses are needed to finish up the degree or program, the degree or program is at least **90% complete**, and the **course is only available during the day**, regardless of whether or not the course is paid for by the County. This provision includes those who must take a field work program, practicum, or internship. Please note that this provision is intended to allow degree or program completion only when the final one or two courses cannot be scheduled during non-working hours. If the degree or program is less than 90% complete, it is assumed that alternate scheduling arrangements may be made.

b. Other training is defined as of a seminar, conference or workshop nature which occurs over a short period of time of one to five consecutive full or partial days. Educational leave may be granted to an employee to attend job-related workshops, conferences, or seminars which the employee wishes to attend at his/her own expense.

c. Professional Exams and/or Certifications Educational Leave may be granted for employees who have taken course work on their own time for an advanced degree or certification and are now approaching the culmination of their efforts, such as Ph.D. candidates completing orals. Public Accountants attempting certification. Lawyers needing to attend the bar exam, others attending insurance or other professional exams. Educational Leave for this purpose may be granted regardless of where the exam is given. on a one-time only basis, i.e., if the exam is not passed, educational leave may not be granted a second time.

2. Request Procedures A request for educational leave is made on Form 102-143, Request for Education Leave. **All requests for Educational Leave must be supported by a copy of the brochure or catalogue requirements and if requested, a copy of a confirmation or paid receipt for which the leave is requested.** A Travel Request and Voucher, Form 403-6, may also be required by the Office of Budget and Management Policy. A copy of Form 102-143 is in Annex A.

a. When the employee completes the Form 102-143, the immediate supervisor reviews the request. If work schedules allow and if the request appears to be otherwise .appropriate, the immediate supervisor may approve the request by signing and dating the form and forwarding it to the Division Director.

b. Requests for 24 hours, or less The Division Director shall make a determination whether the courses or training are occupationally-related and whether leave with full pay is to be granted. Requests for such leave consisting of 24-hours or less are at the discretion of the Division Director after determining job relatedness and staffing requirements. The Division should maintain a copy of the approved request in the employee's divisional file, and forward a copy to the Employee Development Section of the Division of Human Resources.

c. Requests exceeding 24 hours Requests for leaves of more than 24-hours must be approved in advance by the Division Director and the Director of Human Resources. Requests must be received by the Director of Human Resources no later than three working days prior to the date for which leave is requested to allow time for review and approval. If the advance request is approved, the original of the Form 102-143 is placed in the employee's official personnel file. A copy of the request will be returned to the Division for payroll audit verification purposes.

3. Divisions must maintain a record of all Educational Leave granted to an employee in a calendar year. Educational leave should be recorded on the payroll voucher as a separate earnings code (508).

Educational Leave may not exceed 160 hours in a calendar year except with the approval of the County Administrator.

H. Military Leave

1. Leave with pay will be provided:

a. For Training Purposes For members of the federal military reserves and the Florida National Guard, full base pay for the first seventeen (17) working days in a calendar year when assigned to active or inactive duty for training purposes. The definition of "working day" as it applies to Military leave for training purposes is: Shifts of twelve (12) hours or less shall equal one (1) working day; shifts of over twelve (12) hours and up to twenty four (24) hours shall equal two (2) working days. Any absence for training purposes in excess of seventeen (17) working days shall be charged to appropriate accrued paid leave, or to leave without pay if an employee has no such leave accumulated,

b. When Ordered to Active Military Service Not For Training Purposes

(1) For members of the federal military reserves ordered to active military service not for training purposes, full base pay .for the first thirty (30) calendar days during any such service; thereafter, supplemental pay in an amount necessary to bring their total earnings, inclusive of their military pay, to the base pay earned from the County at the time they were called to active military service; and

(2) For members of the Florida National Guard ordered to active state duty not for training purposes pursuant to order of the state's military court (s. 250.36, F.S.) or order of the Governor or state Adjutant General (s. 250.28, F.S.), or if ordered to active duty not for training purposes by the federal government, full base pay for the first thirty (30) calendar days during any such service period; thereafter, supplemental pay in an amount necessary to bring their total earnings, inclusive of their military pay, to the base pay earned from the County at the time they were called to such active duty.

2. Required Documentation Military Leave requests for annual training and/or mobilization must be processed on a 102-102 with required documentation attached. If documentation is not submitted in advance of usage, leave cannot and will not be authorized. Undocumented leave may be charged to appropriate accrued paid leave or leave without pay if employee has no such leave accumulated.

a. Individual Day or Weekend Training The employee must submit the yearly training schedule, issued and signed by the Commanding Officer of the military

unit to which the employee belongs, to his/her divisional payroll clerk at the beginning of the yearly period. If possible, the employee's regular work schedule should be adjusted so training does not fall on a work day. If for any reason the training date(s) is altered, the employee is responsible for obtaining and submitting an updated schedule or separate letter detailing the change. issued and signed by the Commanding Officer.

b. Annual Training Annual Training is usually for a two week period. The employee is responsible for submitting military leave orders to his/her divisional payroll clerk as soon as the order is received.

c. Active Duty Not for Training Purposes The employee is responsible for submitting military leave orders to his/her divisional payroll clerk as soon as the order for mobilization is received. If the employee's military duty is extended beyond the initial orders and supplemental leave is being requested, the additional orders are required prior to the end of the initial thirty (30) calendar day period.

3. **Leave Without Pay** Leave without pay will be provided to members of the state national guard and federal military reserves ordered to active or inactive duty for training or non-training purposes by their respective military superiors and whose period of leave with pay, as authorized above, has expired.

4. **Benefits** The County will continue to provide benefits in the form of BC^2 Flex Dollars consistent with the applicable Civil Service Rules, union contracts, and these procedures in effect at the time of mobilization during the period of paid military leave.; The employee is expected to continue to pay his or her applicable premiums. The employee may elect to continue benefits coverage for the employee and dependents at his or her own sole expense, for the lesser of 15 additional months or until the day after the date on which the person fails to apply for or return to County employment as required by federal law.

5. During the employee's military leave of less than ninety (90) days, the respective appointing authority, with the concurrence of the Human Resources Division, may temporarily reassign that employee's duties or hire temporary help pursuant to established procedures. If military leave extends beyond 90 consecutive calendar days, the employee's position may be deemed vacant and may be filled through appropriate recruitment procedures.

6. **Calculation of leave time** The leave period includes the time reasonably necessary to travel to and from the site of duty or training.

7. **Processing Leave Requests**

a. Leave requests for "Annual Training" and calls to active duty for non-training purposes (mobilization) must be processed on a Personnel Action Form 102-102. Attach a copy of the military orders and indicate whether the orders were issued by state or federal authority. Failure to obtain orders and process this leave on a 102-102 will result in denial of military leave.

b. Leave requests for individual or weekend training periods shall be submitted on an Application for Leave/FMLA Designation. Form 102-112, and processed on the payroll voucher, using code 510.

8. Reemployment

a. Upon request to return to County service within ninety (90) calendar days of release from military duty, an employee will be returned to the position he/she would have held had his/her continuous County employment not been interrupted by such military service. A return to the position the person would have held requires that the person be qualified to perform the duties; or, if the person is not qualified to perform the duties of such position and reasonable efforts to qualify the person fail, the person shall be placed in accordance with state and federal law. If the employee is no longer qualified for such position because of a disability aggravated by or incurred during military service, see subsection b, below-.

b. If the employee is not qualified for placement in accordance with (a) above because of a disability incurred in, or aggravated during, such military service. and he/she cannot be reasonably accommodated to perform the essential functions of the position, then the employee shall be placed in a position which is equivalent in seniority, status and pay, for which he/she is qualified to perform with or without reasonable accommodation. If such position is not available at the time of return or anticipated to be available within a reasonable time, then the employee shall be placed into a position which is the nearest approximation to such position in terms of seniority, status and pay consistent with circumstances of such person's case.

c. Note: Any reemployment or placement questions must be coordinated with the Staffing Services section of the Division of Human Resources.

I. Disability Leave Always counsel with the employee, the Labor Relations Section of the Division of Human Resources, and Office of Equal Opportunity, ADA Coordinator if the employee claims to have a disability protected by the provision of the ADA.

1. If the employee's impairment is of a temporary nature or otherwise not a disability as defined by the ADA (as documented in an ADA Determination), the Director of Human

Resources may authorize a specified period of time off consistent with the provisions of the Civil Service Rules and Regulations or a temporary modified schedule may- be approved to enable the employee to overcome the impairment.

a. Approval of time off or a temporary modified schedule will be based in part on the operational needs of the agency.

b. Time off is to be charged to sick leave, or if no sick leave has been accrued, to annual leave or leave without pay.

2. If additional leave time or modifications cannot be provided to enable the employee to overcome the impairment, and the employee remains unable to perform the essential j ob duties, the employee may be separated from County service.

J. **Supplemental Disability Leave (Workers' Compensation)** If an on-the job injury or illness occurs, the employee should notify her or his supervisor and contact the County's Managed Care Provider, as instructed, for advice and authorization regarding medical attention. Information on how to contact the County's Managed Care Provider is available from the Risk Management Division.

Employees receiving Worker's Compensation benefits should contact the adjustor in Risk Management to address the applicability of Supplemental Disability Leave and contact Employee Benefits in the Division of Human Resources regarding insurance coverages. The employing Division should also contact Staffing Services regarding budgeted position options.

1. **Supplemental Disability Leave** is paid leave that may be given to benefit eligible employees in conjunction with a work-related (Worker's Compensation) injury or illness. It supplements Worker's Compensation benefits, which are normally about 2/3 of regular wages, bringing them to what he or she would normally receive for his or her regular work schedule.

Supplemental Disability Leave is not an entitlement. If it is granted, the period of Supplemental Disability Leave is subject to the person's medical status as determined by the attending physician but may not exceed eight (8) scheduled workweeks unless approved by the County Administrator. It can be denied if the employee failed to perform the job in a safe manner or otherwise contributed to his or her injury.

If the absence and use of Supplemental Disability exceed three work days after the date of the work-related injury or illness, subject to proper notice to the employee, it will be considered to be a serious health condition of the employee under FMLA. Any absence after the third day will count toward the employee's FMLA period and use of Supplemental Disability Leave, annual leave and sick leave after that would be concurrent with FMLA. See also the discussion of FMLA.

2. **Requests for Extension of Supplemental Disability Leave** Supplemental Disability Leave may be extended for an additional period of up to eight (8) scheduled workweeks, but the extension requires approval of the County Administrator. Requests for extension of Supplemental Disability Leave benefits are sent to the Employee Benefits Services section of Human Resources. The memo should fully state the justification for the extension of the Supplemental Disability Leave. The request will be reviewed with the Risk Management Division and a recommendation will be given to the County Administrator. The Division of Human Resources will notify the requesting agency of the County Administrator's decision.

3. **Use of Accrued Paid Leave to Augment Worker's Compensation Payments** If Supplemental Disability Leave is not granted or if Supplemental Disability Leave benefits are exhausted, the employee will continue to receive Worker's Compensation benefits as required by the State of Florida. Worker's Compensation benefits are issued by Risk Management outside the County's payroll cycle. Employees may use accumulated Sick and/or Annual Leave to augment Worker's Compensation payments until their accumulated leave is exhausted or they return to work. Use of Sick and,/or Annual Leave in this situation would also count toward the employee's FMLA period, subject to proper notice to the employee. If accrued paid leave is used, the employee is considered to be on pay status for Flex Dollar purposes.

4. **Leave of Absence While Receiving Worker's Compensation**

   a. Initial Leave When Supplemental Disability Leave and/or paid leave is exhausted or if the employee elects not to use Sick or Annual Leave to supplement Worker's Compensation benefits and the employee is still receiving Worker's Compensation benefits, the employee is placed on leave of absence without pay status, submitted on Form 102-102. The leave of absence, in this case, has no effect on eligibility for continued Worker's Compensation benefits. Where a return to work date cannot be projected, ninety (90) days after the start of the unpaid leave would be used as the projected return date. If a return to work date can be projected, it would be entered on the Form 102-102 as the end of leave date. If the employee is able to return to work before the projected end of the leave of absence. the unused leave is canceled by the Form 102-102 returning the employee from Leave of Absence.

      Any period of unpaid leave in this case would be considered and processed as FMLA for the serious health condition of the employee and would count toward the FMLA period, subject to proper notice to the employee, until FMLA is exhausted for that 12-month period. Once the FMLA period is exhausted for that 12-month period, any further unpaid leave in connection with that injury or illness would be processed as LOA - Worker's Compensation. To do this, a transaction bringing the employee back from FMLA leave and one placing the

employee on LOA- Worker's Compensation, with a projected return date, would need to be generated.

b. After the Initial Leave, if the employee is still unable to return to work after the initial leave of absence, the leave can be extended, up to one (1) full year. by submitting another Form 102-102. In this case, assuming the employee has exhausted FMLA for that 12-month period, a transaction bringing the employee back from FMLA leave and one placing the employee on LOA- Worker's Compensation, with a projected return date, would need to be generated.

c. Group Insurance For information regarding continuation of group insurance and other benefit programs, consult the Chapter on Benefits in this handbook.

5. Job Placement Counseling At any stage in the process, if the employee appears able to perform other duties within the County, the Risk Management Division will refer the employee to the Division of Human Resources for counseling, qualifications determination, and placement.

6. Release by Attending Physician An employee who is released by the attending physician to return to work but at less than his/her full, unlimited duties is expected to return to work under the Alternate Duty Program administered by the Risk Management Division. If the physician's release is for less than the regular workday or workweek, any Supplemental Disability Leave, if it has been granted, up to the eight scheduled workweeks limitation, may be used. Failure to return to work in a timely manner once released to do so by the attending physician may result in disciplinary action. Refusal or failure to cooperate with and/or to participate in the Alternate Duty Program may result in denial of Supplemental Disability Leave and/or in a reduction in Worker's Compensation benefits.

K. Job Basis Leave Employees whose jobs are exempt from the requirement to pay time and one-half for overtime under the Fair Labor Standards Act are eligible for Job Basis Leave. The determination of job basis or exempt status is the responsibility of the Division of Human Resources. Procedures for the request and approval of Job Basis Leave will be the same as those for Annual Leave. The number of Job Basis Leave hours granted to the employee shall be entered on the payroll voucher. The entry shall be approved by the Division Director. Job Basis Leave is intended to be used during the calendar year in which it is available, and may not be carried over into the next calendar year. Employee's separated from County service shall NOT be paid out for unused Job Basis Leave. Job Basis Leave shall be available for use as follows:

1. Current full-time employees in Job Basis eligible positions as of January 1 of a calendar year will have forty (40) hours available for use beginning in January of each year (Eligible part-time 20+ employees will have twenty (20) hours available for use).

2. Full-time employees hired into Job Basis eligible positions, or promoted from a non-Job Basis eligible position into a Job Basis eligible position, from January 1 st through June 30th, will have forty (40) hours available for use following the effective date of employment or promotion (Eligible Part-time 20+ employees will have twenty (20) hours available).

3. Full-time employees hired into Job Basis eligible positions, or promoted from a non-Job Basis eligible position into a Job Basis eligible position, from July 1 st through December 31st, will have twenty (20) hours available for use following the effective date of employment or promotion (Eligible part-time 20+ employees will have ten (10) hours available).

L. **Civil Leave** Civil Leave is the approved absence from work with pay for benefit eligible employees when serving on jury duty, when subpoenaed as a witness before any public body or commission when the subpoena to appear is job-related, or when performing emergency civilian duty in connection with national defense. Directors may require the employee to submit proof of any such civil duty in order to approve a request for Civil Leave. An employee regularly scheduled to work the evening or midnight shift may receive civil leave, as described above. for their regularly scheduled shift when their court-ordered service occurs immediately before or after their scheduled shift. An employee subpoenaed in the line of duty to represent the County shall either be paid per diem or travel expenses by the County or may retain witness fees and mileage received from the Court. If paid per diem and travel by the County, the employee must turn over fees received from the Court to the County. Employees will be granted up to one hour off for voting on election days when it is not feasible to vote before or after working hours.

For employees in classes covered by collective bargaining agreements, consult the applicable union contract and Labor Relations.

M. **Bereavement Leave** Bereavement Leave is paid leave for an approved absence from work due to a death in the employee's immediate family. Immediate family is defined to include employee's spouse or domestic partner, child, parent or persons determined in loco parentis (in the place of the parent) by the Director of Human Resources, brother, sister, grandparent, grandchild, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, step parent, step-child, step-sister, step-brother, or relative domiciled in the employee's household.
Bereavement Leave shall be granted to benefit eligible employees for up to three (3) regularly scheduled workdays of paid leave (part-time 20+ employees shall receive a maximum of twelve (12) hours in the event of a death of an immediate family member or domestic partner and up to

two (2) additional regularly scheduled workdays of paid leave (part-time 20+ employees shall receive a maximum of eight (8) additional hours) to attend a funeral outside Florida. The employee shall provide his/her Director with proof of the death and relationship if requested.

Employees covered by collective bargaining agreements are subject to the provisions of their union contracts.

N. **Parenting Leave Parenting** Leave was a type of leave available before implementation of the FMLA program and provided a period of leave for benefit eligible employees for the purpose of postpartum recovery, assistance in that recovery, bonding with a new child by either or both parents, or other reasonable need associated with the adjustment to the addition of a new child to a family. The situations to which Parenting Leave formerly applied are included under FMLA and Parenting Leave is no longer used as a designation for a type of leave.

O. **The Family and Medical Leave Act of 1993 (FMLA)** FMLA applies to any employee once the employee has worked for a covered employer for 12 months AND has worked 1,250 hours. The County is a covered employer and, for benefit eligible employees, the County will provide FMLA leave once the employee has completed an initial probation period (where applicable) and without regard to number of hours worked. For benefit eligible employees whose positions are excluded from the Classified Civil Service and are not subject to a probation period, the County will provide FMLA leave after completion of six months of employment. For all other employees, the 1,250 hours worked in a 12-month period criterion will apply. The choice to process a request for time away from work as FMLA is not at the discretion of the employee or the employing agency. If a the reason for leave qualifies as an FMLA event under the Law, the leave must be processed as FMLA provided the person has not exhausted the FMLA period for that 12-month period. Further, in no case will taking FMLA leave be used as a negative factor in employment actions.

1. Eligibility

a. Benefit Eligible Employees Benefit eligible employees who have completed a probationary period, or six months of employment as noted above, may be granted the equivalent of up to 12-work weeks of leave in a 12-month period. Employees will be expected to use all available and applicable paid leave for an FMLA event before unpaid FMLA leave will be approved. As a result, for benefit eligible employees, FMLA leave may consist of paid leave, unpaid leave, or a combination of paid and unpaid leave. The employee will be notified in a timely manner when leave is considered FMLA.

b. Non-benefit Eligible Employees Under FMLA, the 12 months of employment need not be consecutive and could cover more than one period of employment. As a result, some employees in Part-time 19 positions and, possibly, others in

positions classified as Temporary, Student, Seasonal, or Will Call, may qualify for leave under FMLA. To determine when 1,250 hours have been worked, the most recent employment period would be used.

Unless an employee is considered to be a County benefit eligible employee, he or she is not eligible for paid leave or other County leave-without-pay programs. This means non-benefit eligible employees are not granted leave per se. FMLA leave for non-benefit eligible employees would be accommodated by schedule adjustments and no BC 102-102 would be processed. All other County FMLA procedures would apply and use of FMLA for these employees would be noted on the time sheet.

c. County Temporaries and Temporary Agency Personnel FMLA applies to employees working for two employers which exercise some control over the employee's work. This means that FMLA might apply to some County temporary employees and to temporaries working for the County through an outside agency. FMLA for temporaries working through a temporary agency would be administered by the temporary agency. FMLA for County Temporary employees is subject to section B, above.

2. Types of FMLA Leave An employee is entitled to take FMLA leave when a child is born, when a child is placed for adoption or foster care with the employee, when an eligible family member (child, spouse or parent) or a registered domestic partner of the employee is affected by a serious health condition requiring the employee's absence from work, or when the employee experiences a serious health condition and is unable to perform his or her job functions. FMLA leave is not intended to cover short-term conditions for which treatment and recovery are brief.

3. Definitions

a. "Child" means a child for whom the employee is acting as a parent, which means no legal relationship is required, and who is less than 18 years of age or who, if 18 years of age or older, is incapable of self-care because of a mental or physical disability. Thus, under FMLA a child may be a biological, adopted, or foster child, or a stepchild, a legal ward, or a child for whom the employee stands in loco parentis. If both the father and mother of a new child are eligible for FMLA, they may each take FMLA leave for the birth and care of the baby or placement of the child in their home at the same time, or for bonding with the child, on an overlapping basis, or sequentially. FMLA for the birth of a child or to care for such a child or for the placement of a child with the employee for adoption or foster

care, must be taken within the 12-month period following the child's birth or placement with the employee. Where FMLA leave is requested for the adoption or placement of a child, the employee may be required to provide written proof of pending or final placement and the relationship. FMLA leave in these cases may begin prior to placement if an absence from work is required for such placement to proceed.

b. "Spouse" means the employee's current husband or wife as recognized under Florida law. If both spouses work for the County, each will be eligible for up to the equivalent of 12-weeks of FMLA leave in a 12-month period. Each person, in this case, may have a different 12-month period.

c. "Domestic Partner" means a person registered as such with the County Records Division. Although the Family/Medical Leave Act does not apply to persons other than an employee's child, spouse, or parent, the County extends FMLA like benefits to a qualified domestic partner of a County employee. Accordingly. the provisions, related to FMLA in this Handbook, apply to the serious health condition of a qualified domestic partner under the same conditions as though the person were the spouse of the employee.

d. "Parent" means the biological parent, stepmother or stepfather. or an individual who stands in loco parentis to the employee. For FMLA purposes. 'parent' typically does not include a parent ‘in law'. For unusual situations, call Employee Benefit Services for guidance.

e. “Serious Health Condition" means an illness, injury, impairment, or a physical or mental condition that involves one of the following:

(1) Hospital Care Inpatient Care i.e., an overnight stay, in a hospital, hospice. or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to the inpatient care.

(2) Absence Plus Treatment A period of incapacity of more than three consecutive calendar days, including any subsequent treatment or period of incapacity relating to the same condition, that also involves
- Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services, e.g., a physical therapist, under orders of, or on referral by, a health care provider; or
- Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

Incapacity for this purpose is defined as inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

(3) Pregnancy Any period of incapacity due to pregnancy or for prenatal care.

(4) Chronic Conditions Requiring Treatments. A chronic condition is one which
- Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
- Continues over an extended period of time, including recurring episodes of a single underlying condition; and
- May cause episodic rather than a continuing period of incapacity, e.g.. asthma, diabetes, epilepsy, etc.

(5) Permanent/Long-term Conditions Requiring Supervision A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member or domestic partner must be under the continuing supervision of. but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

(6) Multiple Treatments (Non-Chronic Conditions) Any period of absence to receive multiple treatments, including any period of recovery therefrom, by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer. chemotherapy, radiation, etc., severe arthritis (physical therapy), kidney disease (dialysis).

(7) Treatment Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does NOT include routine physical examinations, eye examinations, or dental examinations.

f. What Is NOT a Serious Health Condition Under FMLA, voluntary or cosmetic treatments, such as most treatments for orthodontia or acne, which are not medically necessary, are not serious health conditions unless inpatient hospital care is required. Other examples of conditions that are NOT considered to be serious health conditions under FMLA unless complications arise, include, but are not limited to:

(1) Treatments for allergies or stress unless all FMLA conditions are met.

(2) Routine or preventive physical examinations.

(3) Common colds and flu.

(4) Upset stomach and ulcers.

(5) Earaches and headaches, other than migraines.

(6) Routine dental or orthodontic problems, including periodontal disease.

g. "Continuing Treatment" means one or more of the following:

(1) The employee or family member or domestic partner is treated two or more times for the injury or illness by a health care provider. Normally this would require visits to the health care provider or to a nurse or physician's assistant under the direct supervision of the health care provider.

(2) The employee or family member or domestic partner is treated for the injury or illness two or more times by a provider of health care services under orders of, or referral by. or under the direction of, a health care provider; or is treated for the injury of illness by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider. EX: A course of medication or therapy to resolve the health condition.

(3) For a serious long-term or chronic condition or disability that cannot be cured, the employee or family member or domestic partner is under the continuing supervision of, but not necessarily being actively treated by, a health care provider. EX: Persons who have suffered a severe stroke or persons in the terminal stages of a disease who may not be receiving active medical treatment.

A regimen of CONTINUING TREATMENT includes, for example, a course of prescription medication, e.g., an antibiotic, or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does NOT include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

h. "Health Care Provider" means one of the following who must be licensed or authorized to practice by the State and must be performing within the scope of their practice as defined under State law.

(1) Doctors of medicine or osteopathy.

(2) Podiatrists, dentists, clinical psychologists, optometrists, clinical social workers, and chiropractors (limited to subluxation correction).

(3) Nurse practitioners and nurse-midwives.

(4) Christian Science practitioner listed with the First Church of Christ Scientist in Boston, Massachusetts is also considered a health care provider for the purpose of FMLA.

(5) Any health care provider recognized by the County's group health plans.

4. Leave Requirements

a. Amount or Length of Leave
FLSA Exempt: Employees in positions that are exempt from the overtime requirement of the Fair Labor Standards Act (FLSA) are eligible for up to 12 work weeks or 480 hours of FMLA leave in a 12-month period. FMLA permits the County to prorate the pay of an employee whose position is exempt from the overtime requirement of the FLSA during a qualifying FMLA leave without affecting the FLSA exemption.
FLSA Non-exempt: Under the law, the amount of FMLA leave for FLSA non exempt employees is based on a `normal work week' and there is no maximum available hours.

(1) Full time employee would have 480 available hours.

(2) FMLA hours for employees in Part-time 20 and Part-time 19 positions is determined on a pro-rata basis, i.e., for a normal work of 20 hours per week, available hours would be 240; 30 hours per week would be 360 hours, etc.

(3) A normal workweek' for employees with a variable schedule is determined by calculating a weekly average using the hours worked over the 12 weeks prior to the beginning of the leave period.

b. 12-month Period The County has adopted a ‘rolling period' of twelve months as the 12-month period for FMLA. The rolling period is determined by measuring backward from the date an employee requests FMLA leave, similar to the method used to track sick leave occurrences. For example, on March 12, 1997, a full time benefit eligible employee, who is otherwise eligible for FMLA leave, requests two weeks of FMLA leave to care for a sick child. The child's illness is properly designated a serious health condition under FMLA. In reviewing the employee's work history, the following use of leave was noted.

c. Prior to 04/07/99. no paid or unpaid FMLA leave was used.

04/07/99 - 04/26/99	3 weeks	Used 40 hours of Sick Leave as Family Illness Leave concurrent with FMLA leave for a child's serious illness and 80 hours of Annual Leave for the same reason.
06/01/99 - 06/30/99	4 weeks	Used 80 hours of Sick leave and 80 hours of Annual Leave concurrent with 4 weeks FMLA leave for the employee's serious illness.
08/10/99 - 08/14/99	1 week	Used 40 hours of Annual Leave for vacation. This period does not count as FMLA.
10/01/99 - 11/15/99	6 weeks	Used 32 hours of Sick Leave, exhausting all Sick Leave. Also used 80 hours of Annual Leave, exhausting accrued Annual Leave, and 128 hours of unpaid leave. All leave was used concurrent with FMLA leave for the employee's serious illness.
01/15/00 - 01/19/00	1 week	No paid leave was available so used 40 hours of unpaid FMLA leave for the serious illness of the employee's mother.
03/12/00 - 03/26/00	2 weeks	As of March 12, not entitled to any further FMLA at that time. If the request can be accommodated by the employing agency, the leave would be processed as leave without pay for Personal Reasons and would not be subject to FMLA provisions.

After 04/07/00, the first occurrence shown above begins to 'burn off' on a day by day basis. On 07/01/00, the second occurrence above burns off and another four weeks of FMLA leave is now available.

As noted above, leave with or without pay, in addition to or after the equivalent of 12 weeks of FMLA has been applied, may be requested but it is NOT an entitlement. If it is approved, it will NOT be processed as FMLA and is NOT subject to FMLA requirements. For additional leave contiguous to previously approved unpaid FMLA leave, a Form 102-102 transaction is required to bring the employee back from FMLA leave and another Form 102102 transaction is required to place the employee on another type of leave without pay.

5. **Coordination with Other Policies** As noted earlier, the choice to process a request for time away from work as FMLA is not at the discretion of the employee or the employing agency. If a situation qualifies as an FMLA event under the Law, the leave must be processed as FMLA where the FMLA period has not been exhausted. If the employee does not have enough applicable paid leave to cover the absence, any remaining period of the absence will be processed as unpaid FMLA leave up to the 12-week limit for FMLA. If the employee requests additional time off for the same event after FMLA is exhausted for that 12-month period, any further period of paid or unpaid leave in connection with the event is not an entitlement and, if it is approved, will NOT be processed as FMLA.

6. **Use of Paid Leave Required** When an employee is granted leave under FMLA, he or she will be required to use all available and applicable paid leave prior to being placed on leave without pay status. Use of paid leave in this case will count toward the FMLA period except where compensatory time is used. Applicability of paid leave for an FMLA absence is determined by the procedures for the paid leave. See elsewhere in this Handbook for a discussion of use of Annual or Sick Leave. Use of Sick Leave for an FMLA event involving a child or parent or domestic partner is limited to Sick Leave available under the Family Illness Leave program.

   If an employee exhausts all applicable paid leave before the equivalent of 12 weeks of FMLA is complete, the employee may be granted a period of unpaid FMLA leave so that the total of paid and unpaid leave equals 12 weeks. Leave provided under the Donated Leave Program will count toward the FMLA period.

7. **Determining if FMLA Applies**

   a. Employing Agency It is the employing agency"s responsibility to gather enough information about an employee's request to be absent from work in order to determine if FMLA applies at the time the request is made. The employee is not required to specify that a request for leave is being made under FMLA in making a request to be absent for the leave to be considered FMLA. For instance, if an employee tells supervisor that the employee's child is going into the hospital, the supervisor may need to ask the employee for more details in order to determine if it is a serious health condition of the child in order to advise the employee that the absence will be counted as FMLA.

      It is also the employing agency's responsibility to designate the leave as FMLA and to give notice of the designation to the employee. However, the absence of such designation and/or notice does not necessarily preclude the leave from counting toward an employee's twelve (12) week entitlement. The designation must be based on information received from the employee or the employee's spokesperson or the health care provider.

b. Employee When asked about a request to be absent, the employee must provide sufficient information regarding the reason for requesting the leave so that a determination can be made if the reason qualifies as an FMLA event.

c. Notice of Determination The employing agency should make every attempt to notify the employee if an absence is considered to be FMLA leave as soon as possible.

d. Retroactive Determination If it is learned or determined that a leave is for an FMLA event after a leave has begun, the leave can be designated as FMLA retroactively with proper notice to the employee. In no event will leave be designated as FMLA by the employee or the employing agency after the leave has ended.

e. FMLA Leave on a Provisional Basis Where medical certification is needed in order to determine if FMLA applies, leave may be granted as FMLA provisionally, pending receipt of medical certification or other required documentation. If the medical certification or other required documentation does not support the employee's request, the employing agency will evaluate its ability to grant the leave under other applicable County paid and unpaid leave programs, notify the employee of that decision, and process the leave accordingly.

8. **Sick Leave Occurrences and Seniority** Paid or unpaid absences under FMLA will not be taken into consideration for performance assessment or for disciplinary matters. However, the employee's failure to comply with FMLA procedures, to provide medical certification as requested, or to provide a fitness for duty report may be cause for disciplinary action, up to and including termination of employment. **Unpaid FMLA will not affect an employee's anniversary date for salary increase consideration or for purposes dealing with seniority.**

9. **Worker's Compensation and Supplemental Disability Leave** Supplemental Disability Leave, beyond three work days after the date of a work-related injury or illness for which Worker's Compensation would apply, will also count toward the FMLA period. In addition, when Supplemental Disability Leave is exhausted, continuing absence while receiving Worker's Compensation benefits will also count toward the 12 week FMLA period, subject to proper notification to the employee. Use of Sick or Annual Leave to supplement Worker's Compensation benefits will be concurrent with FMLA.

10. **Reduced Schedule/Intermittent Leave** An employee may take FMLA leave intermittently (a few days or a few hours at a time) or under a reduced work schedule to care for an eligible family member with a serious health condition or because of the

serious health condition of the employee when "medically necessary." "Medically necessary" means there must be a medical need for the leave and that the leave can best be accomplished through an intermittent or reduced work schedule.

An employee may also be able to take leave intermittently or on a reduced work schedule for the birth or placement for adoption or foster care of a child. Intermittent leave or leave on a reduced work schedule basis in these cases is subject to express. prior approval from the employing agency.

11. **Minimum Increment of FMLA** Paid or unpaid FMLA leave under a reduced work schedule cannot be used in increments of less than thirty minutes. Paid or unpaid FMLA leave taken intermittently cannot be in increments of less than thirty minutes.

12. **Alternate Assignment** The employee may be required to transfer temporarily to a position or classification for which he or she is qualified with equivalent pay and benefits that better accommodates recurring periods of leave when the leave is planned based on scheduled medical treatment. In this way, the work disruption which can result from such absences can be reduced. Arrangements for alternate assignments must be approved by Labor Relations and the ADA Compliance Office prior to discussion with the employee.

    The employee may be offered an alternative `light duty' assignment in lieu of leave, but cannot be forced to take the assignment. Where the serious health condition of the employee is a result of an on-the-job injury or illness and the employee is eligible for worker's compensation benefits, refusal of alight duty assignment could result in reduction of Worker's Compensation benefits, but would not affect the employee's FMLA leave entitlement.

13. **Certification of Medical Condition/s** The employee may be required to provide medical certification and recertification of a serious health condition of the employee or the eligible family member.

    a. Confidential Information All documentation related to the medical condition of the employee or an eligible family member or qualified domestic partner must be held in strict confidence and will not be maintained in the employee's official personnel file. However, supervisors may be informed regarding health condition in order to designate leave as FMLA or regarding necessary restrictions on the work or duties of an employee and necessary accommodations.

    b. Health Care Provider Certification When FMLA leave is requested due to the serious health condition of the employee or an eligible family member, certification of the serious health condition by the health care provider may be

required. Medical certification may not be required to approve FMLA. In all cases, medical certification will be required to deny it. As with use of Sick Leave, medical certification may be required when an FMLA event lasts three consecutive work days and is required when an FMLA event lasts five or more consecutive work days.

(1) Chronic Conditions Where intermittent leave is requested for a chronic condition, a single medical certification may be used for recurrences of the chronic condition. The employing agency is expected to use good sense as to when undated medical certification should be requested to determine the current status of a chronic health condition.

(2) Re-Certification Recertification of the serious health condition may also be required, but no more frequently than every 30 days and only in connection with an absence unless the employee requests an extension of the leave. the circumstances have changed, or information casting doubt on the validity of the original certification is received.

(3) Health Care Provider Certification Form 102-216, Health Care Provider Certification, is used for the purpose of medical certification. The employee would typically submit a completed Form 102-216 to his or her Division Director or designee at the time the request for FMLA is made but no later than 15 days after the start of the leave or of notice that medical certification is required. If the request is for intermittent leave, the health care provider must also certify that such leave is medically necessary and provide the dates and duration of treatments. Failure to provide proper medical certification in a timely manner may be grounds for delay or denial of the request for leave and possible disciplinary action, up to and including termination of employment.

- Employee's Serious Health Condition Where the request for FMLA leave is for the employee's own serious health condition, the health care provider is asked to indicate if the employee is able to perform work of any kind, or if the employee is or is not able to perform the essential functions of the employee's position based on documentation provided by the County as to the essential functions of the employee's position.

- Serious Health Condition of a Child. Spouse, Parent or Domestic Partner Where FMLA leave is requested to care for a child, a spouse, a parent, or domestic partner who has a serious health condition, the medical certification must include a statement from the health care provider that the employee's assistance is needed to care for the patient, e.g., that the employee 's assistance is required for basic medical, hygiene, nutritional needs, safety or transportation or that the

employee's presence would be beneficial or desirable for the care of the patient.

(4) 'Need to care for' includes providing psychological comfort and reassurance which would be beneficial to a seriously ill child, spouse, parent, or domestic partner receiving inpatient care. The term also includes situations where the employee may be needed to fill in for others who are caring for the family member or to make arrangements for changes in care, such as a transfer to a nursing home.

(5) Intermittent leave or a reduced work schedule to care for a family member or domestic partner could be requested not only for a situation where the person's condition itself is intermittent, but also where the employee is only needed intermittently, i.e., where other care is normally available, or care responsibilities are shared with another member of the family or a third party.

(6) Second and Third Opinion The employee may also be required to obtain a second or third opinion of the medical necessity for a leave, at the County's expense. Call Labor Relations for instructions on how to proceed. In addition, the employee may be required to provide periodic reports on the her/his status and intent to return to work and, subject to proper notice to the employee, to submit a fitness-for-duty report to return to work. If the employee has been put on notice that a fitness-for-duty report may be required, job restoration may be denied until the report is submitted.

(7) Employees on FMLA leave must report any changes in conditions or plans which affect their current leave status or eligibility in a timely manner.

14. Notice Requirements As with any other absence from scheduled work, an employee requesting leave under FMLA is expected to provide reasonable prior notice of his or her need for leave under FMLA when possible. When the need for leave can be foreseen, the employee is expected to give written notice at least 30 calendar days before the date on which leave is requested to begin. Otherwise, the employee is expected to provide as much prior notice as is practicable. Additionally, the employee is expected to make a reasonable effort to schedule medical treatment so that his or her absence from work will not unduly disrupt the operations of the employing agency.

a. Requesting FMLA Leave The employee must give at least verbal notice to make the employing agency aware that leave is needed, including the timing and duration. However, the employee need not expressly assert her or his rights under FMLA. It is the supervisor's responsibility to inquire further in order to determine if FMLA is applicable and to consider possible ADA implications of

the situation. The employee will follow the employing agency's usual and customary procedures for notice of need for paid and unpaid leave.

b. Processing FMLA Requests Requests for FMLA leave are submitted on Form 102-112, Application for Leave/FMLA Designation. Completed forms are submitted to the employee's immediate supervisor for review and approval or disapproval. Form 102-112 should be accompanied by medical certification or other required documentation as appropriate. If the employee is unable to complete or sign the Form for some compelling reason, the immediate supervisor should still take action in connection with the leave, noting the inability of the employee to do so, and notifying the employee of the decision and action. If the employee is returning from FMLA leave earlier than originally expected, the employee is expected to give notice before the day he or she intends to return to work.

15. FMLA and Other Benefits

a. Paid FMLA Benefits for employees on paid FMLA leave will continue to be provided under the same conditions as coverage is provided on any other type of paid leave permitted under County paid leave and benefit programs.

b. Un-paid FMLA Benefits for employees on unpaid FMLA leave will continue to be provided under the same conditions as coverage is provided on any other type of unpaid leave permitted under County leave without pay programs.

(1) Flex Dollars Flex Dollars will be continued while on unpaid FMLA.

(2) Dropped or Canceled Coverages Where pre-taxed coverages were dropped within 31 days of the start of unpaid FMLA leave as permitted for a family status change or where benefits were canceled for nonpayment after the 30-day Grace period, an employee may elect to restart dropped or canceled coverages upon return to work without proof of eligibility or medical underwriting.

(3) Premium Payments Employees are expected to continue to pay for benefits while on paid or unpaid FMLA. Where Flex Dollars cover the entire premium amount, no additional payment may be required. Where premiums exceed the Flex Dollar amount, the employee is encouraged to pay the difference on an after tax, pay-as-you-go basis if the leave is expected to last more than one or two pay periods. Where leave is projected to last fewer than three pay periods, the employee may choose to let arrears accumulate, but arrears will typically be taken from the first pay check after the employee returns to work.

(4) Medical Reimbursement Accounts An employee can suspend a Medical Reimbursement Account at the start of paid or unpaid FMLA leave, in which case, claims incurred during the FMLA leave cannot be reimbursed and the annual election amount will be reduced by the amount not contributed. Dependent Care expenses incurred during unpaid FMLA leave, generally, cannot be reimbursed.

16. Employment Protection If the employee returns to work at the expiration of paid or unpaid FMLA leave, he or she must be restored to the same position and classification held prior to the leave or to a position with equivalent employment benefits, pay. and other terms and conditions of employment. Determination of equivalency must be based on authority, responsibilities. perquisites, working conditions, status, skill, effort and privileges.

a. Protections Rights Employees have no greater rights to a job under FMLA job restoration than if they had been continuously at work. Thus, if the employee's position would have been eliminated or the employee would have been terminated or laid off but for the FMLA leave, the employee would not have the right to job restoration. Other reasons for denial of job restoration include fraudulently obtaining FMLA leave and failure to provide a duly requested fitness for duty certificate.

If the employee does not return at the expiration of paid or unpaid FMLA leave and requests and is granted leave outside of FMLA requirements, the employee will be restored to his or her same or similar position only if it is available and in accordance with applicable laws and County practices.

b. Key or Highly Compensated Employee A key employee or highly compensated employee is an FMLA eligible employee who is exempt from the overtime provisions of the Fair Labor Standards Act and who is among the highest paid 10 percent of all employees.

If an employee has been notified that he or she is a key or highly compensated employee for FMLA purposes, job restoration may be denied if the denial is necessary to prevent substantial and grievous harm to the County. The County will provide notice to a key or highly compensated employee of its intent to deny job restoration in person or by certified mail, and the employee must be given a reasonable time to return to work. Only restoration to position may be denied. The key or highly compensated employee cannot be denied FMLA leave.

17. Record Keeping and Responsibilities

a. Employing Agency The employing agency is responsible for administrative processing of FMLA for the employees in that agency. This includes determining if the employee is eligible for FMLA; determining the reason leave is requested and if the reason qualifies as FMLA, designating leave as FMLA-, approving or denying requests for FMLA leave; issuing notices at the time FMLA is requested outlining the obligations of the employee; determining and tracking what paid and unpaid leave is counted toward the FMLA period; assisting employees with FMLA requests; explaining FMLA policies, procedures, forms, medical certifications, and other requirements as appropriate: tracking the rolling 12-month period and use of FMLA leave during the period. Call Employee Benefit Services for assistance with FMLA issues.

Assignment to an alternative position with equivalent pay and benefits that better accommodates the employee's intermittent or reduced work schedule, if deemed necessary, would be coordinated with Human Resources and the Budget Office.

b. Employee The employee is responsible for furnishing proper and timely notice to her or his supervisor of the need for FMLA leave, obtaining and furnishing required health care provider certification, providing timely notice of any event that affects FMLA leave currently being taken, arranging an alternative assignment or reduced work schedule with the proper authority within the employing agency, paying benefit premiums or taking action to adjust benefit participation in a timely manner. If the employee is unable to complete certain administrative documents, the employee's supervisor maybe required to provide assistance with required documentation.

V. LEAVES WITHOUT PAY

A. Approved Leaves of Absence A leave of absence without pay may be granted to employees for valid reasons. Except for FMLA, all leaves of absence are at the discretion of management in view of the necessity of maintaining work production and operations. It shall be the general practice that all applicable paid leave must be exhausted before a leave of absence will be granted. Sick Leave should be exhausted prior to leave without pay only if the absence from work is caused by an event approved for the use of Sick Leave. Leaves of absence may be granted for up to seven (7) full pay periods by the appointing authority or up to one (1) year with approval of the County Administrator.

1. Employees may not take another job while on leave of absence, unless running for a governmental office, or they forfeit their County position.

2. The mere fact that an employee has become incarcerated is not in and of itself a valid reason for the discretionary granting of accrued paid leave or leave without pay. Any such situation should be reviewed in detail with the appointing authority and Human Resources prior to a leave related determination. Refer to this Handbook's chapter on Corrective Action (job abandonment).

3. Approved Leaves of Absence as applied to:

   a. Parental Leave - While there is no entitlement to a leave of absence for parenting leave beyond that under FMLA, every effort will be made to accommodate requests for additional leave of absence for the purpose of parenting leave subject to operational needs.

   b. Running for Public Office - After annual leave has been exhausted, a leave of absence for the purpose of running for elected office would begin on the date of filing qualification papers and paying the filing fee or on the date of qualifying by the alternative method. It may begin earlier if necessary to prevent campaign activity from interfering with County employment. The leave of absence would continue until the election for the office is held, except that it shall end if the employee withdraws as a candidate before the election or upon completion of the qualifying period if unopposed. The employee must use accrued Annual leave and job Basis Leave, if eligible, before going on leave without pay status. Prior to the leave, the employee may not engage in any activity related to seeking office during working hours as a County employee. See the Chapter on Ethics and Conflicts of Interest, in this Handbook.

4. Leaves of absence in excess of one half of the scheduled hours in a regular pay period (generally 40 hours) or which accumulate to more than one half of the scheduled hours in a regular pay period require submission of Form 102-102. The following would be used to categorize the type of leave on the Form 102-102: Education Military Training Suspension without Pay
   FMLA Personal Unapproved Leave
   Military Mobilization Other Worker's Compensation

5. No sick or annual leave shall be earned for the time that an employee is on Leave Without Pay. Employees on leave of absence will not receive holiday pay. Credit toward anniversary date driven compensation increases shall not be earned for time spend on Leave Without Pay in excess of forty (40) hours, as documented on a BC-102, which accumulate in a pay period, unless the leave is due to a work-related injury. Leave of absence without pay beyond these limits will cause the employee's anniversary date to be adjusted.

B. **Leave Without Pay provided as a Disability Accommodation** Leave Without Pay may be provided, upon request. as an accommodation to employees whose condition constitutes a disability as defined by the Americans with Disabilities Act (ADA). Generally, requests for extended leave as an accommodation are made after other appropriate forms of paid leave are exhausted and the employee requires additional time before returning to work. The following restrictions apply for accommodation requests of extended leave to be granted:

1. The additional leave must be directly necessitated by the employee's disability;

2. Other appropriate forms of paid leave must be exhausted:

3. The employee's request for this accommodation must include medical documentation (including the expected date of return to duty) that the addition leave is necessary and will be effective in enabling the employee to return to work ,with or without further workplace accommodation, at the expiration of the specified leave;

4. The County must determine that this accommodation would not constitute an undue hardship on the agency, considering the employee's total period of absence form work. If these conditions are satisfied, the accommodation request of extended Leave Without pay may be granted consistent with the rules and time frames set forth for Leave of Absence Without Pay. Consult with the Office of. the ADA Coordinator before approving accommodation requests of extended leave.

C. **Absence Without Approved Leave (AWOL)** AWOL is defined as an employee's absence that is not authorized by the appropriate supervisor. AWOL shall be without pay and may subject the employee to disciplinary action. Please also refer to this Handbook's chapters on Separations and Corrective Action (refer to section on job abandonment for unapproved absences).

D. **Tardiness Policy** Unexcused tardiness will cause an hourly employee to be penalized fifteen (15) minutes pay for each quarter hour the employee is tardy by more than seven (7) minutes. However, the employee shall not be required to work the remaining fraction of fifteen minutes for which he/she is being penalized. The time shall be recorded as unapproved Leave Without Pay.

I. **Introduction to Broward County Benefits** The County's employee benefits are provided under a Cafeteria Benefit Plan called Broward County Benefit Choice, or BC². BC² is part of the employee's total compensation package which is designed to meet the County's goals of attracting and retaining personnel while helping to meet employees' needs and desires. BC² is established under IRS Section 125 and permits employees to pay certain premiums on a pre-tax basis, resulting in tax savings for the employee and the County. The County's Cafeteria Plan also allows employees to establish accounts for reimbursement of dependent care expenses and qualified medical expenses. **BC² is administered by Employee Benefits Services.**

Some benefits are provided under a collective bargaining agreement. Refer to the bargaining agreement for additional information.

A. **Eligibility for Benefits** Employees in full-time and part-time 20+ positions that are included in the County's personnel cap and elected officials are considered to be benefit eligible employees and are covered under the County's Cafeteria Benefit Plan. Newly hired benefit eligible employees or employees who gain benefit eligibility may also participate in pre-taxing of applicable Health and/or Dental premiums and may start reimbursement accounts upon employment or benefit eligibility. **All County benefit eligible employees:**

1. Receive **Flex Dollars**, which are the County's contribution for benefits and are paid as additional earnings for each pay period in which the employee is on pay status. Benefit eligible part-time 20+ employees appointed after December 31, 1995 will receive Flex Dollars in proportion to the scheduled hours as approved for the position by the Office of Budget and Management Policy.

2. May establish **Flexible Spending Accounts**, or FSAs, which permit employees to set aside dollars from their gross pay before FICA and with-holding taxes are calculated for tax-free reimbursement of covered expenses. The County's Cafeteria Plan provides for two types of accounts: A Dependent Care Account and a Medical Reimbursement Account. Employees may establish either or both FSA accounts, depending on their needs.

3. May participate in the County's **Insurance Programs** and are covered under the County's Basic Life Insurance program. They may also elect coverage in other group insurance or benefit programs.

4. **Other Benefit Programs** Benefit eligible employees may:

   a. Participate in the County's employee contributory 457 **Deferred Compensation plan**. In addition, County Administrator's Executive Team members who participate and make an employee contribution to a Deferred Compensation plan, will receive a Deferred Compensation match from the County of up to a maximum of 4% of the Executive Team Member's annual gross salary. This program is administered by Payroll Central in the Accounting Division. Please contact Payroll for further information.

b. Receive **Paid Leave and Holidays** as described in the Attendance and Leave chapter of this handbook.

c. Receive the half hour **Time Adjustment**, if employed **full-time**, which is pay for time not worked.

5. Other Benefit Programs (which may also apply to employees appointed to positions outside the Personnel Cap)

a. Florida Retirement System (FRS) Full-time and part-time 19 and part-time 20 employees are covered under FRS in the “Regular”, “Special Risk” or “Senior Management Services” class. Employees appointed to positions classified as compassionate, will call, student, seasonal or temporary are not covered under FRS. Contributions to FRS are made by the County at no cost to the employee. See Annex F for a list of “Senior Management Service Class” positions.

b. Workers Compensation All employees, regardless of employment or appointment status, are covered by the County's Workers' Compensation program in the event of an on-the-job injury or illness. Workers' Compensation is administered by the Risk Management Division.

6. 'Highly Compensated' Employee Defined The Internal Revenue Code defines who is a 'highly compensated' employee for the purposes of a Flexible Benefits Plan. If an employee is considered to be a highly compensated employee, he or she will be notified by the County each year. If an employee is found to be a highly compensated employee, the amount of pre-tax contributions and benefits he or she have elected may be limited so that the Flexible Benefits Plan, as a whole, does not unfairly benefit those who are highly compensated.

7. COBRA Eligibility Benefit eligible employees who lose their Health or Dental insurance benefits as a result of loss of benefit eligibility or termination of employment, and their dependents who then also lose their benefits, are covered by COBRA, a federal law that permits them to continue Health care benefits for a specified period of time at their own cost.

Dependents may also be eligible for COBRA as a result of loss of coverage due to divorce or other qualifying events. The County is permitted by law to charge a 2% administrative fee. When the County is notified that a COBRA event occurred, the employee and affected dependents are notified of their COBRA rights.

COBRA is administered by Employee Benefit Services

B. Employee Responsibilities and Representations When employees participate in a County benefit plan, they have certain responsibilities and make certain representations. Employees will:

1. Cooperate with providers and agree to authorize the release of information necessary to administer insurance or benefit programs elected;

2. Authorize any provider of Health services to release, upon written request, any information concerning the Health, condition or treatment of any covered person whenever such information is considered necessary for the proper disposition of a claim submitted for payment.

3. Understand and agree that the County and the County's Benefit Administrator will not incur any liability resulting from the employees' failure to sign or accurately complete the Election Form or in administration of their flexible spending account/s.

4. Agree for themselves and covered members of their families to be bound by the benefits, deductibles, co-payments, exclusions, limitations and other terms of benefit plan contracts, Agreements, and Plan Documents.

5. Notify Employee Benefit Services, as well as Payroll, of changes as follows:

a. Address Changes are completed using the appropriate Payroll form. Employee Benefit Services will notify insurance providers as appropriate. Since Employee Benefit Services mails important benefit information to the employee's home address, it is very important that employees keep Payroll apprized of address information.

b. Name changes due to marriage or other legal means can be made only when the changed name is documented on the employee's social security card. The employee must contact Social Security Administration to obtain a new social security card reflecting the new name. When the employee receives the social security card with the new name, he/she should contact Payroll first to change County records. After changing the name with Payroll, the employee should also contact Employee Benefit Services to obtain name-change forms for the various benefit providers.

C. County Responsibilities and Representations This Handbook contains only a brief description, for easy reference purposes, of the County's group insurance benefits. It is not intended to provide specific information about insurance benefits under the County's various insurance contracts or programs. It presents general procedures used in administering the various benefits to which certain employees are entitled to participate in, under BC², by virtue of their employment. More detailed information about programs is available from Employee Benefit Services.

1. **Intent** The County intends that all such benefits are legally enforceable and are for the exclusive benefit of its employees. The insurance benefits are intended to be eligible for exclusion from the employees' gross income for Federal Income Tax, Social Security Tax, and state and local tax purposes where applicable, except to the extent that the rules under Internal Revenue code may require taxation of any such benefits to those employees deemed to be 'highly compensated'.

2. **Permanency** The County fully intends to continue BC² as described in this Handbook. However, the County reserves the right to amend or terminate any of the benefits or its benefits policies and practices at any time. The County may add, change, or discontinue benefit programs, may change County Flex Dollars and other contributions for benefits, may change benefits policies and procedures for active employees and retirees at the County's discretion, subject to collective bargaining where applicable. If a benefit is terminated and coverage is not replaced with comparable coverage, ample notice will be given.

D. Benefit Costs for Agencies The cost for Broward County Benefit Choice is allocated throughout the County as approved and appropriated by the Office of Budget and Management Policy. An agency's cost is determined annually by the Office of Budget and Management Policy based on the number of each agency's benefit eligible employees.

E. BC² Program Documentation Documents for the County's Flexible Benefits Plan and Dependent Care Reimbursement or Medical Reimbursement Plans are available for review at Employee Benefits Services.

1. **Plan Summaries** Descriptions summarizing the various benefits plans as well as the eligibility for, limitations on, funding and duration of, are explained in the Benefit Enrollment Handbook.

2. **Plan Documents** Copies of Plan Documents and other plan information are available. A reasonable charge may be imposed for any copies.

3. **Benefit Records** Employee Benefit Services maintains a file for each benefit eligible employee containing enrollment documents and other materials related to the employee's benefit selections or transactions. Files on retirees who elect to continue County Health insurance and/or life insurance upon retirement and on COBRA beneficiaries are also maintained. Benefit files of terminated employees whose benefits have terminated are maintained by Employee Benefit Services in keeping with the State's record retention schedules.

F. Termination of Benefits Benefits under any of the programs may terminate (unless the plan specifically provides otherwise) if:

1. Employment terminates or if employment status changes to one that is not eligible for benefits;

2. The group plan terminates;

3. Any required contributions are discontinued; or

4. The County amends or terminates the plan.

G. Plan Administrator The Broward County Board of County Commissioners is the Plan Administrator and the agent for due process.

II. Effects of BC² and Flex Dollars on Other Programs

A. Pre-taxing Premiums under BC² A premium conversion plan is part of BC² and assumes pre-taxing of premiums of certain benefits to maximize employees' tax savings.

1. **Pre-taxed Premiums** Health and Dental insurance must be pre-taxed under the Cafeteria Plan. Pre-taxing begins when these benefits are elected during the employee's initial eligibility period or during an Open Enrollment with coverage effective the next January 1. Deferred compensation is also a type of pre-taxed program, but is not part of BC². Contact Payroll for additional information on Deferred Compensation.

2. **Benefits that cannot be Pre-taxed** Optional Life Insurance, Dependent and Spouse Life Insurance, Long Term Disability Insurance, and Legal Insurance cannot be pre-taxed. Other benefits or related programs that are not part of BC² cannot be pre-taxed.

