

CITY OF HAYS



PERSONNEL MANUAL

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CITY OF HAYS, KANSAS

AN EQUAL OPPORTUNITY EMPLOYER

EFFECTIVE

July 1, 2009

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PREFACE

This manual represents a compilation of written personnel policies, procedures, and guidelines for employees of the City of Hays, Kansas. These policies and procedures are designed to recognize the personal needs of the employee as well as provide administrative direction, conformity, and continuity in the workplace. These policies, procedures, and guidelines are adopted by the City Manager and can only be changed by approval of the City Manager.

This manual shall be made available to all employees. Each department head and supervisor responsible for the direction of employees shall also be responsible for the administration and execution of the policies contained herein. Each employee is responsible to know the policies, procedures, and guidelines contained in the manual, and become aware of any changes forthcoming.

The City of Hays is an **employment-at-will** employer. **Employment-at-will** means that the employee works at the will and pleasure of the employer. Nothing contained in this manual, or any result of administration of the policies herein, shall be construed as an employment contract.

The policies, procedures, and guidelines contained in this manual are not exclusive, and may not address every personnel issue. They shall apply to all employees in the service of the City, except where superseded by specific provisions of a current memorandum of agreement governing a specific group of employees.

Interpretation, methods, and policy must be subject to continual review and modification. Human Resources shall see that all authorized changes are prepared and distributed for inclusion in the manual. Any questions concerning interpretation of policy, procedures to be followed, or direction or clarification of any other subjects concerning personnel matters of the City of Hays will be first directed to the appropriate supervisory person, and then if necessary to Human Resources for interpretation, review, or research. **However, the City Manager has ultimate responsibility for the adoption, formulation, and implementation of City Personnel Policy, and may waive any provisions of the policy as deemed necessary.**

The City of Hays, Kansas, is an equal opportunity employer and does not discriminate against employees or job applicants on the basis of race, religion, color, sex, age, national origin, disability, or any other status or condition protected by applicable state and federal laws.

City Manager

Date

ARTICLE A. GENERAL

A-1. Policies Established. The following policies, guidelines, and other provisions for personnel administration in the City of Hays are established to:

- (a) Promote and increase the efficiency and effectiveness of City services.
- (b) Develop a program of recruitment, advancement, and tenure which will make City service attractive as a career.
- (c) Establish and maintain a uniform plan of performance evaluation and compensation based upon the relative duties and responsibilities of each position to assure a fair and equitable wage or salary to all employees.
- (d) Establish and promote high morale among City employees by providing good working relationships, uniform personnel policies, and an opportunity for advancement without regard to race, color, sex, disability, religion, age, national origin or ancestry, and political affiliation.
- (e) Establish City employment and personnel policies. These policies and guidelines do not create contractual employment rights. **All employees are considered to be at-will employees for the purposes of City employment and shall serve at the pleasure of the City Manager.**
- (f) Although new employment and personnel policies will be established from time to time and will not immediately be included in this document, this will not exempt employees from adhering to newly adopted policies.

A-2. Application of Policies. These policies and guidelines shall apply to all employees in the service of the City except where superseded by specific provisions of a current memorandum of agreement governing a specific group of employees, and shall continue in effect until amended or repealed. It should be noted for clarification throughout this document that fire department personnel, with the exception of the administrative staff, work a 56 hour work week which consists of one 24 hour on-duty period, followed by two 24 hour off-duty periods. Because of their hours of work, they experience varying policies which will be noted throughout this document. Elected officials and persons serving the City as consultants or on a contractual basis are not covered by these policies. All previously adopted personnel rules and regulations are repealed. **Where the masculine gender is used, it shall be construed to include the feminine gender.**

A-3. Chain of Command. Within each department, there is a chain of command headed by the department head followed by various levels of supervisory and non-supervisory employees. The chain of command is the organizational structure

established for the operation and supervision of departments. All communications, orders, requests, and recommendations must be channeled through this chain, in both directions, in order to avoid confusion, misunderstanding, and oversight. Supervisors and administrators at every level cannot carry out their responsibilities and perform effectively without an appreciation for and observation of these processes.