B. Itemized Deductions Flex Dollars will be reported as taxable income. The portion of the employee's salary applied to pre-taxed premiums and flexible spending account will not be included in the taxable earnings reported to the IRS on the W-2 form.

C. Effects On Other Benefits

1. **Florida Retirement System** Pre-taxing and Flex Dollars have no affect on FRS retirement contributions or benefits. The County's contribution to FRS is based on an employee's regular earnings. Flex Dollars are not reportable as earnings to FRS. Pre-taxed amounts are reportable as earnings.

2. **Deferred Compensation** Pre-taxing Health and Dental premiums and contributions to flexible spending account/s may reduce the annual salary used to calculate the amount an

employee can contribute to the County's Deferred Compensation plan. Contact Payroll Central for additional information.

3. **Social Security** Social Security is a tax assessed on an employee's gross income after pre-taxed premium amounts are deducted, up to a cap set annually. If gross income minus pre-taxed deductions is less than the social security cap, social security contributions are reduced and social security benefits will be reduced at retirement. If gross income minus pre-taxed deductions is above the cap, participation will not reduce the amount of social security contributions or benefits.

4. **Group Health Insurance** Pre-taxed premiums do not change Health benefits or coverage in any way. However, they do restrict the employee's ability to make changes.

   The IRS requires enrollment in pre-taxed benefits to continue for the entire plan year, currently January 1 through December 31 annually. Employees can change participation in the plan during the plan year only if they experience a family status change as defined by the IRS, the requested change is consistent with the family status change, and the request is submitted within 31 days of the family status change.

   If a family status change occurs, it is the employee's responsibility to notify Employee Benefit Services **within 31 days** of the event. Employee Benefit Services will advise the employee if the family status change is/is not permitted according to IRS rules or under BC². If the family status change is valid, the employee must completed the appropriate forms for the change to go into effect.

III. BC² Program Descriptions

A. Flex Dollars Federal withholding and Social Security taxes are paid on the additional earnings contributed as Flex Dollars. Employees must complete certain administrative actions in Employee Benefit Services for Flex Dollars to be activated.

The Flex Dollar allowance is reviewed periodically to ensure that it continues to support County goals and employee needs. The Flex Dollar allowance is approved by the Commission. The County reserves the right to change the allowance at its sole discretion.

B. Flexible Spending Account/s (FSA)

1. **IRS Rules for an FSA** FSAs are governed by Internal Revenue Services rules which include restrictions on changes to benefits paid for on a pre-tax basis and on changes to a Medical or Dependent Care Reimbursement account. In summary, employees decide how much money to contribute to an FSA each plan year, but they cannot change the amount until an

Open Enrollment with the change going into effect the next January 1. Un-reimbursed amounts left in an FSA are forfeited annually.

2. **FSAs and Waived Health Insurance** Employees who waive health insurance coverage because they have alternate coverage or who do not elect Dental insurance can use a Medical Reimbursement Account to cover medical or dental expenses for themselves and their eligible dependents.

3. **FSA Claim Period** Health and dependent care claims incurred during the plan year, January through December, must be submitted by March 31 of the following plan year. For instance, claims incurred in the 1996 plan year can be submitted through March 31, 1997. Claims from 1996 submitted after March 31, 1997 will not be accepted.

4. **Medical Reimbursement FSAs** permit employees to be reimbursed for health care expenses not covered or only partially covered by their Health or Dental insurance plans. The minimum contribution is $10.00 per pay period. The maximum is $76.92 per pay period. Medical Reimbursement Accounts can be continued under COBRA.

5. **Dependent Care Accounts** can be used to cover the cost of care of a dependent under age 13 who resides in the employee's household, or a dependent child or adult who is mentally or physically incapable of self-care who spends at least 8 hours a day in the employee's household, provided proper documentation is submitted. Services must be for the physical care of the child or dependent. The minimum contribution is $10 per pay period. The maximum is $192.80 per pay period. Dependent Care accounts **can not** be continued through COBRA.

C. **Health Insurance** Benefit eligible employees may participate in one of the County's Health Insurance programs. The employee is responsible for 100% of the Health Insurance premium, paid through payroll deduction.

1. **Enrollment** New hires and employees who become benefit eligible may select only an HMO plan until the next Open Enrollment when they may select any plan offered by the County. Employees must complete an enrollment form to be covered by Health insurance and Health insurance will not go into effect until an enrollment form is received and processed in accordance with the County's policy. Coverage will not be made retroactive. Enrollment must be completed within the initial eligibility period or the employee will have to wait for Open Enrollment with coverage going into effect the following January 1.

2. **Waiver** Health Insurance coverage may be waived if the employee documents that he/she is covered by other insurance. If the other coverage is through the employee's spouse's employer and that coverage is lost for any reason, the employee would be covered by the

spouse's employer's COBRA program until he/she elects County insurance coverage during a subsequent Open Enrollment.

If it is documented that COBRA coverage is not available through the spouse's employer, the employee may enroll in his/her prior County plan, or comparable plan if the prior plan is not available, at the same level of coverage, i.e., single or family coverage. Such documentation must be provided by the employee within 30 days of the loss of alternate coverage. Failure to provide the documentation and complete the enrollment within 30 days will cause enrollment to be postponed to the next Open Enrollment with coverage effective the following January 1.

3. **Medicare** When an employee becomes eligible for Medicare, he/she may elect to enroll in Medicare and to waive County Health Insurance or to continue to participate in a County Health Insurance plan. Active employees enrolled in Medicare and who drop County Health insurance may re-enroll in a County Health Insurance plan only at an Open Enrollment.

4. **Healthy Baby Program** The Healthy Baby Program is designed to enhance early participation in maternity care programs of the County's Health insurance programs and is extended to all benefit eligible employees who are covered by a County Health Insurance program as well as their covered spouse and dependents. In return for the woman's enrolling in the prenatal program during the first trimester of the pregnancy and completing the prenatal program under the applicable County Health Insurance plan, the County will award eight hours of paid leave to the employee.

   Employee Benefit Services will authorize the hours of leave to be added to the employee's annual leave bank upon notification from the Health provider of the woman's satisfactory completion of the Health provider's prenatal program.

D. Dental Insurance is a voluntary plan and the employee is responsible for the premiums which are based on the number or dependents the employee covers. During the initial period of eligibility, employees may elect Dental coverage and to cover qualified dependents. After the initial eligibility period, employee or dependent coverage can be elected only during Open Enrollment with coverage going into effect the next January 1.

E. Life and Long Term Disability Insurance

1. **Basic Life Insurance** The County provides a $10,000 term life insurance benefit at no cost to the benefit eligible employee.

2. **Optional Life Insurance and Long Term Disability** may be elected by benefit eligible employees without medical underwriting during their initial eligibility period. After that,

Optional Life insurance and Long Term Disability Insurance can be applied for at any time, but coverage is subject to medical underwriting. Some programs may not permit enrollment outside the initial eligibility period except during Open Enrollment held annually; some programs may permit enrollment at any time. Contact Employee Benefit Services for additional information.

3. **Taxable Income** Employees are taxed on the cost value of employee life insurance coverage over $50,000 as imputed income. The County Basic Life Insurance is included in the $50,000. Taxes are based on an age-related schedule published by the IRS. Even though the employee does not actually receive any income, the value of any contributions used to pay for the excess coverage under the plan will be considered taxable income to the employee. Imputed income, if any, will be reported on the employee's W-2 form.

IV. Employment ID & Group Health ID Cards The Division Director will ensure that employees in his/her agency obtain employment identification cards.

A. Issuance upon Employment

1. Employment ID All new employees, except those whose appointments are classified as Temporary, are issued employment ID cards containing their photo as part of the sign-in procedure done by Employee Benefits Services. Employees must have the employment ID card in their possession during working hours.

2. Group Health ID Group health insurance identification cards are issued by the health insurance provider when benefit elections are processed.

B. Replacement Employment ID and Health Insurance ID for Name and/or other Personal Status Changes It is the employee's responsibility to notify the Employee Benefits Section of name changes and/or changes in marital or dependent status. New employment or group health ID cards will be issued when processing is completed. Obsolete employment ID cards should be forwarded to the Division of Human Resources. Obsolete group health ID cards should be discarded by the employee upon receipt of the replacement cards from the provider.

Names on Payroll and Human Resource records will NOT be changed unless the change is substantiated on a Social Security card bearing the new name.

NOTE: Employees should keep their Employment and Group Health ID's upon transfers or job changes, as they will not be replaced.

C. **Lost or Destroyed Employment and/or Health Insurance ID Cards** Replacement of employment ID cards must be requested by the Division Director in writing. Employee Benefits Services will schedule an appointment for an employee to come in for a photograph for a replacement employment ID upon receipt of the requesting memo from the Division Director. Replacement health insurance ID cards should be requested by the employee to the health insurance provider.

D. **Collection of ID Cards upon Termination of Employment**

1. **Employment ID** The employing agency is responsible for obtaining the employment ID card from the employee. Return the employment ID card to the Division of Human Resources with other termination papers.

   ID cards should be returned by the employee as part of the check-out process and prior receiving his/her final paycheck. In the event the employment ID card cannot be collected, a memorandum from the Division Director, explaining why the card could not be returned, should be sent to Human Resources.

2. **Group Health ID** The terminating employee should retain the health insurance ID card until benefits cease, then discard it. Depending on termination date, cessation of benefits occurs on the 15th or the end of the month, therefore benefits for terminating employees may remain in effect for a few days after the effective date of termination. **Employees will be held personally liable for any claims or expenses incurred if the health insurance card is used after cessation of benefits, unless the former employee is eligible for, and elects COBRA continuation coverage and pays any applicable premiums.**

E. **Constitutional Officers** The Division of Human Resources will advise Constitutional Officers by memorandum of the group insurance procedure for their employees.

V. Learning about Benefits

A. Benefit Orientation

1. **New Hires** A newly hired employee is referred to Employee Benefit Services If the employee is eligible for benefits, the employee receives an orientation notice to carry back to the appointing division which confirms the employee's attendance for the appointing agency. Every effort is made to schedule the session so that orientation can be presented and forms completed and returned to Employee Benefit Services for the first appropriate eligibility window period.

2. **Change of Status** Employee Benefit Services is notified of personnel transactions which include changes of status. When there is a change of appointment or employment status that

makes an employee eligible for benefits, e.g. part-time 19 to part-time 20+, Employee Benefit Services schedules the employee for benefit orientation and sends the notice to the employee.

3. **Initial Eligibility Period** The 31-day period starting upon employment or benefit eligibility is the employee's initial eligibility period. Enrollment in Health and/or Dental insurance, and certain other programs must be completed during the employee's initial eligibility period. If enrollment is not done during the initial eligibility period, employees must wait to enroll in Health and Dental insurance until an Open Enrollment with coverage effective the next January 1.

B. Open Enrollment Open Enrollment is held annually in the last quarter of the calendar year to permit employees:

1. To change Health plans;

2. To add or drop coverage;

3. To add dependents that were not added during the initial eligibility period or within 31 days of becoming a dependent;

4. To start, change, or stop Medical and Dependent Care FSA contributions.

Employees may choose any Health Insurance plan offered by the County. Coverage elections made during Open Enrollment go into effect at the start of the plan year, currently January 1. Deductions begin with the pay period which generates the first paycheck issued in the new calendar year. In all cases, dependents must meet eligibility requirements set by the benefit contract.

Employee Benefit Services plans and conducts the annual Open Enrollment. Employee Benefit Services and the benefit providers distribute benefit descriptions and Employee Benefit Services sponsors a series of meetings devoted to benefit information.

C. Employee Benefit Services Office Employee Benefit Services staff is available to meet with employees to explain benefits or to assist with enrollments. In addition, Employee Benefit Services is the employee's liaison with the benefit providers in the event of a conflict or complaint.

D. Provider Customer Service Representatives Employees have access to provider customer service representatives by phone during regular office hours. Customer service for the County's Health plans is accessible by phone 24-hours a day, seven-days a week. In addition, Health provider representatives are available in person in the Employee Benefit Services Office. Appointments to meet with Health plan representatives in person are required.

E. Publications and Meetings Employee Benefit Services meets periodically with employee groups and agency Personnel/Payroll liaisons to discuss benefits issues and to gather ideas and benefit plan feedback. Employee Benefit Services also distributes benefit and other related materials to County employees, arranges benefits meetings, and assists with other activities to help County employees take advantage of the County's benefits programs. Written materials are distributed County-wide several times a year. Provider newsletters and County benefits communications are also sent to the home of benefit eligible employees.

VI. Enrollment and Effective Dates

A. Newly Hired or Newly Benefit Eligible Benefits for employees with hire or benefit eligibility dates between the first and 15th of the month go into effect on the 1st of the following month, assuming the employee completes all enrollment forms and submits them to Employee Benefit Services in a timely manner. For employees with hire or benefit eligibility dates between the 16th and the end of the month, benefits go into effect on the 16th of the following month, again assuming all administrative procedures are completed in a timely manner. Initial enrollment must be completed within the initial eligibility period.

B. Late Enrollment Where County policy and benefit contracts permit enrollment after the initial eligibility period, coverage goes into effect as of the start of the next payroll window period or upon approval of the coverage by the insurance company. Enrollment in Health and Dental insurance and start of flexible spending accounts must be completed within the initial eligibility period.

Late submission of enrollment documents will cause benefits to go into effect as of the next eligibility window period as long as it is within the initial eligibility period. Failure to complete the process within the initial eligibility period will delay benefit enrollment in some coverage until the next Open Enrollment period with coverage going into effect the subsequent January 1. Benefits will not be made effective retroactively.

C. Enrollment Forms Enrollment forms are included in the benefit orientation package and are available from Employee Benefit Services. Employees must complete an enrollment form for each program elected. To waive Health Insurance, a Waiver or Termination of Coverage Form, Form 102-202, must be completed and signed by the employee. Form 102-202 is also required when an employee wishes to cancel Optional Life or Long Term Disability insurance. Enrollment forms are also used to document adding or dropping dependents. Form 102-202 is available from Employee Benefit Services.

Enrollment forms are retained in Employee Benefit Services as are the provider's signed acceptance or declination of Optional Life insurance and Long Term Disability coverage. Employee Benefit Services notifies Payroll of benefit elections that require a payroll transaction by a copy of the Employee Benefit Payroll Deduction Data Sheet, Form 102-201.

VII. Changes in Dependent Coverage/s

A. Family Status Change A family status change occurs when an employee loses a dependent as a result of death or divorce or gains a dependent as a result of marriage, birth, adoption, or legal custody. Employees may add or drop qualified dependents without regard for pre-tax status of premiums and outside of Open Enrollment when a family status change occurs. In all cases, dependents must meet eligibility requirements set by the benefit contract.

A family status change may not permit employees to move from one Health plan to another. A family status change does not permit employees who waived Health insurance coverage to return to a County Health insurance plan outside of Open Enrollment.

Where paid leave is used in connection with Family Medical Leave, Family Medical Leave is not a family status change and employees cannot add or drop dependents under their Health plan while on paid Family Medical Leave. Expiration of COBRA coverage for a spouse and/or dependents under another employer does not qualify as a family status change.

B. Adding Dependents Dependents can be added to an employee's existing Health and Dental plan by submission of a new application for coverage and any necessary supporting documentation to Employee Benefit Services. Even if an employee already has family coverage, new dependents must still be added to the existing Health plan.

1. **Initial Eligibility** During the initial eligibility period, employees may enroll qualified dependents in Health and Dental Insurance. After the initial eligibility period, qualified dependents can be added only during Open Enrollment, or within the 31 day period of the qualifying event that made them a dependent. Coverage for qualified dependents who are enrolled during the employee's initial eligibility period goes into effect at the same time as the employee's benefits.

   For other benefit programs, when qualified dependents can be added after the initial eligibility period and which dependents are qualified for coverage are subject to benefit contract provisions. In all cases, dependents must meet eligibility requirements set by the benefit contract. Contact Employee Benefit Services for details.

2. **Newly Acquired Dependents** Employees may enroll newly acquired qualified dependents, e.g., those gained through marriage, birth, adoption, or legal custody, as long as the enrollment is completed within 31 of days of the date of their becoming a dependent. Coverage goes into effect as of the date of the qualifying event, provided the employee completes the paperwork to add the new dependent within the 31 days. Dependents not enrolled within 31 days of becoming a dependent can be added to Health and Dental coverage only during an annual Open Enrollment with coverage going into effect the next

January 1. In all cases, dependents must meet eligibility requirements set by the benefit contract.

3. **How to Add Dependents** The employee completes the appropriate change forms and submits them, along with any required supporting documentation, to Employee Benefit Services. Employee Benefit Services notifies Payroll of any change in premium deductions using the Employee Benefit Payroll Deduction Data sheet, Form 102-201 and sends a copy of the enrollment form to the benefit provider. Employee Benefit Services maintains a copy of the change form in the employee's benefits folder.

C. Dropping Dependents

1. **Where Premiums are Pre-taxed** Unless a family status change occurs as defined by the IRS, if the premium is on a pre-tax basis, dependent coverage cannot be changed until an Open Enrollment period. The change would then go into effect on January 1.

2. **Where Premiums are not Pre-Taxed** Employees may drop dependents at any time, subject to any limitations in the individual benefit program.

3. **Divorce** Whether or not the employee takes action to drop a spouse from his/her Health Insurance coverage following a divorce, the ex-spouse no longer qualifies as a dependent and the insurance provider may find any claims incurred by the ex-spouse after the date of the divorce not to be covered. This may also apply to other coverage. It is the employee's responsibility to notify Employee Benefit Services in the event of a divorce. COBRA may apply to the ex-spouse.

D. Dropping Coverage

1. **Where Premiums are Pre-taxed** Where premiums are on a pre-tax basis, unless a family status change occurs, Health and Dental coverage cannot be dropped until the next Open Enrollment period. The change would then go into effect on January 1. Employees may drop coverage without regard for pre-tax status when a family status change occurs.

2. **Where Premiums are not Pre-Taxed** Employees may drop coverage at any time, subject to any limitations in the individual benefit program.

VIII. Changes that Affect Benefit Eligibility

A. Changes of Appointment Status Some changes in employment status may affect benefit eligibility. For instance, a change from student to full-time status or from part-time 19 to part-time 20+ would

result in benefit eligibility. Start of BC^2 benefits in these instances would be the same as for new hires, i.e., based on the date of the change in status.

Some changes in employment status result in the loss of benefit eligibility, e.g., a change from full-time to temporary, or from part-time 20+ to will call. Termination of BC^2 benefits is based on the date of the change of status in the same manner as termination of employment as shown below. The person losing certain coverage as a result of a change in status would be eligible to continue health benefits through the County's COBRA program and the employee will be notified of his/her rights under COBRA, discussed below.

B. **Notice of Gain or Loss of Benefit Eligibility** Employee Benefit Services monitors personnel transactions and takes steps to notify employees of their eligibility or loss of eligibility for benefits. When a change of status results in loss of benefit eligibility, the employee will be notified of his/her rights under COBRA. Where the change of status results in benefit eligibility, Employee Benefit Services will contact the employee to arrange for benefit orientation.

C. **Marital Status Changes** Employees who marry should contact Employee Benefit Services within 31 days of the event to discuss possible changes to their benefits and beneficiaries. Dependents who lose their Health coverage as a result of the death of the employee or divorce are covered by COBRA and will be notified of their rights under COBRA. They may also be eligible for survivor benefits under the County's Health insurance plans. Contact Employee Benefit Services for more information.

D. **Loss of Dependent Status** Dependents who lose their status as a dependent, i.e., exceed the age specified by the particular benefit contract or no longer a student, etc.. are covered by COBRA for health benefits and will be notified of their rights under COBRA. If they regain qualified student status, they can be added back to the employee's Health Insurance coverage within 31 days of regaining student status, subject to the terms of the insurance contract, outside of Open Enrollment. Failure to re-enroll the dependent within 31 days will delay enrollment to an next Open Enrollment, subject to continued full-time student status and other contract provisions.

IX. Leave without Pay - Effect on Flex Dollars

A. BC^2 Flex Dollars are paid for each pay period in which the employee is on at least partial pay status.

B. Employees receive the Flex Dollars while on approved leave without pay for up to seven (7) full pay periods except where the leave without pay is due to an on-the-job injury or illness and the employee is receiving worker's compensation benefits. In that case, the seven pay period limit on for Flex Dollars may not apply, subject to the employee's compliance with Worker's Compensation and other administrative procedures and requirements. Employees are responsible to pay premiums in excess of flex dollars, if any.

If the employee does not pay the balance of his or her premiums in excess of flex dollars, if any, during the first seven pay periods,

1. **Un-paid Leave under the Family and Medical Leave Act** -- Benefits will be terminated in Payroll and with the providers at the end of seven (7) full pay periods. If Family and Medical Leave is covered by paid leave, it is not a family status change. However. when paid leave is exhausted and Family and Medical Leave continues as leave without pay, it and other types of leave without pay are considered a qualifying event and employees may be able to chancre certain levels or types of coverage. Employees must submit a family status change request within 31 days of the beginning of an unpaid leave.

2. **Worker's Compensation** Benefits will be terminated in Payroll and with the providers retroactive to the date of last payment.

3. **Other Leaves** Benefits will be terminated in Payroll and with the providers retroactive to the date of last payment.

C. **After 7 (seven) full pay periods on leave without pay status** the Flex Dollars stop. The employee becomes responsible for 100% of all premiums. Failure to pay premiums will cause Employee Benefit Services to terminate coverage with Payroll and the providers as of the date of last payment. Restart of coverage upon the employee's return to active paid status is subject to benefit contract, Section 125, and Family and Medical Leave Act provisions. The employee must come to Employee Benefit Services to re-start benefits upon return to active status.

D. Employees will be permitted to drop coverage and/or dependents, subject to Section 125, Insurance Contract, and Family Medical Leave Act provisions.

E. Employees may be permitted to change from a higher cost Health Insurance plan to the HMO offered by the employee's current provider, as long as he or she requests to do so within 31 days of the start of the leave without pay. All covered members would be moved to the new plan. The employee could not change Health plans again until an Open Enrollment with coverage going into effect the next January 1.

F. Failure to pay premiums to Employee Benefit Services will cause benefits to be terminated in Payroll and with the providers. For leaves other than Family Medical Leave, termination of coverage is retroactive to the date of last full payment. Claims incurred after the effective date of termination of coverage become the responsibility of the employee.

G. Benefit premiums are billed to the employee by the County and are to be paid directly to Employee Benefit Services on a bi-weekly basis. Partial premium payments will not be accepted. Reinstatement of dropped coverage upon return to active status is also subject to Section 125, benefit contract limitations, and Family Medical Leave Act provisions.

H. **Leave where the Employee is Receiving Worker's Compensation Benefits** Employee's responsibility for premium payments is the same as for other types of leave as discussed above. However, unlike other types of leave without pay, flex dollars continue beyond 7 (seven) full pay periods for the duration of the period the employee is receiving Workers' Compensation benefits.

1. **Effect of Leave without Pay on Medical Reimbursement Accounts** The employee's annual election for a Medical Reimbursement Account will be reduced by the per pay period amount for any pay period for which the deduction is not taken by the Payroll system because the employee is on leave without pay status unless the employee continues to make contributions on an after-tax basis during the leave. The annual election will be reduced by 1/26 for each pay period on leave without pay status for which no direct payment is received.

For example, with a $1500 annual amount, the bi-weekly amount would be $57.69. An employee's initial election of $1,500 would be reduced by 557.69 each pay period he or she is on leave without pay status and does not make a payment on an after-tax basis directly. With two pay periods on leave without pay status, the employee's annual election would be changed from $1,500 to $1,384.62.

Claims for any period in which a contribution is not made will not be reimbursed since the employee is not considered to be a participant if he or she does not make a contribution. Claims incurred while the employee is a participant will be reimbursed up to the adjusted maximum amount.

X. **Leave without Pay - Effect on Other Benefits** Benefit eligible employees considering a leave without pay should contact Employee Benefit Services for guidance prior to the start of the leave whenever possible.

Employees on FMLA are expected to continue to pay applicable premiums throughout unpaid leave. Failure to remit required payments during that period will result in the termination of benefits at the end of seven (7) full pay periods, and any unpaid premiums will be repaid when the employee returns to paid status.

If they participate in LTD and fail to make payments, LTD coverage may lapse and they will not be eligible to receive benefits during that period.

If they participate in a Medical or Dependent Care FSA and fail to remit payments while on leave, participation in the FSA will lapse and they will not be reimbursed for any expense incurred during this period. The annual election amounts will be reduced by the per pay period amount for each pay period for which a contribution is not made.

If they participate in County group Life, Health, or Dental plans, those benefits may lapse during that period. If they lapse, the employee and his or her covered dependents will not be eligible

to receive the applicable benefits. If they participate in a group Legal Plan, coverage will lapse and the employee will not be eligible to receive benefits during that period. The level of coverage prior to Family and Medical Leave will be restored upon return to work. For other types of leave without pay, re-start of benefits may be subject to benefit contract and Section 125 provisions as discussed above.

XI. Claims Procedures

A. Health Insurance Programs

1. **HMO** There are no claim forms in connection with an HMO. Any bills received at the employee's home address should be forwarded directly to the appropriate insurance carrier.

2. **POS or PPO** Employees must submit claims for services: under a Point of Service (POS) plan for services received out of the network; under a Preferred Provider Option (PPO) plan for all services. Claim forms are available from Employee Benefit Services or from the Health care provider. Completed claims should be mailed directly to the address listed on the claim form.

B. County Group Life Insurance Claims under the County's Basic, Optional. Spouse, or Dependent coverage are made through Employee Benefit Services on the appropriate form. Where the employee's death is due to an accident, proof of the accidental nature of death will be required in addition to the long-form death certificate. Proceeds are paid directly to the beneficiary on file in Employee Benefit Services.

When Employee Benefit Services is notified of the death of a benefit eligible employee or participating retiree. Employee Benefit Services will attempt to contact the beneficiary if a beneficiary has not contacted the County. The beneficiary must complete required documentation and provide Employee Benefit Services with a form of positive identification, such as a driver's license, birth certificate, etc., and a death certificate, with a raised seal, that shows the cause of death.

Employee Benefit Services will process the claim and contact the insurance company on behalf of the beneficiary. Payment is normally made within 4 to 6 weeks. Death benefit checks will be mailed to the beneficiary by the insurance company. *NOTE: Survivors should also contact.]) Employee Benefit Services in connection with Felonious Assault of- Hazardous Dun? coverage; 2) Payroll in connection with the Florida Retirement System and deferred compensation; and 3) the Credit Union to determine if additional death benefits are payable.*

C. Dental Insurance There are no claims or claims forms for this program at this time.

D. **Long, Term Disability (LTD)** Claims for benefits under the LTD program are made through Employee Benefit Services on the appropriate form.

E. **Legal** There are no claims or claim forms for this program at this time.

F. **Other Programs** Consult Employee Benefit Services.

G. **Port Represented Employees Vision Plan** Claim forms are available at the Port or from Employee Benefit Services.

XII. Denied Claim Appeal Procedures

A. **Insurance Claims** Procedures to follow to appeal a denied insurance claim are found in the certificates of coverage issued by a provider to its members.

B. **FSA Claims** If an FSA claim is denied, the Benefit Administrator will provide a written notice stating the specific reason(s) for the denial, specific reference to the pertinent IRS provisions on which the denial is based, and a description of any additional material or information necessary to perfect the claim and an explanation as to why the information is needed.

1. Within 60 days of receipt of the notice denying a claim from the benefits Administrator, the employee may request in writing a review of the claim(s) by the Employee Benefits Manager. Employee Benefits will review the appeal and make a determination within 60 days of receipt of the appeal. The appeal should be addressed to the Employee Benefits Manager. The Benefits Administrator or the Employee Benefits Manager may extend the 60 day period where the nature of the benefit involved or other circumstances make the extension appropriate. In connection with this review, the employee may review pertinent documents and published regulations and may submit issues and comments in writing.

2. The Benefits Administrator will make a decision promptly. The decision will be in writing and will include specific reasons for the decision with references to the pertinent Plan provisions and Federal regulations on which the decision is based.

3. The Benefits Administrator may also return incomplete request for reimbursement or request required or additional documentation, i.e., letter of medical necessity, EOB, etc. The claim will be pended until the employee complies with the request, at which point the Benefit Administrator will re-adjudicate the claim, or until the end of a 90 day grace period following the end of the Plan Year, after which the reimbursement request will be considered denied.

4. The employee can request an extension of the time limit to perfect a reimbursement request or to obtain requested documentation as long as the request is made in writing to the Administrator and it is postmarked no later than the last day of the Plan Year grace period.

XIII. When Benefits End

A. Date of Termination of Health and County Life Insurance Coverage Termination of Health and Basic Life insurance coverage is based on the date of separation or loss of benefit eligibility. When a separation or loss of benefit eligibility occurs between the 1 st and the 15th of the month, coverage ends on the 15th of the same month. If separation or loss of benefit eligibility occurs between the 16th and the end of the month, coverage ends on the end of the same month. When a separation is due to the death of the employee, coverage ceases as of the date of the death. For details on the termination of other coverage, contact Employee Benefit Services.

B. Health Insurance by Type of Separation

1. Retirement under the Florida Retirement System (FRS)

For benefit purposes under this chapter, a retiree is defined as an employee who leaves County employment and who immediately draws retirement benefits under the Florida Retirement System. An employee who leaves County employment for any other reason, even if the employee is eligible for retirement benefits under FRS, but defers the start of FRS benefits, will not be considered a retiree for benefit purposes. For employees who have left County employment and who do not immediately draw benefits under the FRS. Cobra would apply.

An employee who leaves County employment to begin drawing retirement benefits under the Florida Retirement System may continue coverage under the County's group health insurance program in effect at the time of retirement by paying 100% of any premiums. A retiree's spouse or registered domestic partner, or dependents, may participate in the County's health insurance program so long as the retiree remains enrolled in the County's health insurance program and 100% of the premiums for dependent coverage are paid. An election to continue coverage for the retiree or registered domestic partner. or dependents must be made within 31 days after the date of retirement.

For more details regarding conditions and limitations pertaining to retiree health insurance program participation, please refer to the Employee Benefits Handbook.

2. Other Separations When a benefit eligible employee leaves County employment, under most circumstances health benefits may be continued under COBRA. COBRA beneficiaries are notified of their rights under COBRA and are given instructions how to apply and the rates for continued coverage. If COBRA coverage is not elected, or for programs not covered by COBRA, termination of benefits is based on the date of termination of employment as shown above.

C. Basic, Optional and Spouse or Dependent Life Insurance by Type of Separation

1. **Retirement** When separation is due to retirement under FRS, the employee may elect to continue Basic and any Optional life insurance coverage in effect at the time of retirement. The retiree is responsible for 100% of premiums which are based on the amount of coverage and the person's age. The election to continue coverage must be made within 31 days after the date of retirement. Contact Employee Benefit Services for additional information. Spouse and Dependent Life Insurance cannot be continued upon separation.

2. **Other Separations** Basic and/or Optional Life Insurance coverage can be continued when employment ceases but coverage is converted from a group program to an individual policy and the individual is responsible for all premiums. Premiums are based on the person's age and the amount of coverage continued. The employee should contact Employee Benefit Services to convert life insurance from group to individual plans. The individual is responsible for completing any documents needed to effectuate the conversion and for mailing the completed application for conversion to the insurance company. Conversion must be made within 31 days after the date of termination.

XIV. Beneficiary Changes

A. Life An employee may change his/her Basic and Optional Life Insurance beneficiary at any time by completing a change of beneficiary form which can be obtained from Employee Benefit Services. To be valid, a beneficiary form must be signed and dated by the employee.

B. Retirement Beneficiary changes in connection with the Florida Retirement System (FRS) are made through Payroll.

C. Deferred Compensation Beneficiary changes in connection with deferred compensation are made through Payroll.

D. Voluntary Programs Contact Employee Benefit Services.

E. Spouse and Dependent Life Insurance The employee is always the beneficiary for Spouse and Dependent Life Insurance Programs.

CLASSIFICATION AND RECLASSIFICATION

I. Classification and Reclassification Overall Policy The Division of Human Resources is responsible for maintaining County-wide classification and pay plans. The Division is also responsible for reviewing all proposals for the classification allocation of new positions and reclassification of existing positions within the system.

A. Job Evaluation Procedure A point factoring system, called the Factor Evaluation System (FES), is used to assess and compare the salary ranges for all of the County's job classifications. FES is based on twelve evaluation factors common to all jobs, which are defined with regard to the degree of responsibility for or the extent to which the factor is present in a particular job.

The responsibilities and impacts are correlated with a weighted point system ranging from 0 to 340 points per factor. All factors are evaluated for each position and the points are totaled. Positions with similar totals are clustered together. Clusters of classifications are then grouped and assigned to pay levels commensurate with the relative duties and responsibilities of the job.

FES can be applied to a wide range of job duties and responsibilities. FES allows progressive comparison of internal comparability for classifications ranging from unskilled laborer to the skills needed by executives. The system reduces sexual and cultural bias at the job evaluation and classification levels thus directly addressing the issues of pay equity and equal opportunity.

B. Evaluation Factors Progressive comparison of internal job value is achieved by reviewing each classification in relation to these twelve evaluation factors:

1. Education and training required;
2. The amount and nature of supervision exercised;
3. Control over policies and methods used;
4. Responsibility for security and control of assets, human and material;
5. The nature and scope of personal contacts;
6. The nature of records and reports prepared, reviewed or maintained;
7. Responsibility for the safety of other persons;
8. The complexity and scope of mental skills required to accomplish the work;
9. The demands placed upon the employee in the performance of duties other than physical demands;
10. The physical demands associated with the performance of the job;
11. The unavoidable hazards associated with the work; and
12. The nature of the surroundings and the environment in which the work is conducted.

C. External Equity The labor market relationship between the salary paid by one employer and that prevailing in the labor market is measured when appropriate by means of the selection of benchmark job classifications and the conduct of external surveys. A benchmark provides direct reference to

other positions within the classification system and is important in establishing reference points along a pay line.

D. **Survey Results** Survey results are plotted using the statistical technique of linear regression to create a pay line. The pay line relates benchmark survey data to the factor evaluation point totals of each classification. This "line of best fit" sets out the basic salary relationships applied to all classifications in the system. Using this technique, pay plans contain a measure of both internal and external equity.

E. **Position Classification Questionnaire, Form 102-131** Job analysis is a technique used to determine which specific duties and responsibilities are assigned and performed by each position and classification. This information is obtained through the completion of a Position Classification Questionnaire (PCQ). PCQs are used within the classification system to review both existing and proposed jobs and groups of jobs in order to determine proper classification. This form should always be used unless directed otherwise by the Compensation and Records Section of Human Resources. If additional information is needed to determine the proper classification allocation, the Compensation and Records section will contact the user agency.

If the position is filled, the PCQ (Form 102-131) is completed by the employee and is reviewed and signed by the employee's supervisor and by the Division/Department Director. If necessary, the PCQ (Form 102-131) is supplemented by on-the-job interviews, or job audits. If a position for which a PCQ (Form 102-131) is to be completed is vacant, the supervisor completes the questionnaire.

F. **Job Audits** As deemed appropriate or necessary, Human Resources will schedule and conduct a job audit to provide additional or clarifying job information after reviewing a submitted PCQ. The job audit is an on-site observation and interview with the incumbent employee.

II. New Positions/Classifications

A. The Division of Human Resources reviews requests received from the Office of Budget and Management Policy in order to class allocate new positions. Requests may be made by a Division during the County's annual budget process. If a Division is requesting new positions which are not in the current fiscal year budget, requests must be submitted through the Administrative Review Meeting (ARM) process.

B. New positions requested in the annual Budget process are reviewed and allocated to an appropriate classification by the Division of Human Resources based upon the information included on the Position Classification Questionnaire (PCQ) and any other supporting data. If an appropriate class does not exist, the Division of Human Resources may recommend establishment of a new class following the adoption of the new County Budget. After the budget is adopted, the Division of Human Resources will prepare or assist in the preparation and submission of the necessary Agenda

Items to the County Commission, depending upon the organizational impact, for the establishment of the new classes.

C. If a request for new positions is made through the ARM process, the requesting Division submits the ARM Form 20-1, a PCQ (Form 102-131), and an agenda item. The Division of Human Resources will review the Administrative Request, Form 20-1, and the Form 102-131 upon receipt of the request from the Office of Budget and Management Policy and will recommend an existing class or establishment of a new class. The ARM Committee shall review the request and approve or disapprove the action.

The requesting Division prepares the class description with the assistance of the Division of Human Resources. The class description includes information on: the nature of work; illustrative tasks; knowledge, abilities and skills; required and/or desirable experience and training; and general information pertaining to the class. Human Resources will add new class titles to the Position Control Listing and the official Classification and Pay Plan.

D. If the position is approved at ARM, the requesting Division submits a Personnel Requisition, Form 102-105, to Human Resources to begin the recruitment process to fill a new authorized budgeted position. See Application Chapter "Filling a Vacant Position" in this handbook.

E. The effective date of reclassifications will generally be the first day of the pay period following approval at ARM or approval by the Board of County Commissioners if applicable. However, the requesting Division is responsible for timely submitting of the appropriate paperwork (102-102) to effectuate the reclassification by that date.

III. Existing Positions/Classifications

A. Positions may be reclassified to a different class if there have been significant changes in the actual duties and responsibilities, the changes are of a permanent nature and intended by management, and the reclassification is based upon new or added elements in the job.

NOTE: Prior to completing the Form 102-102, Personnel Action, the appropriate ARM procedures must be followed by submitting the Administrative Request, Form 20-1, and the PCQ 102-131 to the Office of Budget and Management Policy. For instructions, see Chapter 6 of the Internal Control Handbook of the Office of Budget and Management Policy.

B. Upon written request by a Division, or upon its own motion, the Division of Human Resources will conduct a review of the duties and responsibilities of a position if there is reason to believe that a position is improperly allocated. The Division of Human Resources will obtain information concerning positions believed to be improperly allocated by having the incumbent complete a PCQ and having it reviewed by the supervisor of the position, the Division Director and the Department

Director. A field study or job audit may also be conducted, if determined appropriate or necessary by Human Resources.

C. Requests to reclassify existing positions are made by the Division Director, through the Department Director for approval, on an Administrative Request, Form 20-1, supported by a PCQ, Form 102-131. If the action is approved by the Department Director, the PCQ, the ARM Form, and a Personnel Action Form 102-102 are forwarded to the Office of Budget and Management Policy. The request is then forwarded to the Division of Human Resources for classification or reclassification. The requesting Division is responsible for preparing and submitting an agenda item if the reclassification requires the approval of the Board.

Note: When a filled position that is excluded from the Classified Civil Service is reclassified upward, the County Administrator has the option of:

1) granting or not granting a promotional or reclassification pay increase; and

2) retaining or changing the employee's anniversary date.

IV. **Title Changes** Requests for changes to class titles should be submitted by the Division Director in writing to the Director of Human Resources. If the change is approved by the Director of Human Resources, Human Resources will add the new class title to the Position Control list of titles and the official Classification and Pay Plan. The Division will be asked to submit Form 102-102 to effect the change in the employee's personnel records.

The title change of an existing classification does not reflect the existence of any significant changes to the duties or responsibilities of the position. As such, a title change does not require a probationary period or result in any change in salary, anniversary date or compensation for an incumbent.

V. **Additions and Deletions** If a Division wishes to establish a new class of positions or to abolish a current class of positions, the Division Director should make the request following the procedures outlined in this Chapter, as applicable.

VI. **Classification System Maintenance Plan** The purpose of the Classification System Maintenance Plan (CSMP) is to provide an orderly method for periodically reviewing and updating the County's classification system.

A. The goals of the CSMP are to:

1. maintain valid, written descriptions for all classifications;
2. maintain and continue to adapt the Factor Evaluation System;

3. implement new tools in the classification review process; and
4. maintain competitive and equitable pay plans in County service.

B. There are a variety of factors that cause classifications or jobs to change: addition or deletion of responsibilities within an organizational unit; reorganization; changes in work methods or technologies; or changes in laws or regulations. Maintaining the Classification Plan involves periodic scheduled reviews of each classification and the accompanying pay range in the classification system. Every classification is scheduled to be evaluated once every five years. Additionally, a benchmark salary survey will be conducted periodically.

C. Responsibility for maintenance of the Classification Plan does not rest solely with the Division of Human Resources. County officials, Department, Office, and Division Directors, managers, supervisors, and employees also share the responsibility of ensuring that the Plan is adequately maintained by informing Human Resources of planned changes.

VII. Block Budgeting The Block Budgeting program is a career enhancement tool which enables the promotion of incumbents occupying entry-level classification positions in designated classifications series, but who are performing the duties of journey-level professionals. The Division of Human Resources is responsible for the review and approval of all requests for classifications to be Block Budgeted. Positions which have been excluded from the classified Civil Service are generally not eligible for Block Budgeting. Contact the Compensation & Records Management Section of the Division of Human Resources for additional information.

A. Classifications Approved for Block Budgeting The concept of Block Budgeting applies to positions that are classified at certain entry-level professional classifications, as determined by the Division. When positions which have been Block Budgeted become vacant, Divisions may request reclassification downward to the entry-level classification prior to filling the position. A listing of the classifications approved for Block Budgeting is on file in Compensation and Records in Human Resources.

B. Block Budgeting Guidelines Divisions requesting Block Budgeting for positions within a classification designated for Block Budgeting must first submit to the Division of Human Resources the guidelines by which the positions are to be evaluated.

1. The guidelines must include the following:

a. the manner in which the program will function in the Division;

b. the protocols, work assignments and knowledge an employee must successfully complete or demonstrate to be eligible for promotion under the program; and

c. the budget position number and organizational unit to which the position(s) are assigned at both the entry and second level of the class series.

2. The Division of Human Resources will notify the requesting Division when the guidelines have been approved for implementation. These guidelines are kept on file in Human Resources and are reviewed for consistency across Divisions.

3. Requesting Divisions must maintain documentation supporting specific accomplishments in support of block-budgeting actions.

C. **Block Budgeting Procedure** The Division of Human Resources reviews requests for positions in approved classifications to be considered for Block Budgeting when it receives them from the Office of Budget and Management Policy. A Division may make a request during the annual Budget process. If a Division is requesting new positions which are not in the current budget, requests may be submitted through the ARM process.

1. Positions which qualify for Block Budgeting that are requested in the annual Budget process are reviewed and allocated to the second level of the class series by the Division of Human Resources based upon the approval of the information included on a PCQ, Form 102-131, the protocols and/or work assignments completed or demonstrated and a memo from the Division certifying that all previously stipulated protocols have been met.

2. If a request for new positions for which Block Budgeting is being requested is made through the ARM process, the requesting Division submits the ARM Form 20-1 and a PCQ, form 102-131. The Division of Human Resources will review the ARM Form 20-1, the PCQ, the protocols and/or work assignments completed/demonstrated and the Division's certification that the protocols have been met, upon receipt of the information from the Office of Budget and Management Policy. If approval is granted, the Division of Human Resources will recommend that the position be Block Budgeted to the second level of the class series. The ARM Committee shall review the request and approve or disapprove the action.

3. The requesting Division submits a Form 102-102, Personnel Action, to effect the change. The requesting Division must certify in the remarks section on the Form 102-102 that the incumbent has met all previously stipulated protocols for the promotion.

VIII. **Temporary Work in a Higher Class** If a vacancy or approved long-term absence occurs and there is an operational need to continue services or activities associated with the position, regardless of the budget status of the position, a regular employee in a position with a lower classification, who is found to be qualified for work at the higher classification by Human Resources, may be assigned by the Division Director to temporarily assume a substantial portion of the duties of the position with

the higher classification. This type of assignment is referred to as temporary work in a higher classification or work out of class.

A. The conditions under which temporary work in a higher class may be assigned vary by bargaining agreement. If the employee is in a position covered by an agreement, please also consult the bargaining agreement when considering this type of appointment. If the labor agreement is silent these procedures apply.

B. Classified Civil Service Positions

1. **Requesting Approval** Temporary work in a higher class is subject to Human Resources prior review and approval and generally will not be approved retroactively. Therefore, the requesting Division should seek Human Resources review and approval of the transaction as soon as the decision is made that a vacancy or absence must be covered and before temporary work in a higher class actually begins.

   NOTE: All assignments involving temporary work in a higher classification are processed on the Form 102-102.

2. **Limitations** Human Resources will not approve an assignment for work in a higher class for more than 90 calendar days at a time. Any extension of the temporary assignment beyond 90 days is subject to review by Human Resources. Extensions are limited to 90 day increments. If the position for which work in a higher class is being requested is vacant because of separation, it is expected that Division will take timely action to fill the position in accordance with other applicable provisions of the Civil Service Rules.

   Employees may not undertake to work in a higher classification without the express, prior approval of the appointing authority to do so. Employees temporarily assigned to work in a higher class must be given a clear assignment by the appointing authority to assume the duties of the higher classification before work in the higher class begins. If the assignment is expected to last more than three work weeks, the assignment is to be given to the employee in writing.

3. **Effects on Pay & Status** Regular employees in positions that are not covered by a collective bargaining agreement who are approved for work in a higher class must continuously work two (2) regularly scheduled work weeks in the higher class, performing the substantial portion of duties typically expected of incumbents of positions in the higher classification, before becoming eligible for higher pay.

For pay purposes, if the employee is required to perform the duties for a period exceeding the initial two (2) regularly scheduled work weeks, the higher pay is calculated as if the employee had been promoted, for time worked in the higher classification beyond the initial two (2) weeks. However, the budget position number and the job class do not change. Duly authorized and approved work in a higher class will normally result in an adjustment to the employee's pay rate equal to the greater of:

a. 7-1/2% of his/her current regular base pay rate as long as the resulting rate is within the range of the higher classification unless he/she is otherwise eligible for longevity consideration; or

b. the rate for the minimum of the pay range to which the higher classification is assigned.

Work in a higher classification does not affect the employee's anniversary date, date in class for Time In Grade consideration, or date of merit consideration. If a merit increase or other pay rate change to which the employee would otherwise be entitled occurs while the employee is assigned to temporary work in a higher class, the transaction should be processed based on the employee's regular job class, and the rate for work in a higher class is then adjusted accordingly.

IX. <u>Acting Appointments for Administrative Positions Excluded from Civil Service</u> As deemed appropriate by the County Administrator, vacant Department Director, Division Director, and similar administrative positions that are excluded from the Civil Service System may be filled on a temporary basis by the appointment of a current County employee on an acting basis. An acting appointment can be effective for any period of time less than one year in duration. Pay determination for employees temporarily acting as Department Directors or Division Directors, or in similar excluded administrative positions, is at the discretion of the County Administrator. Acting appointments are processed on the Form 102-102. Contact the Compensation Services and Records Management section of the Division of Human Resources for assistance in processing these appointments.

I. Outline of Corrective Action

A. The Purpose of a corrective action program is to provide the means for correcting Classified Civil Service employee performance and behavior deficiencies so that organizational goals can be achieved. While one of the purposes of a corrective action program is to provide for corrective action, a more important goal is to prevent the need for such action in the first place.

Definite policies and procedures for handling disciplinary matters are essential to ensure fair treatment of offenders. However, rather than have inflexible rules that are not followed because of the additional problems created by their strict enforcement, the County believes it is more desirable to have procedures that allow for some flexibility based on the given circumstances. To that end, the guidelines outlined in this Chapter are recommended.

B. The Objective The objective is to provide consistency in enforcement and predictability of County management response. Consequently, rules and obligations must be clearly formulated and understood by all concerned.

C. Violations Acknowledged Violations of rules or deviations from policy cannot be ignored even if no penalties are forthcoming. County management must make the offender aware of the fact that it knows of the offense. This is especially important if there is a recurrence and disciplinary action is subsequently taken.

D. Predictability Corrective Action/discipline, e.g., warnings, suspension, discharge, must be related to an offense in such fashion that the employee can reasonably predict the likely severity of the action. The employee need not be able to anticipate the precise degree of penalty to be meted out, but should be able to judge approximately what the result will be, based on the step of progressive discipline.

E. Case-by-Case Determinations Within these general guidelines, there is room for case-by-case judgements based upon such considerations as the following:

1. Were there extenuating circumstances?

2. Was the violation such as to indicate contempt for authority, carelessness, absent-mindedness, loss of temper, etc.?

3. How has this employee responded to discipline in the past?

4. To what extent are there overtones of "test case", "example", or "precedent" in the situation? Is the employee testing a rule? Will the case set an example or precedent? Are the motives in either situation pertinent?

Important: Also refer to 102-152 Guide to Administering Corrective Action.

II. **Underlying Concepts of Corrective Action** Administration of the corrective action program is governed by the concepts of Just Cause and Procedural Due Process. If supervisors will proceed according to the following guidelines each time they believe corrective action is needed, they will then be in a solid position to say they met the requirements of just cause and due process. They can feel confident that they treated employees justly and objectively.

A. **Just Cause Defined** "Just Cause" means that there is a real and objective basis for administering discipline. Management must be able to present evidence that the employee's behavior is not in line with the expectations of the organization. Management must be able to demonstrate that management is not acting in an arbitrary, capricious, unreasonable, or discriminatory manner. Human Resources has developed a set of guidelines to be used in determining if 'just cause' exists. As a general rule, management must meet all of these guidelines to fulfill the requirements of just cause and must examine each before taking disciplinary action.

1. Existence of the Work Rule/Performance Expectation

a. Management must have established the workrule(s) and/or performance expectations prior to any offense or action.

b. Documentation exists that the employee knew or could reasonably be expected to have known the work rule(s) and/or performance expectation.

c. The work rule(s) and/or performance expectation must be reasonably related to:

(1) The orderly, efficient, and safe operation of a County Department, Divisions or Office.

(2) Performance that the County can properly expect of employees.

2. Investigation

a. Investigation into the incident takes place prior to the decision to take disciplinary action.

b. An investigation is to be conducted fairly and objectively.

c. All facts and persons involved are examined.

d. Anytime an employee is questioned regarding an incident which may lead to corrective action/discipline, the employee has the right to representation of his/her choice.

e. The employee is given an opportunity to explain his/her side of the incident or problem including mitigating circumstances. Such explanation is further investigated.

3. **Evidence of the Act** Evidence resulting from the investigation shows the employee did act contrary to the applicable rules or standards. This does not mean proof beyond a reasonable doubt, but does mean firm, factual data providing at least a preponderance of evidence.

4. **Progressive Discipline** The degree of corrective action/discipline considered is reasonable related to the seriousness of the offense and the employee's previous record.

a. **Factors Determining Appropriate Action** Each instance of misconduct must be viewed and judged individually, with management bearing in mind that the penalty should be calculated to bring about correction. Supervisors should consider four factors when determining appropriate disciplinary action:

(1) The seriousness of the particular offense.

(2) The employee's past record and length of service.

(3) The length of time since the last misconduct for which discipline was administered.

(4) Organization practice in similar cases.

b. **Type of Offense**

(1) Major offense A major offense is an offense so serious in nature that discharge on first occurrence is appropriate. See also the Separations Chapter in this handbook. In such instances, the concept of progressive discipline does not apply. A non-exhaustive list of examples of major offenses are:

- Theft.
- Gross misconduct, e.g., pilfering of County property for personal use, insubordination, or failure to obey a lawful management order.
- Drinking or using intoxicants on the job.
- Intoxicated on the job.

- Charged by formal complaint with a job related felony wherein the known facts are supportive of a gross violation of policy and work rule regardless of the final disposition of the charge. These situations must be closely scrutinized on an individual basis.
- Assault on a client, supervisor, or fellow employee.
- Wantonly offensive conduct to include slurs on account of race, national origin, color, religion, creed, age, disability, gender, and/or sexual orientation.
- Directing or participating in an illegal strike, slow down, or other work stoppage.
- Job Abandonment is when an employee fails, without valid reason, to report for work for three (3) consecutive workdays and has not requested or been granted authorized leave.

The foregoing list is not intended to be a complete list of all major offenses that could result in discharge on the first occurrence. It is intended to be a general guide as to what types of offenses rise to the level of major offenses for all County employees.

(2) Minor offense Except for events such as the examples of major offenses above, most offenses are minor. The majority of employee acts are minor offenses to which the concept of progressive corrective discipline applies.

B. Procedural Due Process Defined "Procedural Due Process" means that management has followed proper process when administering corrective action. The proper process includes:

1. Warning Issued A warning is given to the employee which includes the following parts:

a. The act the employee committed.

b. A plan of action for correction and/or the improvements needed.

c. The time limit for improvement, if appropriate.

d. The consequences of continued or repeated occurrences or failing to make the improvement required.

2. Right to Representation The employee also has the right to representation when questioned about an incident which may lead to disciplinary action. If such representation is denied or questioning continues after representation has been requested, subsequent corrective/disciplinary action could be overturned or modified on appeal. It may be necessary to postpone an interview in such cases for a representative to be available. Contact the Labor Relations section of Human Resources for further assistance.

III. Supervisor's Guide to Administering Corrective Action Form 102-152 In Annex A and, referred to throughout this Chapter, is a Guide to Administering Corrective Action (102-152). This Guide has been developed to assist managers in properly carrying out corrective action. This informative tool should be closely followed by managers in all disciplinary matters. For further information or assistance, contact the Labor Relations Section in the Division of Human Resources.

IV. Types of Corrective Action & their Administration The issuance of corrective action is an

important and time-sensitive matter. It is important to conduct all stages of the process in a timely fashion to ensure its effectiveness. Please consult the applicable bargaining agreements to determine any specified time limits to administer corrective action and the Labor Relations section of Human Resources. See also Guide to Administering Corrective Action, Form 102-152 in Annex A.

A. Informal Action Informal corrective action does not by itself become a part of the employee's official personnel file but may be cited later if formal corrective action is subsequently necessary.

1. Oral Warning An oral warning is given to the employee by an immediate supervisor calling the employee's attention to unsatisfactory behavior and urging improvement.

2. Written Warning A written warning is an internal memorandum to an employee which calls the employee's attention to behavior which has not been corrected through previous warning(s) or which re-emphasizes in writing a discussion with the employee and the expected results in terms of the employee's future behavior. The memorandum should also include a warning of the consequences, i.e., formal discipline, should the employee fail to improve or correct the behavior.

B. Formal Action When it becomes necessary for a supervisor to formally place an employee on notice that improvement or correction on the part of the employee is necessary the Employee Notice, Form 102-111 is the official document normally used to administer formal corrective action. This notice is in the form of an official written reprimand which may include a suspension, a disciplinary demotion, or a dismissal. A copy of the executed Form 102-111 is always placed in the employee's official Personnel File in the Division of Human Resources.

1. Employee Notice, Form 102-111 The proposed completed Employee Notice, Form 102-111 should be reviewed with the Division of Human Resources, approved by the Division Director and Department Director.

a. Form 102-111 Completion Instructions The following instructions are to assist in completing Form 102-111. A copy of the form is in Annex A.

(1) Fill in pertinent information at top of the form - employee's name, class title, and Division.

(2) Indicate nature of the infraction. If none of the infractions listed is appropriate, use the "other" block and state the reason on the lines provided.

(3) Indicate if the employee has been warned regarding a similar matter before and if so, in what manner and when.

(4) Describe the problem or incident in specific detail. The statement should provide sufficient information concerning the incident, the subsequent pre-disciplinary meeting and the employee's statement, but should be brief and concise.

(5) Indicate what form of disciplinary action is being taken.

(6) Obtain approving signatures of the issuing supervisor, the Division Director, and the Department Director.

(7) Present the Form 102-111 to the employee, who must sign the Form 102-111 acknowledging receipt of the designated copy. This is done after the supervisor and Directors have signed the form.

b. **Employee's Refusal to Sign the Form 102-111** If the employee refuses to sign the form, two witnesses must sign on the employee signature line attesting to the fact that the employee did see the form but refused to sign it. Refusal to sign is an act of insubordination and management may suspend the employee for one day. In considering a suspension as a result of a refusal to sign, contact Labor Relations. See below for suspension.

c. **Distribution of the Form 102-111** Prior to distribution, Division administration should complete the pertinent information at the bottom left of the form - social security number, date 102-111 was issued to the employee, suspension dates (if any), and any remarks. The Division administrative staff member should then initial and date. Once completed and signed by the employee, the form should be distributed as follows:

(1) The original, white copy marked "EMPLOYEE" is given to the employee at the time it is presented to the employee.

(2) The yellow and pink copies marked "HUMAN RESOURCE" and "PAYROLL" respectively are forwarded to the Division of Human Resources, addressed to the attention of the Labor Relations Manager. After processing, the yellow copy is placed in the employee's personnel record and the pink copy is forwarded to the Central Payroll Office for further processing.

(3) The blue copy marked "DIVISION" is retained by the Division for its record purposes.

2. Types of Formal Action

a. Suspension This form of corrective/disciplinary action may be with or without pay for a specified period of time or for a period of time conditioned upon the occurrence of a specified event. Generally, a suspension will not require the completion of a Form 102-102. However, in the case of suspensions which are conditioned upon the occurrence of a specific event such as "completion of investigation by management" a Form 102-102 would need to be completed, this would not usually include a Form 102-111. The Form 102-111 would generally be completed at the conclusion of the investigation, (if necessary). Additionally, written correspondence should be provided to the employee documenting the suspension.

b. Immediate Suspension If an employee commits a offense so serious as to require immediate suspension, verbal approval must be obtained from the Department Director. If the Department Director approves an immediate suspension, the process which provides that the employee is furnished signed copies of specified forms may not be followed in exact chronological order. In this case, the forms and/or any written correspondence should be forwarded to the employee as soon as possible.

c. Disciplinary Demotion This is a rare form of disciplinary action which reduces the job classification of an employee and may result in a loss of pay. Management may also reduce salary as a discipline measure while leaving the employee in his/her job classification. This action always requires a Form 102-102 and is almost always accompanied by a Form 102-111.

d. Discharge of an employee generally takes place when progressive disciplinary action fails to correct unacceptable work behavior or when a major offense occurs.

(1) Job Abandonment An employee who, without valid reason, fails to report for work for three (3) consecutive workdays and has not requested or been granted authorized leave may be separated from employment. Separation under these conditions would be reported as a discharge. For assistance with this type of separation, contact Labor Relations in the Division of Human Resources.

NOTE: An employee who is incarcerated and has not been granted leave with or without pay, may be considered to have abandoned his/her job. Any such situation should be reviewed in detail with the appointing authority and Human Resources prior to a leave related determination.

(2) Notice of Discharge If you are not issuing a Form 102-111 as notice of discharge, send a discharge letter to the employee by certified mail with a return receipt requested. Such a letter must include notice of the employee's right to grieve the action, if applicable. Contact Labor Relations for assistance. Attach a copy of the discharge letter to the Form 102-102.

(3) Please refer to the Separations Chapter in this handbook. Always consult any applicable labor agreement.

C. Action Pending Possible Disciplinary Action An appointing authority may, following a review by the Director of Human Resources, order the suspension with or without pay of an employee pending completion of an inquiry, review or investigation of alleged causes for disciplinary action as may be necessary to determine whether an action should occur.

I. Award and Recognition Programs

A. Employee Suggestion Program (ESP), Form 102-122 Employees are encouraged to participate in the Employee Suggestion Program (ESP) to improve the quality of government services.

1. Participation Eligibility All employees who work under the jurisdiction of the County Administrator and the non-attorney employees under the jurisdiction of the County Attorney are eligible to participate in ESP. Department/division/office directors, the ESP Coordinator, and management staff of the County Administrator's office are **not** eligible to participate in ESP.

2. Ineligible Suggestions Some types of suggestions are not eligible for awards under the ESP Program. These include suggestions that:

a. Are in use or are already under consideration by the County, prior to the date the Form 102-122 was submitted.

b. Are not directly related to County activities.

c. Concern the lack of observance of established practices and regulations, or routine maintenance matters such as cleaning, painting, repairing and adjusting, unless a change in methods or materials involved is proposed.

d. Do not propose a solution. Merely calling attention to a problem that requires correction is not sufficient.

e. Are substantially the same as a suggestion previously submitted.

f. Deal with benefits, salary adjustments, and/or job classifications, or involve collective bargaining agreements.

g. Relate to work contributions already expected or required as part of an employee's job.

3. ESP Award Categories The categories of awards are described below.

a. Idea Award - certificate of recognition given for submitting an eligible suggestion.

b. Special Award - cash award for an idea that is successfully implemented, based upon the estimated cost savings or increase in revenue occurring during the first full year of implementation. There is also a special award for ideas for which a precise

monetary award cannot be determined, and the amount of the award is based on the evaluator's recommendation.

c. **Grand Award** - cash award to recognize the most outstanding Special Award winner at the end of each fiscal year.

4. **Submitting Suggestions** must be submitted on Form 102-122, Employee Suggestion Form, available from the Division of Human Resources. Return completed forms to the ESP Coordinator in the Division of Human Resources.

5. **Review Process** The ESP Coordinator reviews suggestions for eligibility and forwards eligible suggestions to the appropriate Department, Division, or Office for evaluation. The evaluating agency prepares a written report with a recommendation to the ESP Coordinator. The ESP Coordinator forwards the report to the ESP Committee. The Committee selects the appropriate award category and recommends the amount of the award. The composition of the ESP Committee is in accordance with the approved polices and procedures of the Broward County Commission Employee Suggestion Program. For more information contact the ESP Coordinator in the Employee Development Section.

6. **Suggestions That Are Not Implemented** If a suggestion is not implemented, the evaluating agency provides a written explanation to the ESP Coordinator. The employee may request a reevaluation by submitting NEW information to support the request. Suggestions that are not implemented immediately remain valid for two years from the date of the last notification issued by the ESP Coordinator.

7. **Suggestion and Award Decisions** All decisions by the County Administrator and the ESP Committee are final, binding, and are not subject to grievance procedures. Broward County reserves the right to withdraw, amend, or extend the rules of the Employee Suggestion Program. All submitted suggestions become the exclusive property of Broward County.

B. Employee Performance Commendation, Form 102-111A The Employee Performance Commendation documents an employee's accomplishment of an unusual task or achievement beyond those normally performed under his/her standard job description. A commendation could also be given for unique and exceptional service. Division standards used for rating on the Performance Appraisal, Form 102-101, can serve as a guide in determining commendable instances of performance. Commendation should be used with discretion and the documentation should set forth the standards of performance and describe the employee's superior performance based upon those standards.

The following instructions are to assist in completion of the Form 102-111A. A copy of Form 102-111A is located in Annex A.

1. Enter the employee's name and class title, the date, Department or Division name, and the employee's anniversary date. Indicate the nature of the commendation.

2. The employee's supervisor completes the description of the employee's performance in sufficient detail to document the outstanding accomplishments which exceed the normal requirements of the position, and signs, dates, and submits the form to the Division Director.

3. The Division Director reviews the form, signs and dates it as appropriate, and sends it to the Department Director.

4. The Department Director routes the form to the County Administrator's Office for review and signature. The County Administrator's Office sends the form to the requesting Division for presentation to the employee.

5. The employee acknowledges receipt of the commendation by signing and dating the form. The original copy of the form is then given to the employee. The Division retains a copy for internal records and forwards a copy to the Division of Human Resources.

6. The Director of Human Resources signs and dates the copy of the form, and it is placed in the employee's official personnel file.

D. Employee Recognition The Board of County Commissioners honors employees upon completion of years of full-time benefit eligible service in five year increments. Hundreds of employees reach one of these service anniversaries each year. When a benefit eligible employee reaches five years of service a certificate is sent to the division; at ten- and fifteen-years of service the Division of Human Resources notifies the Division and invites the employee to attend a brief ceremony where certificates are presented by the County Administrator. Beginning with 20 years of service, and upon 25 and 30 years, the employee is invited to attend a Commission meeting where he or she is presented with a service pin. The employee may invite guest to attend. At the beginning of each month the Division of Human Resources sends a memo to Payroll Central authorizing the Board granted one-time addition of eight hours to the annual leave accrual of employees who have attained a service plateau of 20, 25 or 30 years in the previous month.

II. Employee Development Programs

A. Education Committee The Education Committee is comprised of a Department Director designated by the County Administrator, a representative of the County Administrator's Office, and the Director of the Division of Human Resources. The Committee is responsible for the administration of the Tuition Reimbursement Program and review of all recommended training programs for appropriateness in meeting employee training and educational needs.

B. County-sponsored Training

1. **Training Needs Assessments** The Director of Human Resources and the Employee Development Manager will conduct training needs assessments periodically. All courses offered in the County Training Program will reflect needs identified in the needs assessment or by operational needs identified by Department, Division, Office Directors and/or the Director of Human Resources. Specialized training courses are made available by agency request to meet operational needs specific to the requesting agency. Additional special event training may be made available on request of the Director of Human Resources.

2. **Relevance to Job Performance and County Employment** All County sponsored training must be related to performance of specific tasks, procedures, or responsibilities, or to enhancement of the employee's overall ability to serve the public or of the employee's career opportunities within the County organization. The Education Committee may review all recommended training program additions for compliance with these standards.

3. **Evaluation of Program Offerings** The Employee Development Manager will evaluate the qualifications of instructors, consultants, and program content. Resumes, course descriptions, objectives, and copies of program materials are kept on file in Employment Development.

4. **Annual Training Program and Schedules** Prior to the start of the fiscal year, a list of programs to be offered during the year will be presented to the County Commission and County Administrator. They will also be notified of changes during the year based upon newly-identified needs or requests. Training schedules, listing program offerings and course descriptions, will be distributed to employees periodically.

   Based on the needs assessments, the County offers an overall program of courses and training, much of it conducted on County time and paid for by the County. Course work may include technical, career, or promotional development, which may or may not be on County time, to job, personal, and/or managerial-skill development, which is usually conducted during working hours.

5. **Program Enrollment** Participation is by open enrollment or by designation or selection by Division Directors or managers or by the Division of Human Resources. To register for a class, employees complete Form 102-162, Education and Training Registration Form, and obtain supervisor and Division Director approval to attend. The completed Form 102-162 is sent to the Employee Development Manager. The Employee Development Manager will confirm enrollment to the employee and supervisor. Arrangements and payment for sign language interpreters are the responsibility of the requesting employee's agency. Other

auxiliary aids are available from the Employee Development Section with notice prior to the scheduled session. A copy of Form 102-162 is located in Annex A.

6. **No Undue Enrollment Pressure** Supervisors should not pressure individuals to attend these kinds of programs unless there is a job-related connection.

   a. Supervisors may very appropriately offer opportunities, or in some cases, direct employee attendance at one of the programs the County offers in the course of performance evaluation, following unusual incidents on the job or complaints.

   b. If the objective is improved public relations, persons in the enforcement areas of County government may be required to attend a public relations training course.

7. **Attendance** will be taken at each course. Employees will sign an attendance roster at the beginning and end of the program, and Department and Division Directors will be notified if an employee was enrolled but did not attend.

8. **Evaluation** Participants will be asked to evaluate each workshop or program at its completion. Workshops or programs may also be reevaluated at a later date.

9. **Role of the Employee Development Manager** The role of the Employee Development Manager is to assist Departments, Divisions, and Offices in identifying the most appropriate training providers as well as to provide resource management approval for training provided to employees. The Employee Development Manager should be notified early in the planning stages of any training activity in order to be an effective resource for the County. Notwithstanding the above, resource management approval for technical, computer or office automation - related training shall be the responsibility of the Office of Information Technology, as set forth in that Office's Internal Control Handbook.

C. Types of Training For the purpose of providing structure to the Program, training is categorized as proprietary, generic, procedural, or mandatory. Questions regarding specific training delivery should be directed to the Employee Development Manager. Technical or specialized training requests may be made on a Technical or Specialized Training Request form (102-161). The types of training available and procedures used to pursue them are discussed below.

1. **Proprietary Training** Proprietary training is specific, usually technical, and is needed by employees in the performance of current or newly assigned work duties. The need for proprietary training usually arises as a result of:

   a. A management decision that changes the work environment e.g., Training to teach bus mechanics engine repair techniques for newly purchased buses or to assign new

duties to the position, e.g., training in finish carpentry for a person who is currently working as a Carpenter but who is not presently required to have skill in finish carpentry.

In instances where the need for training arises as a result of a management decision, the training would be on County time. This type of training is normally arranged directly by the utilizing agency but, in some instances, arrangements might be coordinated through the Employee Development Manager. Publicity for these programs, if any, would ordinarily be the responsibility of the using agency.

b. **Career and/or promotional or development** proprietary training available through a local educational institution. In this case, training would usually be directed at a small group of employees to train them for promotion or career change, but attendance would be the employee's choice and not at management's direction. For instance, the County may offer Equipment Operator training for non-operators so they could compete for promotion.

While such training would qualify as proprietary, the need for it is not the result of a management decision that requires the employee to learn the equipment. Therefore, this training might not be paid for directly by the County, but it could be paid through the Tuition Reimbursement Program which is discussed below. In this example, the training would ordinarily be on the employee's time, and since the likely audience for the training cuts across division lines, would probably be arranged through the Employee Development Manager, with publicity coming from the Division of Human Resources.

Since this type of proprietary training may vary in degree of applicability to the job, whether or not it would be on County time will be determined on a course by course basis, with final determination resting with the Division of Human Resources.

2. **Generic Training** Generic training is defined as that which is broadly applicable to many employees and is usually of a job, personal, or managerial development type, e.g., courses in leadership, communications, supervision, etc. Arrangements for the presentation of generic training shall be made through the Employee Development Manager.

Generic training is usually provided for employees whose positions require development. Accordingly, the training would be on County time. However, there are many employees who aspire to higher level positions and who would like generic training. Training will be offered to these individuals, but whether or not it would be on County time will be decided by the employee's supervisor or Division Director or the Division of Human Resources on a course by course basis.

Publicity for generic training is generally sent by the Division of Human Resources to all Offices, Divisions, and Departments, and through them to the target group of employees. By contrast, publicity for proprietary training is usually limited to a single division or to a limited group of employees.

3. **Procedural Training** A third grouping of training activities may be categorized as internal or procedural. This type of training is conducted by individual Divisions or Offices. Many organizations, such as Budget, Purchasing, Employee Assistance, and Human Resources, periodically conduct training for County staff. For instance, the Division of Human Resources conducts training in such topics as Performance Personnel Selection, Employee Orientation, Grievance Procedures and Handling, etc. This training is offered through and publicized by the presenting agency. To avoid scheduling conflicts, notices of procedural training must be sent to the Employee Development Manager.

4. **Mandatory Supervisory Development Training** All employees appointed to job classes that involve supervision as part of regular assigned duties are required to satisfactorily complete the Supervisory Development Program provided by the County. Supervision for this purpose is defined to include having the authority to hire, discipline, suspend, or prepare and sign performance appraisals or having the authority to recommend such actions. Employee Development schedules the employee for the training when the Employee Development Manager is notified by the appointing Division of a person's appointment or promotion to a position that involves supervision.

D. Training Purchase Requirements Training supplied by private providers must be pre-approved by the Division of Human Resources and requisitioned in accordance with County procurement processes. Under Purchasing Division regulations, if training is not provided through a state-funded educational institution, it must be put out for bid unless the provider is 'sole source'. Most training of this type is proprietary, i.e., at management direction. Generally, the Division of Human Resources will approve proprietary training only if it clearly may be characterized as related to the technical elements of some particular vocation, the need for which is at the County's discretion and is for the County's benefit, and the source is clearly the sole source.

Ordinarily, generic training is made available through state-funded educational institutions and is usually paid for by the Division of Human Resources. However, generic training may be paid for by the user agency, if appropriate to the situation.

E. Tuition Reimbursement Reimbursement of tuition is authorized for an educational course work, degree program, or other training which will enhance the knowledge, skills, and abilities relevant to an employee's official duties and is of benefit to Broward County, subject to annual funding limitations.

Approval of reimbursement of tuition expenses does not obligate the County to grant paid or unpaid leave or time off or to adjust an employee's work schedule. Approval to enroll in courses that are conducted during the employee's regularly scheduled hours of work or which could affect the employee's ability to work as scheduled should be secured before enrollment. Work schedule adjustments and approval of leave are subject to the operating needs of the agency.

Additionally, approval of reimbursement for tuition expenses does not imply that employees may use County space, personnel, equipment, or supplies in the process of fulfilling requirements for the course work for which he/she is being reimbursed.

1. **Eligibility** Employees are eligible for tuition reimbursement if their positions are included in the Personnel cap and classified as full-time or part-time 20+ in Departments, Divisions, or Offices reporting to the County Administrator or the Board of County Commissioners. Employees must have satisfactorily completed the equivalent of one continuous year (2080 hours) of County service in their current service period prior to the class start date in order to participate in the Tuition Reimbursement Program.

2. **Application Process** Requests for reimbursement are made on Form 102-141, Tuition Reimbursement Application, which includes Program Guidelines and completion instructions. A copy is located in the Annex A.

   Form 102-141 must be completed, signed by the Division and Department Directors, and sent to the Employee Development Manager in the Division of Human Resources no later than fourteen (14) calendar days after the close of registration.

3. **Reimbursement** Requests for reimbursement are submitted to the Education Committee for formal approval. Payment is made through the payroll system upon submission of proof of satisfactory completion of the courses. For approved courses, the Program will reimburse the employee for eligible tuition according to the following schedule and limitations:

   a. 100% with at least one year of qualifying service as a full-time employee.

   b. 50% with at least the equivalent of one year of qualifying service as a part-time 20+ employee (2080 hours worked).

   NOTE: Reimbursements may be pro-rated at the discretion of the County if funding levels are reduced.

   Reimbursement is limited to tuition costs at public institution rates of approved undergraduate and graduate courses and/or course work in vocational or technical subjects at eligible institutions operated by the State or licensed by the Florida Department of

Education, Board of Independent Colleges and Universities, or Board of Independent Post-secondary Vocational/Technical/Trade and Business Schools.

Reimbursement shall not exceed the fiscal year dollar amount as established by the Education Committee. Reimbursement at private institutions will be calculated at the public institution reimbursement rates.

Courses which are audited or not taken for credit will be considered not eligible for reimbursement. Questions about eligibility of the employee, the course work, or the institution must be resolved with the Employee Development Manager before the employee pays tuition.

The amount of reimbursement will be adjusted for employees also receiving assistance from other sources such as scholarships, grants, veteran's benefits, awards, gift aid, or other educational assistance other than loans. In such cases, County tuition reimbursement will be made based upon any remaining tuition expense after the assistance and will be in proportion to the ratio of the public institution rate to the original total tuition charge.

Employees applying for tuition reimbursement who have signed deferred tuition agreements with public educational institutions must provide an executed copy of the tuition deferral agreement to the Employee Development Manager along with the application for tuition reimbursement no later than fourteen (14) calendar days after the close of registration. If reimbursement is approved, the employee must submit proof of payment in full of obligations under the deferral agreement to the Employee Development Manager within five (5) calendar days of receipt of reimbursement.

Minimum grade requirements are:

C - undergraduate courses. B - graduate courses.

4. **Repayment** As a condition of acceptance of educational benefits, employees agree to remain employed by the County for at least one year following payment of reimbursement. If employment is terminated for any reason other than disability or layoff during the year following receipt of reimbursement, the employee will be required to repay such monies received on a pro-rated basis of the uncompleted time.

   For employees whose job classifications are covered by collective bargaining agreements, please consult the applicable agreement.

F. Seminars, Workshops, and Conferences Divisions may sponsor staff attendance, i.e., absorb the cost, at seminars, workshops, and conferences as appropriate. The Department or Division Director

is responsible for approval of attendance at these functions subject to Budget Office policies governing this type of training activity. Costs associated with attendance at seminars, workshops, and/or conferences cannot be reimbursed through the Tuition Reimbursement Program.

G. **Educational Leave** Regular, benefit eligible full-time or part-time 20+ employees may request Educational Leave for the purpose of taking occupationally-related courses or training, which is not sponsored by the County. For detail, see the Chapter on Attendance and Leave.

H. **Management Development Institute (MDI)** The Management Development Institute (MDI) program is a comprehensive system for the ongoing development and training of all Broward County employees. The Institute covers a variety of activities that range from the Employee Development training schedule to more formalized study programs. The MDI components are New Directions, Positive Start, Management Partnerships, Interaction Management and Key Actions. For more information contact the Employee Development Manager.

I. **LEAD Program (Leadership Enhancement and Development)** The LEAD Program offers an opportunity for employees to become familiar with the people, functions, and governmental systems operating in Broward County. Participants, who have satisfactorily completed two years of County service and have expressed interest in professional and personal development, are nominated at the Division, Office and Department level and must successfully compete through an interview process. Employees may also nominate themselves for the LEAD Program.

Completion of the 9-month program demands time and commitment from participants. Individual and group projects are required, as are participation in the County's generic training program, written and oral book reports on management, leadership, and personal and professional development. Call Employee Development in Human Resources for additional information.

J. **Public Service Intern Program** Finding a job fresh out of high school can be very difficult. Having no work experience can often mean not qualifying for a job. The Public Service Intern Program, in co-operation with the Broward County School Board, is designed to help selected high school seniors make the transition from student to employee through a one-year, full-time, entry-level position internship.

Each County public high school and vocational school nominates one senior. Nominees are required to complete the Public Service Intern Program Nomination, Form Number 102-167, as well Form 102-100, Application for Employment. Applicants are invited to selection interviews conducted by a selection Committee comprised of representatives of the Superintendent of Broward County Schools, the Director of the Division of Human Resources, and the Office of Equal Employment Opportunity, or other as designated by the Director of Human Resources. Finalists are chosen following this interview process.

Criteria for selection include a consistently strong attendance record, citizenship excellence, clear economic need, reasonably good academic career, and the ability to serve as a role model by returning to the high school to speak to other seniors about the program.

The Public Service Internship begins a few weeks after high school graduation with orientation classes. followed by a job assignment which the intern would begin immediately. Public Service Intern's receive an hourly salary, medical benefits, paid vacation, holidays and sick leave. They also receive coaching and training on how to complete applications take tests. and interview for Classified Civil Service positions.

K. **Certification Training Program** Certification Training may be paid for by a specific Department, Office or Division (Agency) from their budget funds if so authorized by the Director of that Agency. This type of training represents a considerable investment of County resources and primarily applies to medium-level to high-level technology personnel who may be either full-time or part-time Broward County employees.

1. Terms and Conditions As a condition of acceptance of this certification training, employees agree to remain employed by the County for at least one year following the County's payment for the certification training or receipt of that certification, whichever came last. If employment is terminated for any reason other than disability or layoff during the year following certification, the employee will be required to repay any money expended for this training by the County on behalf of the employee on a prorated basis of the uncompleted time. Those employees receiving veterans assistance, scholarships or other financial support in partial payment of the certification course will be responsible for repayment to the County of only that portion of expenses paid by the County on behalf of the employee.

   At the time the employee is enrolled in training that is subject to this repayment policy, they must receive a copy of this policy and sign a repayment acknowledgment which states at a minimum that the employee agrees to reimburse the County for training costs in accordance with this policy. The acknowledgment shall be retained by the employee's agency along with documentation of the course date and costs. Costs of training and/or certification shall be charged to the Education budget line of the employee's agency.

   Training that meets the following criteria will be subject to this repayment policy:

   a. The training is considered by the County to be a standard industry course and/or examination leads to certification, and
   b. the training is not a mandatory requirement for the employee's current position, and
   c. the total costs incurred by the County for such training within one year of the separation equals $1,000 or more.

2. **Calculation of Repayment** The employee shall reimburse the County for such incurred costs in an amount proportionate to the period of employment not completed. rounded to the nearest month.

3. **Repayment Deduction** Any employee owing monies to Broward County under this policy, will have such amounts deducted from any final paycheck. The employee's Director will notify the Accounting Division by including reference to the repayment amount due on the terminating BC-102. The Accounting Division will make the deduction from the employee's check, and credit the fund from which the payment was originally made. If the employee's final check is insufficient to cover the amount owed or the deduction was not taken, it will be the responsibility of the Accounting Division to pursue repayment. Waiver of repayment may only be obtained by recommendation of the agency Director and approval by the County Administrator.

ETHICS AND CONFLICTS OF INTEREST

I. Standards of Conduct County employees are personally and professionally obligated to serve the public with honesty and integrity. It is essential that County employees maintain the trust of the public, the County Commission, and co-workers as the many thousands of decisions which go into the operations of County programs are made. Specific policies to guide decisions and conduct when a potential conflict of interest is present are presented below.

A. Conflict of Interest Avoiding the appearance or reality of a conflict of interest forms the basis for the County's ethics policies. Public employment is not to be used for unauthorized personal gain. Any conflict between personal interests and official responsibility is to be resolved by consciously avoiding possible conflicts or disclosing the basis of a conflict or possible conflict to a supervisor so that, if necessary, decisions can be reviewed or made by others.

It is not possible to list every possible situation which might arise, but the general guideline is to act on the conservative side of decision-making, applying the 'prudent observer' test.

1. Would a prudent outside observer think that an employee was influenced in official actions by some offer or expectation of personal gain?

2. Would the situation embarrass or reflect poorly on the employee or the County if it became publicly known?

3. If the answer is likely to be 'yes' or even 'possibly', the decision should be made to avoid the issue of conflict of interest from arising. Disclosure of the situation to a supervisor is often the best approach.

B. Accepting or Soliciting Gifts Basic County policy is that employees are not to accept or solicit gifts. A 'gift' is a thing of value to the recipient and can include such items as a cash payment, loan, gratuity, honoraria, service, favor, or promise of future employment. A gift received by a member of the employee's immediate family would also fall into this category. Offered gifts are to be politely and respectfully declined. In some circumstances, it may not be possible to return a gift without causing embarrassment, or the gift may be a consumable item which cannot be returned easily. In such cases, the employee should rely on sound conservative judgment and consultation with his/her supervisor.

The basic policy that employees are not to accept or solicit gifts is not meant to apply when:

1. A gift is of nominal value of $5.00 or less;

2. A gift is given or exchanged by employees on occasions such as birthdays, retirement, marriage, service anniversaries, etc.;

3. A professional or public award is given, reflecting positive performance or community service;

4. A gift is exchanged or given by a relative where a family relationship, rather than a business relationship is involved.

5. Food is consumed at a public, professional, or community reception;

6. Trade discounts or inducements are offered to the general public or to private groups such as professional, religious, or service organizations that are not limited in membership only to County employees.

C. Code of Ethics Central to the standard of ethical conduct is the Board of County Commissioners' policy that no officer or employee shall have any interest, financial or otherwise, direct or indirect, or engage in any business transaction, or professional activity or incur any obligation of any nature which is in conflict with the discharge of his/her duties in the public interest. Since the confidence of the citizenry is the very foundation for effective Government, even an unfounded appearance of unethical conduct by a public employee can significantly impair the capability of Government.

Therefore, all Department and Division Directors and Assistant Directors and heads of separate Offices will certify to his/her understanding of the County's policies related to ethics in writing, upon appointment and each year thereafter. The Division of Human Resources will send a memorandum for certification in July. The employee signs it and returns it to the Division of Human Resources. The signed certification will be made a permanent part of the employee's official personnel file.

D. Use of Private Facilities Broward County employees, including elected and appointed officials while acting in their official capacity, shall not hold meetings or events at any private facility where policy or practice restricts membership or services on the basis of race, religion, national origin or ancestry, sex, sexual orientation, age or disability.

E. Criminal History Disclosure All employees are required to disclose to the Director of the agency in which they work, any felony or misdemeanor or criminal infraction conviction or plea of nolo contendere ("no contest"), whether or not adjudication was withheld, which occurs subsequent to the effective date of this policy (March 14, 1996).

1. Time Requirement Disclosure must be made within five (5) working days of the date of the conviction or plea of nolo contendere, whether or not adjudication was withheld.

2. Director's responsibility Upon receipt of a disclosure pursuant to this policy the agency Director must consult immediately with the Director of Human Resources to determine if the nature and recency of the conviction or plea of nolo contendere makes follow-up

employment actions appropriate. While a conviction or plea of no contest, in and of itself, will generally not bar a person from employment, there will be cases when a specific type of criminal history information directly related to the employee's job duties and responsibilities will make subsequent actions necessary.

3. **Failure to Disclose** Any employee who fails to make this required disclosure of conviction or plea of nolo contendere, whether or not adjudication was withheld, occurring subsequent to March 14, 1996 will be subject to serious disciplinary action.

F. Financial Disclosure Financial Disclosure County employees in certain job classifications as defined in Florida Statutes, Chapter 112, Part 111, are required to file financial disclosure information forms. This requirement is to ensure that no incompatible conflicts of interest are present when a public official carries out the responsibilities of his/her office. Compliance with these requirements shall be considered a condition of continued employment with Broward County.

G. Elected Public Office

1. Employees seeking elected public office are not permitted to engage in any activity related to seeking the office during working hours or in other ways which might constitute an inappropriate use of County time and resources or lead to the impression that the County government endorses their candidacy.

2. The prohibition against the use of County time and resources in a campaign for elective office includes a ban against using County equipment, including vehicles, telephones, copy machines, inter-office mail, or other equipment owned by the County. The employee/candidate is prohibited from participation in campaign activities off duty wearing; a County uniform or driving a County vehicle.

3. The ban also prohibits the solicitation of campaign contributions or in kind gifts to support the campaign such as soliciting campaign workers or contributions from among County employees where such solicitation takes place on duty or when such solicitation could be reasonably construed as having a connection to a real or expected employment decision. Such potential conflict of interest could arise, for example, when a subordinate is asked to support the candidacy for elected office of a supervisor when the subordinate depends on the supervisor's decision making in matters such as assignments, evaluations, etc. The employee/candidate for public office is responsible to avoid the appearance or the reality of a conflict of interest between their employment with the County and the outside candidacy.

4. The employee choosing to run for elected public office shall disclose his or her candidacy to the employee's immediate supervisor and the Department, Division or Office Director in which the person works within 24 working hours of the time the employee becomes an official candidate by submitting the necessary candidate papers. Thereafter, the Director shall meet with the employee to ensure that the rules regarding the avoidance of a conflict of interest are clearly understood and that any questions the employee has are addressed. However, campaign-related activities occurring before official candidacy are also subject to these restrictions.

5. The employee/candidate may take reasonable steps, with approval by the supervisor, to minimize the prosect of a conflict of interest. These steps may include the use of annual leave, job basis leave if applicable, personal days, work schedule adjustment or unpaid leave of absence following approval in advance by the supervisor pursuant to County policies.

6. These limitations and prohibitions are designed to eliminate the possibility of a real or perceived conflict of interest in the best interest of the employee/candidate and the County. If the employee has any questions concerning the applicability of this section, the person is encouraged to contact their supervisor or Division of Human Resources in advance in keeping with the positive, conflict prevention intent of this section.

H. <u>Elected Officials or Managerial-level Employees employing another County Employee</u>
Any elected official subject to the jurisdiction of the Board of County Commissioners and any managerial level employee of Broward County, such as Administrator, General Counsel, Commission Auditor, Department, Division, Office director, shall be subject to the principle of the County not to knowingly engage or employ, directly or indirectly, the services of another County employee to perform maintenance or other work on the individual's person or real property, even though the tools, equipment, or supplies of the County are not involved and the employee's time is his or her own and he or she is compensated personally by the individual for time and any other expenses. Questions regarding this policy should be directed in writing to the Director of Human Resources.

I. **Policy and Intent** It is the intent of the County to provide procedures for the prompt and equitable conduct of due process hearings in cases of formal disciplinary action against regular employees who have successfully completed an initial probation and to aid in the resolution of disputes between the County and its employees without fear, coercion, discrimination, or retaliation. The County desires that both supervisors and employees make every reasonable effort to resolve problems informally as they arise. It is recognized, however, that there will be problems that can be resolved only after a hearing and formal review of the facts and issues involved.

II. **Procedural Guidelines** When an employee files a grievance, it is important that managers closely follow the Guide for Processing Grievances, Form 102-153, contained in Annex A. The Division of Human Resources, Labor Relations Section must be advised and copied on all grievances and responses.

NOTE: Assistance on claims of alleged discrimination should be directed to the Office of Equal Opportunity.

III. **Collective Bargaining Grievance Procedures** For employees whose job classifications are covered by collective bargaining agreements, please consult the applicable union contract for the appropriate procedure and grievance form.

IV. **Civil Service Grievance Procedure** Employees who are in job classifications that are not covered by labor agreements, who are not excluded from the Classified Civil Service or otherwise excluded from filing grievances under the Civil Service Rules, may utilize the Civil Service Appeal and Grievance Procedures as outlined below. Such grievances are processed on Form 102-115.

NOTE: Working days, for the purposes of the time limits described in this procedure, shall be defined for all employees regardless of the assigned work schedule, as Monday through Friday, excluding holidays.

The entire Civil Service Appeal and Grievance procedures are contained in the Civil Service Rules and can be obtained from the Labor Relations Section in Human Resources.

*NOTE: Grievances involving an appeal of **discharge** shall be initiated at Step III by filing with the Department Director and the Director of Human Resources within ten working days of the discharge.*

A. **Informal Discussion (Step I)** In the event a condition exists that causes a regular non-probationary employee to be aggrieved, the employee should first attempt to resolve the matter by discussing the issue informally with his/her immediate supervisor. If the situation cannot be resolved informally, the formal process may be initiated as described below.

B. Written Grievance Procedure and Division Director Review (Step II)

1. Employee Obligation When an employee has a "grievance" as defined in the Civil Service Rules and Regulations which the employee has not been able to resolve with his/her supervisor or Department, Division or Office Director, he/she may file a grievance by obtaining a Form 102-115 from the Division of Human Resources Labor Relations Section.

2. Formal Action The Form 102-115 must be completed and filed with the Division Director and the Director of Human Resources subsequent to the date that the employee had knowledge or could have reasonably been expected to have knowledge of the existence of the condition of employment that he/she is aggrieved about or the effective date of the adverse action taken against the employee, consistent with the time limits specified in the Civil Service Rules.

a. Form 102-115 Completion The employee completes the Form 102-115 in the following manner.

(1) Enters his/her name, job class and Department and/or Division, work phone, date of event giving rise to the grievance, and checks whether or not an informal discussion was held.

(2) Enters his/her statement of the grievance including names, dates, locations, and other pertinent information.

(3) Specifies the requested remedy for his/her grievance.

(4) Lists any specific Civil Service Rules, policies, or procedures alleged to be violated.

(5) Signs and dates this completed section of Form 102-115 and files the form with his/her Division Director.

4. Division Director Obligation The Division Director acknowledges receipt of the Form 102-115 by indicating the date received and signing in the space provided. The Division Director:

a. Meets with the grievant within seven working days following receipt of Form 102-115;

b. Renders his/her response to the grievance, signs and dates his/her portion of the form and returns the Form 102-115 to the grievant within ten working days following the meeting.

C. Department Director Review (Step III) If the grievant is not satisfied with the Division Director's response, the grievant may then file Form 102-115 with his/her Department Director within five working days following receipt of the Division Director's response. The Department Director:

1. Acknowledges receipt of the Form 102-115 by indicating date received and signs in the space provided.

2. Meets with the grievant within seven working days following receipt of Form 102-115.

3. Renders his/her response to the grievance, signs and dates his/her portion of the form, and returns the Form 102-115 to the grievant within ten working days following the meeting.

NOTE: Any grievance involving appeal from disciplinary action shall bypass Step IV and proceed directly to an Evidentiary Hearing (STEP V).

D. Personnel Advisory Board Grievance Review and Recommendations (Step IV) If the grievant is not satisfied with the Department Director's response, the grievant may, within five working days following receipt of the response, file the Form 102-115 with the Director of Human Resources requesting a review by the Personnel Advisory Board (PAB).

The Director of Human Resources acknowledges receipt of the Form 102-115 by indicating the date received and signing in the space provided. The Director of Human Resources will schedule the matter for review on the agenda for a meeting of the PAB within thirty working days of receipt. The PAB shall review the grievance and may make non-binding recommendations to Administration. The Director of Human Resources communicates such recommendations to appropriate Department, Division and Office Directors.

E. Appeal from Disciplinary Action - Evidentiary Hearing (Step V) If the grievant is not satisfied with the Department Director's response in STEP III, he/she must then file the Form 102-115, within five working days following the receipt of the response, with the Director of Human Resources requesting an evidentiary hearing by the Hearing Officer.

Evidentiary hearings will be conducted as soon as practical. The Hearing Officer will issue a written Order within ten working days following completion of the hearing. A decision of the Hearing Officer is the final step in the County's "Appeal from Disciplinary Action" procedure provided. However, the Hearing Officer's decision may be appealed by filing a petition for writ of certiorari

in the Circuit court of the Seventeenth Judicial Circuit in and for Broward County, Florida, within thirty calendar days after the rendering of the decision.

I. Interview and Selection Responsibilities and Pre-Appointment Procedures

A. Interviews The staffs of the Division of Human Resources and OEO Office are available for consultation should the need arise.

1. **In-person Interviews** All candidates certified are entitled to an in-person interview. If a candidate has been interviewed recently for another vacancy in your organization, you may, with the concurrence of the candidate, use the prior interview as the source of information for the present vacancy. However, if the candidate wishes to return for a second in-person interview, he/she must be given that opportunity.

2. **Telephone Interviews** A telephone interview may be conducted in lieu of an in-person interview only if the candidate agrees to a phone interview. Since certain pre-employment documentation is usually obtained at the time of the interview, if the interview is by telephone and that candidate is selected, a subsequent in-person appearance is necessary to complete required documentation.

B. Interview Expenses The Director of Human Resources may authorize reimbursement for reasonable interview expenses for candidates for positions in the E & Y Pay Plan and other approved by the Division of Human Resources, subject to these provisions:

1. **Candidates for Employment** Reimbursement will not be authorized for expenses arising from initial screening interviews. However, when the appointing authority identifies a candidate as a finalist, and the appointing authority deems that a second or subsequent interview is in the best interest of the County, the appointing authority may request reimbursement of the expenses of the second interview by written request to the Director of Human Resources. The Director of Human Resources will review the request and will notify the appointing authority in writing whether or not the request is approved.

   a. Reimbursement, where approved by the Director of Human Resources, will be made in accordance with Section 112.061 of the Florida Statutes and is limited to transportation costs based upon the County's prevailing travel policies. This includes payment of mileage reimbursement rate or round trip economy air fare rates, whichever is the lower amount, recognizing that stayovers through a Saturday may result in reduced air fares; incidental travel costs such as taxi fares, tolls, or car rental costs; accommodations at reasonable economy hotel rates; as well as meal costs based on the County's established meal reimbursement limitations.

   b. The candidate must submit receipts documenting expenses of the types outlined above to the appointing authority. The appointing authority will review and approve the reimbursement as appropriate and will submit a County Travel Voucher, Form

403-6 to Accounting, with receipts described above attached to it and a copy of the memo from the Director of Human Resources authorizing reimbursement, to the Accounting Division. Source of funds for the reimbursement must be identified by the requesting Director.

2. **Outside Raters and Oral Interview Panel Members** The Director of Human Resources may authorize reimbursement for reasonable meal, mileage, or accommodation expenses for individuals, who are NOT employed by the County and who live within the State of Florida, who are invited to serve as raters or members of oral interview panels, pursuant to the provisions above. The County administrator must approve reimbursement of expenses in excess of $50.00.

C. **Interview Objectives and Techniques** In preparing for the interview, it is helpful to review the duties of the vacant position with a view towards formulating interview questions about the work, or unusual working conditions. You need not feel constrained to ask each candidate exactly identical questions in the same order, but bear in mind that you wish to select the best candidate based on the same criterion, and consequently you should cover the same basic "territory" with each.

1. **Interview Preparation**

   a. Immediately prior to the interview, review the candidate's job application, paying particular attention to any gaps in employment and school history, missing information, conviction or worker's compensation record, and any ambiguities in the information. Make notes regarding any points you wish the candidate to clarify. **Review the candidate's conviction or plea of nolo contendere record as indicated on the application, or as otherwise becomes known in the interview, in relation to the job, and make a determination as to whether or not to file an objection to the candidate.**

   b. In large part, the intent of the interview is to create a situation of give and take between the interviewer and the interviewee, in order to provide the interviewer the information upon which to make a judgment.

   c. The interviewer should talk approximately 25% of the time and the candidate about 75% of the time. Make sure that most of the talking is done by the applicant; listen more than you talk, and listen carefully. Be careful to show, by posture or gesture, a positive attitude.

   d. Don't spend your time talking about your own views on the subject at hand. When you talk, use the time to explain both the potential negative and positive aspects of the job.

e. The verification of employment and educational background information begins at the selection interview, when comparisons may be made between the statements of the candidate and those in the application. If differences arise, they should be discussed, or note should be made for subsequent verification. If the candidate is uncertain or inexact regarding too many dates, it may be an indication of falsified information or an indication of a poorly prepared candidate, whom you might not want to hire regardless of his/her qualifications.

2. **Interview Guidelines**

a. Greet candidates courteously. Begin the interview with any general comments. You may then begin the more serious part of the interview by asking questions about prior work experience, education, career goals, etc. Primary responsibility for the tone of the interview rests with the interviewer. It is your treatment of each applicant that will in large measure determine the applicant's feeling about the fairness of the process.

b. When asking questions, concentrate on job-related factors only. Do not make direct or indirect inquiries regarding non-job related factors. In interviewing the candidate:

(1) Do not ask leading or trick questions.
(2) Ask questions one at a time; allow the candidate to answer completely before asking a new question.
(3) Answer any reasonable question posed by a candidate.
(4) Ask open-ended questions, and avoid asking questions which can be answered "yes" or "no". Begin your questions with how, when, what or why.

c. If you wish, you may take notes; however, do not rate the candidate during the interview.

d. Avoid any gesture or statement, or the timing of any such action, that conveys an overly strong meaning or approval. These gestures might be misinterpreted by the candidate to mean that he/she answered correctly, or that he/she is proceeding well.

e. Don't argue with a candidate. It is not necessary to convince a candidate of anything in the interview except of your own "goodwill" towards them. If a candidate becomes argumentative, change the subject.

f. If a candidate wanders from the subject, don't stop him/her immediately as this, in itself, is a personality trait worth noticing. When it has been established that the

candidate digresses and becomes garrulous, bring him/her back to the subject under discussion.

g. While it is necessary, in general, to hold to an interview schedule and time limit, no interview should be terminated until you are satisfied that you have a foundation for your judgment. Each candidate, regardless of apparent merit, should be questioned long enough to allow a fair evaluation.

h. Question the candidate as to whether or not he/she has a relative or household member working in your division. If he/she does, the nature of the work relationship may prevent the employment of the candidate. No employee may work in a position which either supervises or influences the activity of a relative or spouse, and no employee may be promoted to such a position. Complete Section A on the Background Verification Record, Form 102-142.

i. Have candidate sign a Record Release and Reference Authorization located at the top of the Background Verification Record, Form 102-142. This section includes an authorization to contact the candidate's present employer.

j. Upon reaching the point where you feel you have covered the information pertinent to the job and any related characteristics of the candidate, you should, as a method of ending the interview, ask the candidate if he/she has questions they would like to ask. Usually, after you answer any questions, you may then conclude the interview.

k. After the candidate leaves, the interviewer should immediately record his/her judgment of the candidate's qualifications.

l. When the interviews are completed, you may make a tentative decision on a candidate to fill the vacancy. Before finalizing your decision, you must complete a Form 102-142.

D. **Documentation From the Candidate** At the time of the interview, it is recommended that the candidate complete and sign the employee information portion of the INS Form I-9, Employment Eligibility Verification. The candidate must provide documents in accordance with I-9 rules. In the event the candidate is selected and the documents provided by the employee to satisfy the I-9 requirements do not include a valid-for-employment Social Security card AND a government-issued photo ID, the County requires these documents for identification purposes in addition to the I-9 requirements.

E. **Responsibilities of the Appointing Authority** Either at the interview or subsequently, but before the Personnel Action, Form 102-102, can be processed, you, the interviewer MUST ensure that the following requirements are satisfied before confirming any appointment with a candidate:

1. **Establish I-9 Status**

   a. View the documents that establish the person's identity and employment eligibility. Complete the Employer's section of INS I-9 Form.

   b. The identification for the Employer's I-9 section List B must be a government agency-issued PHOTO Identification. Note that the possible penalties for false attestation or for perjury by the person completing the I-9 Form are up to $2,000 fine and up to 5 years imprisonment. Sign and date the form.

   c. View an original Social Security Card. The Card must be valid for employment. Cards that are not valid for employment are marked, "Not valid for employment. "Record the name and Social Security number from the card on the Background Verification Record, Form 102-142. The Social Security Card may also be used to fulfill the INS Form I-9 List C requirement.

   d. Make and retain copies of the Social Security Card and Photo ID presented.

   e. That the Immigration and Naturalization Service (INS) Form I-9 has been properly completed and that any necessary re-verification of documentation is performed. This step is not required if the appointee is currently a County employee. The INS I-9 is used in compliance with the Immigration Reform/Control Act of 1986.

   (1) Read the form completion instructions on the reverse side of Form I-9, and complete the form accordingly, with the exception that the I.D. required under the Employer's Section, List B must be a government agency issued PHOTO I.D.

   (2) If a candidate does not have a photo driver's license, he/she may obtain a Florida State photo I.D. card at any State driver's license certifying office. All candidates are notified of the identification requirements and the availability of a State I.D.

   (3) Make copies of the paper Social Security card and the photo I.D. that have been presented. The copies must accompany the INS Form I-9.

   (4) If an alien presents an INS work authorization/identification document with an expiration date, authority to work must be re-verified prior to such expiration date.

(5) After completing this form, the person who viewed the documents MUST sign it.

2. **Background Verification Required** All background verifications, except those for Division Directors and higher classified positions, are documented on the Background Verification Record, Form 102-142. Verification of ten (10) years of prior work history and educational background shall be performed for all original appointments. These provisions apply with equal force to proposed re-employment or reinstatement of a former employee. Background verification is also required for current County employees seeking a demotion, transfer, or promotional appointment, including five (5) years of prior non-County employment history. College education and all other special requirements or certifications must **always** be verified if a requirement of the position. If a previous Background Verification Record is used as a source for the present verification, such must be noted on the form. Contact with the immediate supervisor of present county employees who are seeking a transfer, demotion or promotional appointment is absolutely required. For former county employees conduct a review with the previously employing Division or Office. A review of all candidate's file in the Division of Human Resource is highly desirable.

a. **Instructions for completion of 102-142:**

(1) Fill in the person's name and social security number shown on the person's the Social Security card.

(2) Review any relatives of the candidate who may be on the present staff of the Division/Office, to assure the appointment does not conflict with the provisions of the Civil Service Rules and Regulations regarding employment of relatives. If either of these two points were not covered, you must resolve them, by phone if necessary.

(3) If a college degree is required for the position, you must verify possession of the degree by calling the college. In most cases, the school information being verified will be college. Generally speaking, the verification of high school education will add little to a situation, unless the circumstances are unusual. Most job classes requiring only a high school education also usually require some years of experience in a particular type of work, and therefore emphasis should be placed on checking work history; or, such job classes require a written exam which generally eliminates the need for school checking. Otherwise, such checking is only necessary if the nature of the duties are such that the absolute truthfulness of the candidate must be demonstrated, and the educational claim is considered pertinent.

To check college education, obtain the phone number of the records office of the school from which graduation is claimed. Call the records office and indicate that verification of graduation is desired, identify yourself, and request the verification.

Usually, the candidate's Social Security number, and his/her dates of school attendance are requested. Stick to the basic date-and-type-of-degree information request.

(4) Employment Verification As a general rule, it is best to first verify only work experience with previous employers, and then, if all other information checks out and you have decided to appoint the candidate, as a last step, after so notifying the candidate of your intentions, you may verify present employment.

(a) To check employers, call the organization's personnel office, and request a verification of job title and employment dates, by month and year. Request also a statement as to whether or not they would rehire. Some organizations will not provide any information and some will only give limited information, but most will supply the indicated type of information. If you can contact a previous supervisor, you may also make inquiries regarding the quality and nature of the employee's previous work performance. Depending on the organization, they may or may not be willing or able to provide such commentary. Always try to insure that obtained information is as objective as possible.

(b) In some instances, you may want to send a reference form letter if you have been unable to verify information by phone, or there are other background ambiguities. You must use your judgement, since some organizations will not verify information if the history is negative, or if there have been other problems, and sending a reference letter would be a waste of time, since it would probably not be returned. In short, an absence of information might be as significant as either positive or negative information, but it must always be considered in the context of the entire set of circumstances.

(c) On occasion, a verification source may attempt to obtain from you other information regarding the candidate. Do not provide information on a candidate other than that immediately required for proper identification purposes (i.e., name, SSN, title of position applied for, and the claimed employment/education and dates).

(5) Personal references may be checked if the level of the position warrants, or if you are looking for other methods of verifying previous work information. Generally, personal references will give a positive response in regards to the candidate, or they would not have been selected as references. Consequently, they are only secondarily important. They are, however, more pertinent for whatever leads they may supply

regarding those aspects of the candidate's background for which additional information is sought.

b. <u>General Considerations for Analysis of Background Verification information:</u>

(1) Remember, most people often make slight intentional or unintentional misstatements on their applications. All discrepancies cannot be considered to be falsehoods.

(2) Some people take liberties with the facts to create a smoother presentation. As long as such representations do not materially distort the realities of the background, and have not influenced their score on the exam, they probably should not be considered pertinent, but this is a matter for careful judgement.

(3) Material misrepresentations are basis for disqualification, particularly if they appear to have positively influenced the exam score.

(4) On occasion, some information may be obtained which strongly and directly contradicts what is in the application and what you have been told. Under those circumstance, you must make a judgement as to what approach to take. There are usually about three general options:

a) confront the candidate and request an explanation;

b) decide that despite the discrepancy, the overall circumstances of the situation indicate that the discrepancy should be noted, but otherwise not given deciding weight;

c) decide that the contradictory information is incontrovertible and the circumstances are of such a nature that the weight to be given to the contradiction will eliminate the candidate. Make any such judgements in conference with appropriate other concerned parties.

(5) All reference checking should be done in a cheerful, positive, forthright manner.

(6) Do not become curious or gossipy about a candidate's personal background.

(7) Do not attempt to induce negative responses, and only ask carefully phrased leading questions if it appears necessary to obtain information.

(8) Ask open ended neutral questions, and allow the respondent to set his/her own tone and quality of response, but try to retain control and direction of the conversation.

c. After all information has been obtained; a review of all aspects of the candidate's background will provide you with a good perspective on his/her suitability for the position.

d. Each Division shall maintain file copies of completed Form 102-142s for all members of the staff. In addition, the Division shall maintain file copies of the INS Form I-9 on all new appointments to positions under their authority. The INS documentation need not include copies of identification documents.

e. Each Division shall track the need to re-verify work authorization and shall be responsible for re-verifying and documenting continued employment eligibility as required by the INS.

f. Select candidate, make offer, obtain tentative acceptance and schedule post-offer medical examination. See Medical Examination chapter in this handbook.

g. In conjunction with the scheduling of a post-offer medical examination, the Risk Management Division will conduct a criminal background check.

3. **Establishing Employment Start Dates** Once the selection has been made and the other new hire and/or appointment requirements have been completed, e.g., background verification and I-9 process, etc., the appointing authority and the candidate can establish a tentative start date. Tentative offers of employment can be made before the results of the medical exam are known, but the appointing authority must inform the candidate that the offer is subject to satisfactory completion of the medical exam and to passing the drug screen. In some cases, a candidate may wish to delay giving notice at his/her current employment until the results of the exam are known.

4. **Candidate Rejects the Tentative Employment Offer** If the candidate reconsiders the tentative employment offer and does not wish to proceed with new-hire processing, the appointing authority should cancel the medical exam appointment, notify Human Resources, and proceed with the selection process. Human Resources will notify Payroll, void the appointment package and return it to the appointing Division. In this case, the Form 102-106, Certificate of Eligibles, would be marked to show the candidate declined the position.

II. Moving Expenses/Recruitment and Relocation Package

A. **Moving Expenses** The County Administrator may authorize the movement of household goods for division directors, office directors and other personnel with special qualifications. Pre-authorization of moving expense eligibility is managed by the Director of Human Resources. Payment by the County for said moving expenses shall be limited to the total amount shown on the invoice for such services OR an amount equal to 12% of that person's

agreed upon beginning annual salary, whichever is less. Issuances of purchase orders and payment of such moving expenses shall be made in accordance with Broward County bidding, purchasing and accounting procedures and should be coordinated through the Purchasing Division; payment shall in every case, be supported by an itemized invoice.

B. **Recruitment and Relocation Package** In addition to the above Moving Expenses, the County Administrator has the discretion to negotiate, determine and authorize the payment of a Recruitment and Relocation Package for newly appointed Executive Team Members in an amount not to exceed the equivalent of two (2) months' of the executives' gross salary. The Recruitment and Relocation Package may include, but not necessarily be limited to temporary housing assistance, relocation related expenses, spousal/domestic partner job placement assistance, transitionary travel expenses, etc.

C. **Unallowable Expenses** Moving Expenses and the Recruitment and Relocation Package shall be payable for packing and shipping by common carrier of ordinary household goods, which means personal effects and property used in the employee's dwelling. Payment is not to be authorized for the following expenses:

1. The shipping of automobiles, boats, trailers, campers or mobile homes.
2. The transportation of livestock.
3. Unpacking or storage of household goods.
4. The cleaning of any residence.
5. Insurance beyond the normal liability of the common carrier.

I. **Medical Exam/Drug Screen Program and A.D.A.** The County firmly supports the intent and provisions of Title I of the Americans with Disabilities Act (ADA) that prohibits inquires by employers about an applicant's mental or physical impairment or disability until the employer has extended a conditional job offer. The ADA also prohibits employers from requiring an applicant to take a medical examination, respond to medical inquires or questionnaires, or provide a medical history before the employer makes a conditional job offer.

The County does, however, have the right to test all applicants for the illegal use of drugs, because the ADA does not consider tests for illegal drugs to be medical examinations. The County may also give physical agility tests, prior to making a conditional job offer, so long as the test is not a medical examination and the test is given to all applicants in the same job classification, regardless of disability. All physical agility tests shall be job related and consistent with business necessity, meaning that such tests will measure actual physical or mental fitness or abilities necessary to perform a job.

Although disability-related inquires will not be made at the pre-offer stage, an applicant with a known disability (applicant volunteers this information or it is obvious) may be asked, at the pre-offer stage, to demonstrate or describe how s/he would perform essential duties of the job that are affected by the disability, regardless of whether non-disabled applicants are required to do so.

The County may condition a job offer on the satisfactory result of a post-offer medical examination or medical inquiry, if this is required of all job candidates in the same job classification. After making such a conditional offer, the County may make health related inquires or require medical examinations to obtain any information that is relevant to an applicant's ability to perform a job. The County may also require a follow-up test or examination when an initial examination indicates that further information is needed, or to determine if an applicant with a disability can perform the job without causing a direct threat to the health or safety of the applicant or others, regardless of disability.

The County may withdraw a conditional job offer, based on the results of a post offer medical examination revealing a disability, if the reason(s) for the exclusion is job related and consistent with business necessity, or to avoid a direct threat to the health or safety of the applicant or other employees where no reasonable accommodation will enable the applicant to perform the job without a significant risk to health or safety, or that such an accommodation would cause an undue hardship on the County.

II. **Medical Exam/Drug Screen subsequent to an Offer of Employment**

A. **Policy** Prior to actual start of work with the County, all new appointees, except those appointed to positions classified as Temporary or Student, are required to undergo and pass a drug screen and to undergo a medical exam that results in no medical disqualification.