Unless specifically authorized by the City Manager, no employee shall contact members of the City Commission for the purpose of promoting or opposing department regulations, programs, projects, or other administrative matters. The previous statement does not apply to employees involved in carrying out their assigned responsibilities with appointed boards or commissions which include members of the City Commission.

- A-4. Departmental Guidelines.** The director of any City department may formulate in writing reasonable guidelines for the conduct of the operations of his department, such as those relating to safety or operational procedures, which shall be available to all departmental employees. Such department guidelines shall not be less stringent than, in violation of, or in conflict with any personnel guidelines adopted by the City Manager. Because of the size and varying policies within specific departments, it is impossible to address the appropriate supervisory person in each department or division that handles specific personnel functions. Therefore, when the term "department head" or "supervisor" is referred to, it should be construed as the person you, as a City of Hays employee, report to on a regular basis, or the person assigned to a particular supervisory duty within your individual department or division.

- A-5. Personnel Records.** Human Resources shall keep adequate records of all persons employed, their pay scale, time worked, paid-time-off (PTO), accrued overtime, and all other records directed to be made and maintained under these policies and guidelines or under applicable state or federal law. An employee's personnel file shall be available during office hours for inspection by that employee or an employee's authorized representative, but must be viewed in the presence of Human Resource staff. Personnel files are also available to the City Manager or an employee's department head.

- A-6. Change in Personal Information.** Employees experiencing a change in address or personal information needed by the City in order to maintain personnel records in an efficient manner should be reported to Human Resources as soon as possible. Personal information shall include, but is not limited to, marital and dependent status in order to efficiently administer the Consolidated Omnibus Budget Reconciliation Act (COBRA). Refer to Article G-12.

A-7. Employee Privacy. There should be no expectation of privacy on the part of employees of the City of Hays relative to their use of City property such as computers, telephones, desks, vehicles, lockers, and items of this nature. Personal property brought onto City grounds or property assigned to employees may be subject to search, review and/or inspection at any time.

A-8. Amendment of Policies. These policies may be amended from time-to-time in the same manner as they were adopted.

ARTICLE B. ETHICS

No employee shall seek, receive, or give any gratuity in the form of compensation, entertainment, trips, gifts, favors, or otherwise of significant value from or to those who have or seek business dealings with or receive service from the City of Hays. It is expressly prohibited for employees, in any way, to use their position or influence for private gain for themselves or others. *The City of Hays "Code of Ethics" in its entirety can be found in the Policy Section of this manual.*

ARTICLE C. POSITION CLASSIFICATIONS

C-1. Objectives and Purpose. Position classification is a system of identifying and describing different kinds of work in the organization in order to permit equal treatment in employment practices and compensation. Each City position, on the basis of the duties, responsibilities, skills, experience, education, and training required of the position, shall be allocated to an appropriate class, which may include either a single position or two or more positions.

C-2. Job Descriptions. Each position shall have a concise descriptive title, a description of the essential and marginal functions (tasks) of the position, and a statement of the qualifications for filling such positions. Such descriptions shall be kept on file in the Human Resource office and shall be open to inspection by any interested party during regular office hours.

C-3. Pay Range Plan. The Governing Body shall adopt a pay plan for each class of positions. The pay ranges assigned to each class of positions shall be periodically reviewed by the Governing Body.

- C-4. Maintenance of the Classification Plan.** It shall be the duty of each department head to report to Human Resources any and all organization changes which will significantly alter or affect changes in the duties and responsibilities of existing positions or proposed positions. The City Manager shall approve all new or revised job descriptions and pay ranges for such positions.

ARTICLE D. RECRUITMENT AND PROMOTION

D-1. Definitions.

- (a) *Full-Time Employee* is one employed to work a normal work week of at least 40 hours on a regular and continuing basis. The work week is any consecutive seven day period, except as otherwise provided in Section E-1.
- (b) *Part-Time Employee* is one employed to work less than a normal work week on a regular and continuing basis, or is available upon request or need.
- (c) *Seasonal Employee* is one employed to work on a regular and/or recurring basis during a specific season or portion of a year.
- (d) *Volunteer* is a non-paid individual or one who receives a stipend, such as a Volunteer Firefighter, in the position he holds. When acting as a non-paid volunteer, an individual is not an employee regardless of other City employment.

- D-2. Recruitment.** It shall be the policy of the City to provide fair and equal opportunity to all qualified persons to enter City employment on the basis of demonstrated merit and fitness determined by fair and practical methods of selection, without regard to race, color, sex, disability, religion, age, national origin or ancestry, political affiliation, or any other status or condition protected by applicable state or federal laws.

D-3. Hiring Practices.

- (a) All job vacancies will be posted on department bulletin boards. Applications for City positions will be accepted in the Human Resources office. Generally, specific time periods for acceptance of applications will be included on job notices and will be the only time applications will be accepted. For some positions, when in the best interests of the City, exceptions to this policy will be made.
- (b) Where qualifications are judged substantially equal, priority for filling a position will be as follows:

- (1) Employees with accrued seniority within the department in which the vacancy occurs;
 - (2) Employees with accrued seniority within other City departments;
 - (3) Applicant from outside the City departments.
- (c) If a list of eligible and qualified applicants for a vacant position exists, an appointment to a vacant position may be made from the eligibility list. Under such circumstances, the position will not be posted again.
- (d) When seasonal personnel leave the employment of the City with a satisfactory or higher exit review, they may be eligible for rehire without going through the hiring process the following season.

Each department may follow more specific hiring practices as set out in personalized departmental procedures.

D-4. Qualifications of Employment. All new applicants for any position with the City shall meet the minimum qualifications established for that position unless waived by the City Manager. Each applicant shall complete a job application form or resume as determined by Human Resources. A medical examination, physical capacity test, psychological examination, and drug test shall be required only after an offer of employment has been made, provided that, such exams or testing are required of all such applicants who are offered employment in similar positions or position classifications. Examinations of this nature are conducted in order to assure that the prospective employee can safely administer the job which he has been offered. Employment is contingent upon the applicant passing required tests.

D-5. Probationary Period.

- (a) Each employee selected to fill a position with the City must successfully complete a probationary period. This gives the supervisor an opportunity to observe the candidate in order to determine whether or not the person is capable of handling the responsibilities and duties of the job in a satisfactory manner.
- (b) Each employee **promoted** to a classification with higher pay shall also undergo a probationary period in order to achieve minimal competency in the new position. An employee who fails to satisfactorily complete such probationary period shall be returned to the pay and position he or she held immediately prior to the promotion if this position or a similar position is open and available.

- (c) The duration of the probationary period for both new employees and promoted employees shall be based upon recommendations of the department head. The successful completion of a probationary period should not be construed as creating a contract or as guaranteeing employment for any specific duration.

D-6. Promotion.

- (a) It is the policy of the City to fill vacancies for supervisory, skilled, and upper-level positions from within the ranks of present employees whenever possible. All employees seeking promotion shall be expected to meet the minimum qualifications for the class to which they seek promotion. A medical examination, psychological examination, or drug testing shall be required only after an offer of promotion has been made, provided that, such exams or testing are required of all such employees who are offered promotions in similar positions or position classifications. The offer of promotion is contingent upon the applicant passing required tests.
- (b) All promoted employees are similar to newly hired employees and will serve the applicable probationary period. Promoted employees may be placed above the minimum entry level of the new salary range, depending on the employee's qualifications for the new position, with the approval of the City Manager.
- (c) Promoted employees who cannot evidence satisfactory performance in the new position may be dismissed from employment with the City. In such case, if an employee's previous position or a reasonably comparable position is available, he may return to that position upon approval of the department head and the City Manager.
- (d) The policy for promotions shall be the same as that outlined in Section D-2 relating to new recruitments.

D-7. Departmental or Divisional Transfers.

- (a) Every employee has the privilege of applying for a transfer when a vacancy in another department or division exists. This does not restrict the City's right to make a non-requested transfer or assignment when deemed in the best interest of the City. Employees transferring from one department or division to another shall be entitled to retain all accrued paid-time-off (PTO) and other such earned fringe benefits.
- (b) Transferred employees are similar to newly hired employees and will serve the applicable probationary period. The transferred employee may be placed

above the minimum entry level of the new salary range, depending on the employee's qualifications for the new position, at the recommendation of the department head and with the approval of the City Manager.