1. Current County employees may be required to undergo and pass a medical exam that results in no medical disqualification subsequent to initial appointment if, in the judgment of the Risk Management Division, the change in the nature of duties warrants reexamination.

2. Risk Management is solely responsible for granting exemptions and/or exceptions to these requirements.

B. Exam/Drug Screen Notice and Consent The medical exam/drug screen requirement is explained on Job Announcements. The Application for Employment, Form 102-100, also contains notice of the requirement.

1. The notice on the Form 102-100 advises the applicant that his/her signature on the application expresses the applicant's consent to the medical exam and the drug screen. If an applicant refuses to sign the application, the Application Unit will void the application and will not process it. If an unsigned application is received indirectly, e.g., by mail, or drop box, it is voided since processing and computer system requirements do not allow time for return.

2. The appointing authority is responsible for notifying individuals appointed to positions excluded from the Classified Civil Service of the medical exam requirement.

C. Appointment Scheduling When a candidate has been selected and the background verification process has been completed, the appointing authority may make an offer of employment subject to the candidate's satisfactory completion of the medical exam and drug screen process. If the candidate indicates tentative acceptance of the offer, the appointing authority will make the appointment for the exam.

1. If the candidate is a current County employee, the appointing authority will contact Risk Management to determine if the change in duties necessitates reexamination. If Risk Management determines reexamination is NOT needed, a statement to that effect must be entered in the Remarks section of the appointing Form 102-102 in order for Human Resources to process the transaction.

2. If the candidate refuses to undergo the medical exam process, the appointing authority should complete a Form 102-107, indicating that the individual refused to undergo the exam as the reason for the objection. The Form 102-106, Certificate of Eligibles, would be marked to indicate that an objection to the candidate had been filed. The Form 102-107 would be sent to Human Resources along with the completed Form 102-106.

D. Medical Exam Appointment Confirmation, Form 102-160 The following procedures apply to new appointments and to appointment of current County employees where Risk Management

requires reexamination. The appointing authority schedules the exam appointment, completes a Medical Exam Appointment Confirmation, Form 102-160, signs it, and distributes the copies as follows:

1. **The Candidate's Copy** If the candidate is present when the exam is scheduled, the candidate's copy of the Form 102-160 is given to the candidate with instructions to bring it to the medical exam. If the candidate is notified of the appointment by telephone, the appointing Division will mail the candidate's copy to the candidate.

2. **Medical Office Copy** The Medical Office copy of the Form 102-160 is sent to the office conducting the exam with a photocopy of the applicant's driver's license or other photo identification. NOTE: A second copy of the driver's license is required as part of the INS I-9 form completion requirements.

3. **Division Copy** The Division copy of the Form 102-160 is used to document the results of the medical exam.

E. Exam Appointments not Kept If the candidate fails to report for the medical exam as scheduled, the appointing authority will contact the applicant to determine the reason the applicant failed to keep the appointment. If, in the judgement of the appointing authority, there is a compelling reason why the applicant was not able to keep the exam appointment, the appointing authority may schedule a new appointment. If this is done, the appointing authority is responsible for notifying the applicant and Human Resources of the new appointment.

1. If the applicant does not provide a compelling reason for missing the exam appointment and/or the appointing authority wishes to withdraw the tentative offer, the appointing authority should notify the applicant that he/she is no longer under active consideration and notify the Human Resources Action Processing Unit to void the appointment package. In this case, the appointing authority should also complete a Form 102-107 indicating that the candidate failed to complete the medical exam process as the reason for the objection.

2. The Form 102-106, Certificate of Eligibles, would be marked to show that an objection to the candidate had been filed, and the appointing Director would then proceed with the selection process. Human Resources will notify Payroll, void the appointment package and return it to the appointing Division.

F. Notification of Medical Exam/Drug Screen Results Medical records are not subject to the Chapter 119 of the Florida Statutes related to Public Records. Medical information is private and confidential and is kept separate from Personnel files. The exam results conveyed to the appointing authority here means only whether the candidate was found to be medically qualified.

1. When the appointing authority is advised of the exam results, the appointing Division will notify the candidate of the outcome. If the candidate passed the exam, the information is noted on the Division copy of the Form 102-160 and the form is sent directly to the Human Resources Action Processing Unit. Human Resources will then finalize approval of the 102-102 effecting the appointment and will notify Payroll so that Payroll can schedule the candidate for Payroll processing.

2. If there was a medical disqualification, contact the Division of Human Resources for guidance. A candidate's questions regarding medical findings should be referred to the Occupational Health Section in Risk Management. If the decision is made to not proceed with the appointment, the completed Form 102-160 is sent with a Form 102-107 to the Certification Unit with instructions to revise the notation on the Certificate of Eligibles.

G. Maintenance of Medical Exam/Drug Screen Reports The physician's report regarding the candidate's medical or job status will be kept on file in the Division of Human Resources. All medical information or results of any County-required medical examination or inquiry shall be kept confidential and separate from general personnel files, available only under limited conditions specified by law.

H. Other Medical Exam Findings If an applicant is evaluated as medically qualified for employment but the exam reveals possible future medical complications, the examining physician will include the findings in the medical record and will advise the candidate.

III. Special Medical Examinations A Division, Office, or Department Director may request that a medical examination, including drug and/or alcohol testing under certain circumstances, be scheduled for any employee under his/her jurisdiction, subject to the approval of the Director of Human Resources. Contact the Division of Human Resources Labor Relations Section for assistance on specific cases.

NOTE: For employees covered under collective bargaining agreements, please refer to the specific contract.

A. Non-emergency Examinations

1. **Requesting the Examination** To request an examination, the Division Director forwards a memorandum stating the reasons for the request to the Director of Human Resources. The memorandum should include the employee's name, classification, work location, and a brief description of his/her duties. The request should further include the reason for the request and/or a specific description of what is observed in the employee's behavior which interferes with the employee's job performance.

2. **Division of Human Resources Review** The Director of Human Resources will review the request and, if appropriate, authorize and coordinate with the Occupational Health Section of the Risk Management Division to schedule an appointment with a physician. The Division of Human Resources will notify the requesting Division regarding the appointment for the exam. Expenses incurred shall be charged to the requesting Division unless otherwise notified.

B. Need for Immediate Examination In the event there is an immediate need for drug and/or alcohol testing because there is reasonable suspicion, as observed by at least two supervisors if possible, that the employee is impaired in the performance of his/her job duties, the following procedures should be followed:

1. **Between 8:00 AM and 4:00 PM, Monday through Friday** Please contact the Labor Relations section to coordinate an appointment.

2. **After hours, on weekends, on holidays, or other days** Follow the guidelines below:

   a. The **supervisor** should contact the Division Director to obtain verbal approval to order an examination.

   b. The **Division Director** will contact the Director of Human Resources for authority to proceed.

   c. If contact with the Division of Human Resources cannot be made, the Division Director's emergency authorization will be acceptable to Human Resources to proceed with the order for the examination. In this case, the Division of Human Resources must be contacted on the next business day to ensure proper follow-up.

   d. The supervisor calls the contracted medical company's telephone number When a supervisor receives authorization from the Division Director, he/she should call the contracted medical company and identify him/herself as a Broward County Supervisor requiring an after-hours drug/alcohol test. The contracted medical technician will inquire about the specific testing circumstances and decide in consultation with the supervisor which location would be most appropriate to conduct testing. Follow the current published memorandum for specific procedures.

   e. The supervisor meets with the employee When a supervisor receives authorization from the Division Director, he/she should meet with the employee and explain that the observed behavior is interfering with the employee's ability to perform his/her job. The supervisor further explains that in order to determine the cause of the observed behavior, the supervisor is ordering the employee to accompany the

supervisor to the agreed upon testing location to test for the presence of alcohol or controlled substances and to determine if that is the medical basis for the observed impaired behavior.

The supervisor also advises the employee that the County has the right to demand such an examination and failure to comply with this lawful order constitutes gross insubordination and is grounds for discipline, including possible termination. Experience demonstrates that most employees in this situation will comply with the order.

f. **If the employee refuses to comply with the examination** order, the supervisor advises the employee that he/she is now suspended with pay pending disciplinary action for insubordination. Ensure that the employee is safely transported home. In this situation, please contact Labor Relations as soon as possible.

g. **If the employee agrees to go to the Testing Location** Transport the employee within two hours of the initial observation of behavior:

h.. **Upon arrival at the Testing Location** Present to the contracted Medical Technician any written approval for the examination, if it is available, along with the supervisor's and employee's identification.

i. **At the conclusion of the examination** Advise the employee that he/she is to remain at home on sick leave until further notice.

j. **Ensure Safe Transport** Always ensure that the employee is safely transported home.

k. **Follow Up** Follow up with the Labor Relations Section the following business day.

C. **Random Drug/Alcohol Testing Examinations** Random Testing will be performed on employees in safety sensitive positions as prescribed by federal regulations and County policy. Employees covered under collective bargaining agreements should refer to the specific contract, non-bargaining unit employees should consult with the Division of Human Resources.

D. **Safety Considerations** In all circumstances, take the necessary steps at the work site to ensure that an employee behaving in an impaired manner is not endangering the public, other employees, or him/herself as a result of impaired behavior.

I. **Outside Employment** Working for another employer while employed by the County represents an area of possible conflict of interest if the outside work is incompatible with the exercise of the person's County responsibility. Therefore, outside employment must be disclosed and reviewed by supervisors and others to insure that no incompatible conflict results, and County employees may engage in outside employment, including consultant-type employment, only with the approval of the appropriate County official prior to actual employment. The County reserves the right to revoke approval of outside employment if it later determines that such outside employment poses a conflict with or is incompatible with County employment. **Note that even approved outside employment may result in circumstances presenting occasional conflicts.** For example, the person is asked by the outside employer to perform work during the employee's County working hours. Disclosure and consultation with the supervisor remains the best approach. Division Directors should be familiar with the following to ensure that they are approving outside employment, including consultant-type employment, in accordance with:

1. **Florida Statutes, Sections 112.311 -.326, Code of Ethics for Public Officers and Employees.**

2. **Broward County Code of Ordinances, Sections 26-67 through 26-79, Conflict of Interest.**

3. **Broward County Administrative Code, Section 14.249 through 14.253, Civil Service Rules and Regulations.**

4. **Broward County Administrative Code, Section 1.11(v)**

5. **Administrative Order #400, Human Resources Internal Control Handbook.**

6. **Broward County Administrator's Memorandum, "Ethics and Conflict of Interest Policies", dated 7/16/01, a copy of which is located in Annex F.**

A. **Outside Employment Request, Form 102-113** Requests for approval of outside employment are made on the Outside Employment Request Form, Form 102-113, a copy of which is located in Annex A. The Director of Human Resources has delegated approval of Outside Employment requests to the applicant's Department, Division Director and/or Office Director. Any questions regarding the appropriateness of approving an outside employment request should be referred to the Director of Human Resources prior to approval of the request. The approved request must be forwarded to Human Resources for filing in the employee's official personnel file and a copy retained in the employee's Division file.

B. **Review Guidelines** Requests for approval of outside employment will be reviewed in detail by approving authorities in accordance with the following guidelines. The proposed employment:

1. Shall be in accordance with all of the statutes and rules as listed above, including the Civil Service Rules and Regulations for Classified as well as excluded employees, and shall not be in violation of Section 1.11(v) of the Broward County Administrative Code.

2. Shall not be with any business entity or any agency that is subject to the regulation of, or is doing business with, the Division employing the employee except as expressly permitted by State Law.

3. Shall not be of such a nature as to reasonably require the employee to disclose or use information gained by his/her official position that is not available to members of the general public.

4. Shall not carry a significant appearance of conflict of interest for the employee unless such appearance has been discussed with the County Administrator and has been found not to be governing in the approval action.

5. Shall not be with another government entity unless it is clearly determined that the nature of the employment is such that no element of Broward County Government can reasonably be expected to provide the service of concern gratis in the interest of intra-governmental cooperation and assistance.

6. Shall not interfere with the efficient performance of regular County duties, and will not occur during regular or assigned working hours unless annual or compensatory leave is requested and approved to cover the absence.

7. Approvals are only for a specific employer and type of work and must be renewed if any change in employer and/or type of work occurs.

8. The County shall have the right to rescind approvals at any time upon written notice.

9. If the employee violates any of the above provisions, including any of the provisions of the laws or rules, he/she is subject to disciplinary action.

I. **Employee Performance Evaluations** The primary purpose of a performance evaluation is to express management's job-related opinion to employees as to how well they are performing their work, the areas in which they can improve their work performance and what corrective action may be needed to attain satisfactory performance. The County currently uses two different performance evaluation methods for different groups of employees. These two methods, the Performance Appraisal (Form 102-101) and the Leadership Performance Review (Form 102-10113), are discussed in Section III and Section IV respectively.

II. **Types of Evaluations** (All of the following types of evaluations are applicable to the Performance Appraisal (Form 102-101) and the Leadership Performance Review (Form 102 10113)

A. **Probationary Evaluation** For new-hire or original appointments to Civil Service Regular full-time or to Civil Service Regular part-time positions employees receive a probationary evaluation prior to completion of six months of service. New hired employees in positions excluded from the Classified Civil Service do not receive a "Probationary" evaluation, however, it is recommended that such employees be evaluated after approximately six (6) months of employment.

B. **Annual Evaluation** All employees receive an evaluation prior to completion of twelve months of service in the classification and annually thereafter effective on the employee's anniversary date. **NOTE:** The definition of "Anniversary Date" for the purpose of salary increase consideration is that date one year from a new appointment or from the effective date of the last regular salary increase, promotion, or demotion unless the anniversary date is adjusted consistent with provisions of the Civil Service Rules and Regulations. Performance should be appraised on an annual basis for full-time employees without regard as to whether or not the employee is eligible for a salary increase. Anniversary dates for employees who are temporarily working in a higher classification are not affected by the work out of class. Salary increases while temporarily working in a higher classification are subject to the maximum of the pay range of the person's regularly assigned classification and/or the service plateaus the person may have attained in his/her regularly assigned classification. Performance appraisals for employees in Part-Time 20 (PT 20) positions should be completed on the applicable evaluation instrument at the conclusion of each 12 calendar month period worked. In addition, the same rules regarding adjustment of an anniversary date due to a Leave of Absence (LOA) for full time positions, apply to PT 20 positions.

C. **Promotion Evaluations** On promotional appointments for Civil Service positions, Regular full-time and part-time 20+ employees receive a promotional probationary evaluation prior

to completion of six months in the classification. Employees appointed to higher level positions excluded from the Classified Civil Service do not receive a "Promotional" evaluation, however, it is recommended that such employees be evaluated after approximately six (6) months of being in the higher level position.

D. Special Evaluations

1. **Follow-up Evaluation** A special follow-up evaluation is completed following a period of correction, for example after ninety (90) calendar days, when an employee receives an unsatisfactory evaluation with a rating of "Does not meet overall expectations" (Form 102-101 B) or a QPA of 2.5 or below on Form 102-101. The rating period for this evaluation would be from the month and year of the unsatisfactory evaluation to the month and year the special evaluation is completed.

2. **Mid-Year Evaluation** A special evaluation may be completed when an employee's performance has deteriorated significantly during the evaluation year. The rating period for this evaluation is from the month and year of the last evaluation to the month and year of the special evaluation. Contact the Labor Relations Section for guidance in preparing this type of evaluation.

3. **Informal Evaluation** An informal evaluation is recommended whenever there is a change in supervision within the Division or before an employee completes a lateral transfer. The rating period in this case would be from the month and year of the last evaluation to the month and year of the special evaluation.

4. **If a supervisor leaves the Division**, he/she should prepare informal evaluations on each employee under his/her supervision prior to departure. The rating periods in this case would be from the month and year ofthe employees' last evaluation to the month and year the informal special evaluations are completed. Informal evaluations need not be completed on a Form 102-101 or a Form 102-1 01B. They may be in the form of a memorandum or some other format sufficient to provide a future evaluator with enough information about the person's performance to be able to complete the next formal evaluation.

E. Final Evaluations While the Division Director may waive a Final Evaluation, it is recommended that, prior to separation, a Final Evaluation be completed for all separations if it can be completed and reviewed with the employee prior to his/her separation. The rating period on a final evaluation would be from the month and year of the last evaluation to the month and year of separation.

III. **Performance Appraisal, Form 102-101** The following procedures are for use in completing Form 102-101. A copy of Form 102-101 is contained in Annex A. Form 102-101 does not apply to employees in the A, D, E, N, P and Y Pay Plans. Most employees in the other pay plans are evaluated on this form. For questions regarding employees in the Z Pay Plan, please contact the Compensation & Records Section of Human Resources. For any questions regarding employees who are covered by collective bargaining agreements, other than those in the P Pay Plan, please contact Labor Relations in Human Resources.

A. Enter the employee's last and first name and middle initial and the employee's job class title.

B. Enter the employee's social security number and the name of the Division/Office as it appears on the County organizational chart.

C. Enter the period the rating covers, e.g., From: January 1, 1992 To: December 31, 1992. The "From" date should be the month and year the person was hired or the month and year the last evaluation was prepared. The "To" date should be the month and year the current evaluation is being prepared.

D. Enter the employee's Anniversary Date (day/month).

E. Check the box for type of appraisal. Rate factors one through ten by circling the appropriate number on the scale. Rate factors eleven through sixteen if applicable, based on the job duties and responsibilities of the position. Consult the back of the form for rating definitions.

F. Compute an overall average rating based on the point value assigned to each of the rated performance factors. Calculate the quality point average (QPA) according to instructions on the form. The resulting rating is the QPA, which are defined below. Although Form 102-101 refers to levels I, II and III, salary increases, the system has changed and there are no salary increase recommendations associated with this performance evaluation.

1. **QPA between 1.0 and 2.5** Performance is inferior or marginal and work is below job requirements. A new hire probationary employee with a QPA in this range will be processed as a probationary rejection (See the Separations Chapter). If the evaluation is for an employee on probation as a result of a promotion, he/she may be returned to his/her former position. An employee who receives a QPA in this range on an annual evaluation must be given a follow-up evaluation within (90) ninety days and must be counseled on areas of deficiency. He/she must also be counseled on the consequences of failure to improve. Contact Labor Relations in Human Resources for guidance in preparation of this type of evaluation.

2. **QPA between 2.6 and 3.1** Overall performance meets expectations although the employee may need improvement in specific areas. Employee may also perform above expectations in limited specific areas.

3. **QPA between 3.2 and 4.4** Overall performance is above expectations in some if not all areas of performance.

4. **QPA between 4.5 and 5.0** Overall performance is superior and work is characterized by unusual accomplishments.

G. Enter comments pertinent to the employee's performance including justification statements where required.

H. The evaluator and the reviewer sign and date the Form 102-101 before the evaluation is presented to the employee.

I. The evaluator and/or the reviewer discusses the evaluation with the employee. The employee signs and dates the form.

1. The employee must sign the document in the space provided. The employee's signature signifies acknowledgment of the contents of the document and/or receipt of a copy of the document.

2. The signature does not signify agreement or disagreement with the contents of the appraisal. The employee may enter comments in the space provided on the Form 102-101 at the time he/she signs the performance appraisal or he/she may submit a rebuttal to the evaluation later- If the employee wishes to submit a written statement of rebuttal, he/she must provide copies of the rebuttal to the Division and the Division of Human Resources for inclusion in his/her official personnel file.

3. The employee's refusal to sign the Form 102-101 may result in disciplinary action. If the employee refuses to sign, supervisory staff should record the employee's unwillingness to sign on the space provided and two supervisory staff should sign and date that portion of the form. For any questions regarding such refusal to sign the appraisal and possible disciplinary action, please contact Labor Relations in Human Resources.

J. The Division completes "Requesting Division Use" sections, forwards for any necessary approvals then forwards to Human Resources.

K. The Employee copy of the evaluation is given to the employee when he/she signs the form. The Division retains a copy for its records and sends both remaining copies to Human Resources.

L. Each Division is responsible for entering evaluations into Cyborg before forwarding them to Human Resources.

Consult Annex E the "Performance Appraisal Manual - A Guide for Evaluators" for detailed instructions on how to plan, prepare, and conduct the Performance Appraisal (Form 102-101).

IV. **Leadership Performance Review** The following procedures are for use in completing Form 102-101B. The Leadership Performance Review (LPR) is the performance evaluation method used for all employees in the unrepresented classifications covered by the A, D, E, N, and Y Pay Plans. For questions regarding employees in the Z Pay Plan, please contact the Compensation & Records Section of Human Resources. The LPR is also applicable to employees in the P Pay Plan – the Government Supervisors Association – Professional bargaining unit. For questions regarding employees who are covered by other collective bargaining agreements, please contact the Labor Relations Section of Human Resources. A copy of 102-1 01B is contained in Annex A and is also available on the BC-Net.

A. Enter the employee's name and the employee's job title.

B. Enter name of the Division/Office as it appears on the County organizational chart.

C. Enter the period the rating covers, e.g., From: January 1, 1992 To: December 31, 1992. The "From" date should be the month and year the person was hired or the month and year the last evaluation was prepared. The "To" date should be the month and year the current evaluation is being prepared.

D. Enter the employee's Anniversary Date (day/month) and check the box for type of appraisal.

E. Complete Section I by evaluating an employee based on the three categories listed and marking the applicable rating. Enter pertinent comments to justify the rating where appropriate.

F. The supervisor should meet with the employee prior to completing Sections II and III in order to discuss the mutual development of professional and performance objectives.

G. Complete Section II (A) by reviewing the attainment of professional development objectives for the previous rating period. If this is the employee's first evaluation and there is no "previous rating period" then the evaluator may leave this portion of the evaluation blank. Complete Section II (B) by setting the new professional development objectives for the coming rating period.

H. Complete Section III (A) by reviewing the attainment of performance achievements and goals for the previous rating period. If this is the employee's first evaluation under this system and there were no prior specific performance goals, then the evaluator writes a narrative in the space provided to describe the employee's performance during the previous rating period.

Complete Section III (B) by setting the new performance achievements and goals for the coming rating period.

I. Complete Section IV based on the supervisor's job-related judgment of the employee's overall performance during the rating period and check the applicable rating as defined below. Annually, the County Commission approves a salary increase amount in its compensation package for each fiscal year. This amount is referred to as the "annually determined salary increase" for purposes of the Leadership Performance Review. Salary increases as a result of these ratings are made effective in conjunction with the employee's anniversary date.

1. **Does Not Meet Overall Expectations** - no salary increase is awarded and a performance improvement plan is required including notice that failure to achieve the objectives outlined in the performance improvement plan will result in a review of the employment status of the incumbent which could include separation from employment, demotion or other action. The appointing authority may grant the "Meets Overall Expectations" level salary increase effective prospectively following successful completion of a performance improvement plan. Evaluators who expect to issue an evaluation with this rating should contact Human Resources (Labor Relations) to discuss the situation and to develop an appropriate action plan prior to issuing the evaluation.

2. **Meets Overall Expectations** - the annually determined salary increase is awarded as a percentage to base pay within range or if the employee's salary is already at or above the maximum of the pay range, in the form of a lump sum cash annual equivalent not added to base pay.

3. **Exceeds Overall Expectations** - the annually determined salary increase is awarded as described above with the addition that the appointing authority can authorize a lump sum cash **"Performance Bonus"** of up to $5,000. **"Performance Bonuses"** are determined at the discretion of the appointing authority, are limited to funds available in the budget, and are to be expressed in a dollar amount, **not** as a percentage. Performance Bonuses are only applicable to unrepresented employees in the A, D, E, N, and Y Pay Plans as well as to employees in the P Pay Plan – the Government Supervisors Association – Professional bargaining unit. For the applicability of the Performance Bonus to employees in the Z Pay Plan, please contact the Compensation & Records Section of Human Resources.

J. Enter comments pertinent to the employee's performance including justification statements where required.

K. The evaluator and the reviewer sign and date the evaluation. If an employee is eligible for Performance Bonus Award consideration then the amount of the bonus is written on the form and the approving Division/Office Director signs and dates the evaluation before the evaluation is presented to the employee. NOTE: Performance Bonus Awards are lump sum and are not to be added to base pay.

L. The evaluator and/or the reviewer present the evaluation to the employee. The employee signs and dates the form.

1. The employee must sign the document in the space provided. The employee's signature signifies acknowledgment of the contents of the document and/or receipt of a copy of the document.

2. The signature does not signify agreement or disagreement with the contents of the appraisal. The employee may enter comments in the space provided on the Form 102-101B at the time he/she signs the performance appraisal or he/she may submit a rebuttal to the evaluation later. If the employee wishes to submit a written statement of rebuttal, he/she must provide copies of the rebuttal to the Division and the Division of Human Resources for inclusion in his/her official personnel file.

3. The employee's refusal to sign the Form 102-101B may result in disciplinary action. If the employee refuses to sign, supervisory staff should record the employee's unwillingness to sign on the space provided and two supervisory staff should sign and date that portion of the form. For any questions regarding such refusal to sign the appraisal and possible disciplinary action, please contact Labor Relations in Human Resources.

M. A copy of the evaluation is given to the employee. The Division retains a copy for its records. Each Division is responsible for entering evaluations into Cyborg before forwarding them to Human Resources. The Division sends the original evaluation with a BC 102-102 to Human Resources to effectuate any associated salary increase or bonus. The BC 102-102 is completed in the following manner:

1. On the Performance Appraisal Section of the BC 102-102 indicate salary increase percentage consistent with the annually determined increase.

2. Enter any Bonus, if applicable, as a dollar amount not a percentage

3. Attach the Leadership Performance Review to the BC 102-102

4. The BC 102-102 must be signed by the appointing authority

5. Send the BC 102-102 and a copy of the performance evaluation to Human Resources for processing

6. Human Resources processes the pay rate changes and files the performance evaluation and the BC 102-102 in the employee's official personnel file

7. Copy of the BC 102-102 is forwarded to payroll for processing

V. **Salary Increases During Temporary Work at a Higher Classification Temporary** working in a higher classification does not affect the employee's anniversary date or eligibility for consideration for a salary increase. Award of a salary increase while working in the higher classification is subject to the same evaluation rating considerations as for any salary increase. The calculation of the salary increase amount is based on the pay range assigned to the person's regularly assigned classification, not the range of the higher classification, and is based on his/her rate before the additional pay for the work out of class. The additional pay for work out of class would be re-calculated based on the new base rate.

VI. Compensation Award Programs

A. **Rapid Reward Bonus** - Agency Directors may grant a targeted and immediate bonus to employees in the A, D, E, N, P, and Y Pay Plans based on individual or team accomplishments. Justification for the bonus will reflect documented performance on a specific project, task, assignment or outstanding result. The Bonus will be in the form of either lump sum cash equal to a day's pay or a day off, at the employee's option. However, the number of bonuses in the form of cash are subject to the agency's budget limitations. **NOTE**: For the applicability of the Rapid Reward Bonus to employees in the Z Pay Plan, please contact the Compensation & Records Section of Human Resources.

1. Rapid Reward Bonus Processing Flow

a. The agency director grants a Rapid Reward Bonus by issuing a memo to the employee documenting the performance/reason for the Rapid Reward Bonus. The employee may choose the bonus as a one-day cash bonus or a day off. **NOTE**: Bonuses in the form of cash may be restricted by the agency's limitations. The appointing authority will indicate the employee's choice on the copy of the memo sent to the division's payroll liaison for processing with a copy to the employee.

b. A copy of the memo, including a notation of the employee's choice, is forwarded to the agency's payroll liaison for processing.

c. Agency payroll liaison enters the appropriate earnings code on the Time Entry into Cyborg.

- if **cash**, enter **CODE 266** on the Time Entry into Cyborg of the first full pay period (FFP) following receipt of memo and report as additional hours paid.

- if **leave**, enter **CODE 266** on the Time Entry into Cyborg of the pay period in which the employee took the leave and report as hours taken.

2. Copy of the memo is sent to Human Resources, Room 508, to be placed in the employee's personnel file. (Please clearly note that the memo is for a Rapid Reward Bonus.)

3. Division keeps a copy of the memo and application for leave form, if applicable.

B. **Savings Bonus** Separate from any performance related awards available through the Rapid Reward Bonus and the Leadership Performance Review Annual Appraisal, a "Savings Bonus" program has also been developed and is applicable to employees in the A, D, E, N, P, and Y Pay Plans. A "Savings Bonus" of up to 20% of the savings (not to exceed $5,000) realized from documented innovation **outside the normal job description** of an employee may be granted at the discretion of an appointing authority. "Savings Bonuses" may be funded from the actual savings realized as a result of the innovation. **NOTE:** For the applicability of the Savings Bonus to employees in the Z Pay Plan, please contact the Compensation & Records Section of Human Resources.

1. **Savings Bonus Processing Flow**

   a. A supervisor issues a memo to the division director documenting an employee's innovation which has resulted in a savings to the County. If approved by the division director, the division director recommends approval to the department director.

   b. If approved by the department director, the memo is forwarded to the County Administrator.

   c. If approved by the County Administrator, the memo is forwarded to the Human Resources Director for review and forwarded to payroll for processing.

   d. A copy of the memo is placed in the employee's personnel file.

   e. The signed and approved original is sent back to the division for presentation to the employee

C. **Performance Excellence Award Program** The objective of this program is to provide the County Administrator with the sole discretion to recognize individuals with performance awards in the form of monetary payments in addition to salary increases. These awards should be granted only to those individuals who clearly demonstrate outstanding performance levels. The awards may be granted for outstanding performance upon completion of a special project, assignment, job-related skill or professional development accomplishment, or for overall outstanding performance throughout the year. The guidelines for the program are as follows:

1. Eligibility is limited to benefit eligible employees.

2. No more than 15% of the eligible group will be granted a performance award during any one year. Exceptions could be made based on the actual number of people performing in an outstanding manner subject to approval by the County Administrator.

3. The amount of a performance award shall be at the discretion of the County Administrator, which amount shall not exceed 5% of an employee's base annual salary. Individuals may receive the performance award only one time each fiscal year.

4. The performance award amount is considered to be separate from base pay. The amount will not be added to base pay when calculating future pay adjustments.

5. Payment of performance awards may be made in a lump sum amount, or divided into equal increments and added to the individual's paycheck over two (2) to six (6) pay periods, at the County Administrator's discretion.

VII. **Salary Adjustment Authority** The County Administrator has the authority to increase or decrease the salary of any unrepresented employee within the range of the employee's applicable salary range.

VIII. **Part-Time 19 (PT 19) Hour and Student Positions - Salary Increase** An employee in either a PT 19 or Student status shall receive annually determined salary increases in the same manner as authorized for employees in regular (Full-Time and Part- Time 20) benefit eligible positions with like jobs titles.

I. **Personnel Actions** Personnel Actions Form 102-102, (BC102) are used to process most personnel transactions. The 102-102 is an automated form (also referred to as BC102 ON-LINE) on the INSCI system and the information to effect change must be entered by computer. There are only two exceptions -a New Hire/Rehire, and a Lateral Transfer. The automated 102-102 is divided into an UPPER and LOWER portion. A sample of the automated 102-102 is contained in Annex A.

It is unacceptable to white-out any information, ANY CORRECTED OR OTHERWISE ALTERED INFORMATION MUST BE LINED THROUGH AND INITIALED, or it will be rejected, and the paperwork will be returned to the Division.

A. **Upper Portion 102-102** After retrieving the upper portion of the automated 102-102 to your computer screen:

1. In the field **ID:** type over the XXX-XX-XXXX the social security number of the employee. PRESS ENTER key on number pad.

a. The employee's current information will be displayed on the screen.

2. Under the first line of information on your screen, tab over to the field **EFF DATE:**. This is the date the action will be effective; **not** the date you are entering the information.

3. The fields in the second to sixth lines on your screen are available for entering new data. Use the TAB key to reach the starting point for each key.

4. After entering data in the appropriate fields, press ENTER. The system retrieves the corresponding job title, location title, and salary grade which corresponds with the job code. **VERIFY THAT THIS INFORMATION IS CORRECT and type any necessary changes in the space below.**

5. Copy the Upper Portion of the 102-102 to your WordPerfect system, and combine with the lower portion of the form, contained in your WordPerfect directory.

B. **Lower Portion 102-102** This portion of the automated 102-102 has been organized into related blocks.

1. In line one type the effective date of the action i.e., change, appointment or separation in the space provided above the action.

2. In line two type an 'X' in the space provide to the left of the categories which you will complete based on the action taking place. If the action involves:

a. the **selection of a candidate from a list of eligibles**, type the Certificate Number in the space provided under the appointment category. The Certificate Number is located in the upper right had corner of the 102-106.

b. a **Demotion**, enter the type of demotion, i.e., Demotion in lieu of layoff, Demotion for Convenience, etc.

c. a **leave of absence**, type the dates in the space provided directly to the right of that category.
NOTE: a 102-102 must be completed if leave without pay is in excess of forty (40) hours, or accumulates to forty (40) hours or more in any pay period.

d. a **Lateral Transfer**, the division the employee is **leaving** must prepare the automated 102-102, verifying current information, assuring no actions are pending processing, and completing the release date and division director signature. The printed 102-102 is forwarded to the hiring division who types new data (i.e. BPN, LGFS Chargepoint, etc) in the upper portion under current data, attaches any required documentation and forwards through normal signature process.

e. a **military leave**, for annual training and active calls to duty (mobilization) only. Type the start date of leave, including reasonable travel time, and expected date of return. Attach a copy of the military orders and indicate whether the orders were issued by federal or state authority. Failure to obtain orders and process this leave on a 102-102 will result in denial of leave.

f. a **release of an employee**, type the name of the receiving division and the effective date in the space provided.

g. a **probation rejection** is processed as an 'Other Separation'. The remarks section should state that the employee failed to pass probation.

h. a **separation**, type the proposed effective date and indicate that the transaction is a separation. Indicate the type of separation in the remarks section.

i. a **Work out of Class**, requires the division to send the completed original and one copy of the 102-102, prior to the start of the assignment.

Using an automated Form 102-102 for the employee for whom approval of work in a higher class is being requested, indicate that the transaction is a Change and 'X' "Work Out of Class" for the type of Change. The following information is required and is entered in the 'Remarks' section of the form.

1. Date the assignment is to begin
2. Date the higher rate of pay would be effective
3. Projected date of the end of the assignment
4. Job title of the higher classification
5. The name of the employee who held or holds the position to be temporarily vacated and the budget position number of the position
6. Reason the position is temporarily vacant, i.e., vacation, illness, or leave of absence coverage, etc.
7. A statement that the Division believes the person to be qualified for the higher classed work

Human Resources will notify the Division that a request has NOT been approved by returning the 102-102 without processing. If Human Resources approves the assignment, the Form 102-102 will be processed through Payroll to change the employee's pay rate during the period of work at a higher class. At the end of the period of work in a higher class as projected on the 102-102, Payroll will, **with the copy of the original completed 102-102 provided by the Division**, return the employee to his/her regular base pay rate and to discontinue the pay for work in a higher class. This means that if the period of work in a higher class expires as projected, the appointing Division need take no other action. However, if the period of work in a higher class ends sooner that projected or if it is required longer than originally expected, the appointing Division must submit a new Form 102-102 covering the revised period of work.

See the chapter on Classification and Reclassification for a detailed explanation of Working Out of Class requirements.

C. **New Hire Processing** A new hire is processed on a blank automated 102-102 which the Division creates by printing and combining the blank upper and lower portions of the automated 102-102. The blank 102-102 is created using the computer, WordPerfect screens and/or copier so that the blank form is reproduced on one piece of paper. Using a typewriter the employing agency then fills out the upper and lower portion of the 102-102 as appropriate and forwards with any necessary documentation attached.

D. **Completed 102-102 and required documentation** After both parts have been completed and printed, attach any necessary documentation to the 102-102, obtain appropriate authorizing signatures, and forward through the signature process. Attached documentation for new appointments must include the Background Verification Record 102-142, photocopies of IDs, Form I-9, and the **completed** Medical Exam Confirmation 102-160. It is suggested that you make a hard copy of each 102-102 until you see the new information in your computer.

E. **Processing status of the 102-102** The automated 102-102 provides the ability to confirm whether or not the action has completed its journey to Payroll by accessing the Upper Portion of the 102-102 ON LINE. Using the procedure outlined in section A of this chapter the most current information processed by Payroll Central can be viewed for an employee. If the Upper Portion 102-102 screen contains the new information this is confirmation that the transaction has been processed. **Please utilize the automated 102-102 for checking processing status before calling Human Resources or Payroll Central.**

II. **Timely Processing of Personnel Transactions** Late or retroactive personnel transactions hurt employee morale and require unnecessary additional staff work. Therefore, the County Administrator has stipulated that Department, Office and Division Directors are responsible for ensuring that personnel transaction documents are completed in a timely manner. Completion of transaction documentation should be planned so that it clears the requesting Division, Office and Department where required, and so that Budget, Human Resources, and Payroll can complete their review responsibilities in a timely manner as well.

Transactions are considered timely if received in Human Resources no later than the end of the pay period in which the effective date of the transaction occurs. The Division of Human Resources will prepare periodic reports to the County Administrator regarding the number and source of transactions that exceed this limit.

Retroactive personnel transactions processed by a Division more than six months after the effective date are required to obtain County Administrator approval prior to submission to the Division of Human Resources for processing.

I. Probationary Periods A probationary period is a limited period of "at will" employment and is regarded as an integral part of the selection process. The probation ending date is calculated by Human Resources. It will appear on the system-generated Form 102-102 documenting the appointment transaction.

A. Classified Civil Service Positions Employees whose positions or classifications are not covered by collective bargaining agreements and/or are not excluded by the Civil Service Rules shall serve a six (6) month probationary period (which equates to either 182 or 183 calendar days).

1. Time Requirement A decision to reject, extend or pass the employee's probation must be made prior to the expiration of the his/her probationary period.

Important Note: If an employee's probation is not rejected or extended prior to the expiration date of the probationary period the employee shall be automatically granted regular status in the position.

2. Probation Rejection A probationary employee who receives written notification that he/she has not satisfactorily completed probation shall be processed as a "probation rejection". The written notification may be in the form of a letter or memorandum or a performance appraisal that results in a QPA of 2.5 or less. **NOTE: An employee who receives a formally executed satisfactory performance evaluation cannot be processed as a probationary rejection. Divisions should maintain appropriate job-related documentation of reasons for rejection of probation in their divisional files.** The Form 102-102 should indicate 'Other Separation'. The fact that it is a probation rejection should be noted in the Remarks Section. **NOTE:** Contact Labor Relations in Human Resources for assistance with probation rejections.

3. Extension of Probation The Division Director may request an extension of probation provided the following conditions are met. The request should be made in writing and forwarded to the Director of Human Resources.

a. The request is made prior to the expiration of the probationary period.

b. No extension will be granted if the employee has been given a satisfactory overall rating.

c. An extension may be granted with the clear understanding that the employee will be counseled on those areas of job performance that are unsatisfactory so the employee can work on the areas of deficiency.

d. An extension is usually from sixty (60) to ninety (90) days. No extension will be allowed which would make the total probation period longer than one (1) year.

B. Bargaining Unit Positions For those employees whose job classes are covered by collective bargaining agreements, please consult the applicable union contract. It is important that the supervisor refer to the specific article in the labor agreement since length of probation varies and some agreements do not provide for extension of probation.

C. Positions Excluded from Civil Service Rules Employees in positions excluded from Civil Service serve at the pleasure of the County Administrator.

PUBLIC RECORDS POLICIES

I. Public Access to Personnel Record Information The Personnel records of County employees are considered to be public records under Chapter 119 of the Florida State Statutes. As such, employees' Personnel files are subject to review by the public upon request.

II. Exemptions Chapter 119 of the Florida State Statutes provides a few, limited exemptions to the requirement to provide public access to information to Personnel records. Exemption results in suppression of the person's home address and phone number except where there is a bona fide work-related need to know, as decided by the Director of Human Resources. In addition, Human Resources will take steps to blank out or make unreadable the home address and phone number on the Form 102-102, Application for Employment, which is part of the appointment package.

A. Exemptions are for the **HOME ADDRESS, HOME TELEPHONE NUMBER, and PHOTOGRAPHS** of:

1. Active or former law enforcement officers;
2. HRS workers employed by the State whose duties include investigation of abuse, neglect, fraud, theft, or other criminal activities.
3. Justices of the Supreme Court, District Court of appeals judges, Circuit Court judges, and County Court judges; and
4. Certified Firefighters.
5. Personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement.
6. The spouses and children of these personnel listed in 1 through 5 above,
7. The names and locations of schools and day care facilities attended by children of personnel listed in 1 through 5 above.
8. The places of employment of the spouse and/or the children of personnel listed in 1 through 5 above.

B. The **SOCIAL SECURITY NUMBERS** of all current and former County employees are exempted from the provisions of Chapter 119.

III. Public Records Exemption Procedure To identify those who may be entitled to exemption, Form 102-170, Public Records Exemption Statement, is distributed by Payroll Central staff to all new employees when they sign up in Payroll.

A. Public Records Exemption Statement, Form 102-170 The 102-170 contains a description of the circumstances under which the employee may be eligible for exemption. If the person believes an exemption applies to his/her situation, the person completes Form 102-170, indicating under which category and with what standing the exemption may apply. The employee returns the completed Form 102-170 along with documentation that substantiates his/her claim to Human Resources where the request is reviewed.

1. **Approval of the Exemption** Human Resources staff reviews the Form 102-170 and documentation presented. If the situation appears to meet the criteria for exemption under chapter 119, Human Resources will approve the exemption. Human Resources will

return a copy of the Form 102-170 to the employee, acknowledging approval, and will file the original in the Personnel folder to document the approval of the request for exemption. Human Resources will send a copy of the Form 102-170 to Payroll, authorizing Payroll to identify the person in the HR/Payroll/INSCI system as entitled to the exemption.

2. **Exemption Requests that are NOT Approved** If the person's situation does not appear to meet the criteria for exemption or if the person does not provide acceptable documentation substantiating his/her claim for exemption, Human Resources will not approve the exemption. Human Resources will return a copy of Form 102-170 to the employee, indicating the reason for disapproval, and will file the original in the Personnel folder to document the outcome of the request for exemption.

   Employees whose request for exemption is denied may appeal the decision to the Director of Human Resources by indicating the basis in Chapter 119 for their appeal and/or by providing acceptable documentation which substantiates the request.

B. Personnel Records Maintained by Employing Agencies Records related to employment that are maintained by the employing agency are also subject to Chapter 119. This means that agencies must be careful to control access to home addresses and phone numbers of employees whose requests for exemption have been approved. Human Resources will advise agency when a request for exemption has been approved.

IV. Employment References Requests for employment references for former employees can present various issues of concern for any employer, including County government. The official personnel files and records are maintained by the Division of Human Resources; and, accordingly, employment inquires should be directed to the Division of Human Resources. By directing all employment inquiries to the Division of Human Resources, the County will be able to maintain control as to the accuracy and nature of the information, but will also provide a great deal of consistency between the references given. Secondly, it should serve to reduce or limit the potential for legal action against the individual providing the information, as well as for the County and any of its divisions.

A. Verification of Information As a general rule employment references are limited to certain designated information. Human Resources will not offer or provide any employment information in response to an employment inquiry over the telephone. However, they will **verify** information the inquirer possesses and requests verification of. This employment verification consists of the following:

1. Date of hire;

2. Position hired into;
3. Date employment ended; and
4. Position and salary held at time of separation.

B. **Additional Information Required** Should there be a request for additional information as to the former employee, the inquirer is referred to the individual's official personnel file subject to provisions described previously in this chapter.

C. **Information provided outside Official Personnel file Prohibited** Under no circumstances should information of an editorial nature, nor any information which is no contained within the former employee's official personnel file, be given to anyone making an employment inquiry. Not only would providing such information expose the individual and the County to potential liability, but it is not fair to the former employee. In each and every situation, the goal is to be brief, and most of all, **factually accurate**.

V. **Policy On Tape Recording of Meetings** A meeting may not be tape recorded unless all individuals participating in that meeting consent to the tape recording. This does not apply to public meeting covered by the sunshine law; consequently, such meetings will not be covered by the policy.

RESTITUTION WHEN EMPLOYEE DAMAGES COUNTY PROPERTY

I. Employee Restitution for Damages to County Property All County Departments, Divisions and Offices shall use the following procedures in matters relating to employee restitution.

A. Restitution Procedures If a County employee, through his/her negligence, causes damage to County property and the County and employee agree to restitution as a form of settlement, the following policies and procedures shall apply.

1. When contemplating restitution as the sole form of disciplinary action, in conjunction with other forms of disciplinary action, in lieu of termination, or in the settlement of a grievance, consult the Division of Human Resources Labor Relations Section for specific guidance regarding past practice in similar situations, the severity of the proposed disciplinary action, and possible alternative action/s to consider prior to making any decision.

2. All supervisory personnel and the Division of Human Resources shall consult with the Office of County Attorney as to any agreement for employee restitution. The Office of County Attorney shall prepare a written agreement which shall be signed by the employee, setting forth the details regarding the employee restitution.

B. Restitution Agreement Unless otherwise approved by the County Administrator, any agreement for employee restitution shall contain the following minimum terms and information:

1. Restitution shall be completed within twenty-four months.

2. The restitution agreement shall include the total amount due, the amount to be deducted from each biweekly paycheck, the employee's signature authorizing the deduction and a notation of the account to which the employee restitution is to be applied.

3. A provision shall be included in the restitution agreement that provides if the employee leaves Broward County employment for any reason prior to repayment, the employee agrees to assume full liability for any remaining balance due.

C. Completion of Restitution Upon completion of the employee restitution agreement, it shall be forwarded to Accounting Division to initiate the necessary payroll deduction.

D. Restricted Use It is the policy of Broward County to utilize employee restitution as an extraordinary remedy. Use of employee restitution is not encouraged and wherever possible, more traditional methods of personnel management should be utilized.

I. General Procedure - Separations

A. Processing Separations are processed on an automated Form 102-102. See the chapter on Personnel Actions in this handbook. A copy of Form 102-102 is located in Annex A.

B. Return of County Property Upon separation, all employees are required to return all County property, keys, uniforms, identification, etc.

C. Revocation of Pass Words Any computer or security access should be revoked immediately.

D. Separation Package Typically consists of a Form 102-102 Personnel Action; a Form 102-110, Employee Clearance Notice; and a copy of the employee's written notice of intent to resign or leave County employment if applicable. If a final Performance Appraisal, Form 102-101, is completed before the date of separation, it can be attached to the separation package.

II. Types of Separations

A. Resignations An employee is expected to give written notice of intent to resign at least fourteen (14) calendar days prior to the proposed date of separation. Failure to give fourteen (14) calendar days notice may result in denial of re-employment eligibility. Notice of resignations once accepted may not be withdrawn without specific approval by the appointing authority.

1. A **written notice of resignation** should include a statement as to the reason for the resignation, e.g., relocation, marriage, divorce, another job, family illness, personal illness, attend school, travel, etc. The supervisor should initial and date the notice when it is received. It is recommended that the Division give the employee written acknowledgment that the resignation has been accepted, and keep a copy for the divisional file. A copy of the written notice should be sent with the system-generated Form 102-102 effecting the separation and the reason given for the resignation must be entered in the "Remarks" section of the Form 102-102.

2. If the employee gives only a **verbal resignation**, or if the resignation is given through a third party, the supervisor should give verbal acknowledgment that the resignation has been accepted, and attempt to obtain a written statement confirming the resignation from the employee or the third party. The Division should send written acknowledgment of its acceptance of a verbal resignation to the employee, and keep a copy for the divisional file. The circumstance under which the information was obtained, the reason for the resignation, and the source of the information should be entered in the Remarks section of the Form 102-102.

3. **Separation by mutual agreement** is processed as a resignation. Such separations should be handled on a case-by-case basis. Contact Labor Relations in Human Resources for assistance.

4. **Place on Paid Leave** When it is determined by the Director of Human Resources and the applicable agency director that it is **not** in the best interest of the County for an employee who has tendered his/her resignation to continue working until his/her effective date of separation, the employee may be placed on paid leave until the effective date of the separation, not to exceed fourteen (14) calendar days.

B. Retirement This descriptor applies only when the employee is eligible for and has applied for benefits under the Florida Retirement System (FRS). Payment for 50% accumulated unused sick leave, up to a maximum of 960 hours would be made only if the employee has otherwise completed ten years' credited service under the FRS, and receives retirement benefits. Unless this condition is met, i.e., the employee is able to retire under the Florida Retirement System, separations in which the employee gives 'retirement' as the reason for the separation would be treated as a resignation.

An employee is expected to give written notice of intent to retire at least fourteen (14) calendar days prior to the effective date of separation. Attach a completed Form 102-101, Performance Appraisal (if completed prior to separation), and the employee's letter of intent to retire to the automated Form 102-102 effecting the separation. See the Performance Appraisal chapter for discussion of final evaluations.

C. Layoff is a separation when management determines it is necessary to abolish a position because of lack of work, funds, or other reasons that are not related to fault, delinquency, or misconduct on the part of the employee. The following procedures apply to layoff or reduction in force. The terms layoff and reduction in force are used interchangeably in this section.

The following discussion applies to employees in classifications that are not covered by collective bargaining agreements. **For employees whose job classifications are covered by collective bargaining agreements, please consult the applicable union contract.**

1. **Notice of Impending Action** The need for a reduction in force is determined by a Department, Division or Office Director in consultation with the Office of Budget and Management Policy.

   a. The Department, Division or Office notifies the Office of Budget and Management Policy and the Division of Human Resources of the effective date of the impending layoff and specifies which classifications and how many positions will be affected by the action. Notification to the Office of Budget and Management Policy must be

provided at least twenty calendar days prior to the effective date of the layoff and should include a statement of the reasons for the layoff.

b. The Division of Human Resources will then determine which employees are potentially affected by the action based on consideration of length of continuous County service and class series within the Division, and will provide the names of the affected employees to the Department or Division Director. The Department or Division should discuss the impending action with the affected employees and is responsible for preparing the Form 102-102 Personnel Action, where layoff actually occurs. The Division of Human Resources will also notify the employees affected by the layoff in writing of the anticipated layoff at least 14 calendar days prior to the effective date of the action.

2. Determinants of Layoff Order

a. Length of Service For the purpose of determining which employees within a Division might be affected by a layoff, length of County service is defined as uninterrupted employment in the Classified Civil Service with the following stipulations:

(1) Credit toward continuous length of service will not accumulate during periods of layoff, authorized or unauthorized leave of absence without pay, or suspension without pay. However, employees returning to County service within one year of being laid off will be credited with the County service they accumulated prior to the layoff action.

b. Classification Series For the purpose of determining layoff order, classification series is defined as a specific grouping of class titles according to related job duties and responsibilities, e.g., Auditor I, II, III, and IV.

c. Layoff Order Layoff will be by Division, by class series, by total County service as defined above, and limited to within a grant funded program, if applicable.

3. Displacement ("Bumping") Regular, merit system employees affected by layoff may displace an employee in their Division with less County service, subject to the following stipulations:

a. The employee displaced must be in an equal or lower classified position in the same classification series. Consideration of positions for displacement must be made in consecutive order from higher to lower classification within the class series,

beginning with equivalent level positions, until an employee with less County service is encountered, and

b. The displacing employee must be found to be qualified to perform the duties of the position based on relevant selective certification requirements, and

c. Ultimately, if displacement occurs, the employee in the lowest classification in the class series with the least County service must be the one to be displaced.

4. **Placement in Positions Outside the Class Series** The Human Resources Division will work with employees affected by the layoff to attempt to place them in other positions for which they are qualified. Assistance may include counseling, scheduling for testing, setting up interviews, or assisting with the Open Filing process in order to place the employees' names on various registers. In any event, for placement in a job class series other than the series in which the person is currently employed, the person must qualify for placement by successfully completing the exam process for the new classification.

A new Form 102-100, Application for Employment, may be required to assess the person's present qualifications for placement purposes.

5. **Demotion in Lieu of Layoff** If an employee accepts a demotion in lieu of layoff, the pay rate on appointment to the new position will be recommended by the Department or Division Director but will not exceed the employee's current rate of pay or the pay range for the new job class. Pay rate recommendations are subject to the approval of the Director of Human Resources. The appointment is also subject to satisfactory completion of a six month probationary period if it is to a job class not in the employee's present job class series.

6. **Processing Personnel Action Forms** An automated Form 102-102 would be used. How the Form 102-102 would be processed in these instances is determined by the nature of the action. In addition to the information required on all transactions,

a. **Demotion** If the action results in appointment to a classification with a lower maximum salary, or would otherwise be considered a demotion in accordance with these rules, the action would be processed as a Demotion using a system-generated Form 102-102 for the employee.

b. **Lateral Transfer** If the action results in appointment in the same job classification, but in another Division, the receiving Division would call the current employing Division to obtain a copy of the person's system-generated Form 102-102. This copy of the Form 102-102 would be processed as a 'Transfer', using the Change section and the words, "Transfer in lieu of layoff", would be entered in the Remarks section.

c. **Parallel Appointment** If the action results in appointment to a different classification but which has the same maximum salary as the original position, a system-generated Form 102-102 would be processed as a "Special Action" using the Change section and the words, "Appointment to a different job class in lieu of layoff", would be entered in the Remarks section.

d. **Promotion** If the action results in appointment to a classification with a higher maximum salary, or would otherwise be considered a promotion in accordance with these rules, a system-generated Form 102-102 would be processed as a "Promotion" in the Change section. The promotion will approved only if the employee is in the top five on the eligible list at the time of appointment.

e. **Separation** If an employee cannot be placed in another position and is laid off, a system-generated Form 102-102 would be processed as a Layoff in the Separation section.

7. **Preferred and Re-employment Lists** The name of a person separated as a result of layoff may be placed on a Preferred Re-employment List.

a. **Placement** on a Preferred Re-employment List is for:

(1) A period of one year from the effective date of layoff, and

(2) For a given classification, the order of names on the list will be based on length of County service.

b. **Appointment** from a Preferred Re-employment List is:

(1) Mandatory upon the County when the employee's name is certified to the Division from which employee was laid off, subject to any selective certification requirements;

(2) Discretionary when referred to other County Divisions.

c. **Pay rate** upon appointment from a Preferred Re-employment list to the same Job Class and in the Same Division, the pay rate will be the same as he/she was receiving at the time of layoff.

8. **Eligibility for Merit Consideration** The employee will be eligible for merit increase consideration after working the equivalent of one year of full-time service from the date of the reappointment.

9. **Changes to the Layoff Order** If the County Administrator determines, upon the recommendation of the Director of Human Resources, that an employee possesses special knowledge, specific skills and qualifications that make the employee essential to the effective operation of the organization the order of layoff can be changed.

D. **Deceased** Earned wages and accrued paid leave will be paid consistent with applicable rules to an employee's beneficiary in accordance with Florida State Statutes. See the Accounting, Payroll, and Tangible Property Procedures Handbook for a discussion of death benefits. The date of separation is the date of death.

E. **Dismissal** is a separation for just cause. For proper handling of this type of separation, please refer to the Chapter on Corrective Action. *For assistance with Dismissals, contact Labor Relations in Human Resources.*

F. **End of Assignment** This section is used to effect separations due to the expiration or completion of the person's assignment, e.g.,

1. On completion or expiration of a temporary assignment.

2. When a limited term assignment ends and the regular employee returns to work.

3. When a candidate, appointed on a provisional basis, is not selected to fill a position on a regular basis.

G. **Disability Separation**

1. **Disability separation** generally means the separation of an employee as a result of a permanent physical or mental condition that exists which causes the employee to be unable to perform the duties of the position for which he/she was hired, or which makes the employee a direct threat to him/herself or to others on the job.

a. **Disability leave** is not a separation and may be granted when an employee's impairment is of a temporary nature or otherwise is not a disability protected by the provisions of the ADA. Supplemental Disability Leave refers to part of the Workers' Compensation procedure and is granted in connection with a work-related injury. Disability leave is discussed in greater detail in the chapter on Attendance and Leave.