D-8. Employee Demotions.

- (a) A demotion is a downward movement of an employee from one position to another which may be due to inability to satisfactorily perform assigned duties, for disciplinary reasons or during periods when it is necessary to lay off employees due to lack of work or funds. If an employee requests to be placed in a position at a lower pay grade, this will be considered a transfer.
- (b) When an employee is demoted into a position that he has not previously held, the employee will serve the applicable probationary period beginning from the date of demotion.
- (c) When a demotion takes place due to failure to perform satisfactorily in the position to which an employee was promoted or transferred, he may return to the previously held position or a reasonably comparable position, provided such an opening is available. In such case, the probationary period will be waived.

D-9. Nepotism.

- (a) In order to avoid favoritism or the appearance of favoritism based on family relationships, no person shall be employed in a position in any department if that person is a member of the immediate family of another employee within that department. "Immediate family" is defined to include an employee's parents, stepparents, spouse, children, sister or brother, grandparents, grandchildren, mother or father-in-law, and brothers or sisters-in-law and the same family members of the employee's spouse.
- (b) Members of immediate families may be employed within the same department as a seasonal or part-time employee for not to exceed 6 months in any 12 consecutive month period with the exception of volunteers.
- (c) If two employees within the same department marry, or otherwise obtain a relationship whereby they become members of each other's immediate family, the City retains the right to either transfer one of the related employees to another department if a vacant position is available for which one of the employees is qualified, or require one of the employees to resign his/her position for the purpose of maintaining the best interests of the City.

- (d) Violations of this policy existing prior to the effective date of this Personnel Manual are exempt from this nepotism policy.
- (e) In the event of a situation or circumstance not contemplated by this policy, requests for variances or exceptions shall be submitted to the City Manager with appropriate documentation. The City Manager's decision shall be final.

D-10. Citizenship Verification. The City of Hays complies with the Federal Immigration Reform and Control Act, employing only those persons who are legally eligible to work in the United States. All employees hired for any position with the City, shall complete an employment eligibility verification statement (I-9 form) in compliance with the Act.

ARTICLE E. COMPENSATION

E-1. Pay Plan.

- (a) The salary of each employee of the City, except the City Manager and those salaries specifically set by ordinance, shall, at least annually, be set at an amount within the pay range of the position class the employee is assigned. Such determination shall be made by the Governing Body, with the advice of the City Manager. An employee's continued employment at the salary rate within the class assigned to him shall be contingent upon the provisions outlined in Section E-4.
- (b) Employees working on a part-time basis shall receive the hourly wage for the beginning step of the position they are working, or an amount determined and approved by the City Manager, as approved and included in the budget adopted by the Governing Body.
- (c) The hourly wage for persons employed on a monthly salary basis and working 40 hours per week is computed by taking the monthly wage times 12 divided by 2,080 hours. The hourly wage for Fire Department personnel is computed by taking the monthly wage times 12 divided by 2,912 hours.

E-2. Pay Increases.

- (a) Administration of the City Pay Plan shall be a decision made by the Governing Body. Pay increases received in accordance with the Pay Plan are subject to approval by the City Manager.

- (b) Annual cost-of-living pay increases may be given as approved by the Governing Body.

E-3. Longevity.

- (a) Annual longevity bonuses shall be paid to eligible full-time employees based upon length of service. The bonus shall be calculated annually and shall be based upon an employee's annual base salary for a payroll year. Any additional overtime pay due an employee because of the bonus, shall be calculated bi-weekly and added to the employee's bi-weekly regular paycheck.
- (b) The portion of the longevity bonus which is based upon an employee's annual base pay for each payroll year will coincide with the time period covered by employees' W-2 Wage and Tax Statements, and will be paid no later than January 15 of the following year. Eligibility for bonuses and percentage increases based upon years of service shall be determined by an employee's anniversary date. The cut-off date for eligibility shall be the last day of the calendar year for any given year.
- (c) Upon termination of employment, the bonus will be paid to the eligible employee calculated in accordance with the FLSA, and based on years of service at the time of termination and the salary earned to the date of termination.
- (d) Longevity bonuses based on length of service shall be paid on the basis of the following percentages:

After 5 years service	2%	After 15 years service	5%
After 8 years service	3%	After 20 years service	6%
After 10 years service	4%	After 25 years service	7%

E-4 Performance Appraisal

- (a) The performance appraisal process provides the basis for determining employment status. Appraisals are considered in determining promotions, used as a factor in determining the order of layoffs, and as a means of identifying employees who should be transferred, rehired, or who, because of their poor performance, should be demoted or dismissed, and for any other purpose related to job performance.
- (b) Supervisors are required to complete monthly performance appraisals on all probationary employees. Probationary monthly appraisals are due in the Human Resources office every 30-days throughout the probationary

period. Thereafter, performance appraisals shall be submitted to Human Resources as follows:

- (1) at the end of an employee's probationary period;
 - (2) annually, corresponding with the employee's anniversary date; or
 - (3) after 3 months if an employee has received a poor performance rating.
- (c) Direct supervisors are responsible for completing employee performance appraisals. The performance appraisal shall be reviewed by additional departmental and/or divisional supervisors, if appropriate, based upon the size of the department/division. The department head must approve all performance appraisals prior to submitting them to Human Resources for processing. The City Manager must approve all pay changes prior to communicating pay actions to the affected employee.
- (d) Performance appraisal forms will include a variety of general measurements (example: productivity, quality of work, etc.), with a number of sub-topics for each measurement, that employees will be judged upon. Each sub-topic should be evaluated with a numerical rating of 1-5 with 5 being the best. After completing the sub-topics within each general measurement, the numerical ratings should be added and averaged by the number of existing sub-topics on that page. This process should be followed throughout the appraisal form with averaged totals for each general measurement carried to the final page where a grand tally and average should be calculated. The final rating scale will reflect the following:
- 1 = unsatisfactory performance
 - 2 = marginal performance
 - 3 = satisfactory performance
 - 4 = commendable performance
 - 5 = outstanding performance
- (e) If an employee's anniversary date falls in the first week of a payroll period, the employee's pay increase will become effective on the first day of the pay period preceding the anniversary date. If an employee's anniversary date falls in the second week of a payroll period, the pay increase will become effective on the first day of the following payroll period. Retroactive pay increases require approval from the City Manager.
- (f) Performance appraisals shall be conducted on forms and in a manner approved by the City Manager. Supervisors shall meet with their employees to discuss their performance appraisal, and employees will be required to sign the document prior to submitting it to Human Resources.

- (g) An employee who receives a performance appraisal with a rating below “3” will be placed on a 90-day probationary status after which time the employee will be subject to termination if his performance has not improved. If the employee’s performance does improve, any pay increase forthcoming will not be paid retroactively.
- (h) If an employee’s performance appraisal becomes due during a time period that the employee has been placed on a probationary status, his evaluation will be postponed until the probationary status has expired.
- (i) If an employee believes that his performance appraisal is unfounded or inadequately justified, the employee may informally request a meeting with the next level of supervision, or he may file a grievance in accordance with Article I of this document.
- (j) If an employee has been on a leave of absence and it is difficult for the department head and the employee’s supervisors to make a determination as to the employee’s quality of work performance, the department head can extend the employee’s evaluation period until such determination can be made.

E-5. Pay on Termination.

- (a) An employee terminating employment with the City will receive a final paycheck on the first regularly scheduled pay day following his termination.
- (b) If an employee is discharged for cause, or voluntarily terminates without giving a minimum of two weeks notice, the employee will **not** be eligible to receive pay for any accrued paid-time-off (PTO) benefits. In the event of death, the employee or the employee’s heirs shall be paid for any benefit hours due in accordance with other policies outlined in this Manual. Any pay for benefit hours due the terminated employee will be based on the employee's current salary at the time of termination.

E-6. Overtime Work.

- (a) Compensation for authorized overtime work shall be at the rate of 1½ times the employee's regular rate of pay.
- (b) Employees are not allowed to trade time worked for compensatory time.
- (c) Holidays and paid-time-off (PTO) shall be considered as “time worked” for the purpose of computing overtime.