2. **Disability Separation Procedure**

a. Always counsel with the employee, the Labor Relations Section of the Division of Human Resources, and Office of the ADA Coordinator if the employee has a disability

protected by the provision of the ADA. In most cases where a disability separation is necessary, the employee will be covered by the ADA (an ADA Determination has been made by the ADA Coordinator) and attempts to accommodate the employee's functional limitations have been well documented. However, if there has been no ADA determination made for the employee and/or attempts to accommodate have not been documented, contact the Office of the ADA Coordinator before proceeding.

Note: If an impairment is of a temporary nature or otherwise not a disability as defined by the ADA (as documented in an ADA Determination) consult the Leave policies and procedures outlined in the chapter on Attendance and Leave.

b. If the employee has a disability as defined by the ADA (an ADA Determination has been made), consult with the ADA Coordinator to ensure that attempts to accommodate and/or reassign the employee are thoroughly documented before proceeding. In accordance with the ADA, an employee cannot be separated from County service on the basis of disability, until no reasonable accommodations are available to enable the employee to perform the essential functions of her/his position, or the accommodations would constitute an undue hardship. In addition, the County must have no vacant positions available for which the employee is qualified for reassignment as an accommodation. If reasonable accommodations can be provided, or a vacant position is available for reassignment, and there is documentation that the employee has declined to accept the County's attempt to accommodate the employee or the employee has failed to cooperate or provide necessary assistance in the accommodation or reassignment process, then the employee may be separated from County service and the form 102-102 is processed as an "Other Separation" and "Disability Separation" is entered in the Remarks section.

H. Other Separations

1. Loss of Job Requirements Some job classes, such as registered nurse and registered engineer, require special licensing. Many classes require possession of a Florida driver's license or a Commercial driver's license, and a County driver's permit. An employee whose job requires possession of a valid license, certificate, or similar requirement is subject to separation if such license or certificate is revoked or is not maintained. Upon sure knowledge that the employee no longer possesses the job requirement, notify the employee of the intended action to separate him/her from employment. In some instances, upon approval of the Director of Human Resources, the employee may be placed in another position that does not require the special license/job requirement. If alternative placement cannot be made and the employee is to be separated, consult with the Division of Human Resources before initiating the terminating Form 102-102. In most cases, the Form 102-102 would be processed as a dismissal with a note regarding the circumstances entered in the Remarks section.

2. **Probation Rejection** of an employee's probation is processed as an 'Other Separation' on a system-generated Form 102-102. A Form 102-111 is not required. The remarks section of the Form 102-102 should state that the employee failed to pass probation. Refer the chapter on Probations.

III. Exit Interview The Division of Human Resources mails a Form 102-109, Exit Interview Form, to all employees separating from County service. A copy of Form 102-109 is located in Annex A. Human Resources reviews returned forms and any apparent problems are reviewed with appropriate parties. If the employee requests an in-person exit interview, either before or after separation, it is ordinarily granted.

IV. Employee Clearance Notice, Form 102-110 In addition to a Form 102-102 and final Form 102-101, Performance Appraisal, the Employee Clearance Notice, Form 102-110, is completed for all separations. The Form 102-110 is also used to document return of property when an employee transfers to a different unit. The following instructions are provided to assist in completion of the Form 102-110. A copy can be found in Annex A.

1. Enter the name of the employee and the name of the Division or Office, indicate the nature of the action, i.e., transfer or termination, enter the effective date of the action.

2. Check the property items involved and indicate whether all property has been returned. If necessary, describe arrangements for return of County property.

3. If applicable, enter the address to which the final pay check is to be mailed. The requesting Division should make a note of the address for follow-through upon receipt of the final check.

4. Enter the name and title of the person responsible for handling the return of property. Date the form.

5. Attach the completed form to the Form 102-102 effecting the transfer or separation.

SEXUAL HARASSMENT PROHIBITED

I. Sexual Harassment in the Work Place

A. Policy It is Broward County's policy that all employees should be able to enjoy a work environment free from all forms of discrimination, including sexual harassment. Sexual harassment is a form of misconduct which undermines the integrity of the employment relationship. No employee -either male or female- should be subjected to unsolicited and unwelcome sexual overtures or conduct, either verbal or physical. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior which is not welcome, which is personally offensive, which debilitates morale, and which, therefore, interferes with our work effectiveness.

Such conduct, whether committed by supervisors or non-supervisory personnel, is specifically prohibited. This includes: repeated offensive sexual flirtations, advances or propositions, continued or repeated verbal abuse of a sexual nature; graphic or degrading verbal comments about an individual or his or her appearance; the display of sexually suggestive objects or pictures; or any offensive or abusive physical contact.

In addition, no one should imply or threaten that an applicant or employee's "cooperation" of a sexual nature (or refusal thereof) will have any effect on the individual's employment, assignment, compensation, advancement, career development, or any other condition of employment.

Broward county has an obligation to take prompt remedial action in response to employee complaints of sexual harassment. It is important that managers and supervisors remain conscious of this obligation and encourage proper behavior in the work place.

1. Every supervisor who becomes aware of a complaint or allegation of sexual harassment is directed to convey that information **within 24 chronological hours** to the Director for the Division or Office in which that supervisor works. That Director, in turn, will immediately advise the Department Director who will advise the Director of the Office of Equal Opportunity. The Director of the Office of Equal Opportunity will take charge of the case and notify the Director of Human Resources as appropriate.

2. The Office of Equal Opportunity is the agency responsible to investigate specific complaints filed by employees or applicants for employment. When OEO completes an investigation, and prior to a report and recommendations being finalized, the Director of OEO will convene an executive review group to receive and evaluate the results and recommend follow-up management actions to the County Administrator. The group will consist of the Director of OEO, Director of Human Resources, Assistant to the County Administrator, a representative of the County Attorney's Office and the Department Director.

3. The Division of Human Resources will be available for immediate advice and assistance to managers throughout the organization concerned about circumstances which could relate to sexual harassment in the organization, including preventive, as well as corrective measures.

4. The County's sexual harassment prevention, and awareness training will be enhanced by a requirement that such training be mandatory for attendance by all supervisors and managers in the organization. At least annually, a refresher program for all such employees who have previously attended will also be mandatory. Records will be maintained by the Division of Human Resources reflecting attendance. A periodic executive briefing conducted by Directors of OEO and Human Resources will be provided to the County's top managers to further increase awareness and education about the importance of this policy.

B. **Avoiding Gender Bias** The following is excerpted from the 'Court Conduct Handbook; Gender Equality in the Courts', published jointly by the Supreme Court of Florida and the Florida Bar. The Handbook was designed to eliminate gender bias in the legal system. Abiding by these principles makes good business sense in that they deter conduct which could be construed as sexual harassment, and they will foster a professional environment and positive public image in Broward County.

1. Address both women and men in the same formal or professional manner. Women are sometimes addressed informally while their male counterparts are addressed in a formal manner. This differential treatment is inappropriate in the County work place.

2. Address mixed groups of women and men with gender neutral inclusive terms.

3. Terms of endearment and diminutive terms do not belong in work place interactions. Terms of endearment and diminutive terms can demean or offend even if the speaker does not intend to do so.

4. Avoid comments on physical appearance as they can divert attention from the business at hand, possibly undermining the subject's effectiveness.

5. Jokes and remarks with a sexual content, or jokes and remarks that play on sexual stereotypes, are inappropriate in the work place.

6. Comments, gestures, and touching that can offend others or make others uncomfortable are inappropriate in the work place.

7. Treat each with equal dignity, mindful of their professional accomplishment.

I. Unemployment Compensation Basic Procedure

A. Eligibility Former employees, employees who have been suspended without pay, or employees who are on leave without pay may file for unemployment compensation with any unemployment office in Florida or with an office in another state. The laws governing the County's liability for unemployment are complex. The County is a "reimbursable" employer which means that the County reimburses the State unemployment compensation fund, dollar for dollar, for any benefits the State determines are due and are paid. An improper or inaccurate response to the initial claim may materially affect the original determination of liability. Accordingly, it is important that unemployment compensation claims be handled properly and promptly.

B. Relationship to Probation Period Most former employees will generally be eligible for benefits for a period of time equal to one-half of the time they have worked, up to twenty-six weeks, unless their separation was by resignation or for misconduct.

While the County's probation period for most job classes is about six months, if it appears that a new employee will not satisfactorily complete the probationary period, separation action should be taken as soon as possible. Failure to do so results in the County becoming liable for unemployment benefits, or separation settlement, which is a substantial penalty to pay for six months of unsatisfactory work performance.

C. Notice of Claim Although the Division of Human Resources serves as the central source for unemployment information, notice of the claim is mailed to the address supplied by the former employee. Consequently any County office or work location may receive notice of an unemployment claim. Upon receipt of any type of unemployment claim form (there are several), the Division of Human Resources should be immediately notified by phone and the unemployment claim form forwarded to the Division of Human Resources.

1. When the Division of Human Resources receives a claim form, it logs in the claim and researches the records to determine the response to be provided. Such research may include further review of the circumstances of the separation with the supervisor of the former employee.

2. The Division of Human Resources will complete, sign, and return the claim form to the Unemployment Compensation Office, or take whatever other action appears appropriate.

3. The State reviews the information received from the County, makes whatever legal judgments which to them seem appropriate, and issues a determination regarding the claim. A copy of the determination is mailed to the County. As with the initial claim, if a notice of determination is received by a user division, notify the Division of Human Resources immediately by phone and forward the determination to the Division of Human Resources.

II. Appeals

A. General Appeals Process Appeals are heard in an administrative law setting before an Unemployment Compensation Appeals Referee. The participants are sworn and testimony is taken under oath. While the hearings are held in an informal manner, the Unemployment Compensation law, (Florida Statutes, Chapter 443), procedures, and rules of evidence are sufficiently complex as to require the attention of one person, a Hearings Officer. The Director of Human Resources will designate a member of the Division of Human Resources staff to represent the County at unemployment compensation claim hearings.

B. County Procedure Any determination of benefits payable will be reviewed by Human Resources to ascertain if the State decision appears appropriate and consistent with the circumstances of the situation. Such review may include further contact with the former employing division to determine the specific reasons for a separation. Any separation for cause must be documented.

1. If it appears that the State made a questionable benefits determination, Human Resources will appeal the decision through a letter of appeal which states the County's position.

2. The State responds to an appeal letter with a scheduled hearing date, time and location before an Appeals Referee. Generally, prior to the hearing date, a pre-hearing conference will be held between the Director of Human Resources and employing Division staff. At such time, the facts of the situation will be reviewed and it will be determined which witnesses will be necessary and what testimony is required.

3. The hearing will be attended by the Human Resources staff and any other required witnesses. As a general rule, the Human Resources staff will present the County's case, with employing Division staff as witnesses, but Division staff may on occasion be called upon to make a direct presentation of the case. Hearings are ordinarily scheduled to last for one hour.

4. Upon conclusion of the hearing, the Referee will take the evidence submitted into consideration and will render a decision in writing, a copy of which is forwarded to the County at the address supplied at the hearing. If such decision is adverse to the County, it becomes final and benefits are paid unless the County further appeals to the State Unemployment Appeals Commission, Tallahassee.

5. An appeal to a determination of benefits may be made by either the former employee, claimant, or by the employer, Broward County.

III. State Level Review

Decisions of the Appeals referee are reviewed by the Director of Human Resources and if appropriate, further appeal to the State level may be made by letter which states the reasons for the appeal. A State level appeal review usually consists of a review of the existing

documents and tapes from the appeal hearing plus any new appropriate written evidence or any pertinent information that was unavailable during the hearing. Generally, State level appeals must indicate why it is felt that the Appeals Referee erred. Any employing Division's request for appeal to the State level will be reviewed in this light.

1. State level appeals may be initiated by either the claimant, the former employee, or by the employer, Broward County.

2. If a ruling of the State Unemployment Appeals Commission is considered incorrect, the final recourse in a case is to file in court.

I. Policy Opposing Workplace Violence

A. Purpose. To clearly set forth Broward County's opposition to violence or the threat of workplace violence and County policies for reporting, preventing, and reducing workplace violence risks.

B. County Policy. It is the County's policy to maintain a workplace free from violence or the threat of violence by any employee, customer, vendor, or members of the general public. It is the goal of the County to provide a workplace which is safe and free from attacks, harassment, property crimes, threats, or acts of violence. Nothing is more important to Broward County than the safety and security of its employees and residents. Opposing workplace incidents involving violence or the threat of violence is a top organizational priority for Broward County. Enforcing and supporting this policy is a shared responsibility between the County and every County employee. Every employee is expected to understand this policy, report acts or threats of violence, and cooperate with County officials in policy enforcement.

The County is committed to taking reasonable steps to reduce the risks of workplace violence and to provide a coordinated, prompt and effective response to such incidents. These incidents are among the most serious faced by managers. Reported threats, threatening behavior, or acts of violence against employees, residents, or other individuals by anyone on County property or work sites will not be tolerated or ignored. All employees, and especially managers, law enforcement personnel, and employee organization representatives are obligated to act individually and collectively to prevent, defuse, or mitigate actual or threatened violent behavior at work. Violations of this policy by County employees will lead to serious disciplinary action which may include dismissal, even following a first offense. The County is also committed to full cooperation with law enforcement agencies to support criminal prosecution of anyone within or outside of the organization who commits violent or threatening acts against County employees.

C. Ban on Deadly Weapons

1. Possession, use, or threat to use a deadly weapon, including but not limited to, all firearms and explosive devices, by employees is forbidden at any County job site, on County-owned, leased or rented property, in County vehicles, or in private vehicles parked on County property. An exception will exist when possession or use of such a weapon is a necessary and County-approved requirement of the job, such as with law enforcement officers.

2. For the purposes of this policy, a "deadly weapon" is defined to include all firearms, such as handguns, rifles and shotguns. The term also includes any explosive devices. Other objects or tools such as knives or other cutting utensils, bows and arrows, bats,

brass knuckles, mace, pepper spray, tear gas, or tools such as axes, screwdrivers, hammers, etc. may be considered deadly weapons when, in the County's judgment, these objects are brandished or used in a violent, threatening, aggressive, or offensive manner in relation to the facts of a given situation.

3. The County may request the cooperation of an employee in agreeing to the conduct of a search of personal property such as packages, briefcases, purses, and similar containers as well as private vehicles parked on County property if the County has reasonable grounds, such as credible reports of witnesses, to believe that an employee may be in violation of this policy. Unattended packages and containers such as those described above are subject to removal by law enforcement personnel when they are felt to be suspicious in nature and possibly dangerous. Employees may be asked or directed to remove personal property from County property should the employee be unwilling to agree to a search. Refusal to comply with an order to remove the personal property from County property may result in disciplinary action.

4. It is the County's policy to strongly enforce this ban on weapons at work. Possession of a deadly weapon, even without its actual use, is a violation of County policy. Severe disciplinary action, including termination, is a possible consequence of violating this policy, even following a first offense.

5. County supervisory and managerial employees have the right to enter or search County property with or without prior notice. County property includes desks, lockers (even with a privately owned lock), and office equipment, such as copiers, fax machines, computers, phones, and e-mail. Employees are hereby notified that they should have no expectations of privacy in terms of searches of County property including computer hard drives. All are subject to monitoring by the County and any misuse in connection with an act or threat of violence may be used in support of disciplinary action or criminal prosecution, even following a first offense. This property is to be used only for the conduct of County business.

D. **Restraining Orders & Injunctions.** Employees may sometimes be involved in domestic, neighbor or other disputes which may lead to the granting by a Court of injunctions, restraining orders, and other Court Orders limiting the behavior of a person in relation to the employee. In order to help the County maintain the safest possible work environment, employees should seek to include their work locations as well as their residence addresses in such Court Orders.

Employees are strongly encouraged to inform the Director of Human Resources as well as their supervisors immediately upon the issuance of any such restricting Court Orders and provide a copy of the Order to the Director of Human Resources. Even in the case where an

employee has not secured a Court Order, but has reason to fear for her or his personal safety, reporting of these concerns to the supervisor and the Director of Human Resources is strongly urged.

It is not possible for there to be any guarantees of complete safety for the employee. However, the agency can best assist in reducing unnecessary risks if the existence of Restraining Orders is made known as described above.

E. Disclosure by Employees of Convictions, Guilty Verdicts, or "No Contest" Pleas. Employees who plead guilty, or nolo contendere (i.e., "no contest"), or who are convicted of felonies or misdemeanors, other than minor traffic infractions, are required to disclose this information to their Department Directors and to the Director of Human Resources within five calendar days of the date of the Court action. This disclosure requirement applies even if the action took place in another State.

F. Critical Incident Coordinator. The Director of Human Resources is designated as the County's Critical Incident Coordinator and is responsible for the coordination of the County's response to acts or threats of violence under this policy. The Critical Incident Coordinator may assemble managers and other employees as deemed appropriate to constitute a Critical Incident Response Team. The Team may include a representative of the Human Resources Division, law enforcement agencies, the Fire Rescue Division, the Risk Manager, and others selected by the Coordinator. The Team will assemble immediately upon call of the Coordinator and take any steps deemed necessary by the Critical Incident Coordinator to implement this policy and manage the incident on behalf of the County. The Coordinator shall arrange for such training, communications resources, development of reporting and record keeping forms, etc. as will enable the Team to prepare in advance to assume its role rapidly and effectively.

II. Incident Reporting & Protection from Retaliation

A. In Case of Emergency . . . in which immediate threats, injury, or violent acts are occurring or have just occurred, the employee's FIRST action will be to call "9-1-1" immediately. Depending on the location, it may first be necessary to dial "9" for an outside line before dialing "9-1-1".

Any affected employee must report each incident of violent or threatening behavior, whether committed by another employee or other individual, such as a vendor, customer, or citizen immediately to the Director of Human Resources (954 357-6001) or to the Main Security Desk in the Governmental Center before or after normal business hours (954 357-6000). The incident is also to be reported by the employee to the Department or Division Director. Employees who knew or should have known that an act of violence or threat of violence has

or is about to take place has an affirmative obligation to report that information. Failure to make such a report may constitute grounds for disciplinary action.

An employee who acts in good faith in reporting real or perceived threats or acts of violence under this policy will not be subject to harassment or retaliation as a result of such report. Any retaliation or harassment must be reported immediately to the Director of Human Resources and the Department or Division Director. An investigation will be conducted and completed promptly. Effective, appropriate action will be taken in a timely manner. Deliberately false or malicious reports violate this policy and subject the person making such a report to possible serious disciplinary action.

B. **Additional Guidelines for Directors & Supervisors.** All County management and supervisory employees have a professional responsibility and may be held to a higher standard of conduct in setting positive examples to maintain a workplace free from violence or the threat of violence by their own behavior and demeanor at work.

Such employees have an additional responsibility to enforce this policy by acting promptly and effectively in reporting incidents brought to their attention to the Critical Incident Coordinator, in cooperating with that official, law enforcement, and others in investigations, and in taking actions to safely defuse potentially dangerous situations.

Consistent with personal safety, all managers and supervisors have a responsibility not to "walk by" or tolerate comments, behaviors or violations of this policy. Appropriate actions include . . .

1. Do not allow a verbal altercation to escalate into a more serious situation.

2. When confronted with a violent act between two employees, attempt to separate the two people, unless the manager's or supervisor's judgment is that others would be endangered by such action.

3. In violent or volatile situations, call "9-1-1" (or "9", "9-1-1" immediately) and, thereafter, contact the Critical Incident Coordinator, the Governmental Center Security Desk (357-6000) and the Department or Division Director involved.

4. Once the immediate situation is controlled, the Critical Incident Coordinator, in cooperation with the Director, law enforcement or others as needed, will conduct an investigation into the incident. The investigation shall include interviews with all parties involved and any witnesses, as well as obtaining of written statements. All employees have a duty to cooperate in such an investigation. Failure to do so when

directed to cooperate may constitute insubordination and be grounds for serious disciplinary action.

5. The Director or on-site immediate supervisor may order that the parties leave the work site immediately, with or without pay, pending completion of the investigation. The Department or Division Director shall contact the Director of Human Resources for guidance on the appropriate method for such immediate action.

6. Those involved in a probable violation of this policy and subject to possible disciplinary action may be represented during the interview. Human Resources will also provide Directors with advice in this regard, especially for employees covered under the "Firefighter's Bill of Rights" or specific labor agreements.

7. Managers and supervisors have a key role in the protection of persons from retaliation or harassment because they reported threats or acts of violence pursuant to this policy. All employees involved are to receive specific orders not to engage in such behavior and be immediately available to a County official in the conduct of investigations.

C. <u>County Responsibilities</u>

1. All alleged violations of this policy will be investigated promptly and effectively by the Critical Incident Coordinator and others designated by the Coordinator to participate and assist. The written investigation report will establish whether or not this policy or other policies have been violated and establish accountability. In accordance with the County's disciplinary policies, appropriate action will be taken to sanction any employee determined to be in violation of this policy, up to and including termination, even following a first offense. The County may immediately suspend such an employee, with or without pay, pending disciplinary action, depending on the circumstances.

2. The Human Resources staff will be available to provide advice and assistance to any of the parties involved to understand and apply this policy.

3. In the event of a major workplace incident which affects or may affect the mental or emotional well being of employees, the County will provide initial counseling and support services to affected employees and immediate family members, through trained therapists or counselors selected by the County. The County's Employee Assistance Program will be available to provide counseling and other support in a confidential manner.

4. Normal business operations will be restored following a major workplace incident as rapidly as possible. Notification to employees, customers and citizens about the status

of County services will be made through direct contact as well as through the news media or other resources.

D. Training

1. All County employees shall be required to complete a mandatory Workplace Violence Prevention & Intervention training program, and be required to sign an Acknowledgment Form (example at Annex A, page A74), attesting to their attendance and acceptance of personal responsibility to comply with this policy. Refresher training will also be required.

2. Newly hired employees will also receive a copy of this policy during their orientation and attend a training program scheduled by their agencies. New employees will also be required to sign an Acknowledgment Form (example at Annex A, page A74), attesting to their attendance and acceptance of personal responsibility to comply with the policy.

I. "Whistle Blower" Policy

A. Policy It is the policy of the County that members of the public and County employees should have open opportunities to bring to the attention of County government allegations of wrongdoing or malfeasance on the part of Broward County, its officers, employees, and independent contractors, and that members of the public and County employees should be free from retaliation as a result of bringing forward such allegations or participating in an investigations of such allegations.

B. Allegations of Wrongdoing No employee shall be discharged, suspended, demoted, or subjected to other adverse personnel action because he/she acted in good faith to bring to the attention of the County allegations of wrongdoing pursuant to this policy.

1. The presumption is that employees will make allegations without the intent to falsely accuse the County government, its officer, employees, of independent contractors. Employees who willfully file complaints based upon information known by the employee making the allegations to be false or misrepresented or are themselves parties to the violations complained of will be subject to disciplinary action.

2. Allegations made pursuant to the provisions of this policy must be in writing and must be signed by the person making the allegations. The written allegation should be transmitted directly to the office of the County Administrator.

C. Retaliation Prohibited Retaliation based upon opposition to unlawful discrimination in employment, or based upon participation in any proceeding of inquiry into allegations of such discrimination is expressly prohibited and should be reported to the Director of the Office of Equal Opportunity.

Notwithstanding any other grievance or appeal procedures which may be applicable under the Civil Service Rule, labor agreements, or the Office of Equal Employment Opportunity, an employee who believes that retaliation has occurred may, within 60 days after the alleged retaliation has taken place file a written complaint with the County Administrator.

I. **Composition.** The County Administrator 's Executive Team shall be comprised of the Deputy County Administrator, the Assistant County Administrator, and the Directors of the eight (8) large County Departments (Aviation, Community Services, Environmental Protection, Finance & Administrative Services, Human Services, Port Everglades, Public Works & Transportation, and Urban Planning & Redevelopment).

II. **Perks.** The County Administrator's Executive Team shall be eligible for the following perks:

A. **Annual Leave Accrual Schedule.** Effective February 1, 2004, shall accrue a minimum of three (3) weeks of annual leave per year (120 hours) upon appointment.

B. **Deferred Compensation.** Effective February 1, 2004, Executive Team Members who participate and make an employee contribution to a County Deferred Compensation Plan will receive a deferred compensation match from the County up to a maximum of 4% of his/her annual gross salary.

C. **Recruitment and Relocation Package.** The County Administrator has the discretion to negotiate, determine, and authorize the payment of a Recruitment/Relocation package for the newly appointed Executive Team member in an amount not to exceed the equivalent of two (2) months of the executive's gross salary. The Recruitment and Relocation Package may include, but not necessarily be limited to temporary housing assistance, relocation related expenses, spousal/domestic partner job placement assistance, transitionary travel expenses, etc. This compensation is in addition to the 12% maximum for other employees.

Annex A
Table of Contents

Annex A
Table of Contents

Annex A
Table of Contents

Note: When the version date is shown as ***Auto***, the most current versions of this form will be automatically posted to the BC-net so that they will be immediately available. Updates to the printed copies displayed in this Internal Control Handbook will be done when practical.

Board of County Commissioners, Broward County, Florida
"An Equal Opportunity Employer"

HUMAN RESOURCES USE ONLY			
Entered Reg.			
Rating	E.P.	V.P. / DIS.	Total Score

Division of Human Resources
Human Resources Staffing Center
115 S. Andrews Avenue
Ft. Lauderdale, FL 33301
(954) 357-6444

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR	JOB ANNOUNCEMENT NUMBER

INSTRUCTIONS: ***Please print or type all information.*** The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name, the position title, and the announcement number. You may also attach copies of documents or certificates which support your application. All materials submitted become the property of the County and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. **THIS APPLICATION MUST BE SIGNED ONTHE LAST PAGE OR IT WILL BE VOIDED.**

1. PRESENT LEGAL NAME

Last Name	First Name	M.I.

2. SOCIAL SECURITY NO.	3. WHEN AVAILABLE	If you require assistance with testing due to a disability, please notify our staff.

4. APPLYING FOR — (Check all responses that apply)

_____ Full time ____ Part time (19 Hours – No Benefits) ____ 20+ (Benefits) ____ Will Call (No Set Hours/No Benefits)

5. HOME TELEPHONE NUMBER

Area Code	Number

OTHER TELEPHONE NUMBER

Area Code	Number

6. DRIVERS LICENSE

Do you have a valid license? ____ Yes ____ No

License Type: ____ Operator ____ CDL ____ Class

Endorsement Code _____

License # _____ State _____ Exp. Date _____

7. PRESENT ADDRESS

Street Address	Apt. #	
City	State	Zip Code

How long have you lived at present address? Years _____ Months _____

8. PREVIOUS ADDRESS

Street Address	Apt. #	
City	State	Zip Code

How long did you live at this address? Years _____ Months _____

Application No.

APPLICATION MUST BE SIGNED ON LAST PAGE OR IT WILL BE VOIDED

9. EDUCATION AND SPECIAL TRAINING

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Highest School Diploma (Check): ____ Yes ____ No If yes, date received: ____/____ (Month / Year)

Equivalency — GED (Check): ____ Yes ____ No If yes, date received: ____/____ (Month / Year)

Name and location of last HIGH SCHOOL ATTENDED: _____ (Name) _____ (City) _____ (State)

List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name and Location	Dates Attended From Mo.	Dates Attended From Yr.	Dates Attended To Mo.	Dates Attended To Yr.	Total Months Completed	Courses or Subject Taken	Certificates Given or Other Pertinent Information

List Colleges and Universities Attended Below:

Name and Location	Dates Attended From Mo.	Dates Attended From Yr.	Dates Attended To Mo.	Dates Attended To Yr.	Credit Hours Received Sem.	Credit Hours Received Qtr.	Grade Point Average	Major/Minor Degree Field or Program of Study	Degree Received

10. EMPLOYMENT RECORD — List all jobs held in the last TEN years and any other jobs relevant to the position for which you are applying. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your PRESENT or MOST RECENT position and work back. BE SPECIFIC — all or part of your rating may depend on the information you provide. If additional space is needed, please use continuation sheet. You may submit a resume in lieu of completing this section, providing it contains all the information requested. Periods of unemployment should be listed separately in Section 11. NOTE: We may contact previous employers to verify your descriptions of past duties.

May we contact your present employer regarding your record of employment? Yes ____ No ____

(Job 1) Present or Most Recent Job

From Mo.	From Yr.	To Mo.	To Yr.	Total Time Yrs.	Total Time Mths.

Hours per week _____

Starting Salary $ _____ per _____

Last Salary $ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

Specific Duties _____

Number of employees supervised (if applicable) _____

(Job 2) Previous Job

From Mo.	From Yr.	To Mo.	To Yr.	Total Time Yrs.	Total Time Mths.

Hours per week _____

Starting Salary $ _____ per _____

Last Salary $ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

Specific Duties _____

Number of employees supervised (if applicable) _____

Change 27
MAY 1 8 2001

APPLICATION MUST BE SIGNED ON LAST PAGE OR IT WILL BE VOIDED

(Job 3) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____

Starting Salary $ _____ per _____

Last Salary $ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

Specific Duties _____

Number of employees supervised (if applicable) _____

(Job 4) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____

Starting Salary $ _____ per _____

Last Salary $ _____ per _____

Employer _____

Address _____

Telephone Number _____

Your Job Title _____

Supervisor's Name and Title _____

Reason for Leaving Position _____

Specific Duties _____

Number of employees supervised (if applicable) _____

11. LIST ANY RELEVANT VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YEARS

From		To		Description of Activities or Volunteer Work
Mo.	Yr.	Mo.	Yr.	

12. SPECIFIC SKILLS — List below the Job Number from your Employment Record (Section 10) and total number of months of experience in skillfully operating the equipment and/ or total number of months of substantial experience in craft(s), trade(s), or technical profession(s).

No. of Mths.	Job No.	List of Office & Related Equipment Operated	No. of Mths.	Job No.	List of All Other Equipment Operated	No. of Mths.	Job No.	List of Crafts, Trades & Technical Professions

13. List membership(s) in professional, job-related organizations _____

14. List any *active* professional, technical, occupational licenses or certificates and registrations you now hold _____

15. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties _____

16. **Have you ever used a legal name other than the one indicated on Page 1** Yes ____ No ____
If Yes indicate name(s) and dates used _____

17. **VETERAN PREFERENCE:** Under Florida Statute, honorably discharged wartime veterans, service connected disabled veterans presently receiving disability benefits, and disabled veteran or MIA person spouses, who are **Florida residents**, may be eligible for 5 or 10 points preference. Veterans who have been employed by the State of Florida or one of its Counties, Cities, etc., are excluded from these Statutes. POINTS WILL BE AWARDED ONLY IF YOU SUBMIT A COPY OF PROPER DOCUMENTATION SHOWING DATES OF ENTRY AND SEPARATION AND, IF DISABLED, PROOF OF CURRENT RECEIPT OF DISABILITY BENEFITS **WITH YOUR APPLICATION.**

Did you serve in the Armed Services? Yes ____ No ____ Is your discharge honorable? Yes ____ No ____

Are you claiming Veteran's Points? Yes ____ No ____

Are you or have you ever been employed by the State of Florida or one of its Counties, Cities, etc.? Yes ____ No ____

18. **Have you ever worked for the Broward County Board of County Commissioners?** Yes ____ No ____

If yes, please give date(s) of employment _____

Employing Division(s) _____

19. **Are you related to a county employee or is any member of your household employed by the Broward County Board of County Commissioners?** Yes ____ No ____

If yes, please give the person's:

Name _____

Relationship to you _____

Employing Division(s) _____

20. **Since your 18th birthday, have you been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pleaded NOLO CONTENDERE to criminal charges, even if adjudication was withheld?** Yes ____ No ____ If yes, please give:

Name of offense _____

Name of and location of court _____

Deposition of case _____ Date _____

NOTE: A conviction does not automatically mean you cannot be employed by the County. The nature of the offense, how long ago it occurred, relationship to this job, etc. are given consideration.

21. **How did you learn about the position for which you are applying?** — Check the response that applies.

____ Newspaper ad
____ County Employee
____ High School
____ Other Source (please specify) _____
____ Visit to Division of Human Resources
____ Human Resources Analyst
____ College Counselor
____ Florida State Employment Agency
____ Recruiting Program — Career Day (please specify) _____
____ Professional Journal

22. **REFERENCES:** List three (3) personal references who are not relatives or former employers.

Name and Occupation	Address	Telephone No.	Years Known

IMPORTANT: Employment is subject to verification of an applicant's background and conviction record. Persons selected for employment must (1) present a valid social security card, (2) take a Loyalty Oath, as per Florida Statute, Section 876.05 and, (3) subsequent to an offer of employment, pass a medical examination by a County physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate WILL NOT be given further consideration under the present announcement for this classification. Additionally, Broward County is required by federal law to verify having seen documents, which the applicant must provide as part of employment processing, that show the applicant's identity and right to work in the United States.

APPLICATION MUST BE SIGNED.

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW. UNSIGNED APPLICATIONS WILL BE VOIDED.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the Broward County Board of County Commissioners is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release Broward County, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

Signature of Applicant _____ Date _____

CONTINUATION SHEET FOR APPLICATION FORM

INSTRUCTIONS: Fill out this form only when necessary for completion of Item 10 on the APPLICATION FOR EMPLOYMENT. Please type or print clearly in dark ink.

Name (Last) (First) (Middle)	Position Applying For	Announcement Number

(Job 5) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____
Starting Salary $ _____ per _____
Last Salary $ _____ per _____

Employer: _____
Address: _____
Telephone Number: _____
Your Job Title: _____
Supervisor's Name and Title: _____
Reason for Leaving Position: _____

Specific Duties: _____

Number of employees supervised (if applicable):

(Job 6) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____
Starting Salary $ _____ per _____
Last Salary $ _____ per _____

Employer: _____
Address: _____
Telephone Number: _____
Your Job Title: _____
Supervisor's Name and Title: _____
Reason for Leaving Position: _____

Specific Duties: _____

Number of employees supervised (if applicable):

(Job 7) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____
Starting Salary $ _____ per _____
Last Salary $ _____ per _____

Employer: _____
Address: _____
Telephone Number: _____
Your Job Title: _____
Supervisor's Name and Title: _____
Reason for Leaving Position: _____

Specific Duties: _____

Number of employees supervised (if applicable):

CONTINUED ON REVERSE SIDE

ORIGINAL APPLICATION MUST BE SIGNED

BC-100A

(Job 8) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____
Starting Salary $ _____ per _____
Last Salary $ _____ per _____

Employer: _____
Address: _____
Telephone Number: _____
Your Job Title: _____
Supervisor's Name and Title: _____
Reason for Leaving Position: _____

Specific Duties: _____

Number of employees supervised (if applicable):

(Job 9) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____
Starting Salary $ _____ per _____
Last Salary $ _____ per _____

Employer: _____
Address: _____
Telephone Number: _____
Your Job Title: _____
Supervisor's Name and Title: _____
Reason for Leaving Position: _____

Specific Duties: _____

Number of employees supervised (if applicable):

(Job 10) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____
Starting Salary $ _____ per _____
Last Salary $ _____ per _____

Employer: _____
Address: _____
Telephone Number: _____
Your Job Title: _____
Supervisor's Name and Title: _____
Reason for Leaving Position: _____

Specific Duties: _____

Number of employees supervised (if applicable):

(Job 11) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _____
Starting Salary $ _____ per _____
Last Salary $ _____ per _____

Employer: _____
Address: _____
Telephone Number: _____
Your Job Title: _____
Supervisor's Name and Title: _____
Reason for Leaving Position: _____

Specific Duties: _____

Number of employees supervised (if applicable):

Communications
Systems Network Analyst (SNA)

Both sides of this form must be completed and submitted with your application. Failure to do so will result in disqualification.

Name: _____ Date: _____ Job Title: _____ Ann.No: _____

Network Hardware

	Total Yrs.	Months of Experience		
		Use	Support	Install
ROUTER				
CROSSCOMM				
OTHER:				
SWITCH				
CROSSCOMM				
OTHER:				
INTELLIGENT HUB				
3COM				
OTHER:				
BRIDGE				
MAU				
3270 CONTROL UNIT				
COAX MULTIPLEXOR				
3745 TCU				

Network Topology

	Total Yrs.	Months of Experience		
		Use	Support	Install
TOKEN RING				
ETHERNET				
100BASE-T				
10BAST-T				
THINNET				
OTHER:				

Data Circuits

	Total Yrs.	Months of Experience		
		Use	Support	Install
POINT TO POINT				
MULTI-POINT				
FRAME RELAY				
ATM				
CSU/DSU - MODEMS				
T3				
T1				
56K				
ASYNC				

(Please Complete Reverse Side Also)

Network Protocols

	Total Yrs.	Months of Experience		
		Use	Support	Install
TCP/IP				
IPX/SPX				
NETBIOS				
SNA/SDLC				
SNMP				
DEC				
OTHER:				

Cabling Systems

	Total Yrs.	Months of Experience		
		Use	Support	Install
IBM TYPE I OR II				
CATEGORY 5				
LEVEL 3 OR 4				
FIBER OPTICS				
OTHER:				

Diagnostics

	Total Yrs.	Months of Experience		
		Use	Support	Install
NETWORK GENERAL SNIFFER				
MICROTEST				
FLUKE				
OTHER:				

Network Management

	Total Yrs.	Months of Experience		
		Use	Support	Install
IBM SYSTEMVIEW				
HP OPENVIEW				
CROSSCOMM IMS				
3COM TRANSCEND				
OTHER:				

SNA / ISA APPLICATION
(AND RELATED POSITION)

This form must be completed in its entirety and submitted with your application.
Failure to do so will result in disqualification.

Name: _____ Date: _____

Job Title: _____ Announcement No.: _____

DEVELOPMENT LANGUAGES

Language	Version	Months of Experience
COBOL		
Natural		
Natural Eng. Workbench		
Construct		
Predict		
C(+(+))		
Fortran		
Mantis		
Spectra		
CA Realia II Workbench		
Informix		
Visual Basic		
Visual C		
Basic		
Clipper		
PC Assembler		
Power Builder		
RPG		
JCL		
Oracle		
SQL		

OPERATING SYSTEMS

Systems	Yrs.	Months of Experience		
		Use	TS	INST
MVS/ESA				
MVS/TSO				
DOS				
DOS/Windows				
Windows 95				
OS/2				
AIX				
UNIX				
Novell Netware				
CICS				
Windows NT				
OS/400				
DEC Versions of UNIX				
VAX/Open VMS				

SOFTWARE PACKAGES

Systems	Version	Months of Experience		
		Use	TS	INST
LGFS				
Lotus 1-2-3				
WordPerfect				
Group Wise				
WP Presentations				
DBase				
Paradox				
Geographic Info Systems				
ARC Info				
Query/400				
AS				
Harvard Graphics				
Freelance				
Corel Draw				
CADD				
Autocad				
Intergraph				
ACTI				
PC3270				
PC Anywhere				
Procomm				
ManageWise				
Netware Connect				
Novix				
McAfee				

DATA BASE

Data Base	Version	Months of Experience
DB2		
Supra		
Vsam		
Informix		
DBase		
Paradox		
Basic Plus		
Oracle		

USE - User of Package
TS - Provided Technical Support
INST - Provided Installation Support

Change 21
MAR 3 0 1998

FUNCTIONAL AREAS OF INVOLVEMENT

Area	Platform				Months of Experience
	PC	Net	Mini	Mainf	
Software Development					
Software Maintenance					
Software Installation					
Technical Support (Op. Sys.)					
Technical Support (Hardware)					
Technical Support (Software)					
Operations					
Production Control					
Standards & Quality Assurance					
Data Base					
Networking					
Ethernet					
Data Communications					
Micro-Computer Support					
Systems Analysis					
Systems Design					
RAD					
JAD					
Hardware Installation					
Lan Administration					
Project Management					

OTHER TECHNOLOGY

Area	Platform				Months of Experience
	PC	Net	Mini	Mainf	
Imaging					
Internet					
FTP					
Browser					
Mail					
News					
Gopher					
Telenet					
TCP/IP					
ISDN					
Video Conferencing					
ATM					
GIS					
CAD					
Bar Coding					
Application Interfacing					
Mop, Lat, Delnet					
SPX/IPX					

HARDWARE EXPOSURE

Platform	Model	Months of Experience
IBM Mainframe		
IBM AS/400		
Risc Systems		
Micro Computers		
Unisys U6000		
File Servers		
Network Hardware		
Local		
Wide		
Enterprise		
Modems		
CD-Rom Towers		
Laser printers		
Inkjet Printers		
Super Servers		
Notebooks		
Vax Mini		
Dec Alpha		

FORMAL EDUCATION AND TRAINING

Area	Platform			
	PC	Net	Mini	Mainf
Programming Languages				
Project Management				
Systems Life Cycle				
Testing				
Quality Assurance				
Chance Management				
Change Control				
Development Methodologies				
James Martin				
Other				
Certified Network Administrator				
Certified Network Engineer				
Master Certified Network Engineer				
Management/Supervision				

Board of County Commissioners, Broward County, Florida

DIVISION OF HUMAN RESOURCES

PERFORMANCE APPRAISAL FORM

PLEASE TYPE OR PRINT CLEARLY

EMPLOYEE NAME (LAST, FIRST, INITIAL)		CLASS TITLE	
SOCIAL SECURITY NUMBER	DIVISION/OFFICE	RATING PERIOD FROM: TO:	ANNIVERSARY DATE

TYPE OF REPORT (Check one): ___ PROBATIONARY ___ ANNUAL ___ PROMOTION ___ SPECIAL ___ FINAL

PERFORMANCE MEASURES for each factor, circle the appropriate number on the scale. See reverse of form for definitions of factors, rating guide, and Quality Point Average.

Factors one through ten must be rated for ALL employees.	POOR	IMPROVEMENT NEEDED	MEETS EXPECTATIONS	EXCEEDS EXPECTATIONS	EXCELLENT
1. Attendance	1	2	3	4	5
2. Production	1	2	3	4	5
3. Initiative	1	2	3	4	5
4. Co-worker contact	1	2	3	4	5
5. Directives compliance	1	2	3	4	5
6. Adaptability	1	2	3	4	5
7. Job knowledge	1	2	3	4	5
8. Judgement	1	2	3	4	5
9. Planning	1	2	3	4	5
10. Communications	1	2	3	4	5

Additional factors must be rated if applicable.	POOR	IMPROVEMENT NEEDED	MEETS EXPECTATIONS	EXCEEDS EXPECTATIONS	EXCELLENT
11. Public contact	1	2	3	4	5
12. Uniforms	1	2	3	4	5
13. Safety	1	2	3	4	5
14. Equipment/work area maintenance	1	2	3	4	5
15. Direction of subordinate personnel	1	2	3	4	5
16. Management skills	1	2	3	4	5

Add all numerical ratings and divide by number of factors rated to determine the Quality Point Average. QUALITY POINT AVERAGE

EVALUATOR'S COMMENTS Justification is required for all factors rated 1 and 5. Include a plan for correction of inferior and/or marginal performance as well as any plan to further develop employee capabilities. Attach additional sheets if necessary.

I have reviewed the Performance Appraisal Manual for Evaluators and have completed this Performance Appraisal Form as required.

Evaluator's Signature _____ Title _____ Date _____

I have reviewed and approved the rating factors and comments which include justification where required.

Reviewer's Signature _____ Title _____ Date _____

EMPLOYEES COMMENTS:

Signature certifies the employee had the opportunity to review and discuss the appraisal with the evaluator but does not necessarily mean the employee agrees with the appraisal. Signature _____ Date _____

REQUESTING DIVISION USE

Effective Date _____

% Increase 2.5% 5% 7.5% (Circle one)

Div. Approval _____

This is authorization to effect the appropriate merit increase for this individual.

APPROVALS (AS NECESSARY)

Department _____

County Admin. _____ Date

Human Resources _____ Date

Human Resources _____ Date

HUMAN RESOURCES USE ONLY

Line 5

Effect Date _____ Change Type _____

Hourly Rate _____ % Increase _____

Review Type _____ Date _____ (MMYY) QPA _____

Hours at Old Rate _____ Remarks _____

102-101 (Rev. 2/95) White — HUMAN RESOURCES, Yellow — PAYROLL, Pink — DIVISION, Gold — EMPLOYEE

FACTOR DEFINITIONS

Items 1 through 10 must be rated.

1. **Attendance:** Regularity of attendance and punctuality.
2. **Production:** Amount and quality of work.
3. **Initiative:** Inner motivation, self-reliance.
4. **Co-worker Contact:** Working relationships with peers, supervisors and subordinates.
5. **Directives Compliance:** Complies with rules and regulations, adheres to EEO policies and procedures, follows supervisor's instructions.
6. **Adaptability:** Ability to solve novel and/or crisis situations; ability to adjust to change.
7. **Job knowledge:** Depth of knowledge and application of job skills.
8. **Judgement:** Ability to use discretion and make proper decisions.
9. **Planning:** Ability to organize work and resources, set goals and attainable objectives, use time and resources effectively.
10. **Communications:** Ability to express thoughts and disseminate information clearly both verbally and in writing; ability to clearly understand information received verbally and in writing.

Additional factors must be rated if applicable:

11. **Public Contact:** Relations with citizens, outside agencies, and the community.
12. **Uniforms:** Appropriateness of work attire where required.
13. **Safety:** Safe performance of duties, including operation of vehicles and equipment, if applicable.
14. **Maintenance of Equipment/Work Area:** General upkeep, and repair of equipment, if applicable.
15. **Direction of Subordinate Personnel:** Ability to assign, schedule, train and supervise personnel.
16. **Management Skills:** Ability to manage programs, develop and implement policies, support Affirmative Action Plan, interface with management support systems.

FACTOR RATING GUIDE

1 = **Poor.** The employee clearly fails to meet the minimum performance requirements on job related criteria for that specific factor.

2 = **Improvement needed.** The employee falls below the acceptable performance requirements on job related criteria for that specific factor.

3 = **Meets expectations.** The employee generally meets but does not exceed the performance requirements on job related criteria for that specific factor.

4 = **Exceeds expectations.** The employee has exceeded the performance requirements on job related criteria for that specific factor.

5 = **Excellent.** The employee far exceeds the performance requirements on job related criteria for that specific factor. Such exemplary performance is characterized by unusual accomplishments.

OVERALL QUALITY POINT AVERAGE

OPA	MERIT INCREASE (If eligible)	EXPLANATION
1.0 to 2.5	No increase	Performance is inferior or marginal, work below job requirements.
2.6 to 3.1	Level one increase	Overall performance meets expectations although employee may need improvement in specific areas. Employee may also perform above expectations in limited specific areas.
3.2 to 4.4	Level two increase	Overall performance is above expectations in some if not all areas of performance.
4.5 to 5.0	Level three increase	Overall performance is superior and work is characterized by unusual accomplishments.

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
DIVISION OF HUMAN RESOURCES

BROWARD COUNTY
LEADERSHIP PERFORMANCE REVIEW

Employee		Job Title			
Department/Division/Office					
Rating Period: from		to		Anniversary Date	
Type: ☐ Annual	☐ Follow-up	☐ Probationary (if applicable)	☐ Other:		

I. PROFESSIONAL SKILLS AND COMPETENCY APPRAISAL

1. How well does the employee's performance support the agency's mission and represent the County in a positive and effective manner, with colleagues, members of the public, and customers/clients?

	COMMENTS
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected	

2. How well does the employee demonstrate an understanding of the agency's business operations in support of innovation?

	COMMENTS
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected	

3. How effectively does the employee communicate (verbally and in writing), keep supervisors, coworkers and other stakeholders informed about agency issues, liabilities, and programs?

	COMMENTS
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected	

4. How well does the employee listen and give consideration and feedback to the ideas of others?

	COMMENTS
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected	

5. How well does the employee resolve disputes constructively and take prompt and effective actions to address issues and reduce liabilities?	COMMENTS
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected	
6. How well does the employee work as part of a team, helping build consensus, sharing information and contributing to the overall success of the agency?	COMMENTS
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected	
7. How well does the employee keep up with professional education and enhance job-related personal skills?	COMMENTS
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected	
8. How well does the employee respond to critical incidents, emergencies, unexpected situations, anomalies?	COMMENTS
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected	

Items 9-12 are to be completed for those who supervise other employees	
9. As a supervisor or manager, how effective is the employee as a positive role model?	COMMENTS
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected	
10. How effective is the employee as a coach, supervisor and provider of praise and corrective action?	COMMENTS
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected	

11. How effective is the employee in demonstrating support for County's equal employment opportunity and workplace diversity policies?	COMMENTS
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected	

12. How effective is the employee in completing performance appraisals in a job-related and timely manner?	COMMENTS
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected	

II. PROFESSIONAL DEVELOPMENT OBJECTIVES

A. Describe the employee's attainment of the PREVIOUS RATING PERIOD'S agreed upon professional growth and development objectives.

1.	
2.	
3.	

B. List at least three agreed upon professional growth and development objectives with measurable outcomes to be implemented by the employee IN THE COMING RATING PERIOD to enhance the employee's Professional Skills and Competencies described in Section I.

1.	
2.	
3.	

III. PERFORMANCE OBJECTIVES

A. Review the previously identified agreed upon MEASURABLE PERFORMANCE OBJECTIVES for which the employee has been responsible OVER THE PAST RATING PERIOD and assess how well the employee achieved the OBJECTIVES.

1.	
2.	
3.	

B.	Reach an agreement between the evaluator and employee on MEASURABLE PERFORMANCE OBJECTIVES to be used to review the employee's achievements NEXT RATING PERIOD – List at least three:
1.	
2.	
3.	

IV. CONCLUSIONS AND RECOMMENDATIONS

Based upon the employee's overall performance during the rating period CHECK ONE of the following. (NOTE: references to salary increase eligibility pertain to annual evaluations and if applicable, follow-up evaluations.)

- ☐ Does not meet overall expectations - no salary increase
- ☐ Meets overall expectations - annually determined salary increase
- ☐ Exceeds overall expectations - annually determined salary increase and performance bonus eligibility

Evaluator's Comments:

Evaluator's Name (Please Print or Type)	Evaluator's Signature	Date

Reviewer's Signature		Date	

Employee's Comments:

Employees awarded the annually determined salary increase have the option to:	☐ add the increase to base pay (within the applicable pay range); or	☐ receive the increase as a one-time cash payment. (Check one)

Employee's Signature		Date	

Signature certifies the employee had the opportunity to review and discuss the appraisal with the evaluator but does not necessarily mean the employee agrees with the appraisal. Further, this appraisal does not constitute an actual or implied employment contract, nor does it establish any expectation of continued employment.

Performance Bonus recommendation for employees rated as "Exceeds Overall Expectations"			
Performance Bonus award	$		
Division/Office Director's Signature		Date	
Department Director's Signature, if applicable		Date	

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
DIVISION OF HUMAN RESOURCES

BROWARD COUNTY
LEADERSHIP PERFORMANCE REVIEW

Employee: _____ Job Title: _____

Department/Division/Office: _____

Rating Period: from _____ to _____ Anniversary Date: _____

Type: ☐ Annual ☐ Follow-up ☐ Probationary (if applicable) ☐ Other: _____

I. PROFESSIONAL SKILLS AND COMPETENCY APPRAISAL

(Additional Comments may be attached.)

1. How well does the employee's performance support the agency's mission and represent the County in a positive and effective manner, with colleagues, members of the public, and customers/clients?
   ☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected
   Comments _____

2. How well does the employee demonstrate an understanding of the agency's business operations in support of innovation?
   ☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected
   Comments _____

3. How effectively does the employee communicate (verbally and in writing), keep supervisors, coworkers and other stakeholders informed about agency issues, liabilities, and programs?
   ☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected
   Comments _____

4. How well does the employee listen and give consideration and feedback to the ideas of others?
   ☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected
   Comments _____

5. How well does the employee resolve disputes constructively and take prompt and effective actions to address issues and reduce liabilities?
   ☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected
   Comments _____

6. How well does the employee work as part of a team, helping build consensus, sharing information and contributing to the overall success of the agency?
   ☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected
   Comments _____

7. How well does the employee keep up with professional education and enhance job-related personal skills?
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected
Comments _____

8. How well does the employee respond to critical incidents, emergencies, unexpected situations, anomalies?
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected
Comments _____

Items 9 - 12 are to be completed for those who supervise other employees.

9. As a supervisor or manager, how effective is the employee as a positive role model?
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected
Comments _____

10. How effective is the employee as a coach, supervisor and provider of praise and corrective action?
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected
Comments _____

11. How effective is the employee in demonstrating support for the County's equal employment opportunity and workplace diversity policies ?
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected
Comments _____

12. How effective is the employee in completing performance appraisals in a job-related and timely manner ?
☐ Consistently contributes more than expected ☐ Contributes as expected ☐ Contributes less than expected
Comments _____

II. PROFESSIONAL DEVELOPMENT OBJECTIVES

A. Describe the employee's attainment of the PREVIOUS RATING PERIOD'S agreed upon professional growth and development objectives.

1. _____

2. _____

3. _____

B. List at least three agreed upon professional growth and development objectives with measurable outcomes to be implemented by the employee IN THE COMING RATING PERIOD to enhance the employee's Professional Skills and Competencies described in Section I.

1. _____

2. _____

3. _____

III. PERFORMANCE OBJECTIVES

A. Review the previously identified agreed upon MEASURABLE PERFORMANCE OBJECTIVES for which the employee has been responsible OVER THE PAST RATING PERIOD and assess how well the employee achieved the OBJECTIVES. (Attach additional pages if necessary.)

1. _____

2. _____

3. _____

B. Reach an agreement between the evaluator and employee on MEASURABLE PERFORMANCE OBJECTIVES to be used to review the employee's achievements NEXT RATING PERIOD - List at least three:

1. _____

2. _____

3. _____

IV. CONCLUSIONS AND RECOMMENDATIONS

Based upon the employee's overall performance during the rating period, CHECK ONE of the following. **(Note: references to salary increase eligibility pertain to annual evaluations and if applicable, follow-up evaluations.)**

- ☐ Does not meet overall expectations - no salary increase
- ☐ Meets overall expectations - annually determined salary increase
- ☐ Exceeds overall expectations - annually determined salary increase and performance bonus eligibility

EVALUATOR'S COMMENTS (Additional Comments May Be Attached):

Evaluator's Name (Please Print or Type): _____

Evaluator's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

EMPLOYEE'S COMMENTS (Additional Comments May Be Attached):

Employees awarded the annually determined salary increase have the option to: ☐ add the increase to base pay (within the applicable pay range); or ☐ receive the increase as a one-time cash payment. (check one)

Employee's Signature: _____ Date: _____

Signature certifies the employee had the opportunity to review and discuss the appraisal with the evaluator but does not necessarily mean the employee agrees with the appraisal. Further, this appraisal does not constitute an actual or implied employment contract, nor does it establish any expectation of continued employment.