- (d) *Exempt employees* are not required to be paid overtime in accordance with the Federal Fair Labor Standards Act (FLSA). Executives, professional employees, and certain employees in administrative positions are considered exempt employees.
- (e) *Non-exempt employees*, in accordance with the Federal Fair Labor Standards Act (FLSA), shall be eligible to receive overtime compensation for all hours worked in excess of 40 hours in one week, except for full-time firefighters. Full-time firefighters shall be eligible to receive overtime compensation for hours worked in a work period which exceeds 212 hours per 28 day work period.
- (f) All overtime work must have prior authorization by the employee's supervisor. The supervisor shall maintain records of any overtime worked.

E-7. Pay Periods; Paydays.

- (a) Payroll periods will commence at midnight on Saturday and end two weeks later at midnight. City employees are paid every 2 weeks. During the course of the year, employees will receive at least 26 paychecks. The time period covered by the 26 paychecks will consist of an employee's "payroll year" and will coincide with the benefit calendar applicable to all full-time City employees.
- (b) Paychecks will be issued every other week, usually on Friday. If the schedule for processing timecards and issuing checks must be altered, department heads will be notified at the earliest possible time so employees can make necessary arrangements.
- (c) By completing the proper paperwork, employees can have their paychecks direct deposited into the financial institution of their choice.

E-8. Work Assignment in Higher Classification. During routine operations, when an employee is specifically assigned by the department director to fulfill the duties and responsibilities of a higher job classification for a period of more than fourteen (14) consecutive days, the employee shall be compensated by calculating the difference between his current range and the range in which he is serving. The employee's current pay will then be increased by that percentage difference to derive the new rate of pay. The pay increase shall be retroactive after the employee has served fourteen (14) days in the higher classification. This additional compensation shall remain in effect until such time as the additional duties are reassigned to another employee when, the employee will revert back to their original pay.

ARTICLE F. ATTENDANCE AND LEAVE

F-1. Hours of Work

- (a) Employees shall work a schedule to be assigned by the department head.
- (b) The normal work week for full-time firefighters shall average 56 hours and consist of one 24 hour on-duty period, followed by two 24 hour off-duty periods.
- (c) No employee shall be permitted to work in excess of their normal work week except when so directed by the employee's supervisor.

F-2. Rest Breaks and Lunch Breaks.

- (a) Rest breaks are not required in accordance with the Fair Labor Standards Act (FLSA). They are a privilege which should be arranged so as not to interfere with City business. Employees may receive a 15 minute rest break for each four (4) hours of work. The time and place of rest breaks may be determined by the department head.
- (b) Those employees working eight (8) hour shifts with paid lunch hours shall receive 20 minutes for lunch. Lunches shall be taken on the job site or at a site determined by the department head.

F-3. Holidays.

- (a) The following days shall be paid holidays for City employees:
 - New Year's Day, January 1
 - Memorial Day, last Monday in May
 - Independence Day, July 4
 - Labor Day, first Monday in September
 - Veterans' Day, November 11
 - Thanksgiving Day, 4th Thursday in November
 - Friday following Thanksgiving Day
 - Christmas Eve, December 24th
 - Christmas Day, December 25th
 - Any day designated by the City Manager as a celebrated holiday
- (b) Holiday Observance. Determination of a holiday for shift personnel shall be based on the actual date of the holiday. For employees who normally work Monday-Friday schedules, observance of holidays shall be determined by the City Manager.

- (c) Holiday Pay. An employee whose regular work day falls on any City recognized holiday shall receive his regular pay plus 1½ time holiday pay for the hours worked, but not to exceed the amount of hours of his normal work schedule. Any time worked over and above the normal work schedule will be compensated at 1½ rate.
- (d) Holiday Call-back. An employee called back to duty on a holiday shall be compensated at 1½ rate and shall receive a minimum of 1 hour of pay.
- (e) Off-duty Shift Workers. Shift workers such as police officers and plant operators, with the exception of firefighters, whose regular scheduled day off falls on any City recognized holiday shall receive, in addition to his day off, regular pay as holiday compensation equal to the amount of hours the employee would regularly be scheduled for work. Off-duty firefighters shall receive 12 hours of regular pay on holidays.
- (e) Part-time or Seasonal. Part-time and/or seasonal personnel will not be paid for City observed holidays which fall on days for which they would otherwise have been scheduled to work. If part-time or seasonal personnel do work on a City observed holiday, they will be compensated at their regular hourly wage unless they have worked over 40 hours that week at which time they will be compensated at 1½ time rate.