PERFORMANCE BONUS RECOMMENDATION FOR EMPLOYEES RATED AS "EXCEEDS OVERALL EXPECTATIONS"

Performance Bonus award: $ _____

Division/Office Director's Signature: _____ Date: _____

Department Director's Signature, if applicable: _____ Date: _____

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS

Division of Human Resources

PERSONNEL ACTION FORM (BC102-102)

SSN		Last Name		First Name		MI			
Effective Date		Activity Code (HR09)				FLSA	N	E	
Empl Status (HR10)		BPN		Position Title – Class					
Unit (PP420)		Agency Name			Agcy #				
Division Name		Div #		Section Name		Sect #			
Fund		Org		Work Phone #					
Scheduled Hrs		Hourly Rate		Type of Salary Change (HR11)					
Probation End Date				Anniversary Date					

CHANGE/APPOINTMENT		SEPARATION	PERFORMANCE APPRAISAL
--- Promotion --- Demotion (County Action) --- Demotion (Empl. Choice) --- Reclass/Block Budget --- Transfer --- Pay Adjustment --- Status --- Relocate BPN Directly reports to BPN _____ Indirectly reports to BPN _____	--- New Hire --- Re-Hire --- Reinstatement --- Recall --- Acting --- Parallel Appointment --- Work Out of Class --- Other: Certificate No. (if applicable)	---Resignation ---Retirement ---Dismissal ---Layoff ---Deceased ---Disability Termination ---End of Assignment ---Other	Salary Increase _____% --- Add to Base --- Cash Equivalent Bonus $ _____ --- As Cash --- Add to Base (with appropriate approval)

LEAVE OF ABSENCE:	Start Date		Proposed Return		Actual Return	
	Reason					

Physical:	Required		Waived		Authorized By	

AUTHORIZED SIGNATURES *Obtain authorized signatures as applicable. Division Director's signature certifies that the proposed effective date has been coordinated with the releasing agency (if applicable).*

County Administrator		Date	
Department Director		Date	
Division Director		Date	

Budget:	Date:		Human Resources:	Date:	
Remarks by requesting office:			Human Resource use:		

Form revised March 2000

Change 27
MAY 1 8 2001

Board of County Commissioners, Broward County, Florida

DIVISION OF HUMAN RESOURCES

PERSONNEL REQUISITION

REQUESTING DIVISION/OFFICE	REQUEST NUMBER
	DATE OF REQUEST

PLEASE INDICATE THE TYPE OF APPOINTMENT FOR WHICH CERTIFICATION IS BEING REQUESTED

_____ OPEN-COMPETITIVE _____ PROMOTIONAL

_____ LIMITED TERM _____ TEMPORARY

PLEASE INDICATE THE STATUS OF POSITION FOR WHICH CERTIFICATION IS BEING REQUESTED.

_____ FULL TIME _____ PART TIME 20+ _____ PART TIME 19 _____ WILL CALL

**NUMBER OF VACANCIES	BUDGET POSITION NUMBERS	CLASS CODE	CLASS TITLE
	_____ _____ _____ _____	_____	_____

**GEOGRAPHIC LOCATION CODE	GEOGRAPHIC LOCATION CODES APPLY ONLY TO SPECIFIED JOB CLASSES. Only one location code can be used on a single 102-105. All vacancies on one 102-105 must be in the same Geographic Location code area. See reverse for codes.

LGFS AGENCY-ORG.	OBJECT	WORK LOCATION CODE
_____	_____	_____

CERTIFICATE RECIPIENT — Person to whom the certificate of eligibles should be sent:

NAME: _____

OFFICE: _____

_____

INTERVIEWER — For selection interviews, applicants should be directed to contact:

NAME: _____

PHONE NUMBER: _____

We will E-Mail or Fax the Certificate of Eligibles to be followed by hard copy, if numbers are supplied.

E-Mail Address: _____

FAX NUMBER: _____

SELECTIVE FACTORS, IF ANY/REMARKS:

SIGNATURE OF APPOINTING AUTHORITY:	OFFICIAL TITLE:	DATE
_____	_____	_____

FOR DIVISION OF HUMAN RESOURCES USE

APPROPRIATE REGISTER: _____ Promotional _____ Open Competitive

_____ Other _____ Selective Certification

AUTHORIZED BY: DATE:

102-105 (Rev. 8/96)

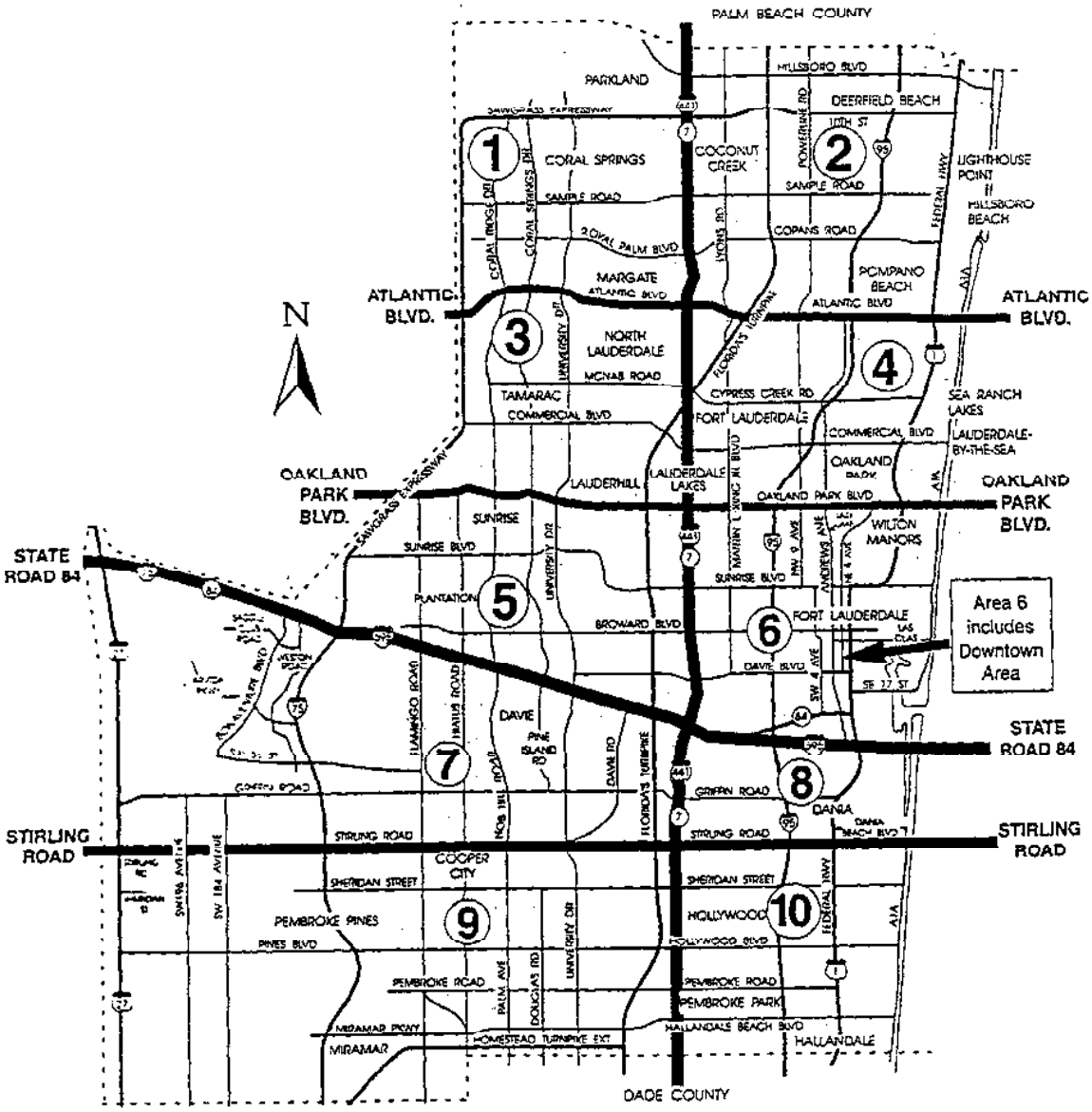
Change 21
MAR 3 0 1998

GEOGRAPHIC LOCATION MAP

TO BE USED IN CONJUNCTION WITH CERTIFICATION FOR SELECTED JOB CLASSES ONLY.

If the position involves a job class which should require a selected geographic work area:

1. Determine in which of the ten geographic areas the vacancy exists.
2. Enter the code number for that geographic area in the "GEOGRAPHIC LOCATION CODE" box on the front of the form.



Change 21

MAR 30 1998

Board of County Commissioners, Broward County, Florida

DIVISION OF HUMAN RESOURCES

CERTIFICATE OF ELIGIBLES

ISSUED TO:	CERTIFICATE NUMBER	PAGE NO.
REQUESTING DIVISION	CERTIFICATION ISSUE DATE	
REQUISITION NO. DATE		

The eligibles listed below are certified in accordance with prescribed regulations regarding selection. For each vacancy, selection is to be made from the top five (5) of those available on this list. Return the completed, signed original copy of the certificate to the Division of Human Resources WITHIN TWO WEEKS OF THE ISSUE DATE ABOVE. PLEASE SEE THE REVERSE SIDE FOR FURTHER PROCEDURAL INFORMATION.

NATURE OF APPOINTMENT

___ Permanent ___ Promotional ___ Part-time

___ Part-time/will call ___ Temporary ___ Limited term

Class Code: _____ Title: _____

Number of Vacancies: _____ Index: _____ Work Loc. Index: _____

Budget Numbers: _____ _____ _____ _____ _____ _____ _____

USE THESE SYMBOLS TO REPORT DIVISION ACTION

A — Selected
D — Declined
NS — Not Selected
FR — Failed to Reply
O — Objection (Form 102-107 required)

RATING LEGEND

XP — 10-point Veteran Preference
P — 5-point Veteran Preference
* — To Provide for Declinations

NOTE: Passing over a Preference Eligible also requires a Form 102-107

ACTION	RATING	APPLICANT NAME, ADDRESS, AND PHONE NUMBER

_____ Further certification is requested for _____ vacancies.

NOTE: The initial certificate must be returned to Human Resources before further certification will be issued.

_____ SIGNATURE OF APPOINTING OFFICER

_____ TITLE

_____ DATE

Form 102-106 (Rev. 4/95) Division Copy — PINK Original — WHITE Human Resources File Copy — YELLOW

CERTIFICATE OF ELIGIBLES INSTRUCTIONS

You are entitled to consider the top five eligibles based on their score. If there was a written test given, we certify the eligibles by their geographical preference, if requested, in score order.

ALTERNATES (*)

If you see an **asterisk (*)** next to the person's score, that means they are an alternate being sent to provide replacement names for candidates who fail to respond. You **do not** have to interview these candidates if you wish to make a selection from the top five. All eligibles receive a Notice of Certification to call for an interview, even the alternates. The alternate's letter indicates to them that they are an alternate, and they might not be granted an interview because of that fact. You **can not** select an alternate if you have 5 non-selected available candidates in total above the alternate, from this and prior certifications in this number series (i.e. 12007, 12007-1 etc.)

VETERAN PREFERENCE

All veterans receiving preference points are indicated either with a P for 5 points or an XP for 10 points next to their score. If you choose an eligible with a lower score, who is not a veteran, you need to complete a Veteran Passover (BC102-107) when returning the certificate. The passover must be approved before the person you selected can start work. If you choose a person who has a higher score than the veteran, you **do not** need to complete a Veteran Passover.

LATERAL TRANSFERS

When a Certificate is sent, the Human Resources Division also notifies anyone who has requested a lateral transfer. They receive a letter indicating that there is a vacancy and if they are interested, it is their responsibility to contact the division. In their letter they are instructed to bring a resume or application with them at the time of their interview. You do not receive their name on the certificate and you **do not** have to grant them an interview, but you may interview them if you wish to consider them for a transfer. They do not count as part of your top five, and they are **not** considered alternates.

OBJECTIONS

You can object to eligibles by filling out a BC102-107 form. If you need any assistance with preparing an objection, you may contact the Human Resources Division.

STILL UNDER CONSIDERATION

If your interview process results in less than 5 eligibles, including alternates, and you wish to receive another eligible list, but still have some eligibles under consideration on the list you have, you can identify them by putting an **asterisk (*)** in the "action column" and note on the certificate "still under consideration". By doing this you can go back to this certificate in this number series and select one of these eligibles that are still under consideration. We do not notify such candidates that they are not selected for this position, until a final selection is made.

BUDGET POSITION NUMBERS

You may make more than one selection off a certificate, even if the original certificate only indicates one vacancy, as long as we receive the other BC105 showing this vacancy. If you have more than one vacancy on the certificate and you do make selections, please indicate the BPN in which each eligible is going to be placed. **All BC105's go to Budget first.**

TIMELINESS OF LISTS

Our established procedure is to send the letter of Notice of Certification to the candidate on the same day, and at the same time **and with the same date that the certificate of eligibles is mailed.** Candidates have ten (10) calendar days to respond to you to make an interview appointment. Interviews should be scheduled as expeditiously as possible, within the 10 day period, or no later than one week after the ten days. Candidates must make themselves available within a reasonable time, and one week is suggested. There is no requirement to schedule an interview at the total convenience of the candidate, which will consequently negatively impact others, including other candidates and the Human Resources Division. Please return the Certificate of Eligibles, with the results indicated, in a timely manner.

If you have any questions you may call the Certification Section at 357-6420.

Finance and Administrative Services Department
DIVISION OF HUMAN RESOURCES

STATEMENT OF REASONS FOR OBJECTING TO AN ELIGIBLE OR FOR PROPOSING TO PASS OVER A PREFERENCE ELIGIBLE

INSTRUCTIONS: Use this form to object to an eligible or to request authority to pass over a preference eligible and appoint a non-preference eligible. SUBMIT BOTH COPIES OF THE FORM WITH THE CERTIFICATE OF ELIGIBLES. The Division of Human Resources will return one copy with reverse side completed, indicating the Director of Human Resources decision regarding the proposed action. Remarks supporting the proposed action must be clear and sufficiently explanatory to allow a decision to be rendered.

If an OBJECTION to an eligible is sustained by the Director of Human Resources, the eligible's name is eliminated from consideration, and depending on the number of names originally certified, the next available eligible may be certified.

A 102-107 must be submitted when an appointing authority wishes to select an equal, or lower ranked, non-preference eligible in lieu of a higher or equally ranked preference eligible from a 102-105. The Director of Human Resources must find the reasons for passing over the preference eligible sufficient for the appointment of the non-preference eligible to be made. As a general rule, the non-preference eligible must be better qualified, and that fact must be supported in the Remarks Sections on information contained in the application.

Indicate the nature of this action:

☐ OBJECTION TO AN ELIGIBLE ☐ PREFERENCE ELIGIBLE PASS OVER

NAME AND ADDRESS OF ELIGIBLE (INCLUDE ZIP CODE)	RATING	CERTIFICATE NO.
	CLASS TITLE	

REASONS for this action: (Be specific and clear so that the significance of your statement is readily apparent.)

SIGNATURE AND TITLE OF APPOINTING AUTHORITY	DATE
NAME OF DIVISION OR OFFICE	PHONE NO.

102-107 (Rev. 10/95)

WHITE: Human Resources — PINK: Division

DIRECTOR OF HUMAN RESOURCES RESPONSE

OBJECTION TO AN ELIGIBLE

☐ The objection IS sustained and the eligible is removed from consideration:
____ For this certification ONLY.
____ For this Division ONLY.
____ For this job classification.

☐ The objection IS NOT sustained for the reasons given below.
The eligible remains a candidate for consideration for the vacancy.

PREFERENCE ELIGIBLE PASS-OVER

☐ The reasons given for passing over the preference eligible ARE sufficient.
The non-preference eligible, tentatively selected, may be appointed.

☐ The reasons given for passing over the preference eligible ARE NOT sufficient for the reasons given below. The non-preference eligible MAY NOT be appointed.

REMARKS

(If you have questions regarding this action, please call the Division of Human Resources, Staffing Services Section.)

DIRECTOR OF HUMAN RESOURCES SIGNATURE

DATE

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
DIVISION OF HUMAN RESOURCES

Date _____

EXIT INTERVIEW FORM

NAME (PLEASE PRINT)	TITLE OF POSITION HELD	EMPLOYING DIVISION/OFFICE	SUPERVISOR'S NAME

1. Reason(s) for leaving employment with Broward County:

2. Did you like your job with the County? ☐ YES ☐ NO

3. Do you feel that you were given adequate and impartial supervision while you were employed by Broward County? If your answer is NO, please explain: ☐ YES ☐ NO

4. Do you believe that your received adequate on-the-job training for the position you held? If your answer is NO, please explain: ☐ YES ☐ NO

5. Do you have recommendations for improving employment conditions or employee efficiency:

   A. In the division or office in which you worked? If your answer is YES, what do you recommend? ☐ YES ☐ NO

   B. In working for Broward County? If your answer is YES, what do you recommend? ☐ YES ☐ NO

6. If you have any other comments regarding your employment please comment in the space below.

102-109 (Rev. 9/89)

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
DIVISION OF HUMAN RESOURCES

EMPLOYEE CLEARANCE NOTICE

Name of Separated Employee: _____

Division/Office _____

Check Type of Action: ☐ Transfer ☐ Termination

Effective Date of Action: _____

Indicate the County property issued to the employee by placing a (✓) on the line preceding the item. Indicate how many of each item was issued and returned on the lines following the item.

CHECK (✓) IF ISSUED	ITEM	NUMBER ISSUED	NUMBER RETURNED	CHECK (✓) IF ISSUED	ITEM	NUMBER ISSUED	NUMBER RETURNED
_____	CAR	_____	_____	_____	SMALL TOOLS	_____	_____
_____	UNIFORMS	_____	_____	_____	PHOTO ID CARD	_____	_____
_____	KEYS	_____	_____	_____	INSURANCE CARD	_____	_____
_____	CAMERA	_____	_____	_____	OTHER (describe below)		
					_____	_____	_____

Has all property been returned? ☐ Yes ☐ No

List the items not returned: _____

_____

Describe arrangements made for the return of County property not received as of the effective date of the transfer/termination:

_____

_____

If this is a termination, indicate where the employee has asked to have his/her final paycheck mailed.

_____
Number Street City State Zip

Person responsible for handling return of property:

_____ _____
Name Title Date

102-110 (Rev. 8/88)

Finance and Administrative Services Department

DIVISION OF HUMAN RESOURCES

HR Code

EMPLOYEE NOTICE

Employee Name (Last, First, Middle)	Class Title	Division

This notice is to advise you of a situation or action regarding your employment.

NATURE OF INFRACTION:

- ☐ Attendance/Punctuality
- ☐ Co-worker Contact
- ☐ Communications
- ☐ Consuming or Under the Influence — Drugs/Alcohol
- ☐ Directives/Work Rules Compliance
- ☐ Equipment/Work Area Maintenance
- ☐ Insubordination
- ☐ Judgement
- ☐ Loss of Job Requirement
- ☐ Misuse of County Property
- ☐ Performance of Duties
- ☐ Planning
- ☐ Public Contact
- ☐ Safety Violation
- ☐ Other — please specify: _____

PRIOR NOTICES OR WARNINGS: **DATE(S):** _____

DESCRIPTION OF INCIDENT: (Date of occurrence: _____) (Use attachment if necessary)

ACTION TAKEN: (Use attachment if necessary)

APPROVALS

Signature (Supervisor) Date

Signature (Division Director) Date

Signature (Department Director) Date

Employee's Signature is required as acknowledging receipt of a copy of this document and does not indicate agreement with or attest to the accuracy of this notice form. The employee may contest statements and incidents referred to herein through the appropriate Grievance Procedure. Employees, whose job classifications are covered by a collective bargaining agreement, consult the applicable union contract. Refusal by the employee to sign (acknowledging receipt) may result in a one (1) day suspension without pay in accordance with Administrative Order 400.

Employee Acknowledging Receipt Date

DIVISION USE

Employee Social Security # |_|_|_|_|_|_|_|_|_|

Date 102-III issued (mm/dd/yy) |_|_|_|_|_|_|

Number of days suspended |_|_|

Date suspension began |_|_|_|_|_|_|

Date returned from suspension |_|_|_|_|_|_|

Remarks _____

Division Approval Date

HUMAN RESOURCES USE ONLY

	code	days		
BLK 153	|_|_|_|	|_|_|_|	DATE |_|_|_|_|_|_|
Transaction code	|_|_|_|			DATE |_|_|_|_|_|_|
Transaction code	|_|_|				DATE |_|_|_|_|_|_|

Remarks _____

Human Resources Approval Date

102-111 (Rev. 7/97) White — EMPLOYEE, Yellow — HUMAN RESOURCES, Pink — PAYROLL, Goldenrod — DIVISION

Change 27

MAY 1 8 2001

Board of County Commissioners, Broward County, Florida

DIVISION OF HUMAN RESOURCES

EMPLOYEE PERFORMANCE COMMENDATION

EMPLOYEE NAME (Last, First, Middle)	CLASS TITLE	DATE

DEPARTMENT	DIVISION	ANNIVERSARY DATE

INSTRUCTIONS

This form should be used to document an unusual task or achievement beyond the ordinary job description. An employee can be given this commendation for unique and exceptional performance, idea or service which demonstrates creativity and innovation. For procedural detail, refer to Division of Human Resources Internal Control Handbook.

NATURE OF COMMENDATION

☐ Production ☐ Public Service

☐ Creativity/Innovation ☐ Other (Specify) _____

DESCRIPTION OF EMPLOYEE PERFORMANCE (Please Type)

SUBMITTED BY:

Supervisor	Date	Department Director	Date
Division Director	Date	County Administrator	Date

RECEIVED BY: RECEIPT FOR PERMANENT PERSONNEL FILE:

Employee	Date	Director of Human Resources	Date

102-111A (Rev. 3/97) WHITE-Employee, YELLOW-Personnel File, PINK-Division

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
DIVISION OF HUMAN RESOURCES

APPLICATION FOR LEAVE/FMLA DESIGNATION

(Last Name) (First Name) (MI) (Pay Period Ending)

(Office/Department/Division) (Section) (Total # of Hours Requested)

REASON FOR LEAVE / TYPE OF LEAVE REQUESTED

Reason for Leave: _____

Charge to PAID LEAVE

If absent for an FMLA event, use of these leaves is concurrent with FMLA.

Code	Type of Leave
160	ANNUAL LEAVE
166	BONUS DAY
163	COMP TIME
155	FAMILY ILLNESS
174	JOB BASIS LEAVE
165	PERSONAL DAY
150	SICK LEAVE

Use of these leaves is not concurrent with FMLA.

Code	Type of Leave
173	FUNERAL LEAVE
172	JURY DUTY
171	MILITARY LEAVE
170	MILITARY TRAINING

OTHER _____
Explain

Charge to UNPAID LEAVE

Code	Type of Leave
FMLA	FAMILY/MEDICAL LEAVE Complete back of form.
PSNL	PERSONAL LEAVE
WK CMP	WORKER'S COMP

OTHER _____
Explain

Enter the dates, times, and hours of the leave period requested, as well as the type of leave or applicable leave code from above chart. If the leave requested is non-consecutive in nature (i.e., the period of leave is interrupted by any duty period), or if more than one type of leave is used to cover a single period of absence, indicate the manner in which the requested leave is to be accounted.

FROM: (Date/Time)	TO: (Date/Time)	# Hours	Leave Code

I request Leave as indicated above. I agree to notify my supervisor immediately if my leave plans change.

_____ _____
(Employee Signature) (Date)

_____ Employee not available for signature.

Request made by ☐ employee ☐ other _____
Specify

☐ Approved as FMLA Conditionally**

☐ Approved as FMLA ☐ Approved, but is not FMLA

☐ Disapproved _____
(Explanation)

_____ _____
(Immediate Supervisor) (Date)

_____ _____
(Authorized Signature) (Date)

General Instructions: **Complete this form to request leave and to explain how leave is to be accounted. Check one or more blocks as needed. If you are not sure which leave code to use for the period of absence or a portion of absence, use "Other" and explain why you are requesting leave. If FMLA is applicable, you will be notified of the designation of the leave as FMLA. See the Designation of Leave on the reverse side of this form. If you have questions, contact your supervisor or payroll clerk.**

Documentation: **You may be required to provide medical certification if your absence is due to your own illness or injury, or due to a serious health condition affecting your spouse or domestic partner, child, or parent, and the absence lasts more than three work days or if medical certification is otherwise required by your supervisor or higher authority. Medical certification is required if the absence lasts five or more consecutive work days. Documentation is required when leave is requested incident to military orders, jury duty, or when otherwise directed. Your supervisor/payroll clerk will advise when documentation is required. Failure to provide such documentation may be grounds for denial or delay in approving the leave requested or disciplinary action.**

102-112 (REV. 8/99)

Continued on reverse

FMLA DESIGNATION This is to advise you of the FMLA status of your request for leave.

You have a right under the County's FMLA program to up to the equivalent of 12 work weeks of FMLA leave in a 12-month period for the reasons listed below. Your health benefits will be maintained during any period of unpaid FMLA leave under the same conditions as if you continued to work, and you will be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for any reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to additional FMLA leave for that 12-month period; or 2) other circumstances beyond your control, you will be required to reimburse the County for any health insurance premiums paid on your behalf during your FMLA leave. You are required to use all applicable and available paid leave concurrently with FMLA leave and before unpaid FMLA will apply.

Flex Dollars continue while you are on paid or unpaid FMLA leave. You are expected to continue to pay for your benefits while you are on unpaid FMLA leave on a pas-as-you go basis. You will be notified of payment procedures. There is a 30-day grace period in which to make payment. If timely payment is not made, your health insurance may be canceled provided we notify you in writing at least 15 days before the date your health coverage would lapse. At the start of unpaid FMLA leave, you have the option to drop dependents from your health or dental coverage and to change to a less expensive health plan with the same insurance company as long as you elect to do so within 31 days of the start of the unpaid leave.

The leave period requested on the reverse of this form is designated as follows.

☐ Is NOT considered FMLA. The reason for the leave does not qualify as FMLA.

☐ Is considered FMLA for an FMLA even as shown below and will count toward the 12-week entitlement.

- ☐ The birth of a child, or the placement of a child for adoption or foster care in your home.
- ☐ Your serious health condition that makes you unable to perform the essential functions of your job.
- ☐ You are needed to provide care as a result of a serious health condition affecting:
  - ☐ Your spouse or domestic partner ☐ a child ☐ your parent

1. You are ☐ not eligible for FMLA leave. ☐ eligible for leave under FMLA.

2. The requested leave is ☐ not approved. ☐ approved as non-FMLA.
   ☐ approved as FMLA. ☐ conditionally approved as FMLA.**

3. The requested leave ☐ will not ☐ will be counted against your 12-week FMLA leave entitlement.

4. Your 12-month period began _____

5. Medical certification ☐ will not ☐ will be required.

   Start of your leave may be delayed until certification is submitted if you do not submit it by _____

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

7. While on leave, you ☐ will not ☐ will be required to furnish us with periodic reports of your status and intent to return to work every

   You ☐ will not ☐ will be required to notify us at least two work days prior to the date you intend to report for work if your circumstances change and you are able to return to work earlier than the expected date of return.

8. You ☐ will not ☐ will be required to furnish recertification relating to the serious health condition as follows.

9. Your request for intermittent is ☐ not approved ☐ is approved on the following basis.

** Approval of FMLA for the absence is conditional upon your presenting the requested Health Care Provider Certification within the time limit specified and its confirming that the reason for leave qualifies as FMLA.

BROWARD COUNTY FLORIDA

Board of County Commissioners, Broward County, Florida
DIVISION OF HUMAN RESOURCES

OUTSIDE EMPLOYMENT REQUEST FORM

TO:_____
DIVISION/OFFICE DIRECTOR

FROM:_____
NAME OF EMPLOYEE TITLE DIVISION

Brief Statement of Present Duties: _____

_____

_____

I request permission to engage in outside employment which will not in any way interfere with my regular employment with Broward County, Florida. I understand and agree to all the provisions of the policy regarding outside employment, as indicated on the reverse of this form.

Name of Firm:_____

Place Work:_____Phone:_____

Type of Employment:_____

Period of Employment: From_____To:_____

My Hours of Work:_____

Describe Type of Duties:_____

_____

If the work is not confined to one location, information as to my whereabouts may be obtained from:

_____
NAME ADDRESS PHONE

I also understand the approval of this permit for outside employment cancels all other approvals for outside employment .

Signed:_____Date:_____

Approved:_____Date:_____
DIVISION/OFFICE HEAD

Approved:_____Date:_____
NEXT LEVEL OF MANAGEMENT

Approved:_____Date:_____

The reverse side of this form must be read and signed by the employee before any approval is granted.

GENERAL: The following laws, resolutions, and rules bear on outside employment and conflicts of interest of County employees:

1. Florida Statutes, Sections 112.311 to 112.326,Code of Ethics for Public Officers and Employees
2. Broward County Code of Ordinances, Sections 26-67 through 26.79.
3. Broward County Administrative Code, Section 14.249 through 14.253, Civil Service Rules and Regulations.
4. Broward County Administrative Code, Section 1.11(v).
5. Administrative Order #400, Human Resources Internal Control Handbook.
6. Broward County Administrator's Memorandum, "Ethics and Conflict of Interest Policies, dated 7/16/01, a copy of which is located in Annex F of the Human Resources Internal Control Handbook.

It is primarily the responsibility of each employee, particularly administrative level staff to ascertain that his/her proposed outside employment is not contravention of any of the above laws. It is the responsibility of the reviewing/approving authority to be fully apprised of the above laws and rules, and to secondarily determine insofar as is possible, that any proposed outside employment is within the law.

SPECIFIC: The undersigned understands and agrees that:

1. The proposed employment does not and will not interfere with the efficient performance of regular county duties, and will not occur during regular or assigned working hours unless the annual or compensatory leave is used to cover the absence.
2. The proposed employment is not and will not be with an organization that is subject to the regulation of or is doing business with, the Division or Office of the employee, except as expressly permitted by state law.
3. The proposed employment does not and will not involve a conflict of interest or otherwise conflict with any responsibilities as a county employee.
4. The proposed employment does not and will not involve the performance of any duty which should be performed as part of regular county employment.
5. Approvals are only for a specific employer and type of work and must be renewed if any change in employer or type of work occurs.
6. The county has the right to rescind this approval at any time upon written notice.
7. Any violation of the above provisions, including any of the provisions of the laws or rules, is subject to disciplinary action.

Signed_____
EMPLOYEE

Board of County Commissioners, Broward County, Florida
DIVISION OF HUMAN RESOURCES

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM

The following is requested on a voluntary basis. The information you provide will not be sent to the program until you are referred to for employment consideration. We need the information in order to evaluate the effectiveness of our equal employment opportunity affirmative action plan and it will be used only for research and analysis purposes. Information provided on this form will not aid or hinder your chances of being employed.

Date: _____

Social Security No.: _____

Name: _____

Job/Position Applied for: _____

Date of Birth: _____

Sex: _____ Female _____ Male

Race/Ethnic Categories (check one)

_____ White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ Black (not of Hispanic origin): All persons having origins in and of the Black racial groups of Africa.

_____ Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for examples, China, Japan, Korea, the Philippine Islands and Somoa.

_____ American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

(OPTIONAL) If you are an individual with a disability, will you require accommodation(s) to enable you to perform essential job duties, please specify:

_____

_____

_____

_____

This information will be kept confidential and will be used in accordance with the Americans with Disabilities Act (ADA).

102-114 (Rev. 10/95)

Board of County Commissioners, Broward County, Florida
Division of Human Resources
CIVIL SERVICE GRIEVANCE FORM

Broward County encourages both supervisors and employees to make every reasonable effort to resolve problems informally as they arise. It is recognized, however, that there will be problems that can be resolved only after a hearing and formal review of the facts and issues involved. In the event a resolution is not reached informally, the formal grievance/appeal process may be initiated by the employee's completion and filing of this form. This form does not include the complete grievance procedure which begins at Section 14.254 of the Civil Service Rules and Regulations. Please contact the Employee/Labor Relations Section of the Division of Human Resources, to receive a copy of the procedure and guidance on completion of the form. **For classifications covered by labor agreements, consult the appropriate union contract.**

INSTRUCTIONS: The employee/grievant must complete this form and file it with his/her Division Director and provide a copy to the Director of Human Resources within fifteen (15) working days of the effective date of a disciplinary action or from the date the employee/grievant could reasonably be expected to have knowledge of the condition of employment causing him/her to feel aggrieved. Grievances involving an appeal of discharge shall be initiated at Step III within ten (10) working days of the discharge. (14.260.a.).

STEP I: Informal Discussion

Date of event giving rise to the grievance or appeal:_____

Date of informal discussion of event with immediate supervisor, if any: _____

STEP II: Written Grievance Form and Division Director Review

Employee Obligation

Employee Name: _____ Job Class:_____

Division: _____ Work Phone: _____

The employee must:

1. List Civil Service Rule, Policy or Procedure alleged to be violated, if applicable:_____
   _____
2. Attach a DESCRIPTION of all facts concerning the grievances and the REMEDY requested. (Please type, or print legibly; sign and date any attachments.)
3. Employee Signature:_____ Date:_____

Division Director Obligation

Received by
Division Director:_____/Date:_____

The Division Director must meet with the employee within seven (7) working days of the receipt of a grievance. If the grievance is not resolved informally, a written decision shall be rendered within ten (10) working days following the meeting with the employee. The original form 102-115, along with the written decision, shall be returned to the employee. A copy of this form and the written response should be retained for the Divisional files and a copy forwarded to the Employee/Labor Relations Office.

Date Decision rendered:_____/_____
Division Director Signature Date

STEP III: Department Director Review

Employee Obligation

If the employee is not satisfied with the response of the Division Director and wishes to continue the grievance, the employee must file the form 102-115, with attachments and previous grievance responses, for review by the Department Director within five (5) working days of receipt of the Division Director's response.

Department Director Obligation

Received by
Department Director:_____/_____
Signature Date

The Department Director must meet with the employee within seven (7) working days of the receipt of a grievance. Within ten (10) working days following the meeting with the employee, a written decision shall be rendered and the original form 102-115, along with the written response, shall be returned to the employee. A copy should be retained for the Departmental files and a copy forwarded to the Employee/Labor Relations Office.

Date decision rendered:_____/_____
Department Director Signature Date

APPEAL OF DEPARTMENT DIRECTOR DECISION

Employee Obligation

If the employee is not satisfied with the response of the Department Director and wishes to continue the grievance, the employee must file the 102-115 for review by the Director of Human Resources within five (5) working days of receipt of the Department Director's response.

Received
by Director of HR:_____/_____
Signature Date

Director of Human Resources Obligation

The Director of Human Resources will review the grievance and forward it to the appropriate step.

___ **STEP IV** All grievances not involving an Appeal from Disciplinary Action will proceed to the Personnel Advisory Board for review and recommendation. The employee will be advised of the scheduling of the PAB review.

___ **STEP V** **Appeals from Disciplinary Action** will proceed to an Evidentiary Hearing before the Hearing Officer as soon as practical. The employee will be contacted regarding the scheduling.

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
DIVISION OF HUMAN RESOURCES

EMPLOYEE SUGGESTION

DIVISION OF HUMAN RESOURCES USE ONLY	INSTRUCTIONS
Time/Date Received: _____ Received By: _____ Suggestion Number: _____ Suggestion Title: _____	1. TYPE or PRINT in black ink. Press down so all copies can be read. 2. Attach additional pages if necessary. 3. Complete all sections; sign and date form. Suggestion is not accepted if unsigned. 4. **Send all copies** of the completed form and any attachments to the Employee Suggestion Coordinator in Human Resources. 5. A copy of your completed suggestion form with a suggestion number will be returned to you.

Last Name _____ First (Legal) _____ Initial _____ Position Title _____ Phone No. _____

Social Security Number _____ Department/Division/Section _____

Home Address _____ Are you willing to discuss your suggestion with an evaluator? ☐ Yes ☐ No

Phone No. _____ Do you agree to publicity if an award is paid? ☐ Yes ☐ No

1. **My Suggestion is.** (State how and where it can be used. Include drawings, sample forms.) _____

2. **Describe Current Method, Procedure or Condition.** (Be specific.) _____

3. **Savings or Benefits.** (Indicate how your suggestion will save money, time or other resources. What is your estimate of savings? How will operations be improved or additional revenue generated?) _____

4. **Implementation.** (How much money or time will be required to implement the suggestion? Will there be costs for new equipment or facilities? What department/division/office should implement your suggestion?) _____

My suggestion is submitted for consideration under the terms and conditions of the Employee Suggestion Program as set forth on the reverse side of this form. I have read these rules and understand and agree that The Board of County Commissioners, Broward County, Florida, shall have the right to make full use of my suggestion.

Signature (if joint suggestion, both signatures are required.) _____ Signature _____ Date _____

102-122 (Rev. 5/97) WHITE-Human Resources YELLOW-Evaluating Division PINK-Suggester

EMPLOYEE SUGGESTION PROGRAM

SUBMITTING A SUGGESTION — A suggestion must be submitted on a regulation Employee Suggestion application. Do not put more than one idea on a form.

— ELIGIBILITY —

WHO'S ELIGIBLE TO PARTICIPATE — Department/division/office directors, the ESP coordinator, and management staff of the County Administrator's office are not eligible to receive Special Awards. All other employees under the jurisdiction of the County Administrator and the non-attorney employees under the jurisdiction of the County Attorney are eligible to participate.

ELIGIBILITY FOR AWARDS — Suggestions which are related to the following subjects shall not be eligible for awards:

- Suggestions that are in use prior to the date the suggestion was submitted.
- Suggestions that consist of matters already under consideration by the County prior to the date the suggestion was submitted.
- Suggestions that are not directly related to County activities.
- Suggestions concerning the lack of observance of established practices and regulations, unless a change in the methods or materials involved is proposed.
- Suggestions concerning routine maintenance matters such as cleaning, painting, repairing and adjusting unless a change in methods or materials involved is proposed.
- Suggestions that do not propose a solution. The mere calling of attention to a problem that requires correction is not sufficient; a solution must be proposed.
- Suggestions that are substantially the same as a suggestion previously submitted.
- Suggestions that deal with benefits, salary adjustments, and job classifications.
- Suggestions that relate to work contributions already expected or required as part of an employee's job.
- Suggestions that involve collective bargaining proposals.

— AWARD CATEGORIES —

IDEA AWARD — A certificate of recognition given to a suggester for submitting an eligible suggestion whether or not the suggestions is implemented.

SPECIAL AWARDS — A cash award for suggestions successfully implemented. There are two types of Special Awards.

1. **Intangible** — A suggestion for which a precise monetary value cannot be determined, including improvements in employee morale, health, safety, quality of work life, and enhancements to the government's public image. Intangible award amounts range from $50 to a maximum of $500.

2. **Tangible** — A suggestion whose value can be precisely determined and demonstrates monetary savings or increases in revenue or production. As a general guideline, the award amount may be based upon ten percent of the estimated cost savings or increase in revenue of the first full year of implementation. Tangible award amounts shall range from $50 to a maximum of $3,000.

GRAND AWARD — A recognition award given at the end of the fiscal year for the most outstanding Special Award. The County Administrator makes the final selection and determines the amount of the Grand Award, up to a maximum of $3,000.

— GENERAL —

AWARD PAYMENTS — All cash awards are issued to the suggester in the form of a County check and subject to federal income and FICA tax deductions. The actual amount of the award is increased to reflect the tax obligation of the suggester, thus enabling the suggester to receive the recommended net amount of the award.

In certain cases where the savings which may result from a suggestion cannot be reasonably forecast, the award may be paid in two installments, the first being paid after the suggestion is implemented and the final payment within twelve months of implementation. No interest will be paid on that which is withheld under these conditions.

If a department/division/office modifies a suggestion and adopts the suggestion in a different form, the suggester will still be eligible for an award if the original suggestion was directly responsible for the action taken.

Any eligible employee submitting a suggestion which is implemented will not lose eligibility for a monetary award by reason of retirement, promotion, voluntary separation, voluntary demotion, transfer or death. In the event of the suggester's death, the award shall be paid to the employee's estate or beneficiary.

DUPLICATE SUGGESTIONS — In the case of duplicate suggestions, the suggestion with the earliest date stamped by the "Employee Suggestion" office will be eligible for an award.

MULTIPLE SUGGESTIONS — If two or more employees have signed a suggestion which is implemented, any award amount is divided equally.

REEVALUATION OF SUGGESTIONS — A suggester may ask to reopen the suggestion if there is any new information to be provided. If a suggestion is not recommended initially, but is later implemented, the suggester may request a reevaluation of the suggestion within two years of the notification date of non-adoption.

— PLEASE NOTE —

All decisions in all matters pertaining to implementation, including eligibility for an award and the award amount, if any, will be final, binding, and not subject to grievance procedures.

The Board of County Commissioners, Broward County, Florida, reserves the right to withdraw, amend or extend the rules of the Employee Suggestion Program. Suggestions become the exclusive property of the Broward County Government Employee Suggestion Program upon receipt in the Division of Human Resources.

Change 21
MAR 3 0 1990

Broward County Commission
Division of Human Resources
Human Resources Staffing Center
115 South Andrews Avenue, Annex B
Fort Lauderdale, FL 33301

Name _____

Street Number _____

City, State and Zip _____

Division of Human Resources
Human Resources Staffing Center

APPLICANT INTEREST CARD

This interest card is a courtesy notification good for one year from the date of submittal. If you change your address, you must file another card to be notified.

Job Title: _____

Broward County is currently accepting applications for the position indicated. Application must be made on the County's official Employment Application form. A resume by itself does not satisfy this requirement. You may obtain additional information by calling Division of Human Resources, **(954) 357-6444,** Mon.-Fri. 8:00 A.M.-4:00 P.M.

Completed applications must be received in the Division of Human Resources Staffing Center office or application drop box by 4:00 P.M. on the date indicated below. The drop box is open 24 hours a day for your convenience.

Closing date: _____

BC 102-125 (Rev. 8/97)

Division of Human Resources
Human Resources Staffing Center
115 S. Andrews Avenue
Fort Lauderdale, FL 33301
(954) 357-6444 • TTY (954) 357-5790

We have received your correspondence in reference to employment with Broward County. The status of your inquiry is indicated below.

☐ We are not currently accepting applications for the position(s) in which you are interested.

☐ We are accepting **only** official **Broward County Application** forms (BC-102-100) for the position(s) in which you are interested. Resumes *alone* do not satisfy this requirement, nor do we accept state, federal or FAX applications.

☐ Enclosed is the application you requested. It *must* be received in Human Resources Staffing Center no later than 4 p.m. on the closing date.

☐ Your request is not timely and you may not receive this application in sufficient time to be returned to us by the closing date which is _____ .

☐ We have received your request for an application too late for response within the set closing date.

☐ The job area in which you are interested is not a function of the Broward County Board of County Commissioners.

☐ We received your application(s) for the position(s) of: _____

_____ after the closing date listed on the job announcement. We are unable to give your application any further consideration at this time.

☐ We are unable to determine which position(s) might be of interest to you and we cannot provide further assistance without more information. If you can provide us with a specific job title, we may be able to assist you.

☐ We have filed an interest card for you for the position(s) of: _____

_____

Interest cards by job title will be kept on file in order to notify you when we are next accepting applications for the position(s) in which you are interested.

☐ Other

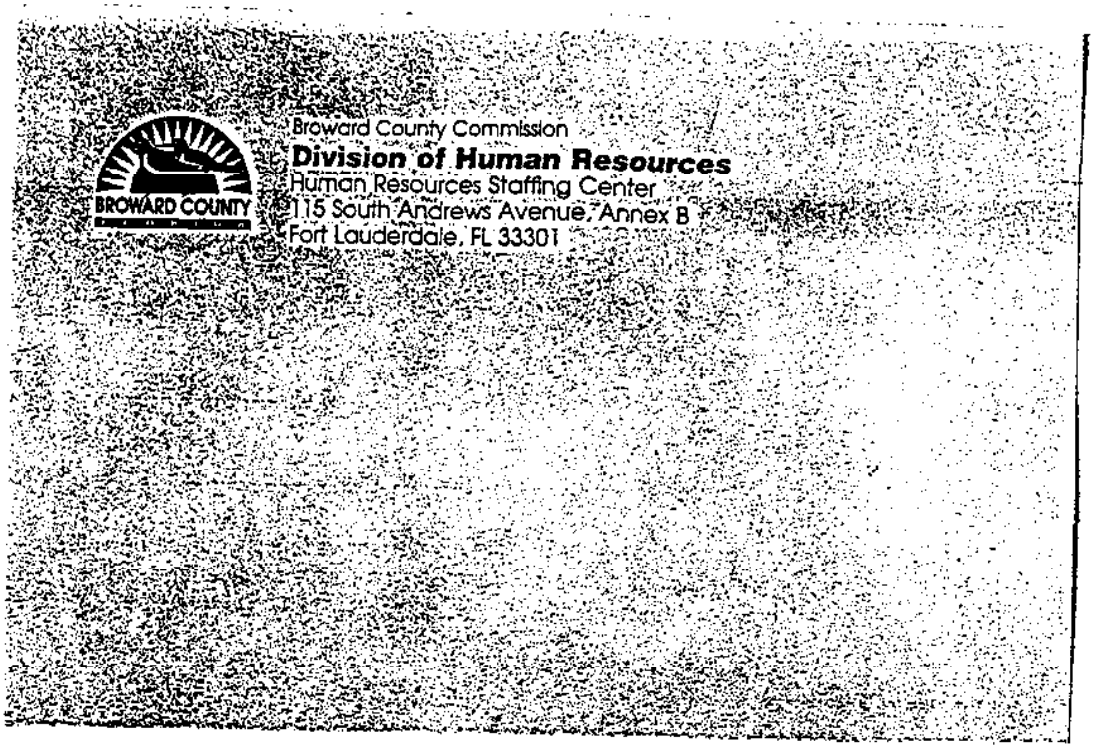
Please call (954) 357-6450 for a 24-hr. recorded current job title listing or visit our office for a complete job posting. Job descriptions and salary information are available for your review, Monday through Friday, 9:00 A.M. to 4:00 P.M. in the Human Resources Staffing Center at 115 S. Andrews Avenue, Fort Lauderdale, FL. **Applications for current announcements may be requested by phone at (954) 357-6444. Broward County advertises job openings in the following newspapers:**

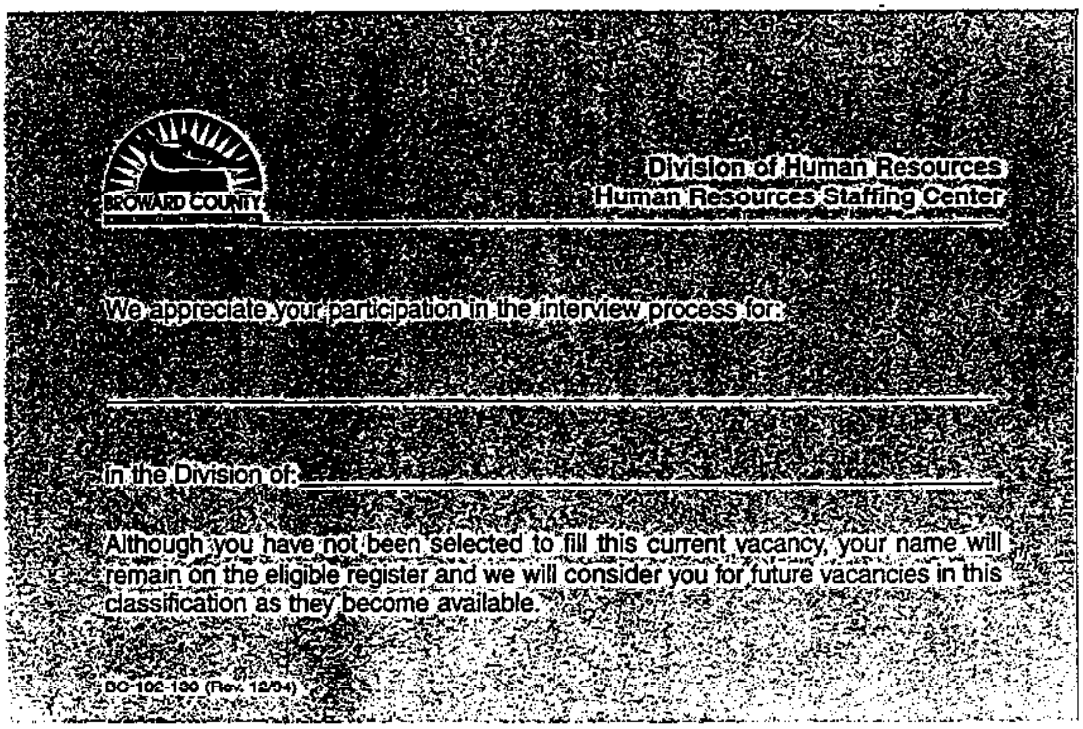
- *Fort Lauderdale Sun Sentinel*: Sunday edition
- *Westside Gazette*: Thursday edition

We appreciate your interest in employment with Broward County.

Broward County is an equal opportunity employer and provider of services (minority/female/disabled/veteran).

Form BC 102-129 (Rev. 12/94)


BROWARD COUNTY
Broward County Commission
Division of Human Resources
Human Resources Staffing Center
115 South Andrews Avenue, Annex B
Fort Lauderdale, FL 33301


BROWARD COUNTY
Division of Human Resources
Human Resources Staffing Center
We appreciate your participation in the interview process for:
in the Division of:
Although you have not been selected to fill this current vacancy, your name will remain on the eligible register and we will consider you for future vacancies in this classification as they become available.
DC-102-190 (Rev. 12/94)

BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA
FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT
DIVISION OF HUMAN RESOURCES
POSITION CLASSIFICATION QUESTIONNAIRE
SHORT FORM

GENERAL INSTRUCTIONS

EMPLOYEE: PLEASE READ EACH ITEM BELOW BEFORE ANSWERING ANY QUESTIONS

** The purpose of completing this questionnaire is to provide the Division of Human Resources with a thorough description of the duties, responsibilities, and essential functions of your current position. Information gathered with this questionnaire will not be used to evaluate your job performance.

** The Division of Human Resources will use this questionnaire to review the appropriate classification level assigned to your position.

** In your own words, please provide detailed and accurate information. You may add any additional information you feel would be helpful in understanding your job. Ask your supervisor to explain the question(s) that you do not understand.

** Please answer as completely and as truthfully as possible questions 1 through 17.

** If more space is required to answer any question(s), please attach additional sheets to the end of this questionnaire for your response.

Employee:	After completing questions 1 through 17, please forward this questionnaire to your immediate supervisor.
Supervisor:	After completing questions 18 through 22, please forward this questionnaire to your division director.
Division Dir:	After completing questions 23 through 25, please forward this questionnaire to your department director.
Department Dir:	Please complete question 26.

Once the PCQ is fully completed and all questions have been answered, including all necessary signatures:

***Give one copy of the completed PCQ to the employee.**
***Retain one copy for the Division's files.**
AND
***For CSMP Studies, forward the original completed PCQ to the Division of Human Resources.**
OR
***For Budget and ARM actions, forward the original PCQ and the official request to the Office of Budget and Management Policy**

INCOMPLETE OR UNSIGNED FORMS WILL BE RETURNED

1. Last Name, First Name, Middle Initial

_____

2. Official Classification Title of Position

_____

3. Budget Position Number (BPN)_____

4. Department, Division, and Section

_____

5. Name of Supervisor _____

Title _____ Work Phone _____

6. Is your position responsible for the day to day full time direct supervision of employees? (Do you hire, fire, discipline, assign and monitor work, and complete performance appraisals for your subordinate employees?)

Yes _____ How many? _____
No _____ (Go to question 9)

7. Give the names, titles, and Budget Position Numbers(BPNs) of employees you DIRECTLY supervise (include the titles of vacant positions). If you supervise more than five employees, give the job titles and the number of positions for each job title.

Name(or # of employees)	Job Title of Employee(s)	BPN #(s)

8. If your position supervises other supervisory positions, please indicate the total number of employees that are under your span of control.

Number of employees _____

9. If your position does not directly supervise employees(as defined above), but you act in the capacity of a lead worker or project manager, please indicate the number of employees and briefly describe the most important activities you perform as a lead worker/project manager.

Number of employees _____

10. Does your work involve contact with members of the general public on a regular basis?

Yes _____ No _____

If yes, describe the purpose for contact with the general public.

11. Do you have responsibility for developing policies or work rules?

Yes _____ No _____

If yes, please give examples and describe how you are involved.

12. Does your work require you to produce records or reports?

Yes _____ No _____

If yes, please describe the types of records and reports for which you have responsibility and include how you are involved with them (such as filling out forms, checking, proofreading, typing, filing, analyzing, interpreting, or summarizing).

13. Describe the most important types of decisions you have the authority to make.

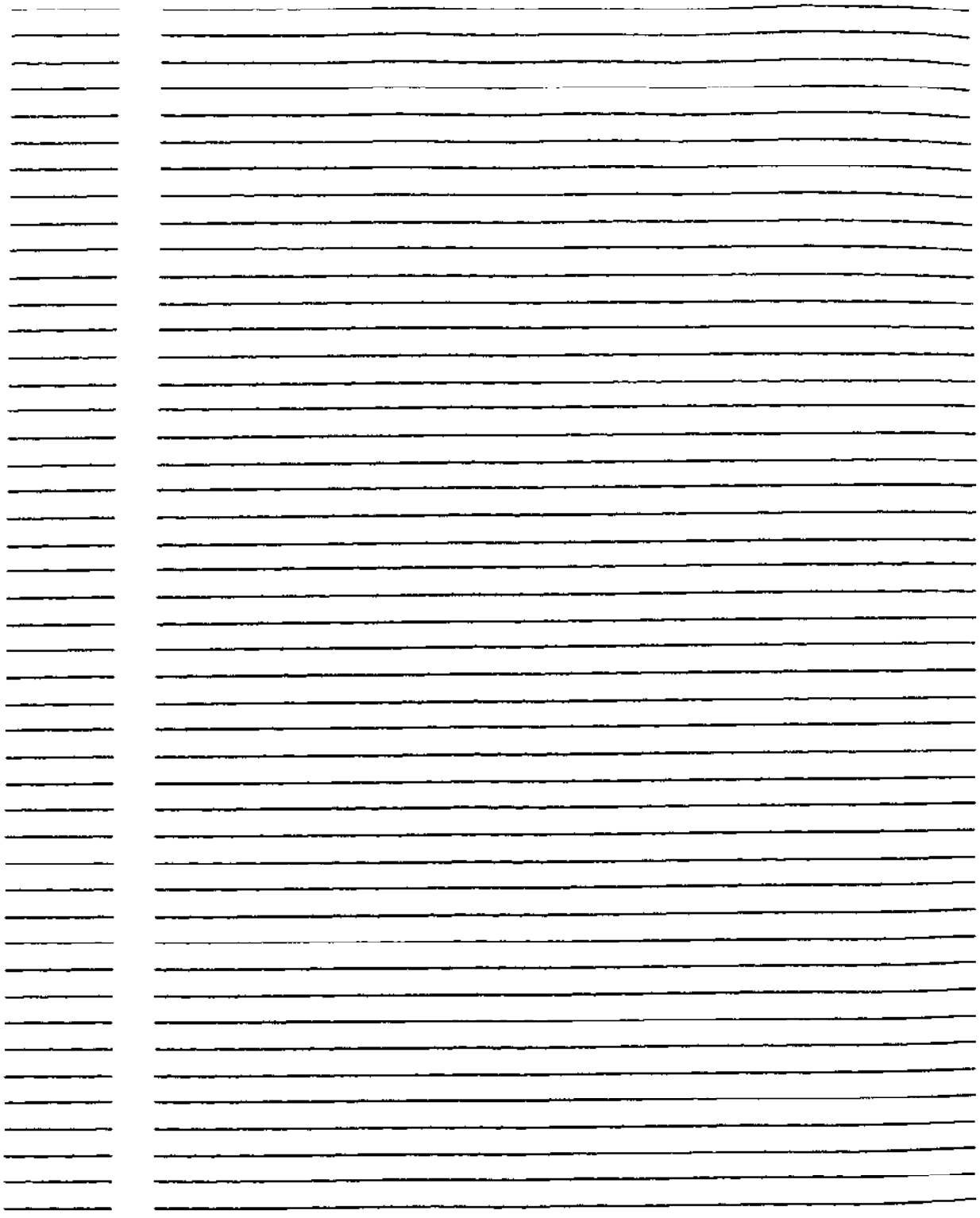
14. What is the primary role/function of your position within your work unit/section?

15. Please describe, in detail, the **ESSENTIAL FUNCTIONS** of your job. ESSENTIAL FUNCTIONS are those duties or responsibilities which must be performed; they are fundamental not marginal to the job. Use your own words and make your description clear enough so that anyone unfamiliar with your work can understand what it is you do. Indicate what you do—activity, how it is done--method, and why it is done--end result. Please break down your job's essential functions into PERCENTAGES of time spent performing each duty, responsibility, or task of your job and list them in order of importance(the percentages, when added together should total 100% and the most important task should be listed first). Base your percentages on a typical work cycle, either daily, weekly, or yearly, and please indicate which work cycle BEST SUITS the type of work you do by checking the appropriate box. **BE SPECIFIC.**

Please attach additional sheets if more space is needed.

I have indicated the "percentage of time" breakdown of my work based on:
YEARLY _____ WEEKLY _____ DAILY _____ work cycle.[Check only one]

PERCENTAGE OF TIME	WORK PERFORMED ****PLEASE LIST IN ORDER OF IMPORTANCE**** ADD MORE ROWS IF NECESSARY****



16. Have your job duties changed significantly and permanently since your allocation to your current classification?
Yes _____ [Date change occurred: _____] No _____

If yes, briefly describe the changes.

_____

_____

_____

_____

_____

PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW.

17. EMPLOYEE CERTIFICATION:
I hereby certify that each response in this questionnaire is true, correct, and in my own words.

Employee's
Signature_____Date_____

PLEASE RETURN THIS QUESTIONNAIRE TO YOUR IMMEDIATE SUPERVISOR.

STATEMENT OF IMMEDIATE SUPERVISOR

18. Please give examples of specific assignments you give to this employee.

_____

_____

_____

_____

_____

19. What do you consider to be this position's ESSENTIAL functions - those duties and responsibilities which must be performed; they are fundamental not marginal to the job?

_____

_____

_____

_____

_____

20. Indicate the MINIMUM REQUIREMENTS which you feel should be required in filling a vacancy in this position. Keep the POSITION in mind not the qualifications of the individual who now occupies it.

Education: general, special, or professional:
Years of experience:
Licenses, certificates, registrations (include CDL):
Special knowledge, abilities, skills:

21. Comment on statements of the employee, indicate any exceptions or additions you feel are necessary, but DO NOT alter the employee's statements or answers above.

_____

_____

_____

_____

22. SUPERVISOR'S CERTIFICATION:
I have reviewed this form and agree with the statements made by this employee, unless noted above.

Supervisor's
Signature_____Date_____

PLEASE FORWARD THIS QUESTIONNAIRE TO YOUR DIVISION DIRECTOR.

STATEMENT OF DIVISION DIRECTOR

23. This PCQ is being completed: (check one)
_____ To review the classification of this position
_____ To review the description of this classification
_____ To review the salary range of this classification
_____ At the request of the Division of Human Resources
_____ CSMP Review

24. If familiar with the specific responsibilities of this position, comment on the above statements of the employee and supervisor, indicating any inaccuracies or statements with which you disagree. Add any additional information you feel is necessary, but DO NOT alter the employee's or supervisor's statements above.

_____

_____

_____

_____

_____

25. DIVISION DIRECTOR CERTIFICATION:
_____ I am familiar with the specific responsibilities of this position, have reviewed this form, and agree with the statements made, unless noted above.
_____ I am not familiar with the specific responsibilities of this position and defer any comments regarding this PCQ to the immediate supervisor.

Division Director's
Signature_____Date_____

PLEASE FORWARD THIS QUESTIONNAIRE TO YOUR DEPARTMENT DIRECTOR

DEPARTMENT DIRECTOR CERTIFICATION:

26. By signing below, I acknowledge that this questionnaire is being forwarded through the appropriate channels for the Division of Human Resources' review.

Department Director's
Signature_____Date_____

PRIOR TO FORWARDING THIS QUESTIONNAIRE THROUGH THE APPROPRIATE CHANNELS, PLEASE PROVIDE THE INCUMBENT WITH A COPY AND RETAIN A COPY FOR THE DIVISION'S FILES.

GRANT FUNDED POSITION
ACKNOWLEDGMENT OF EXCLUSION FROM THE CLASSIFIED CIVIL SERVICE

This is to confirm my understanding and acceptance that the grant-funded position I have been offered is excluded from the Classified Civil Service. I understand that as an employee in such a grant-funded position, my employment is "At-Will" and I do not have, nor will I earn, any right to continued employment. I further understand that my employment may be discontinued at any time, and that I have no appeal rights regarding a separation from employment or any term or condition of employment through the Civil Service Rules and Regulations grievance procedure.

I, the undersigned, fully understand the above stated employment status and accept the offered employment.

_____
Employee Signature

_____
Job Title

_____
Date

102-140 (01/98)

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department

HUMAN RESOURCES DIVISION

TUITION REIMBURSEMENT APPLICATION

Before completing the application, review the program guidelines on the reverse side of the form. Answer all questions accurately and completely. Send the entire form and a copy of course descriptions and receipts to the Employee Development Manager, Human Resources Division, not later than 14 days after the close of registration. All information is subject to verification. Exaggerated, false or misleading statements may result in denial of this request and/or recovery of previous reimbursement. **Questions about eligibility must be resolved prior to class registration.** Following grade submission, a copy of this application will be returned to you evidencing processing for payment.

Date of Application	Check one of the following: ☐ Employed Full Time ☐ Employed PT20+	
Last Name, First Name	Social Security Number	Dept/Division
Job Title	Phone Number	Hire Date
School	Address of School	City State Zip

Type of Coursework: ☐ Vocation/Technical ☐ Undergraduate ☐ Graduate ☐ Doctorate	
Major _____ Degree Sought _____	Check here if these courses complete degree requirements ☐. If not, enter degree completion date here _____.

Course Code/Number	Course Name	Credit Hours
Course Begins M/D/Yr	Course Ends M/D/Yr	Tuition Cost

Course Code/Number	Course Name	Credit Hours
Course Begins M/D/Yr	Course Ends M/D/Yr	Tuition Cost

Course Code/Number	Course Name	Credit Hours
Course Begins M/D/Yr	Course Ends M/D/Yr	Tuition Cost
		TOTAL TUITION $ REQUEST _____

1. Describe how you expect this coursework to enhance knowledge, skills and abilities relating to your job duties.

2. List financial assistance/gift aid towards tuition which you are receiving (i.e. loans, grants, scholarships, tuition vouchers, VA benefits, etc.)

Source _____ Amount _____ Date Received _____

Source _____ Amount _____ Date Received _____

Source _____ Amount _____ Date Received _____

I hereby certify that I have read the Tuition Reimbursement Program Guidelines on the reverse side of this form. I understand and agree that reimbursement is contingent upon my abiding by these guidelines. NOTE: Grades must be submitted within 60 days after course completion. Failure to do so will void this request.

Applicant Signature _____ **Date** _____

Authorization Review

_____ Approved _____ Disapproved Date _____ Division Director Signature _____

_____ Approved _____ Disapproved Date _____ Dept./Office Director Signature _____

PAYROLL USE ONLY — General Funds Reimbursement

SOC. SEC. # _____ AMOUNT: $ _____

LGFS Charge Point: 001023 5000 Object #: 4015 Earn #: 987

AUTHORIZED SIGNATURE _____ Date _____

DIVISION OF HUMAN RESOURCES

102-141 (Rev. 1/97) WHITE and YELLOW-Employee Development, PINK-Payroll/Non General Fund Agency, GOLD-Employee

Change 21
MAR 30 1998

TUITION REIMBURSEMENT PROGRAM GUIDELINES SUMMARY

Broward County's Tuition Reimbursement Program provides opportunities for employees to enhance their knowledge, skills and abilities through undergraduate, graduate and doctorate courses and/or coursework in vocational or technical institutions in the State of Florida. The program reimburses the cost of eligible tuition for courses related to an employee's official duties. Some restrictions apply. Please read this summary carefully. The complete guidelines are found in Section 22.72 et. seq., Broward County Administrative Code. IF YOU HAVE ANY QUESTIONS, CHECK WITH EMPLOYEE DEVELOPMENT BEFORE ENROLLMENT.

ELIGIBILITY GUIDELINES

EMPLOYEES

Employees eligible for tuition reimbursement are full and/or part time (20+) employees who:

- work under the jurisdiction of the County Administrator and/or the Board of County Commissioners, and
- have completed 1 year (2080 hours) of continuous county employment prior to the class start date.

TUITION RATE

Eligible tuition is reimbursable at the following rates:

- Full time employment = 100% of eligible tuition.
- Part time employment = 50% of eligible tuition.

INSTITUTIONS

The program reimburses coursework taken ONLY through the following eligible institutions.

- schools operated by the State of Florida
- schools licensed by the:
  Florida Department of Education
  Board of Independent Colleges and Universities
  Board of Independent Post-secondary Vocational Technical/Trade and Business Schools

COURSEWORK

Programs relevant to an employee's present job duties and of benefit to Broward County are eligible, such as:

- vocational/technical coursework
- adult education coursework
- degree-related undergraduate and graduate/doctorate credit coursework

NOT ELIGIBLE

Employees will not be reimbursed for:

- attendance at seminars, conferences, or workshops
- audited courses
- correspondence courses
- coursework to obtain/maintain licenses
- non-degree related certification programs
- non-job related courses

ONLY tuition is eligible for reimbursement. The program does not cover:

- Books
- Exam fees
- Special fees
- License fees

Questions about eligibility should be directed to the Employee Development Section before registering for classes.

COMPUTATION OF SEMESTER EQUIVALENCY

Reimbursement for undergraduate, graduate and doctorate courses and/or coursework in vocational or technical subjects is limited to the equivalent current amount charged by Florida public educational institutions.

Since some programs of study are organized in **blocks** or other groupings, identifiable program segments will be converted to state semester hour/course equivalents and reimbursed accordingly.

REIMBURSEMENT GUIDELINES

Reimbursement is based on the following grades:

- undergraduate courses - C or better
- graduate/doctorate courses - B or better
- incomplete courses - grades must be received within 60 days of grade status change
- withdrawal/dropped course - not eligible for reimbursement; must be notified to Employee Development

NOTE - Grades issued as Pass/Fail must be converted to letter grades prior to submission to Employee Development for reimbursement.

HOW TO APPLY

A completed Tuition Reimbursement form, course descriptions, and receipts are submitted together to the Division of Human Resources, Employee Development Section, not more than 14 days after the close of registration. Upon completion of the course, a copy of the grades is sent to Employee Development.

Grades must be received within 60 days of course completion. **After this 60-day period, applications are not eligible for reimbursement.**

FUNDING GUIDELINES

LIMITATIONS

The program is subject to funding limitations, including a cap on the amount of tuition reimbursement an employee can receive in any fiscal year. Reimbursement can not be made for amounts in excess of the cap. Late applications may not be fully reimbursed for eligible tuition due to funding limitations.

FINANCIAL AID

The amount of reimbursement will be adjusted when employees receive financial aid from other sources, such as grants, scholarships, veterans benefits, vouchers. The adjusted payment will be based upon any remaining tuition expense after the assistance, and will be in proportion to the ratio of the public institution rate to the original total tuition charge.

TERMINATION

An employee who accepts tuition reimbursement must agree to remain employed by the County for at least one year following the receipt of tuition reimbursement. If employment is terminated for any reason other than disability or layoff within one year from the date of reimbursement, the employee will be required to repay an amount proportionate to the period of employment not completed.

EMPLOYEE RESPONSIBILITIES

Questions about eligibility of the employee, the coursework, or the institution must be resolved prior to payment for coursework.
The employee is also responsible for:

- accurate completion of all sections of the reimbursement form
- submission of application, course descriptions and receipts within 14 days of close of registration for class(es)
- submission of grades within 60 days of course completion
- prompt notification to Employee Development of courses that are dropped, withdrawn, or incomplete
- notification of reimbursement discrepancies

The Education Committee has jurisdictional responsibility for approving all tuition reimbursement requests. The Committee reserves the right to approve or disapprove any request based on established guidelines, and to exercise whatever discretion may be otherwise necessary.

Change 21
MAR 30 1998

Board of County Commissioners, Broward County, Florida
DIVISION OF HUMAN RESOURCES

BACKGROUND VERIFICATION RECORD

CANDIDATE'S NAME (PLEASE PRINT) _____ SOCIAL SECURITY NO. _____

TO BE COMPLETED BY THE CANDIDATE

RECORD RELEASE AND REFERENCE AUTHORIZATION

I understand that actual employment with Broward County is subject to satisfactory completion of a background check including verification of my education, previous employment, and any criminal conviction history. I hereby agree to and permit the release of educational, employment, or criminal conviction information as recorded in the personnel or other records of any previous employer, law enforcement organization, or any school I have attended. If selected, I also authorize Broward County to contact my present employer for employment verification and work reference. Further, I release Broward County from any liability whatsoever in connection with such a background verification or the use of the results therefrom in the employment process.

Signed: _____
CANDIDATE DATE

TO BE COMPLETED BY THE SUPERVISOR OR/INTERVIEWER

A. EMPLOYMENT OF RELATIVES

Under the provisions of the Civil Service Rules, an employee may not work in a position which supervises, is supervised by, or influences the activity of a relative or a spouse employed by Broward County and may not be promoted to such a position.

Does the candidate have a relative or spouse working in this Division who would supervise, be supervised by, or influence the candidate?

_____ No _____ YES

B. PROFESSIONAL CERTIFICATION/EDUCATIONAL ATTAINMENT VERIFICATION

(Verify only the highest level of schooling attained.)

College or School: _____ Phone No. _____

Degree, Diploma, or Certificate: _____

Date of Completion/Graduation: _____

Remarks: _____

C. Employment verification

1. Employer: _____

Phone No. _____ Person Contacted: _____

Employment Dates: _____ Title Held: _____

Remarks _____

_____

102-142 (Rev. 12/90) *(CONTINUED ON BACK SIDE)*

Change 21
MAR 3 0 1998

2. Employer: _____

Phone No. _____ Person Contacted: _____

Employment Dates: _____ Title Held: _____

Remarks _____

_____

3. Employer: _____

Phone No. _____ Person Contacted: _____

Employment Dates: _____ Title Held: _____

Remarks _____

_____

D. **PERSONAL REFERENCES** (The use of personal references is optional.)

1. Name: _____

Phone No. _____ Date Contacted: _____

Nature and length of relationship to the candidate: _____

_____

Results: _____

2. Name: _____

Phone No. _____ Date Contacted: _____

Nature and length of relationship to the candidate: _____

_____

Results: _____

3. Name: _____

Phone No. _____ Date Contacted: _____

Nature and length of relationship to the candidate: _____

_____

Results: _____

E. **Summary/Remarks:** _____

_____

SUPERVISOR/PREPARER'S CERTIFICATION

I certify that the information contained on this sheet has been verified and I have complied with the provisions of the rule regarding employment of relatives.

Signed: _____

SUPERVISOR/PREPARER DATE

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
DIVISION OF HUMAN RESOURCES

REQUEST FOR EDUCATIONAL LEAVE

Please refer to program guidelines found in the Human Resources Internal Control handbook, Chapter 8, Employee Development Programs.

Name: _____ Soc. Sec. #: _____ Work Phone: _____

Job Title: _____ Dept/Off/Div: _____

Regularly scheduled work hours (example: Tuesday through Saturday 9:00 am to 5:00 pm): _____

_____

Type of Study Requested: _____

Attach descriptive information i.e. catalogue, brochure. Requests will not be processed without it. Confirmations or paid receipts may be requested as further documentation. Documentation evidencing 90% completion of required coursework for degree/certificate must accompany leave requests to attend courses which are degree or formalized certification program related. Requests that are not supported with proper documentation will be returned unapproved.

Location of Course: _____

_____

Duration of Leave Requested:	From	To
Dates:	_____	_____
Hours:	_____	_____

Total Number of Educational Leave Hours Requested: _____

Is the County paying any portion of the expense? Yes ☐ No ☐

If yes, explain funding source and amount: _____

Explain the relevance of this course in relation to your County employment: _____

_____

_____

_____

_____

Reason(s) why course/program cannot be taken at times other than your regular scheduled workweek: _____

_____

_____

_____

_____

Have you previously been granted Educational Leave during this calendar year? If yes, give dates and hours taken:

Yes ☐ No ☐ Date(s) _____ Total Hours _____

Educational Leave cannot exceed 160 hours in any one calendar year. Record under earnings code 508 in Payroll System.

Note: A copy of approved request forms for less than 24 hours must be forwarded to Human Resources for record keeping.

Leave requests in excess of 24 hours must be approved **in advance** by the Director of Human Resources. Please allow at least three (3) full working days prior to the date(s) for which the leave is requested for processing. Requests not submitted in a timely fashion will be returned unapproved.

Employee Signature _____ Date _____

Supervisor _____ Approved ____ Denied ____ Date _____

Director _____ Approved ____ Denied ____ Date _____

Division of Human Resources Use (For leave requests in excess of 24 hours)

Signed _____ Approved ____ Denied ____ Date _____

Number of Hours granted this Request _____ Total Year to Date _____

102-143 (Rev. 5/97)

Broward County Commission
Division of Human Resources
Human Resources Staffing Center
115 South Andrews Avenue, Annex B
Fort Lauderdale, FL 33301

NOTICE OF EMPLOYMENT EXAMINATION
Broward County, Florida

Division of Human Resources

Position: _____

Date of Exam: _____ Time of Exam: _____

Place of Exam: Broward County Governmental Center
Fifth Floor, Room 509
115 S. Andrews Avenue, Ft. Lauderdale, FL 33301

IF USING PREVIOUS SCORES, CALL 357-6442 FOR VERIFICATION

NOTE: Please bring this notice and your driver's license or other form of photo identification with you to the exam.

BC 102-144 (Rev. 12/94)

Board of County Commissioners, Broward County, Florida
Division of Human Resources

GUIDE TO ADMINISTERING CORRECTIVE ACTION

The issuance of corrective action is an important and critical part of a supervisor's duties. The issues involved can be highly sensitive and need to be handled in a professional manner. The following is an outline to the corrective action process designed to guide the supervisor in administering corrective action.

Remember: Corrective action is a time-sensitive matter. It is important to conduct all stages of the process in a timely fashion to ensure its effectiveness. Please consult the applicable bargaining agreements to determine any specified time limits in the administration of corrective action.

IMPORTANT: If there are any questions, problems, or situations of an emergency nature requiring immediate action contact your Division Director and Labor Relations.

Name of Employee:_____

___ 1. **Preliminary Investigate Incident** - After an incident occurs, review all the facts regarding the employee's involvement/performance. Talk to all parties involved and get firm understanding of the situation.

___ 2. **Pre-Disciplinary Meeting** - After the preliminary investigation, schedule and hold a pre-disciplinary meeting with the employee and/or their representative to obtain their account of the incident(s). The purpose of this hearing is to afford the employee an opportunity to provide information necessary for the supervisor to make a determination on potential corrective action.

> **NOTE**: Any time you question an employee regarding a matter which could reasonably be expected to lead to corrective action, the employee is permitted to be accompanied by representation.

___ 3. **Prior Warnings or Existence of Specific, Documented Work Rules or Performance Expectations** - In considering any form of corrective action, an employee's work history including oral and written warnings, reprimands, and suspensions may be taken into account. Also, the existence of specific work rules or performance expectations that are documented and distributed should be taken into account. The purpose is to demonstrate that the employee could reasonably be expected to know the rules and/or expectations applicable to them.

___ 4. **Consult the Human Resource Internal Control Handbook Volume I, Chapter on Corrective Action.**

___ 5. **Review and Consult with Division Director** - Prior to considering any formal corrective action (102-111 - formal reprimand, suspension, or termination), discuss with your Division Director, through the chain of command, the incidents and your conclusions supporting a recommendation for formal corrective action.

___ 6. **Contact Labor Relations** - Prior to finalizing any corrective action, consult with Labor Relations, after consulting with your Division Director, regarding the nature and severity of the corrective action. Be prepared to forward a description of the incident, written in a clear and concise manner, including date, time, location of the incident, and the results of any pre-disciplinary meetings held (notating the presence of representation), and any other background documentation.

___ 7. **Complete 102-111 (if necessary)** - When recommending formal corrective action (formal reprimand, suspension, or termination), complete the 102-111 including any pertinent attachments, sign and date, and forward through the chain of command to the Division Director then the Department Director.

___ 8. **Administer Corrective Action** - Prior to administering corrective action, schedule a meeting with the employee and/or their representative to issue the corrective action. Have the employee sign and date the corrective action and distribute a copy to the employee and all other appropriate parties. Everyone involved in this meeting should be sensitive and aware of the explosive nature of this event and guard against any violent or aggressive behavior.

NOTE: If an employee refuses to sign form 102-111 acknowledging receipt, inform the employee that refusal to sign is insubordination and may result in a one-day suspension. If employee still refuses, have two supervisors sign on the employee signature line attesting to the fact that the employee was issued the form, but refused to sign it.

Board of County Commissioners, Broward County, Florida
Division of Human Resources

GUIDE FOR PROCESSING GRIEVANCES

Grievant:_____ Supervisor:_____

Division:_____ Director:_____

SUPERVISOR

1. Was there an informal discussion with the employee prior to filing the formal grievance? If yes, give the date and nature of the discussion.

   _____

   _____

2. Review and list under which procedure [Civil Service or Labor Agreement (specific)] grievance is filed._____

   _____

3. Verify grievance was filed in a timely manner, contact Labor Relations if untimely filed.

   DATE FILED:_____

4. Notify appropriate supervision and Labor Relations that a formal grievance has been filed.

5. List policies, procedure(s) or article(s) alleged to be violated.

   _____

   Describe nature of grievance:_____

   _____

6. Name of employee's representation [self, union (specific), attorney, other]._____

7. Arrange for a hearing at the appropriate step of the procedure with employee or his/her representative and/or Labor Relations, within timeframes prescribed in applicable grievance procedure.

Date of STEP I hearing:_____

Attendees:_____

8. Prepare a written grievance response, review with appropriate supervision and/or Labor Relations and submit to employee/representative within timeframes prescribed in applicable grievance procedure.

Date of Response:_____

FORWARD A COPY OF GRIEVANCE, THIS 102-153 & RESPONSE TO APPROPRIATE SUPERVISION AND THE LABOR RELATIONS SECTION OF HUMAN RESOURCES

DIVISION DIRECTOR

9. Verify grievance was filed to Division level (STEP II) in a timely manner, contact Labor Relations if untimely filed.

DATE FILED TO DIVISION:_____

10. Arrange for a Division level hearing with employee or his/her representative and/or Labor Relations, within timeframes prescribed in applicable grievance procedure.

Date of STEP II hearing:_____

Attendees:_____

_____

11. Prepare a written grievance response, if desired, review with Labor Relations and submit to employee/representative within timeframes prescribed in applicable grievance procedure.

Date of Response:_____

PROVIDE COPY OF RESPONSE TO LABOR RELATIONS AND IF REQUIRED, YOUR DEPARTMENT DIRECTOR.

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
DIVISION OF HUMAN RESOURCES

MEDICAL EXAM APPOINTMENT CONFIRMATION

Name of Candidate: _____ Social Security No.: _____

Candidate for the Position of: _____ Appointing Division: _____

You are reminded that you are required to undergo a medical examination and drug screening as a condition of actual employment with the Board of County Commissioners. If you do not complete the examination, your candidacy for this position will not be processed further.

This is to confirm your appointment for a medical examination. The exam will take approximately two and one-half (2½) hours to complete. If you are unable to keep your appointment, you must contact the Division that scheduled the appointment.

Appointing Division Contact Name: _____ Phone: _____

Date of Exam: _____ Time: _____

PLACE OF EXAM.
POST-OFFER EMPLOYMENT PHYSICALS
MEDWORK
407 Southeast 24th Street (State Road 84)
Fort Lauderdale, FL 33316

Please follow these instructions:

1) **Unless otherwise specified**, you may eat and/or drink before your appointment time.
2) If you normally wear glasses/contacts, hearing aids, or other type of physical aid, please wear them to the examination office.
3) T.B. testing is required. You must return to the location of the exam within 48-72 hours to have the test read.
4) Bring a photo identification, e.g., driver's license.
5) If you have taken over-the-counter and/or prescription medicine and/or drugs within 14 days of the date of your exam, please bring the package(s) and/or container(s) with you to the exam.
6) Bring this confirmation with you to your exam.

APPOINTING DIVISION USE ONLY

The Examining Office reports the following:

_____ The candidate did not report for the exam.
_____ The candidate refused to complete the exam.
_____ The candidate did not pass the examination.
_____ The candidate passed the examination.

Appointing Authority: _____ Date: _____
Signature Title

Candidate's Signature: _____ Soc. Sec. No.: _____

White — DIVISION OF HUMAN RESOURCES Yellow — MEDICAL OFFICE Pink — CANDIDATE

Form 102-160 (Rev. 5/97)

BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA
FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT
HUMAN RESOURCES DIVISION
Technical or Specialized Training Request

Dept/Div_____ Date of Request_____
Contact Name_____ Phone #_____
Location_____ FAX #_____

Training Information

Title of Program_____
Purpose of Training:

Desired Outcomes/Objectives:

Scheduled Date(s) of Program_____ Time_____
Targeted Population(s)_____
Location of Program_____
Funding Source for Program_____
Number of Participants_____

Facilitator Information: Please attach a copy of the facilitator's résumé, training proposal, learning objectives, or any other pertinent information no later than four (4) weeks prior to training date(s). Evaluations and attendance sheets must be returned to Susan DellCioppia, Employee Development Manager, after the training is completed.

Name_____ If available Federal ID#_____
Or Social Security #_____ Company_____
Address_____
Phone#_____ FAX #_____ Beeper #_____
Cell Phone #_____

Service Fee:_____ Private Sector Fee:_____ Public Sector Fee:_____
List Services included in fees:

_____

FOR EMPLOYEE DEVELOPMENT USE ONLY:

_____Date Processed _____ Processed through: _____ FAU/IOG _____ FIU/IOG
_____BCC/ECON.DEV _____School Board/Industry Svs. _____Other
Attendance Sheets sent_____ Received_____

102-161 (Rev. 5/97)

Board of County Commissioners, Broward County, Florida

HUMAN RESOURCES DIVISION

Employee Development Section

EDUCATION AND TRAINING REGISTRATION FORM

REGISTRATION PROCEDURES

1) Complete an Education and Training Registration Form for each class you intend to take, and send it to the Employee Development Section, Human Resources Division. Additional forms may be obtained from Employee Development.
2) The registration form must be approved by both the Supervisor and Division Director.
3) You will receive written confirmation directly from Employee Development. In the event that a class has to be cancelled, you will be notified.
4) **Only employees who receive written confirmation from Employee Development are registered and may attend classes.** If you have not received confirmation, please call 357-7749 to find out if you're confirmed.
5) The temperature of the room varies. Bring a jacket or sweater.
6) Arrangements for sign language interpreters are the responsibility of the requesting employee's division. If you need other auxiliary aids, contact Employee Development prior to the scheduled session.

Print Name _____ Soc. Sec. # _____ Phone _____

Job Title _____ Ofc./Dept./Div. _____

Are you a supervisor? ☐ Yes ☐ No

PLEASE REGISTER ME FOR

Class Name _____ Date(s) _____

Location _____ Time: _____

Pre-requisites — If there are pre-requisites listed in the course description, have you completed them? ☐ Yes ☐ No

I understand that registrations are accepted on a "first-received" basis. My division director will be notified if I am enrolled and do not attend because there is a "no-show" charge to the division.

If you must cancel your enrollment, notify Employee Development at 357-7749 prior to the class. This will enable another employee to attend.

Employee Signature _____ _____
Date

Supervisor _____ _____ _____
Print Name Sign Approved Date

Ofc./Dept./Div. Director _____ _____ _____
Print Name Sign Approved Date

FOR EMPLOYEE DEVELOPMENT USE ONLY

☐ Your registration in the above class is confirmed.
☐ The class is full. **Your registration is NOT confirmed.**

Signed _____ Date _____
Employee Development Manager

102-162 (Rev. 1/98) WHITE: Human Resources YELLOW: Employee Confirmation PINK: Supervisor Confirmation

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department

DIVISION OF HUMAN RESOURCES - EMPLOYEE BENEFIT SERVICES

DONATED LEAVE PROGRAM - DONOR FORM

Donor Name:_____ SSN: _____

Division: _____ Division Phone:_____

Use this Form to request to donate accrued Annual or Sick Leave to another County employee. Complete the section below and submit the Form to your immediate supervisor.

I want to donate the following leave: (You may include Annual and Sick leave on a single Form, but separate Forms are required for each proposed recipient.)

☐ Sick Leave hours donated: _____

S/L Balance after donation: _____
(A balance of 160 hours must be left after donation)

☐ Annual Leave hours donated: _____

A/L Balance after donation: _____
(A balance of 80 hours must be left after donation)

Proposed Recipient: _____ **Division:** _____

If all of my donated Sick or Annual Leave is not used for the specified recipient:

☐ **I authorize** the donation of the remainder of the time to a reserve bank to be used by needy individuals.

☐ **I do not authorize** the donation of the remainder of the time to a reserve bank.

If neither box is checked, any remaining unused hours will automatically be placed in the reserve bank.

Donor Signature: _____

☐ **Approve** ☐ **Disapprove** _____ Date: _____
DIVISION DIRECTOR

☐ **Approve** ☐ **Disapprove** _____ Date: _____
DIRECTOR OF HUMAN RESOURCES (OR DESIGNEE)

(DIVISION/PAYROLL USE ONLY)
TO BE CHARGED AS FOLLOWS

Total Hours Donated: Sick:_____ Annual: _____

Total Hours Used: Sick _____ Annual: _____

Week Ending: _____ Sick:_____ Annual: _____

Week Ending: _____ Sick:_____ Annual: _____

Week Ending: _____ Sick:_____ Annual: _____

Week Ending: _____ Sick:_____ Annual: _____

* Annual Leave used for an illness will be deducted as Annual Leave and paid as Sick Leave.

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department

DIVISION OF HUMAN RESOURCES - EMPLOYEE BENEFIT SERVICES
DONATED LEAVE PROGRAM - RECIPIENT

Employee Name:_____ **SSN:** _____

Division:_____ **Division Phone:**_____

Home Address:_____ **Home Phone** _____

_____

EMPLOYEE'S INSTRUCTION

Complete this section of the Form. Indicate a projected start date based on the date you expect to have exhausted all applicable paid leave. Indicate a projected end date. Submit the form to your supervisor. Have Form 102-165A, Physician's Certificate of Illness/Injury completed and submit it directly to Employee Benefit Services.

Use of donated leave under the Donated Leave Program is subject to all applicable County rules regarding paid leave and FMLA. The absence will be counted towards a recipient's FMLA leave period even if Donated Leave is not approved or if no leave is donated.

I request donations of sick and/or Annual Leave for period beginning on (approx)_____ **ending on (approx)** _____.

For my own serious health condition ☐

For the serious health condition of my ☐ **Spouse** ☐ **Child** ☐ **Parent**

Employee Signature: _____ **Date:** _____

SUPERVISOR'S INSTRUCTION

Respond to each of the following. Submit the form to the Division Director. Send the completed form to Employee Benefit Services.

☐ **Yes** ☐ **No** **The employee has or will have exhausted all applicable accrued leave including Annual, Job Basis, sick, and Compensatory Leave as of** _____.

☐ **Yes** ☐ **No** **The employee has not been disciplines for abuse of sick leave in the past two years.**

☐ **Approved** ☐ **Disapproved** _____ **Date**_____

IMMEDIATE SUPERVISOR

☐ **Approved** ☐ **Disapproved** _____ **Date**_____

DIVISION DIRECTOR

☐ **Approved** ☐ **Disapproved** _____ **Date**_____

DIRECTOR OF HUMAN RESOURCES (OR DESIGNEE)

102-165 (Rev. 02/01)

Change 27
MAY 1 8 2001

Board of County Commissioners, Broward County, Florida
DONATED LEAVE PROGRAM
PHYSICIAN'S CERTIFICATION OF ILLNESS/INJURY

Employee: _____ **SSN:** _____

Name of Patient: _____

Patient authorization to Release Information: I hereby authorize my doctor/s to release any information acquired in the course of my examination or treatment as it may relate to the request for donated Leave under Broward County's Donated Leave Program.

Patient's Signature: _____ **Date:** _____

Diagnosis: _____

_____

_____

_____

Prognosis: _____

_____

Projected Duration of absence: _____

Is patient hospitalized or to be hospitalized? ☐ **Yes** ☐ **No**

Inclusive or projected dates of hospitalization: from _____ **to** _____

If the patient is not the employee, does the patient requires assistance for

☐ **Basic Medical** ☐ **Hygiene** ☐ **Nutritional Needs** ☐ **Safety or Transportation** ☐ **None**

Is employee's presence required for care of patient? ☐ **Yes** ☐ **No**

Name of Physician: _____ **Phone:** _____
(Please Print)

Signature of Physician: _____ **Date:** _____

Type of Practice (Field of specialization, if any) _____

The employee or physician should return this form directly to the address below:

Employee Benefit Services
110 NE Third Street, Suite 205
Fort Lauderdale, FL 33301

BOARD OF COUNTY COMMISSIONERS
BROWARD COUNTY, FLORIDA

SICK LEAVE CONVERSION REQUEST FORM

_____
DATE

_____ _____
NAME SSN:

_____ _____
JOB CLASS DIVISION

_____
AVAILABLE SICK LEAVE

Below, insert the number of hours to convert at a rate of two (2) sick leave hours to one (1) annual leave hour. The maximum number of hours which may be converted is eighty (80) sick leave hours to forty (40) annual leave hours.

FROM SICK: _____ TO ANNUAL: _____

_____
SIGNATURE OF EMPLOYEE DATE

_____
DIVISION SIGNATURE OF RECEIPT DATE RECEIVED

NOTE: This form must be completed, signed and submitted by the deadline date to the division payroll clerk, who in turn will sign and date the form signifying receipt. The payroll clerk will then route the completed form to Payroll Central (Government Center - Room 203), prior to the deadline date. Any forms received after the deadline date shall not be eligible for sick leave conversion and will not be processed. Conversion eligibility will be verified by Payroll Central.

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
HUMAN RESOURCES DIVISION
Employee Development Section
Public Service Intern Program

NOMINATION FORM

APPLICANT'S STATEMENT: I am applying for a special one-year entry level position as a Public Service Intern with Broward County government. I understand that if I am selected, I will be able to apply, test and interview for a regular civil service position during my internship.

I would like to be chosen for this program because _____

_____

_____

_____

_____

_____

I am interested in a position which includes these types of tasks: _____

_____

_____

I have the legal right to work in the U.S.A. ☐ Yes ☐ No

_____ _____
SIGNATURE OF APPLICANT DATE

NOMINATOR'S STATEMENT: I hereby nominate _____ as a candidate for Broward County's Public Service Intern program because _____

_____

_____

_____

_____

_____

_____

_____

_____ ( ) _____ _____ _____
NAME/TITLE (PLEASE PRINT) WORK PHONE SIGNATURE DATE

PRINCIPAL'S STATEMENT: I have chosen this student as a candidate from _____ High School because _____

_____

_____

_____

_____

_____

_____

I have verified the student's GPA as _____.
School records reflect that s/he has been absent _____ days during junior and senior years.

_____ ( ) _____ _____ _____
NAME/TITLE (PLEASE PRINT) WORK PHONE SIGNATURE DATE

102-167 (Rev. 10/95)

Board of County Commissioners, Broward County, Florida
DIVISION OF HUMAN RESOURCES

PUBLIC RECORDS EXEMPTION STATEMENT

Florida State Statutes define the personnel records of public employees to be public records and, therefore, open to inspection by the public. Chapter 119 of the Statutes, the Public Records Act, provides a few limited exemptions to the requirement to allow public access to some personal information. Generally, exemption means **restriction of access to home address and phone number** for the following:

- Active or former law enforcement officers;
- State HRS workers currently employed by the State of Florida whose duties include investigation of abuse, neglect, fraud, theft, or other criminal activities;
- Certified Firefighters;
- Justices of the Supreme Court, judges in the District Court of Appeals, Circuit Court, and County Court;
- Spouses and children of these personnel;
- The names and location of schools and day care facilities attended by the children of these personnel;
- The places of employment of the spouse and/or the children.

If you believe you are exempt based on one of the categories above, you should:

1. Complete this form,
2. Attach documentation that clearly indicates that you, your spouse, or a parent meet/s the criteria for exemption, and
3. Send the form **and** the documentation to the Division of Human Resources.

Human Resources will approve or deny your request and will return a copy of the form to you. If your request is not approved, you may appeal to the Director of Human Resources in writing indicating the basis in Chapter 119 for your appeal and/or by providing further documentation to substantiate your request. All statements and documentation are subject to verification. It is your responsibility to notify Human Resources if your status or that of your spouse and/or parent changes.

Your Name: _____ (Please Print) Soc. Sec. No.: _____ Division: _____

I am [1]	Spouse is [2]	Parent is [3]	(Check (✔) all that apply.)
_____ A	_____ A	_____ A	An active/former law enforcement officer
_____ B	_____ B	_____ B	A current state HRS worker as described above.
_____ C	_____ C	_____ C	A certified Firefighter.
_____ D	_____ D	_____ D	A judge as described above.

Signed: _____ Date: _____

FOR PERSONNEL USE

Request is _____ approved: _____ denied: _____
Signature Date

_____

_____ BLK 112 _____ I _____
ID REL

102-170 (Rev. 1/94) WHITE-Personnel, YELLOW-Payroll, PINK-Employee

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
DIVISION OF HUMAN RESOURCES — Employee Benefit Services

BENEFIT DEDUCTION DATA 1997-98

Name _____ SS # [0] ____ — ____ — ____

Hire Date _____ Effective Date _____

Reason for Change _____ Work Phone _____

		COST	PRE-TAX	AFTER-TAX	PORT
HEALTH	HIP HMO - SINGLE	$ 65.54	TT 226		TT 705
	HIP HMO - FAMILY	161.99	TT 227		TT 706
	HIP POS - SINGLE	77.08	TT 229		TT 715
	HIP POS - FAMILY	210.00	TT 230		TT 716
	HIP PPO - SINGLE	114.11	TT 233		TT 709
	HIP PPO - FAMILY	258.97	TT 234		TT 710
	HUMANA HMO - SINGLE	62.49	TT 222		TT 707
	HUMANA HMO - FAMILY	154.55	TT 228		TT 708
	HUMANA POS - SINGLE	74.31	TT 231		TT 717
	HUMANA POS - FAMILY	210.00	TT 232		TT 718
	HUMANA PPO - SINGLE	131.29	TT 225		TT 701
	HUMANA PPO - FAMILY	289.63	TT 221		TT 702
DENTAL	EMPLOYEE ONLY	4.73	TT 250		BF 760 ____
	EMPLOYEE + 1	8.47	TT 251		BF 780 ____
	EMPLOYEE + FAMILY	11.58	TT 252		BF 780 ____
FSA	DEPENDENT CARE REIMB		BF 290		BF 290 ____
	MEDICAL EXPENSE REIMB		BF 291		BF 291 ____
LIFE	COUNTY BASIC LIFE		TT 750		BF 750 ____
	OPTIONAL LIFE 1 - $ 25,000			BF 441 ____	BF 441 ____
	OPTIONAL LIFE 2 - $ 50,000			BF 442 ____	BF 442 ____
	OPTIONAL LIFE 3 - $ 75,000			BF 443 ____	BF 443 ____
	OPTIONAL LIFE 4 - $100,000			BF 444 ____	BF 444 ____
	OPTIONAL LIFE 5 - $125,000			BF 445 ____	BF 445 ____
	OPTIONAL LIFE 6 - $150,000			BF 446 ____	BF 446 ____
	SPOUSE LIFE COVERAGE	0.28		TT 447	TT 447
	CHILDREN LIFE COVERAGE	0.14		TT 448	TT 448
OTHER	AFLAC			BF 420 ____	BF 420 ____
	LONG TERM DISABILITY			BF 485 ____	BF 785 ____
	LEGAL BASIC	6.55		TT 802	TT 802
	LEGAL COMPREHENSIVE	9.95		TT 803	TT 803
	FLEX DOLLARS			BF 810 ____	

(N = Stop deduction T = Begin deduction)

I authorize deductions from my pay for premiums for the coverages elected. Deductions for health and dental coverage are on a before tax basis, as part of the County's Benefit Choice program. I understand that pre-tax deductions made under Section 125 cannot be revoked or changed unless a qualifying family status change occurs. Coverages remain in effect until a new authorization to start, change, or cancel one or all coverages, subject to contract provisions and County policies, is submitted and processed by Employee Benefit Services.

EMPLOYEE SIGNATURE _____ DATE _____

EMPLOYEE BENEFITS AUTHORIZATION _____ INSURANCE PROCESSOR _____

BC102-201 (Rev. 7/97) WHITE-Employee Benefits, YELLOW-Payroll, PINK-Employee

Change 21

MAR 30 1998

Board of County Commissioners, Broward County, Florida
DIVISION OF HUMAN RESOURCES
Employee Benefit Services

WAIVER OR TERMINATION OF COVERAGE

Waivers and terminations of coverage are effective when processed through Employee Benefit Services, and will not be made retroactive and are subject to benefit contract and Section 125 provisions.

PLEASE PRINT ALL INFORMATION

Name: _____ Soc. Sec. #: _____

Division: _____ Work Phone: _____

HEALTH INSURANCE — WAIVER OF COVERAGE

I have been given the opportunity to participate in the group health insurance plans offered to Broward County employees and their dependents and have elected to waive coverage. I understand that I and my dependents will not have the opportunity to participate again until the next regular open enrollment for group health insurance with coverage to be effective January 1 of each year unless a qualifying event occurs. In signing below I acknowledge and understand the above and elect to waive coverage. This agreement will continue to remain in effect unless I choose to participate during any subsequent open enrollment.

Name: _____ Date Signed: _____
Employee Signature

Insurance is thru spouse's employer: _____
Name and Address of Employer

If this coverage terminates, your spouse's employer's COBRA program applies until you enroll during a County Open Enrollment for coverage effective the next January 1.

Insurance Is Thru Other Source: _____
Name and Address of Other Source

Policyholder Name: _____ ID#: _____

Insurance Company: _____
Name and Address

Group Policy #: _____ Effective Date Of This Coverage: _____

GROUP INSURANCE PROGRAMS — TERMINATION OF COVERAGE

Please terminate the following deduction(s) effective: _____

☐ Optional Life Insurance Coverage ☐ Spouse Coverage ☐ Dependent Coverage

_____ Date Signed: _____
Participant's Signature

☐ Group Long Term Disability

_____ Date: Signed: _____
Participant's Signature

Note: I understand that I may reapply at any time, subject to contract provisions, and that my coverage may be subject to medical underwriting.

WHITE — Employee Benefit Services YELLOW — Payroll PINK — Employee

Board of County Commissioners, Broward County, Florida

DIVISION OF HUMAN RESOURCES EMPLOYEE BENEFIT SERVICES

RETIREE ELECTION OF COVERAGE

Please print all information except for signatures.

NOTE: Elections must be made within 30 days of the effective date of your retirement in order to participate.

Name: _____ Today's Date: _____

Soc. Sec. #: _____ Birth Date: _____

Retirement Date: _____ Work Phone: _____ Home Phone: _____

Address: _____
NUMBER STREET CITY STATE ZIP

☐ I elect to participate in the County's benefit programs listed below after I retire. I understand that I am required to pay premiums for the coverages and that the premium amounts may change. I agree to remit any required premiums according to the published schedule and I understand that failure to comply with these terms will result in immediate termination of insurance coverage.

☐ I do not choose to continue health insurance after I retire. I understand that I will not be able to rejoin the County's health insurance program at a later date.

☐ I do not choose to continue life insurance after I retire. I understand that I will not be able to rejoin the County's life insurance program at a later date.

☐ This is a new address and I authorize giving the address to Payroll and to the providers of the plans selected as needed.

_____ _____
RETIREE'S SIGNATURE DATE

COVERAGE ELECTIONS — for Employee Benefit Services Use Only

HEALTH INSURANCE Current Plan _____
☐ Single ☐ Family Current Monthly Premium _____

LIFE INSURANCE ☐ Basic ☐ Optional ☐ Basic and Optional
Total Amount _____ Current Monthly Premium _____

DENTAL (PE ONLY)
SGL _____ +1 _____ 2/more _____ Current Monthly Premium _____
Total Monthly Premium _____

Make checks for premium payments payable to: **Board of Broward County Commissioners.**

BC102-203 White — EBS Yellow — ADMINISTRATOR Pink — RETIREE

Change 21

MAR 3 0 1998

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
DIVISION OF HUMAN RESOURCES
Employee Benefit Services, Annex B

NEW HIRE BENEFIT INFORMATION

EFFECTIVE DATE OF BENEFIT COVERAGE

Employment start date between the 1st and 15th of the month: Benefits begin on the 1st of the following month. *Example:* If employment begins on June 10, benefit coverage is projected to begin on July 1.

Employment start date between the 16th and last day of the month: Benefits begin on 16th of the following month. *Example:* If employment begins on June 25, benefit coverage is projected to begin on July 16.

For your benefits to take effect as outlined above, you must return your completed paperwork **IN PERSON** to Employee Benefit Services prior to your projected effective date. Even if you are not electing any coverage, you still need to come to Employee Benefit Services to complete required documentation. No appointment is necessary. Late submissions may delay the effective date until the next window period. If you have questions, you may call 357-7232.

Return to: Employee Benefit Services, Annex B
Southwest corner of S. Andrews Avenue and Broward Blvd.
Open from 8:00 a.m. to 5:00 p.m.

EFFECTIVE DATE OF BENEFIT TERMINATION

Employment termination date between the 1st and 15th of the month: Benefits stop on the 15th of the month. Example: If employment terminates on June 10, benefit coverage stops on June 15.

Employment termination date between the 16th and end of the month: Benefits stop on the last day of the month. Example: If employment terminates on June 25, benefit coverage stops on June 30.

COBRA

Benefit eligible employees and their covered dependents who lose eligibility for insurance coverage as a result of the employee's change in family or employment status or the employee's leaving County employment should contact Employee Benefit Services for detailed information on the option to continue insurance coverage under COBRA.

COBRA is a federal law that allows you and your covered dependents to continue coverage under your County health plan, at your expense, for a limited period of time when a qualifying event occurs. COBRA *coverage is not automatic.* You must inform Employee Benefit Services when a qualifying event occurs and insurance coverage is desired for you or your qualified dependents. In cases such as a divorce, legal separation, or a child ceasing to be a eligible dependent, *it is your responsibility to inform us of the event.*

A qualifying event would be:

- Voluntary termination of employment (you quit your job, retire, etc.)
- Involuntary termination of employment (you are let go, your job is eliminated, etc.)
- Reduction of hours (change of status)
- Employee's death
- Divorce or legal separation of employee and spouse
- A dependent child ceases to be a dependent under the terms specified in the insurance plan.

Name _____ Division _____

Hire Date _____ Office Phone _____

I understand and acknowledge that my benefits will not go into effect until I return the necessary application/waiver forms to Employee Benefit Services. Upon submission and processing of the appropriate forms, benefits will begin in accordance with the schedule listed above. I also acknowledge that I have received the schedule of eligibility/termination time-frames and COBRA notification.

Signature _____ Date _____

Form 102 364 White EBS Yellow — EMPLOYEE

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
DIVISION OF HUMAN RESOURCES
Employee Benefit Services

NEW HIRE BENEFIT WORKSHEET

Name _____ SS# _____

Hire Date _____ Projected Effective Date _____

Scheduled Hours _____ Orientation Date _____ Annual Earnings _____

Use this Worksheet to make your benefit choices that will remain in effect until you make a change during an Open Enrollment. Complete the Worksheet and return it to Employee Benefit Services with completed applications for the benefits you select prior to the projected effective date shown above. Failure to do so may result in delay of start of benefits. You must complete enrollment within 31 days of your hire date or you must wait to enroll during an Open Enrollment.

Deductions are pre-taxed for health and dental coverage as part of the County's Benefit Choice Program. If you waive County health insurance because other coverage is available, you will not be able to enter a County plan until an Open Enrollment. You can enroll current eligible dependents in health and dental insurance upon employment or you have to wait to enroll them during an Open Enrollment with coverage effective the following January 1. If you have any questions, please call 728-2707 ext. 226 or 227.

	BI-WEEKLY PREMIUM	CIRCLE IF SELECTED	
HEALTH INSURANCE			
HIP HMO - SINGLE	$ 65.54	YES	
HIP HMO - FAMILY	$ 161.99	YES	
HUMANA HMO - SINGLE	$ 62.49	YES	
HUMANA HMO - FAMILY	$ 154.55	YES	
LIFE INSURANCE			
BASIC $10,000	NO COST		
EMPLOYEE OPTIONAL LIFE*			
$25,000 increments up to $150,000	_____ **	YES	_____ Insurance Amount
SPOUSE $5,000 OPTIONAL*	$ .28	YES	
CHILDREN $2,500 OPTIONAL*	$ .14	YES	
DENTAL INSURANCE			
EMPLOYEE ONLY	$ 4.73	YES	
EMPLOYEE + 1	$ 8.47	YES	
EMPLOYEE + FAMILY	$ 11.58	YES	
LONG TERM DISABILITY*	_____ **	YES	
MEDICAL REIMBURSEMENT	_____	YES	Up to $76.92 per pay period.
DEPENDENT CARE REIMBURSEMENT	_____	YES	Up to $192.30 per pay period.
GUARDIAN LEGAL	$ 7.73	YES	
PRE-PAID LEGAL*	$ 6.90	YES	

* You may apply for these coverages at any time, subject to medical underwriting or other restrictions if any.
** Life rates are based on age; LTD on age and salary. See the rates on the back of this form.

SIGNATURE _____ DATE _____

BC 102-205 (Rev. 8/96) WHITE-EBS, YELLOW-Employee

Change 21

MAR 3 0 1998

LONG TERM DISABILITY — CALL EMPLOYEE BENEFIT SERVICES FOR RATES FOR SALARIES NOT SHOWN						
ANNUAL SALARY		AGE AT TIME OF ENROLLMENT				
FROM	TO	Under 40	40 - 49	50 - 59	60 - 64	65 + YRS
$9,601	$10,800	$1.45	$2.58	$5.19	$7.27	$8.72
$10,801	$12,000	$1.62	$2.86	$5.77	$8.08	$9.69
$12,001	$13,200	$1.78	$3.15	$6.35	$8.88	$10.66
$13,201	$14,400	$1.94	$3.43	$6.92	$9.69	$11.63
$14,401	$15,600	$2.10	$3.72	$7.50	$10.50	$12.60
$15,601	$16,800	$2.26	$4.01	$8.08	$11.31	$13.57
$16,801	$18,000	$2.42	$4.29	$8.65	$12.12	$14.54
$18,001	$19,200	$2.58	$4.58	$9.23	$12.92	$15.51
$19,201	$20,400	$2.75	$4.87	$9.81	$13.73	$16.48
$20,401	$21,600	$2.91	$5.15	$10.38	$14.54	$17.45
$21,601	$22,800	$3.07	$5.44	$10.96	$15.35	$18.41
$22,801	$24,000	$3.23	$5.72	$11.54	$16.15	$19.38
$24,001	$25,200	$3.39	$6.01	$12.11	$16.96	$20.35
$25,201	$26,400	$3.55	$6.30	$12.69	$17.77	$21.32
$26,401	$27,600	$3.71	$6.58	$13.27	$18.58	$22.29
$27,601	$28,800	$3.88	$6.87	$13.85	$19.38	$23.26
$28,801	$30,000	$4.04	$7.16	$14.42	$20.19	$24.23
$30,001	$31,200	$4.20	$7.44	$15.00	$21.00	$25.20
$31,201	$32,400	$4.36	$7.73	$15.58	$21.81	$26.17
$32,401	$33,600	$4.52	$8.01	$16.15	$22.62	$27.14
$33,601	$34,800	$4.68	$8.30	$16.73	$23.42	$28.11
$34,801	$36,000	$4.85	$8.59	$17.31	$24.23	$29.08
$36,001	$37,200	$5.01	$8.87	$17.88	$25.04	$30.05
$37,201	$38,400	$5.17	$9.16	$18.46	$25.85	$31.01
$38,401	$39,600	$5.33	$9.44	$19.04	$26.65	$31.98
$39,601	$40,800	$5.49	$9.73	$19.61	$27.46	$32.95
$40,801	$42,000	$5.65	$10.02	$20.19	$28.27	$33.92
$42,001	$43,200	$5.81	$10.30	$20.77	$29.08	$34.89
$43,201	$44,400	$5.98	$10.59	$21.35	$29.88	$35.86
$44,401	$45,600	$6.14	$10.88	$21.92	$30.69	$36.83
$45,601	$46,800	$6.30	$11.16	$22.50	$31.50	$37.80
$46,801	$48,000	$6.46	$11.45	$23.08	$32.31	$38.77
$48,001	$49,200	$6.62	$11.73	$23.65	$33.12	$39.74
$49,201	$50,400	$6.78	$12.02	$24.23	$33.92	$40.71

AGE UPON	OPTIONAL INSURANCE IN INCREMENTS OF $25,000					
ENROLLMENT	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
Under 30	$1.50	$3.00	$4.50	$6.00	$7.50	$9.00
30 - 34	$1.73	$3.46	$5.19	$6.92	$8.65	$10.38
35 - 39	$1.96	$3.92	$5.88	$7.85	$9.81	$11.77
40 - 44	$2.54	$5.08	$7.62	$10.15	$12.69	$15.23
45 - 49	$4.15	$8.31	$12.46	$16.62	$20.77	$24.92
50 - 54	$6.00	$12.00	$18.00	$24.00	$30.00	$36.00
55 - 59	$9.81	$19.62	$29.42	$39.23	$49.04	$58.85
60 - 64	$11.08	$22.15	$33.23	$44.31	$55.38	$66.46
65 - 69	$18.81	$37.62	$56.42	$75.23	$94.04	$112.85
70 and up	$28.04	$56.08	$84.12	$112.15	$140.19	$168.23

Board of County Commissioners, Broward County Florida
Finance and Administrative Services Department
DIVISION OF HUMAN RESOURCES
Employee Benefit Services

BENEFITS ON LEAVE

Important Information About Your Benefits While You are on Leave Without Pay

Name: _____ Date: _____

Soc. Sec. No.: _____ Division: _____

Employee Benefit Services is advised that you are on Leave Without Pay status as of: _____

Up to seven pay periods on unpaid leave — *Your Flex Dollars continue* and you will continue to receive a check for the net amount after withholding, FICA and other mandatory deductions are taken.

After seven pay periods on unpaid leave — *Your Flex Dollars stop* until you return to work.

Throughout your leave without pay — *You continue to be responsible* for payment of premiums for your benefits throughout your leave without pay and your premium payments will be on an after-tax basis.

You must submit the Total Amount shown below on a bi-weekly basis. You have 30 days from the date of this letter to make your first payment. Failure to make proper premium payments in a timely manner will cause your benefits to be canceled with the providers as of the date of last full payment. Any claims you incur after that become your responsibility. Benefits canceled for non-payment cannot be restarted until you return to active status and are subject to benefit contract and County Cafeteria Plan provisions. Partial payment cannot be accepted.

To reduce your cost, you may drop certain coverages, subject to benefit contract and County Cafeteria Plan provisions, by requesting to do so, in writing to Employee Benefit Services. You may also be able to change from Family to Single health and dental coverage and/or change to a lower cost health plan offered by your current provider as long as you elect to do so within 30 days of the start of your leave. In this case you won't be able to add back family members or change health plans again until an Open Enrollment with coverage going into effect the following January 1. Call 728-2707 ext. 226 or 227 for guidance before taking action.

	Bi-Weekly Premium Cost
Medical	_____
Dental	_____
Medical Reimbursement	_____
Dependent Care	_____
Disability (LTD)	_____
Optional Life	_____
Dependent Life	_____
Spouse Life	_____
AFLAC	_____
Colonial	_____
Guardian Legal	_____
Prepaid Legal	_____
Other	_____
TOTAL	_____

Make checks payable to:
Broward County Board of County Commissioners

Send payments to:
Employee Benefit Services, Annex B
110 N.E. 3rd Street, # 205, Ft. Lauderdale, FL 33301

First Pay Period Due _____

When you have a date you plan to return to work, call Employee Benefit Services at 728-2707, ext 225 so we can advise you if you need to complete any administrative requirements. You must come to Employee Benefit Services upon your return to work to restart dropped or canceled coverages. When proper documentation is completed, your dropped or canceled benefits will be restarted subject to benefit contract and Cafeteria Plan provisions.

BC 102-206 WHITE — Employee YELLOW — EBS File PINK — EBS Acct

Board of County Commissioners Broward County Florida
Finance & Administrative Services Department
Division of Human Resources - Employee Benefit Services

RETIREMENT STATEMENT

Individuals receiving benefits from the Florida Retirement System must suspend such benefits if re-employed within 12 months of retirement. This includes employment in full-time, temporary, part-time, other personal services, and contractual services positions.

NAME:

SSN:

Agency Name: Broward County Board of Commissioners (16.003)

Please complete Part I or Part II below as applicable.

PART I

I am not retired from any Florida State Administered retirement plan.

Sign:_____

Date:_____

PART II

The effective date of my retirement was_____.
I understand that if I retired under any State of Florida administered retirement system and 1) I am employed in any type of position during the first month of retirement, my retirement is void, all benefits received must be repaid and I must reapply for retirement benefits before retirement will be effective. 2) If reemployed during the 2nd through the 12th months, my retirement benefit must be suspended during these months of my retirement, unless I am eligible for 780 hours exemption to the limitation as provided by law. If eligible for the exemption, my benefits must be suspended after my employment reached 780 hours during the limitation period.

Sign:_____

Date:_____

BC102-211 (REV 6/97)

Board of County Commissioners, Broward County, Florida
DIVISION OF HUMAN RESOURCES
Employee Benefit Services

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM

Broward County is required by the United States Equal Employment Opportunity Commission to collect and maintain the information requested below for E.E.O statistical reporting purposes. The information which you provide will be maintained separately from your Personnel File.

DATE HIRED: _____

SOCIAL SECURITY NUMBER: _____

NAME: _____

JOB TITLE: _____

JOB CLASS NUMBER: _____ **DEPT. /DIV.:** _____

SEX: _____ Female _____ Male

RACE/ETHNIC CATEGORIES (check one)

_____ **WHITE** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

_____ **HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **ASIAN OR PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Somoa.

_____ **AMERICAN INDIAN OR ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

(OPTIONAL) If you are handicapped/disabled, please specify: _____

_____

_____

_____

_____
EMPLOYEE SIGNATURE

102-212 (Rev. 7/97)

BROWARD COUNTY, BOARD OF COUNTY COMMISSIONERS

LOYALTY OATH REQUIRED BY LAW OF STATE AND COUNTY EMPLOYEES*

"I, _____, (**a citizen of the State of Florida and of the United States of America or a resident alien), and being employed by or an officer of Broward County, Florida, and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

_____
Signature

STATE OF FLORIDA, COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____

by _____, who is personally known to me or

who has produced a _____ as identification.

_____
Notary Public Signature

* Section 876.05, F.S. 1995 as interpreted by the Courts

** Modify as appropriate

Board of County Commissioners, Broward County, Florida
DIVISION OF HUMAN RESOURCES
Employee Benefit Services

NEW HIRE FORM

PAYROLL SECTION

Co. No.	Ref T	Pay Group	Employee I.D.
	T		Ø

Type		First Name	MI	Last Name	Jr	Suffix	Tax Status	No. Dep.	Birth Date	PC	Citizen CD
A/B	1										

Type		Personnel Dpt	Hire Date	W/I Pos	Sub. Object	Type	W/C	A/L	Standard Hours	Exmt #	Rate	Taxes Code
A/B	2					A/B 3						

Type		Address Line 1	Apartment or Building
A/B	5		

Type		City	State	Zip
A/B	6			

Type		A/S/T	Fund	Agency	Org.	LOFS Other	Percent	Type	Tax #	Tax Table	Tax Status	No. Dep	C/D	Amount/ Percent
D	1 Ø Ø 1							T	1					
D	1 Ø Ø 2							T	1					
D	1 Ø Ø 3							T	1					
D	1 Ø Ø 4													

Type	Dist. No.	Freq.	C/D	Amount/ Percent	Limit	Start Date	Stop Date
V	1						
V	1						
V	1						

SCREEN NH 1

Block	Name	Home Telephone
Ø Ø 6		

Block	M	Race
Ø Ø 8		A - White, B - Black, C - Hispanic, D - Asian, E - American Indian

Block	Florida Drivers License	Block	Work Phone
Ø 1 1		1 7 1	

AGENCY DATA

Block	Name	Relationship
Ø 1 4		

Block	Street	City	State	Block	Area Code	Emergency Telephone
Ø 1 4				Ø 1 5		

SCREEN NH 3

Block	Job Class	M/F	Block	Position	Block	Location	M/F	Block	Weekly Work Hours	Block	Salary Grade
Ø 2 9			1 5 1		Ø 2 5			Ø 3 0		Ø 3 1	

Block	H	Handicapped Code	Block	Source Emp.
1 Ø 1			1 1 8	

SCREEN NH 4

Block	Probationary Ending	Block	Appointment Status		Appointment Date
1 6 Ø		Ø 2 7		1 4 1	M O D A

Block	M/F	Relationship to Other County Employee (H - Husband, W - Wife, P - Partner, S - Child, O - Other)	Block	CLS	Block	Ref
1 Ø 2			1 4 2		Ø 4 Ø	

Block	Retirement
Ø 4 4	

Block	Charge Point	Block	N or E
1 9 2		Ø 9 3	

BC 102-214 (Rev. 7/97)

Change 21

MAR 3 0 1998

BROWARD COUNTY COMMISSION

EMPLOYEE I.D. CARD

THIS CARD MUST BE RETURNED TO YOUR DIVISION UPON RESIGNATION OR TERMINATIONS.
403-410

SIGNATURE

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136
Employment Eligibility Verificatio

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
- ☐ A citizen or national of the United States
- ☐ A Lawful Permanent Resident (Alien # A _____)
- ☐ An alien authorized to work until ____/____/____ (Alien # or Admission # _____)

Employee's Signature | Date (month/day/year)

Preparer and/or Translator Certification. *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature | Print Name

Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____				
Expiration Date (if any): ___/___/___				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* ____/____/____ **and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.
Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative | Date (month/day/year)

Form I-9 (Rev. 11-21-91) N

LISTS OF ACCEPTABLE DOCUMENTS

LIST A		LIST B		LIST C
Documents that Establish Both Identity and Employment Eligibility	OR	Documents that Establish Identity	AND	Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		1. U.S. social security card issued by the Social Security Administration *(other than a card stating it is not valid for employment)*
2. Certificate of U.S. Citizenship *(INS Form N-560 or N-561)*		2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State *(Form FS-545 or Form DS-1350)*
3. Certificate of Naturalization *(INS Form N-550 or N-570)*		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Unexpired foreign passport, with *I-551 stamp or* attached *INS Form I-94* indicating unexpired employment authorization		4. Voter's registration card		4. Native American tribal document
5. Alien Registration Receipt Card with photograph *(INS Form I-151 or I-551)*		5. U.S. Military card or draft record		5. U.S. Citizen ID Card *(INS Form I-197)*
6. Unexpired Temporary Resident Card *(INS Form I-688)*		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States *(INS Form I-179)*
7. Unexpired Employment Authorization Card *(INS Form I-688A)*		7. U.S. Coast Guard Merchant Mariner Card		7. Unexpired employment authorization document issued by the INS *(other than those listed under List A)*
8. Unexpired Reentry Permit *(INS Form I-327)*		8. Native American tribal document		
9. Unexpired Refugee Travel Document *(INS Form I-571)*		9. Driver's license issued by a Canadian government authority		
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph *(INS Form I-688B)*		**For persons under age 18 who are unable to present a document listed above:**		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form I-9 (Rev. 11-21-91) N

Broward County

Workplace Violence Prevention & Intervention Policy

ACKNOWLEDGMENT FORM

Broward County is committed to the goal of maintaining a work environment free from violence or the threat of violence. As a County employee, I have a personal and professional responsibility to be aware of the County policy, to review and understand it, and to comply with the Workplace Violence Prevention & Intervention Policy.

I certify, by my signature below, that I have received a copy of the policy, have reviewed it, understand it, and have had the opportunity to attend training and ask questions about the policy. I acknowledge my direct personal responsibility to comply with its provisions and understand that serious disciplinary action (including possible termination of employment) as well as criminal prosecution may result from a violation of this policy.

I further understand that I may contact my Department or Division Director, or the County's Director of Human Resources with any questions about any portion of the policy.

I understand the reporting procedure included in the policy and my obligation to utilize it in case of violence or threats of violence.

_____

Print Employee Name

_____

Employee Signature

_____

Date of Signature

Board of County Commissioners, Broward County, Florida
DIVISION OF HUMAN RESOURCES

TELECOMMUTING AGREEMENT AND NOTIFICATION

This is an agreement between:

_____ _____
(Department, Division or Office) (Supervisor/Telemanager)

_____ _____
Office Phone (Job Classification)

and

_____ _____
(Employee/Telecommuter) (Job Classification)

____Number of employees supervised by telecommuter. *NOTE: Supervisory participation in telecommuting requires County Administrator review.*

This agreement establishes the terms and conditions of telecommuting. By signing this Agreement the employee understands that the telecommuting work assignment does not supplant any established Civil Service Rules & Regulations or County policies and procedures. Employees participating in telecommuting as a work assignment must adhere to all County rules, policies and procedures.

1. **Duration:** Approval to participate and/or continued participation in the telecommuting work assignment is at the sole discretion of the County. When the County approves a telecommuting work assignment this agreement must be entered into and will be valid unless canceled by either party. If possible, reasonable notice should be given when canceling this agreement.

2. **Work Hours:** Work hours and location are specified as part of this agreement. The employee's time and attendance will be recorded as if performing official duties at the office using the established timekeeping mechanisms for that agency and additional documentation may be required if necessary. ***All telecommuting works hours must be reported under the appropriate Hours, Earnings & Deductions (HED) code*** (i.e., 009 for regular telecommuting hours).

3. **Leave:** The employee understands and agrees that he/she must obtain supervisory approval before taking leave in accordance with established office procedures. The employee agrees to follow established procedures for requesting and obtaining approval of leave. Telecommuting assignments are governed by

all policies and procedures in the same manner as regular work assignments. Holidays and/or leave occurring in conjunction with telecommuting assignments will be treated in accordance with the existing office schedule. **Prior supervisory approval must be obtained to incur overtime or change telecommuting days.**

4. **Overtime: An hourly employee can only work overtime which is determined necessary and approved in advance** and will be compensated in accordance with applicable law and rules. The hourly employee understands and agrees that he/she will continue to work in regular pay status while working at the telecommuting worksite. **The hourly employee understands that overtime work can only be incurred if approved in advance by the appropriate supervisor and must be recorded under the appropriate HED code.** The hourly employee agrees that failing to obtain proper approval for overtime work may result in removal from the telecommuting program and/or other appropriate action.

5. **Equipment:** The County may permit employees to use County-owned Laptop/Notebook computer, modem, software, or other equipment at the telecommuting location with the approval of the office, division, or department director. The equipment must be protected against damage, theft and unauthorized use. Use of County-owned equipment is subject to all County policies governing such use, including but not limited to policies for the restitution by the employee for certain instances of loss or damage to County equipment. Rules concerning use of personal computers for County work (e.g. data backups, viral infection prevention, etc...) apply as published in the Office of Information Technology (OIT) Internal Control Handbook. County-owned equipment will be serviced and maintained by the County. **Equipment provided by the employee will result in no cost to the County, and will be maintained by the employee.**

6. **Liability:** The employee understands and agrees that the County will not be liable for any damages to the employee's property resulting from participation in the telecommuting program and related activities.

7. **Safety Inspection:** The employee understands and agrees that he/she is responsible for providing a safe and adequate home work location for the purpose of telecommuting. The employee must submit a photograph of the home work location attached to this Agreement with the checklist for home office safety. The County maintains the right to conduct future home office

safety inspections as deemed necessary, but not to exceed twice per year, to ensure the safety of the telecommuter.

8. **Cost:** The employee understands and agrees that the County will not be responsible for operating costs, home maintenance, or any other incidental costs(e.g. utilities), associated with the use of the employee's residence. The employee does not give up any reimbursement for authorized expenses incurred while conducting business for the County, however, the type of expense must be approved by the office, division, or department director **in advance** of incurring the expense.

9. **Workers' Compensation:** The employee is covered by workers' compensation, subject to the provisions of Chapter 440, Florida Statutes, if injured in the course of performing official work-related duties at the telecommuting location.

10. **Work Assignments:** The employee will meet with the supervisor to receive assignments and to review completed work. The employee will complete all assigned work according to procedures mutually agreed upon with the supervisor. **The employee and the supervisor are responsible for maintaining a record of the work assignment(s).**

11. **Evaluation:** The evaluation of the employee's home office job performance will be based on standards established for the related work assignments. **Overall performance rating must "meets overall expectations" to remain a telecommuter. However, maintaining such a rating does not guarantee that the employee will continue telecommuting.**

12. **Records:** The employee will apply appropriate safeguards to protect records from unauthorized disclosure or damage. All records, papers and correspondence must be safeguarded for their return to the office.

13. **Work Location:** The employee agrees to work at the office or approved telecommuting location(s), and not from an unapproved site. Any change in the permanent alternate worksite requires submission of a new work arrangement page (4 of 6) of this Agreement, initialed by the supervisor and employee. Failure to comply with this provision will result in termination of the agreement, and/or other appropriate disciplinary action.

TELECOMMUTING AGREEMENT AND NOTIFICATION

Work Arrangement

The following are the working hours and locations which are agreed to as a part of the Telecommuting Agreement. The parties understand that adjustments to this schedule (days, hours or location) may be made with prior appropriate supervisory approval in order to meet the operational needs of the agency. Agencies are responsible for maintaining records of such adjustments.

County Work Location: _____ **Office Phone:** _____

Telecommuting Work Location: _____ **Telecommuting Phone:** _____

General Work Hours:

	(Day)	(Hours)	(Location) C = County T = Telecommuting O = Other _____
Monday	_____	- _____	_____
Tuesday	_____	- _____	_____
Wednesday	_____	- _____	_____
Thursday	_____	- _____	_____
Friday	_____	- _____	_____
Saturday	_____	- _____	_____
Sunday	_____	- _____	_____

Daily Lunch Period _____ - _____

NOTE: A DP130 IS REQUIRED FOR OIT ASSISTANCE.

TELECOMMUTING AGREEMENT AND NOTIFICATION

A Checklist for the Home Office

This checklist is for use by the telecommuter. The success of the telecommuting arrangement depends on a realistic assessment of the work space, and the ability of the employee to successfully complete their work in this environment. If the work space is not adequate, the telecommuting agreement will not work. This list will aid the telecommuter in setting up appropriate and safe workspace. Safety inspections will be conducted prior to commencement of employee telecommuting.

___ Does the space seem adequately ventilated?
___ Is the space reasonably quiet?
___ Are all stairs with 4 or more steps equipped with handrails?
___ Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?
___ Do circuit breakers clearly indicate if they are in open or closed position?
___ Is all electrical equipment free of recognized hazards that would cause physical harm such as frayed wires, bare conductors, loose wires, or exposed wires fixed to the ceiling?
___ Are electrical outlets 3 pronged (grounded)?
___ Are aisles, doorways, and corners free of obstructions to permit visibility and movement?
___ Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?
___ Do chairs appear sturdy?
___ Is the space crowded with furniture?
___ Are the phone lines, electrical cords, and extension wires secured under a desk or alongside baseboard?
___ Is the office space neat and clean?
___ Are floor surfaces clean, dry, level, and free of worn or frayed seams?
___ Are carpets well secured to the floor, and free of frayed or worn seams?
___ Is there a fire extinguisher in the home, easily accessible from the office space?
___ Is there a working (test) smoke detector within hearing distance of the work space?

ATTACH WORK STATION PHOTOGRAPH HERE

Board of County Commissioners, Broward County, Florida
DIVISION OF HUMAN RESOURCES

TELECOMMUTING AGREEMENT AND NOTIFICATION

The telecommuter agrees to communicate with the telemanager at least once per day when telecommuting.

The employee agrees to call the office voice mail or messaging system at least ___ time(s) per day while telecommuting.

I have read and understand the above Broward County telecommuting policies and agree to the conditions detailed above.

Employee Signature:_____ **Date:**_____

	Signature	Date	Approval
Supervisor	_____	_____	Yes___ No___
Division Director	_____	_____	Yes___ No___
Office Director	_____	_____	Yes___ No___
Department Director	_____	_____	Yes___ No___

A copy of the 102-150 must be forwarded to the Division of Human Resources for placement in the official personnel file.

NOTE: Telecommuting hours must be recorded under the appropriate Hours, Earnings & Deduction (HED) code.

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
DIVISION OF HUMAN RESOURCES - EMPLOYEE BENEFIT SERVICES

HEALTH CARE PROVIDER CERTIFICATION

Employee's Name: _____ Patient's Name: _____

Authorization to Release Medical Information
I hereby authorize the release of any medical information acquired in the course of my examination or treatment as it may be related to this request for leave.

_____ _____
(PATIENT'S SIGNATURE) (DATE)

PROVIDER INSTRUCTIONS

Please use the following definitions in responding. Here, and elsewhere on this form, the information sought relates only to the condition for which the employee is requesting leave. INCAPACITY is defined as inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom. TREATMENT includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does NOT include routine physical examinations, eye examinations, or dental examinations. A regimen of CONTINUING TREATMENT includes, for example, a course of prescription medication, e.g., an antibiotic, or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does NOT include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

SERIOUS HEALTH CONDITION means an illness, injury, impairment, or physical or mental condition involving one of the following:

Condition 1 - Hospital Care — In-patient care (overnight stay in a hospital, hospital, hospice, or residential medical care facility) including any period of incapacity or subsequent treatment in connection with or consequent to the in-patient care.

Condition 2 - Absence Plus Treatment — A period of incapacity of more than three consecutive calendar days, including any subsequent treatment or period of incapacity relating to the same condition, that also involves:

- Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services, e.g., physical therapist, under orders of, or on referral by, a health care provider; or
- Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

Condition 3 - Pregnancy — Any period of incapacity due to pregnancy, or for prenatal care.

Condition 4 - Chronic Conditions Requiring Treatments — A chronic condition is one which:

- Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
- Continues over an extended period of time, including recurring episodes of a single underlying condition; and
- May cause episodic rather than a continuing period of incapacity, e.g., asthma, diabetes, epilepsy, etc.

Condition 5 - Permanent/Long-term Conditions Requiring Supervision — A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

Condition 6 - Multiple Treatments (Non-Chronic Conditions) — Any period of absence to receive multiple treatments, including any period of recovery therefrom, by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer, chemotherapy, radiation, etc., severe arthritis (physical therapy), kidney disease (dialysis).

Continued on the back of this sheet.

Patient is the ☐ Employee ☐ Employee's Spouse ☐ Employee's Child ☐ Employee's Parent

Using the definitions on the front of this form, please check the Condition below that applies to the patient.
☐ Condition 1 ☐ Condition 2 ☐ Condition 3 ☐ Condition 4
☐ Condition 5 ☐ Condition 6 ☐ None of the Conditions

1. Describe the medical facts which support your certification. Include a brief statement as to how the medical facts meet the criteria for the Condition you checked: _____

Approximate date the Condition commenced _____
Probable duration of the Condition _____
Probable duration of the patient's present incapacity if different _____

2. Does the Condition require the employee to work.
   A. Intermittently? ☐ Yes ☐ No
   B. On less than full schedue? ☐ Yes ☐ No

   If Yes to either A or B, what is the probable duration? _____

3. If the Condition is chronic (Condition 4) or pregnancy, is the patient presently incapacitated ☐ Yes ☐ No
   If Yes, what is the likely duration and frequency of episodes of incapacity? _____

4. Will the Condition require the patient to be absent from work or other daily activities for additional treatments? ☐ Yes ☐ No
   If Yes, please check extent of absence ☐ Full Time ☐ Part Time ☐ Intermittent

   Probable number of such treatments _____
   Duration of treatments _____
   Interval between treatments _____

   If any treatments will be provided by another health services provider, e.g., physical therapist, please state the nature of the treatments: _____

   If the patient requires a regimen of continuing treatment under your supervision, provide a general description of the regimen, e.g., prescription drugs, physical therapy requiring special equipment: _____

5. A. If medical leave is required for the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind? ☐ Yes ☐ No
   B. If No, is she or he unable to perform one/more essential functions of the job? ☐ Yes ☐ No
      If Yes, please list the essential functions the employee is unable to perform: _____

   If No to A & B, is the employee required to be absent from work for treatment? ☐ Yes ☐ No

6. If the employee requires leave to care for a family member with a serious health condition, does the patient require assistance for basic medical or personal needs, safety, or transportation? ☐ Yes ☐ No

   If No, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery? ☐ Yes ☐ No

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

SIGNATURE OF HEALTH CARE PROVIDER | DATE | TYPE OF PRACTICE

ADDRESS | TELEPHONE NUMBER

Annex E

PERFORMANCE APPRAISAL MANUAL

A GUIDE FOR EVALUATORS

DIVISION OF PERSONNEL

DEPARTMENT OF FINANCE AND ADMINISTRATIVE SERVICES

Change No. 9, 4/1/86

This manual has been prepared in accordance with Section 111 of the Broward County Civil Service Rules which directs the establishment and administration of an Employee Performance Appraisal System. The standardized employee appraisal system contained in this manual has been researched and developed by Broward County management and professional staff under the direction of the Director of Personnel.

The purpose of the manual is to provide procedures and guidelines for supervisors who have responsibility for evaluating the performance of employees in the accomplishment of their assigned duties and responsibilities. By applying these procedures and guidelines uniformly, a rating supervisor will be able to evaluate performance, discuss the ratings with the employee, prescribe corrective measures where necessary, and assist the employee in reaching full potential.

* * * * * * * * * * *

Table Of Contents

INTRODUCTION

In nearly every situation involving more than one person, some form of evaluation takes place. For example, if a group of people play golf together on a regular basis, it will not take long for each member of the group to rate his/her ability against that of the other members of the group. Work situations are no different, as we constantly appraise or size up our fellow employees. The question then is not should but how we rate employee job performance. The act of evaluating an employee's performance is a function of supervision. All employees want to know "How am I doing?" Constructive evaluation helps employees do a better job and understand what is expected of them. The careful and fair application of both objective and subjective measures in evaluation will help assure employees that their rating are based upon facts and performance, and not on bias or one or two isolated instances. This assurance enables employees to recognize criticism for what it is: helpful advice toward complete mastery of the job.

Performance Appraisal is a formal system in which the job that has to be done is clearly defined, the criteria for determining how well and in what manner the job is to be done are specified, and the individual doing the job is helped to perform the duties of that job more effectively by a regular communication and planning process. Supervisors must plan, organize, direct, and evaluate the work of their employees. Since the supervisor's job is to get the work done with and through people, employees need to be told how well they have done the job. For both parties, then, there are good reasons for a

sound performance appraisal process. The formal process is not a substitute for the on-going day-to-day review of work with employees in which supervisors recognize good work products or correct poor performance.

The perfonmance appraisal system has been designed to optimize employee productivity by:

1. Providing supervisors and employees with an opportunity to discuss work and related matters and to set future work objectives;

2. Informing employees on how well they are achieving work objectives, how well they are performing their present duties and responsibilities; and by offering suggestions, assistance, and support to help employees perform their jobs more effectively;

3. Planning for individual improvement and development.

The performance appraisal process starts immediately after the employee is hired or begins a different job. The supervisor discusses with the employee the job duties and responsibilities as well as the performance measures to be used in evaluating the employee . That way, both parties understand what is expected. The success or failure of a performance appraisal system depends upon the attitude and understanding of all concerned. This manual has been prepared to assist supervisory personnel in carrying out the purpose and intent of the County's Employee Performance Appraisal System in a fair and constructive manner.

PERFORMANCE EXPECTATIONS & JOB BEHAVIORS AND CHARACTERISTICS

Each employee in Broward County works within a broad job classification. Class specifications describe the knowledge, skills, experience and education requirements of an individual suited to perform a job within the classification. Each position within a classification has a purpose and scope, duties and responsibilities, and critical performance elements. It is essential to identify and convey these specific expectations whether we label them standards, objectives, requirements or something else.

Clearly established expectations help the supervisor to focus on measurable performance criteria. The following pages list some examples of behaviors and job characteristics which are useful in identifying successful or unsuccessful job performance. Examples are grouped by specific areas of performance which correspond to the rating factors contained on the Performance Appraisal Form. Where appropriate, the examples also cover various job levels within the organization such as administrative/management, professional, paraprofessional, technical, clerical, trades and labor (and are listed in that order). Of course, not all of these examples will be applicable to a specific job. However, they are intended to guide the evaluator in identifying and describing additional behaviors and characteristics which are applicable.

The employee performing the job must clearly understand the job requirements and the conditions that will exist when the job is successfully done. Hopefully, these expectations are agreed upon and accepted in discussions with the employee. Of course, this is an ongoing process as requirements and situations change. However, when the employee generally knows in advance what is expected and the criteria which the evaluator will be using in the appraisal process, then measurement of job performance becomes almost self-evident.

Attendance: Regularity of attendance and punctuality.

- Puts in time necessary to fulfill responsibilities of position (i.e. job basis).
- Leave time is used responsibly as authorized
- Sick leave is accumulated or use is verified as applicable/required.
- Works any necessary overtime to fulfill responsibilities of position (i.e. non-job basis).
- Supervisor is given proper notice of absences.
- Conforms to established work schedules.
- No unnecessary delays in starting work at specified time.
- No abuse of meal periods, breaks, quitting time, or other special absences.
- Overtime is accepted and performed without complaint.

Production: Amount and Quality of work.

- Demonstrates ability to produce large volume of work while maintaining high quality.
- Completes projects expeditiously.
- Meets deadlines.

NOTE: Further examples of employee output in terms of both the amount of work produced and the quality of work produced necessitates very job specific statements. For example, production for a Clerk Typist may include typing, preparation, processing and/or reviewing correspondence, reports and records which may be stated as follows:

- Reports, records and correspondence are complete, accurate and prepared in proper format.
- Records, reports and correspondence are prepared and distributed to appropriate persons on schedule.
- Records, reports and correspondence are rarely returned for correction.
- Errors of others affecting records, reports and correspondence are identified and corrected, or brought to the attention of the supervisor.

Initiative: Inner motivation, self-reliance.

- Demonstrates creativity and originality.
- Demonstrates ability and desire for advancement (i.e. potential).
- Actively pursues advanced training and development.
- Innovative ideas are advanced and encouraged in solving problems and improving the effectiveness of the work group.
- Potential improvements in County operations are identified and recommended.
- Readily accepts responsibility and follows through to completion as necessary.
- Suggestions are made and readily tried to improve work methods.
- Demonstrates self-reliance by completing work independently.
- Performs duties without requiring prompting and close supervision.

Co-worker Contact: Working relationships with peers, supervisors and subordinates.

- Contributes to an atmosphere of positive morale in the work place.
- Demonstrates professional conduct in working relationships.
- Conflicts or problems in the work group are usually resolved without intercession of another authority.
- Accepts and supports administrative decisions.
- Works with supervisor and other members of the work group in building an effective team.
- Accepts suggestions and supervision without complaint.
- Assists co-workers as needed and does not disrupt their work.
- Problems in working relationships are resolved without disruption of work.
- Personal appearance does not have an adverse affect on the work environment.

Directives Compliance: Complies with rules and regulations, follows supervisor's instructions.

- Policies, procedures, etc., are documented, communicated and kept available to affected personnel.
- Policies, procedures and work rules are properly implemented and administered as required.
- Equal Employment Opportunity guidelines are followed. Complaints and questions are investigated thru proper channels and resolution is sought.
- Exceptions to policies, procedures and work rules are cleared in advance with appropriate personnel.
- Violations in policies, procedures and work rules are identified and timely corrective action is taken through proper channels as appropriate.
- Sets a good example by adhering to policies, work rules, etc. (Lead Worker).
- Work rules and instructions are followed.
- Deviations from policies, work rules, etc. are approved by supervisor.

Adaptability: Ability to solve novel and/or crisis situations; ability to adjust to change.

- Takes appropriate action to effectuate change in the organization.
- Displays willingness to learn new and/or different methods and techniques.
- Accepts and adjusts to changing work situations and/or assignments.
- Demonstrates ability to improvise under atypical situations.
- Takes appropriate action to resolve a crisis situation.
- Demonstrates ability to handle extraordinary emergency situations.
- Composure is maintained under stress.

Job Knowledge: Depth of knowledge and application of job skills.

- Knowledge and skills necessary for performing assignments are possessed.
- Enhances depth of knowledge and skills related to current duties and responsibilities through training and development.
- Possesses knowledge of applicable resources and uses them effectively (i.e. References Materials).
- Performance of assigned projects and duties is consistent with currently accepted techniques, standards and procedures.
- Conclusions and recommendations reached through application of job skills are substantiated and documented where necessary.
- Equipment and tools are used correctly as applicable.

Judgment: Ability to use discretion and make proper decisions.

- Demonstrates ability to anticipate problems and/or unusual circumstances in order to make an appropriate decision.
- Demonstrates the ability to foresee the possible outcome of a chosen course of action and decides accordingly.
- Appropriate decisions are made independently whenever possible; however, additional input from appropriate sources is obtained if the situation dictates.
- Appropriate decisions are made independently whenever possible or with the supervisor's assistance if the situation dictates.
- Scope of knowledge or authority is not exceeded in handling work situations.
- Uses discretion in performance of duties (i.e. considers proper time, place, and circumstances).

Planning: Ability to organize work and resources, set goals and attainable objectives, use time and resources effectively.

- Takes an active role in goal setting, project planning and internal affairs of the department/division.
- Establishes a plan of action to follow and time requirements in reaching objectives.
- Individual's goals, talents and efforts are directed toward the needs of the department/division and achievement of the work group.
- Problems or deviations arising in established plans, schedules and work activities are handled promptly and corrected; obtains supervisor's approval as appropriate.
- Time on duty, when not performing required assignments, is utilized for the job related benefit of the individual and the department/division.
- Personal matters, telephone calls, etc., do not interrupt work performance.
- Determines and assigns resources required to reach objectives.
- Economy is exercised in the use of available resources (i.e. supplies, equipment, tools, etc.).
- Work is organized in a logical and efficient manner.

Communications: Ability to express thoughts and disseminate information clearly both verbally and in writing; ability to clearly understand information received verbally and in writing.

- Information is communicated to appropriate parties as necessary.
- Written reports, records, memos, etc., are clear, concise and rarely contain errors.
- Oral reports and presentations are clear, well organized and accurate.
- Verbal communication (face-to-face and/or telephone) is clear and accurate.
- Demonstrates a clear understanding of information through effective listening and reading skills.
- Few and only minor problems occur because of lack of effective communication.

NOTE: One or more of the following areas of performance may not apply to a specific job.

Public Contact: Relations with citizens, outside agencies, and the community.

- Promotes a positive public image for the organization.
- Responsive to community problems.
- Demonstrates courtesy, tact and efficiency in interfacing with outside agencies.
- Demonstrates tact and courtesy in meeting with the public.
- Telephone contacts with the public are handled courteously and efficiently.
- Problems and complaints from the public are handled in a positive, helpful manner.
- Presents an appropriate personal appearance in meeting with the public.

Uniforms: Appropriateness of work attire where required.

- Full uniform is worn as required.
- Appearance of uniform is well maintained.

Safety: Safe performance of duties, including operation of vehicles and equipment, if applicable.

- Safety regulations and procedures are communicated and periodically reviewed.
- Promotes and maintains a safe work environment including correcting safety problems.
- Demonstrates due care and caution in performance of duties.
- Safety rules and procedures are followed and safety equipment is properly used.
- Safe operating practices are exercised.
- Safe driving habits are exercised at all times.
- Safety hazards and unsafe acts are reported.
- All accidents are reported to supervisor upon occurrence.

Equipment/Work Area Maintenance: General upkeep, and repair of equipment and vehicles and/or orderliness of work areas.

- Work station is maintained in an orderly manner as necessary.
- Vehicles and equipment are kept clean and in order.
- Equipment is kept in proper location.
- Specified operating procedures are followed in the use and maintenance of vehicles and equipment.
- Preventive maintenance of equipment is performed on schedule.
- Equipment wear and malfunctions are reported to supervisor or corrected as specified.
- Equipment is not lost or damaged due to carelessness.
- Files and records are maintained in an orderly and systematic manner.

Direction of Subordinate Personnel: Ability to assign, schedule, train and supervise personnel.

- Policies, rules, etc. are explained and consistently applied to all assigned personnel.
- Motivates employees to be productive and reach full potential.
- Assignments are made in a fair and impartial manner considering the needs of the department/division and the capabilities of the employee.
- Successfully selects new employees who are an asset to the department/division.
- Subordinates receive proper orientation and on-the-job training.
- Frequently communicates with subordinates regarding their duties and responsibilities.
- Subordinates receive evaluation and counseling in an objective manner and in line with established procedure with constructive suggestions as to how performance can be improved.
- Appropriate action is taken to correct performance problems and/or work rule violations of subordinates.
- Grievances and potential grievance situations receive early attention and are thoroughly documented.
- Complies with Equal Opportunity policies and procedures and the Affirmative Action Plan through example and supervision of subordinates.
- Trains and guides less experienced personnel (Lead Worker).
- Tasks are assigned in a fair manner and work is evenly distributed among workers (Lead Worker).

Management Skills: Ability to manage programs, develop and implement policies, support Affirmative Action Plan, interface with management support systems.

- Determines consistent and systematic methods of managing programs.
- Determines the nature and scope of work to be performed and results to be achieved.
- Analyzes the work for required personnel capabilities; successfully delegates as appropriate.
- Assures the effective accomplishment of objectives thru establishing standards, measuring results and taking corrective action.

- Develops and implements policies; establishes necessary rules and regulations.
- Provides opportunities for people to increase their capabilities in line with organizational needs.
- Exercises management control by creating and maintaining a work environment in which people can control their own performance.
- Displays effective leadership thru example; sets the "standard" for conduct.
- Effectively interfaces with management support systems in the organization.
- Upper level managers are advised of programs, plans, etc. on a timely basis.
- Anticipates and appropriately handles actions which may impact other work units.
- Sees the "whole picture" and takes necessary factors into account.
- Exercises management responsibility for implementing cost reduction programs.
- Budget recommendations and expenditures are based upon prioritized needs and are kept within required limitations.
- Demonstrates ability to effectively interface, vertically and laterally, within the organization.
- Supports Affirmative Action goals and objectives in the management of programs and policies; effectively interfaces with the Office of Equal Employment Opportunity in promoting affirmative action and resolving related problems.

PREPARATION FOR THE PERFORMANCE APPRAISAL INTERVIEW

Prior to the appraisal interview, the evaluator needs to:

1. Review the employee's work records. To ensure accurate recall, the evaluator should also make clear specific notations of important performance incidents, both favorable and unfavorable, when they occur throughout the year. They need not be elaborate but should provide enough information to recall not only what happened but the conditions under which it happened. These observed behaviors should be pointed out to the employee for commendation or correction at the time they occur as part of performance feedback and ongoing communication.

2. Review the rating factors, duties required of the employee's position, and any other relevant materials to determine whether the employee is working within the specified guidelines. Do guidelines need to be updated or changed? What change in direction, if any, must the employee make to meet the requirements of the job?

3. Carefully consider any impact the evaluator's own performance may have on the employee's performance.

4. Appraise the employee's performance and results. When preparing the evaluation, don't judge the person. The following highlights some common evaluation problems to be avoided.

- Halo

  Observing one or two apparent favorable or unfavorable characteristics and then generalizing that all other aspects of the person are the same.

- Recent Performance Bias

  Recalling an employee's most recent performance whether favorable or unfavorable and forgetting the earlier performance.

- Blind Spots

  Failing to see a person's shortcomings because they are the same as yours.

- Compatibility

  Thinking: "If the person is like me, he or she is good; if the person in not like me, he or she may not be bad but pay careful attention."

- Special Assets

  Looking at one or two special skills and failing to notice the rest of the performance which may be average or even poor.

- Snap Judgments

  Forming first impressions.

- Prejudice

  Having a pre-conceived judgment caused by past experience or teachings, often based on insufficient knowledge.

- Preoccupation

  Being in a state of mind so busy with other thoughts that no attention is focused on what is going on or being said.

- Performance vs Potential

  Although these are separate things to be considered, confusing them or treating them as if they were one and the same. It is quite possible for a high performer to lack potential for advancement. However, most people with high potential are also good performers.

5. Review plans to meet the following goals during the appraisal:

   - Increase rapport with the employee
   - Fully communicate what is expected of the employee on the job including changes you want to accomplish with the employee (i.e., job knowledge, production, etc.)
   - Increase the employee's understanding of the importance of his job in relation to the whole organization.

6. Properly complete the Performance Appraisal Form according to instructions on the following pages and obtain the signature of the reviewer. All appraisals are to be reviewed by a specifically authorized person at least one organizational level above the evaluator.

7. Schedule the performance appraisal with the employee in advance - beginning time, ending time, place. Make sure it is convenient for the employee, if at all possible.

COMPLETION OF THE PERFORMANCE APPRAISAL FORM

The Performance Appraisal Form (102-101) is used for evaluating the performance of employees. The following procedures are to be used in completing this Form:

(1) Enter the employee's last and first name, and middle initial

(2) Enter the employee's class title

(3) Enter the employee's social security number

(4) Enter the name of the Department

(5) Enter the name of the Division/Office

(6) Enter the Rating Period
(e.g., From: April 15, 1985 To: April 15, 1986)

(7) Enter the employee's Anniversary Date
(See Section 100.002 of the Broward County Civil Service Rules)

(8) Check the appropriate box for type of report
(Also consult the Personnel Procedures Manual)

A. Probationary

On original appointments, all non-bargaining unit employees receive a probationary evaluation at least twenty(20) working days prior to completion of six (6) months of service. NOTE: Part-time employees receive an evaluation prior to completion of 1040 hours of service. For employee's whose job classifications are covered by collective bargaining agreements, please consult the applicable union contract.

B. Annual

On original appointments and promotions, employees receive a twelve (12) month evaluation, and annually thereafter, approximately (20) working days prior to the anniversary date of their original appointment or date of last promotion. NOTE: Part-time employees receive an evaluation prior to completion of 2080 hours of service.

C. Promotions

Following promotions, employees receive an evaluation prior to completion of six (6) months in the position. For employees whose job classifications are covered by collective bargaining agreements, please consult the applicable union contract.

D. Special

1. Grant Transition

For grant transition, the employee nominated for the grant transition receives a special evaluation of his/her performance in the position held at the time the grant transition is requested.

2. Special Merit Increase

A special evaluation is completed when a request for a special merit increase is made.

3. After Evaluation with a QPA of 2.5 or below*

A special evaluation is also completed as a follow up to an evaluation reflecting inferior or marginal performance (i.e. below job requirements).

* Provided evaluation is not a Probationary Rejection or Final Evaluation.

E. Final

For separations from County Service, the employee usually receives a final evaluation of his/her performance in the position held at the time of separation.

(9) Rate factors one (1) thru sixteen (16) by circling the applicable number on the scale. Note that factors eleven (11) thru sixteen (16) are to be rated if the factors apply to the job requirements. Each factor measures a specific area of performance which applies to job requirements and is characterized by identifiable job behaviors. Each point on the scale is meaningfully different and indicates the degree of performance demonstrated by the employee on each factor. Refer to pages 4 thru 9 of this manual for descriptions of job behaviors and the reverse of the form for factor rating guide.

(10) Calculate the Quality Point Average (QPA) according to instructions on the form.

(11) Enter comments pertinent to the employee's performance. Check box in lower left corner of the form if additional sheet(s) are attached. Justification statements are required for all factors rated POOR and/or EXCELLENT. The evaluator must provide examples in specific, descriptive terms and should indicate the results of any action or inaction so the employee can relate to the cause and effect relationship. People do not relate to vague generalities such as: "Employee is doing a great job" or "Employee is not doing his job".

Broward County
PERFORMANCE APPRAISAL FORM

PLEASE TYPE OR PRINT CLEARLY

EMPLOYEE NAME (LAST, FIRST, INITIAL)	CLASS TITLE	SOCIAL SECURITY NUMBER
1.	2.	3.

DEPARTMENT	DIVISION/OFFICE	6. RATING PERIOD FROM: TO:	ANNIVERSARY DATE
4.	5.		7.

8. TYPE OF REPORT (Check one): ☐ PROBATIONARY ☐ ANNUAL ☐ PROMOTION ☐ SPECIAL ☐ FINAL

9. PERFORMANCE MEASURES — For each factor, circle the appropriate number on the scale. See reverse of form for definitions of factors, rating guide and quality point average.

Factors one through ten must be rated for ALL employees.	POOR	IMPROVEMENT NEEDED	MEETS EXPECTATIONS	EXCEEDS EXPECTATIONS	EXCELLENT
1. Attendance	1	2	3	4	5
2. Production	1	2	3	4	5
3. Initiative	1	2	3	4	5
4. Co-worker contact	1	2	3	4	5
5. Directives compliance	1	2	3	4	5
6. Adaptability	1	2	3	4	5
7. Job knowledge	1	2	3	4	5
8. Judgment	1	2	3	4	5
9. Planning	1	2	3	4	5
10. Communications	1	2	3	4	5

Additional factors must be rated if applicable.	POOR	IMPROVEMENT NEEDED	MEETS EXPECTATIONS	EXCEEDS EXPECTATIONS	EXCELLENT
11. Public contact	1	2	3	4	5
12. Uniforms	1	2	3	4	5
13. Safety	1	2	3	4	5
14. Equipment/work area maintenance	1	2	3	4	5
15. Direction of subordinate personnel	1	2	3	4	5
16. Management skills	1	2	3	4	5

ADD ALL NUMERICAL RATINGS AND DIVIDE BY NUMBER OF FACTORS RATED TO DETERMINE THE QUALITY POINT AVERAGE.

QUALITY POINT AVERAGE: 10.

11. EVALUATOR'S COMMENTS — Justification is required for all factors rated 1 and 5. Include a plan for correction of inferior and/or marginal performance as well as any plan to further develop employee capabilities. Attach additional sheet if necessary.

I have reviewed the Performance Appraisal Manual for Evaluators and have completed this Performance Appraisal Form as required.

12.

Evaluator's Signature | Title | Date

I have reviewed and approved the rating factors and comments which include justification where required.

13.

Reviewer's Signature | Title | Date

EMPLOYEE'S COMMENTS:

14.

Signature certifies the employee had the opportunity to review and discuss the appraisal with the evaluator but does not necessarily mean the employee agrees with the appraisal.

Change No. 9, 4/1/86

Employee's Signature | Date

☐ Check if additional sheet(s) attached.

PERSONNEL DIVISION COPY

Form No. 102-101/A0401
Revised (4/86)

FACTOR DEFINITIONS

Items 1 through 10 must be rated.

1. Attendance: Regularity of attendance and punctuality.
2. Production: Amount and quality of work.
3. Initiative: Inner motivation, self-reliance.
4. Co-worker Contact: Working relationships with peers, supervisors and subordinates.
5. Directives Compliance: Complies with rules and regulations, adheres to EEO policies and procedures, follows supervisor's instructions.
6. Adaptability: Ability to solve novel and/or crisis situations; ability to adjust to change.
7. Job Knowledge: Depth of knowledge and application of job skills.
8. Judgment: Ability to use discretion and make proper decisions.
9. Planning: Ability to organize work and resources, set goals and attainable objectives, use time and resources effectively.
10. Communications: Ability to express thoughts and disseminate information clearly both verbally and in writing; ability to clearly understand information received verbally and in writing.

Additional factors must be rated if applicable.

11. Public Contact: Relations with citizens, outside agencies, and the community.
12. Uniforms: Appropriateness of work attire where required.
13. Safety: Safe performance of duties, including operation of vehicles and equipment, if applicable.
14. Maintenance of Equipment/Work Area: General upkeep, and repair of equipment and vehicles and/or orderliness of work areas.
15. Direction of Subordinate Personnel: Ability to assign, schedule, train and supervise personnel.
16. Management Skills: Ability to manage programs, develop and implement policies, support Affirmative Action Plan, interface with management support systems.

FACTOR RATING GUIDE

1 = Poor. The employee clearly fails to meet the minimum performance requirements on job related criteria for that specific factor.

2 = Improvement needed. The employee falls below the acceptable performance requirements on job related criteria for that specific factor.

3 = Meets expectations. The employee generally meets but does not exceed the performance requirements on job related criteria for that specific factor.

4 = Exceeds expectations. The employee has exceeded the performance requirements on job related criteria for that specific factor.

5 = Excellent. The employee far exceeds the performance requirements on job related criteria for that specific factor. Such exemplary performance is characterized by unusual accomplishments.

OVERALL QUALITY POINT AVERAGE

QPA		MERIT INCREASE (If applicable)
1.0 – 2.5	Performance is inferior or marginal, work below job requirements.	No increase
2.6 – 3.1	Overall performance meets expectations although employee may need improvement in specific areas. Employee may also perform above expectations in limited specific areas.	1 Step increase
3.2 – 4.4	Overall performance is above expectations in some if not all areas of performance.	2 Step increase
4.5 – 5.0	Overall performance is superior and work is characterized by unusual accomplishments.	2 Step or 3 Step increase

References to vague traits such as attitude or personality should also be avoided. Justification statements must specifically describe what has occurred. For example: "Part of the employee's job is to submit weekly reports on accounts receivable each Monday morning; five reports were late within a two month period which resulted in significant processing delays", OR "Part of the employee's job is to submit weekly reports on accounts receivable each Monday morning; the reports have consistently been submitted ahead of schedule with no errors. The employee has also assisted others in the completion of reports which has resulted in increased efficiently and productivity in the entire unit".

A plan for correction of performance which is below expectations is also required and should include mutually agreed upon goals and deadlines. A special evaluation will be required in 60 to 90 days if the overall QPA is 2.5 or below.

Also include any plans to further develop employee capabilities in order to attain career goals.

(12) The evaluator signs and dates the form.

(13) The reviewer signs and dates the form. The reviewer must ensure that factors 1 thru 10 and all applicable factors 11 thru 16 are rated and that appropriate justification statements are provided. Note that the reviewer is a specifically authorized person at least one organizational level above the evaluator.

(14) The evaluation is reviewed with the employee by the evaluator and/or the reviewer and the employee signs and dates the form. Employees must sign this document in the space provided. The employee's signature signifies acknowledgement of the contents of the document and/or receipt of a copy of that document. The signature does not signify either agreement or disagreement with the document. Refusal to sign this form may result in suspension without pay for one day. In such cases, the evaluator must record the employee's unwillingness to sign the form on the space provided and two supervisory staff must sign and date that portion of the form and forward it to the Personnel Division for processing.

CHECKLIST FOR PROCESSING THE PERFORMANCE APPRAISAL FORM

YES	NO		
---	---	1.	Have you reviewed the Performance Appraisal Manual for Evaluators?
---	---	2.	Have you previously reviewed the employee's duties with the employee so that he/she is aware of your specific performance expectations?
---	---	3.	If the employee has been supervised by others during the appraisal period, have you received input from the appropriate individuals?
---	---	4.	Have you rated all of the performance measures 1 thru 10?
---	---	5.	Have you rated all applicable performance measures 11 thru 16?
---	---	6.	Have you provided specific justification statements for all measures rated 1 and 5?
---	---	7.	Has the evaluator and reviewer signed and dated the form prior to issuance to the employee?
---	---	8.	Has the employee signed and dated the form and received copies of all attachments?
---	---	9.	If this is an annual appraisal, have you verified the employee's anniversary date?
---	---	10.	If the employee is eligible for a merit increase, has a BC-102 been properly completed? Consult the Personnel Procedures Manual.
---	---	11.	If this is a longevity increase, have you verified employee eligibility and the appropriate longevity plan? Consult the Personnel Procedures Manual.
---	---	12.	Is employee being recommended for a 3-step annual merit increase? If yes, have you prepared supporting documentation?
---	---	13.	Is employee being recommended for a special merit increase? If yes, have you prepared supporting documentation?
---	---	14.	If this is a probationary appraisal, have you conformed with the necessary time requirements?
---	---	15.	If the performance appraisal QPA is 2.5 or below have you advised the employee that he/she will be receiving a special evaluation in 60 to 90 days, provided this is not a Probationary Rejection or a Final Evaluation? Consult Labor Relations.

THE APPRAISAL INTERVIEW

Planned frequent communication and feedback on job performance throughout the year helps overcome apprehension during the actual appraisal interview. At the interview, the following guidelines should help the evaluator conduct a positive, meaningful evaluation.

1. Have the "tools" which you need for the meeting.

   - A quiet, private location with no interruptions
   - Relevant work records for discussion
   - The completed Performance Appraisal Form

2. Start the appraisal with a warm-up period.

   - Take the time to develop rapport and discuss the appraisal process including the need for joint action and commitment
   - Review the information on hand which was used to measure the employee's performance

3. Be candid and be specific. Candidly get to the point in discussing the employee's performance on the job.

4. Build on the employee's strengths. This approach enables the employee to work toward his greatest potential. The employee must use his strengths to accomplish a job, he/she cannot use weaknesses.

5. Be a positive listener. Non-verbal communication often says more than words.

6. At the conclusion of the interview, the evaluator should have answered these four questions for the employee:

   - How am I doing?
   - Where do I go from here?
   - What are my major skills and abilities?
   - What areas of my performance need improvement?

NOTE:

At the conclusion of the interview, the employee must sign the form and be given his/her pink copy. The Division retains the blue copy and the original is forwarded to Personnel for filing in the employee's official Personnel file.

FLORIDA RETIREMENT SYSTEM SENIOR MANAGEMENT SERVICE CLASS

April 7, 2000

DIVISION	TITLE	#POSITIONS
Aviation Department	Director	1
Aviation Department	Deputy Director	1
Commission Auditor	Commission Auditor	1
Community Services Dept.	Director	1
Community Services Dept.	Assistant Director	1
County Administration	County Administrator	1
County Administration	Deputy County Administrator	1
County Administration	Ass't to County Administrator	3
County Attorney's Office	Chief Trial Counsel	1
County Attorney's Office	Deputy County Attorney	4
County Attorney's Office	County Attorney	1
Division of Human Resources	Director	1
DPEP	Director	1
DPEP	Assistant Director	1
Finance & Admin Svcs Dept	Director	1
Finance & Admin Svcs Dept	Assistant Director	1
GFLCVB	Director	1
Human Services Dept	Assistant Director	1
Human Services Dept	Director	1
Internal Auditor	Director	1
Office of Budget Services	Director	1
Office of Economic Development	Director	1
Office of Equal Opportunity	Director	1
OIT	Chief Information Officer	1
Planning Council	Director	1
Port Everglades	Deputy Director	1
Port Everglades	Director	1
Public Works Department	Director	1
Public Works Department	Deputy Director	1
Public/Governmental Relations	Director	1
	TOTAL	35

ANNEX G

County Administration
Professional Standards Unit
115 S. Andrews Avenue, Room 518
Fort Lauderdale, FL 33301
(954) 357-7896 • FAX (954) 357-7889

MEMORANDUM

TO: ALL COUNTY EMPLOYEES

FROM: Roger J. Desjarlais
County Administrator

DATE: July 16, 2001

SUBJECT: ETHICS & CONFLICT OF INTEREST POLICIES

As County employees we are personally and professionally obligated to serve the public with honest and integrity. The County has specific policies to guide decisions and conduct when a potential conflict of interest is present. It is essential that we maintain the trust of the public, the County Commission and of our fellow employees as the many thousands of decisions which go into the operations of County programs are made each year. The attachment to this memorandum sets forth County policies in this regard to help every employee understand the great importance place on high standards of ethical conduct in the following areas:

1. ACCEPTING OR SOLICITING GIFTS
2. CONFLICT OF INTEREST
3. OUTSIDE EMPLOYMENT
4. FINANCIAL DISCLOSURE

I am asking all employees to review these policies and be guided by them in all aspects of their work. Managers and supervisors have the added responsibility to guide subordinates in maintaining high standards of conduct.

Should there be a question about the application of these policies in specific circumstances, seek advise and guidance from a supervisor or another official in the chain of command. The Personnel Director, County Attorney, or any member of my staff would be happy to assist in the application of the letter and spirit of these important policies.

attachment

Change 29 FEB 0 3 2005

ANNEX G

County Administration
Professional Standards Unit
115 S. Andrews Avenue, Room 518
Fort Lauderdale, FL 33301
(954) 357-7896 • FAX (954) 357-7889

TO: **ALL DEPARTMENT / DIVISION / OFFICE DIRECTORS & ASSISTANT DIRECTORS**

THRU: Roger J. Desjarlais
County Administrator

FROM: William J. Sulser, Chief
Professional Standards Unit

DATE: July 16, 2001

SUBJECT: CODE OF ETHICS FOR PUBLIC OFFICERS AND EMPLOYEES

In accordance with Chapter 9, Section C, of the Human Resources Division Internal Control Handbook, all Directors and Assistant Directors of Departments and Divisions and heads of separate offices are required to certify at the time they are appointed and then annually thereafter, that they have read and understand certain standards of ethical conduct. Attached is a statement that, when signed, will satisfy the certification requirement.

A copy of the applicable chapters and sections are available in each Department Director's office for your review. Copies of Chapter 112 of the Florida Statutes are available in the County Attorney's Office and the Office of Internal Audit. The County Administrator's memorandum restating our basic policies on ethics and conflicts of interest is attached to this memorandum for your convenience. Please review the sections cited on the certification form, sign the statement and return it to Leona Pena, Admin. Coordinator, Professional Standards Unit, Room #518, Governmental Center prior to August 24, 2001.

attachments

Change 29 FEB 0 3 2005

ANNEX G

BROWARD COUNTY
FLORIDA

County Administration
Professional Standards Unit
115 S. Andrews Avenue, Room 518
Fort Lauderdale, FL 33301
(954) 357-7896 • FAX (954) 357-7889

MEMORANDUM

TO: **DEPARTMENT/DIVISION/OFFICE DIRECTORS & ASSISTANT DIRECTORS**

FROM: **LEONA E. PENA**
ADMINISTRATIVE COORDINATOR

SUBJECT: **CODE OF ETHICS CERTIFICATION**

DATE: **JULY 16, 2001**

Enclosed is the material for the annual Code of Ethics Certification. Included is a letter from Roger Desjarlais, County Administrator and William J. Sulser, Chief, Professional Standards Unit directing that "in accordance with Chapter 9, Section C, of the Human Resources Handbook, all Director's and Assistant Director's of Department's, Division's, and head of separate offices are required to certify that at the time they were appointed and annually thereafter, they have read and understand certain standards of ethical conduct."

Two years ago this office created a desktop manual, **Code of Ethics for Public Officers and Employees**, which was distributed to each and every Director and Assistant Director to be retained in their offices for future reference. This manual covered all the articles listed on the **Code of Ethics Certification** form, which you are required to sign, date, and return to this office. This manual is to be shared with all employees in your area to ensure that they are aware of certain policies pertaining to outside employment, receiving and soliciting gifts, conflict of interests, and the County policy on financial disclosure (from the Supervisor of Elections).

Some changes have occurred in the Florida Statutes. To ensure timeliness of disseminating this information to you, we have now put the **Code of Ethics Manual on the BC-NET**. You may access the manual by going into the Agency Listings, scrolling down to the Professional Standards Unit section and log into the section dealing with the Florida Statutes. The sections from Human Resources, are not yet active and remain the same for the time being and are in the manual. If and when changes are made to those sections, we will then make them available on the BC-NET. We are making every attempt to keep this manual as current as possible and as changes occur in the future, we will send out an e-mail message advising of the changes.

If you have any questions or if you should need further assistance in accessing this net-site, please call this office at 357-7896.

Thank you for your cooperation in this matter.

encl(s)