F-4. Paid-time-off (PTO). In recognition of the varying work schedules of City employees and each employee’s diverse need for time away from work, the City provides a general leave policy of paid-time-off (PTO). PTO shall be accrued by full-time employees to use for vacations, illness, on or off the job injuries, medical/dental appointments, personal business, child care problems, pregnancies, for care of immediate family members, funerals, or for any other valid absence as determined by the employee’s supervisor.

- (a) PTO Accrual Rate and Process. City of Hays employees shall accrue the following amount of PTO on a biweekly basis:

Months of Service	Accrual Hours Per Payroll	Annual Amount of Accrual Hours	Annual Amount of Accrual Days
0 - 47	7.4	192.4	24
48 - 107	8	208	26
108 - 167	8.6	223.6	28
168 - 227	9.3	241.8	30
228 +	9.9	257.4	32

Fire Department employees that have a regular work period of 212 hours, shall accrue the following amount of PTO on a bi-weekly basis:

Months of Service	Accrual Hours Per Payroll	Annual Amount of Accrual Hours	Annual Amount of Accrual Shifts
0 - 47	10.2	265.2	11
48 - 107	11.1	288.6	12
108 - 167	12	312	13
168 - 227	13	338	14
228 +	13.9	361.4	15

PTO accrual shall increase to the next level with the beginning of the payroll period in which the employee's anniversary date (the date he started working for the City of Hays most recently) falls, and the employee meets the appropriate months of service in accordance with the above schedule.

- (b) PTO Accrual During Absence
Employees will no longer accrue PTO after two weeks of absence from the job, or during any time during which Short Term Disability or Worker's Compensation is being paid to the employee (see Sections F-7 and F-8).
- (c) Eligibility for PTO
Employees shall accrue PTO hours immediately upon employment, however, an employee may not use these hours until after three full months of employment, and as approved by their supervisor.
In the event that an employee must be off the job but is not eligible for or does not have a sufficient amount of PTO time available, he may submit a leave request for leave without pay. The approval or non-approval of such request will be determined by the employee's supervisor.
- (d) Maximum Accumulation of Paid Time Off
All employees shall have a maximum amount of PTO accrual equal to the number of hours they accrue during their anniversary year. Employees who exceed the accrual maximum shall not be credited with further PTO accrual until their accruals are reduced below the maximum accrual level.
A waiver of the maximum accumulation rule may be granted under special circumstances with the permission of the City Manager.
- (e) Computing Scheduled or Unscheduled General Leave
Any absence for a fraction or part of a day shall be charged in increments of not less than one half (1/2) hour.
- (f) Scheduling of PTO
PTO shall be distinguished between scheduled and unscheduled time off.

(1) Scheduled PTO:

- a. The scheduling of time off shall be at the discretion of the supervisor based upon operational considerations. Every effort will be made to accommodate the employee's requested dates for PTO.
- b. Scheduled leave should be submitted to the supervisor no later than three (3) days in advance of the requested leave unless otherwise directed by the employee's supervisor. The supervisor shall have the option of denying or rescheduling the leave to another date and/or time based upon operational or business considerations.
- c. Scheduled PTO must have the prior approval of the employee's supervisor.

(2) Unscheduled PTO:

In the event the employee is unable to work due to unforeseen personal illness or injury, or for other unforeseen reasons, the following provisions shall apply:

- a. If an employee is unable to report to work for any reason, he shall communicate this fact to his supervisor in accordance with his departmental rules and regulations. Such notification shall be made each time a scheduled work shift shall be missed unless authorization has been granted by the supervisor covering a prolonged absence of specified duration. Unless an employee can show good cause, failing to comply with this provision shall be considered an unscheduled absence without pay. Absences not reported in accordance with these provisions shall be subject to disciplinary action.
- b. The employee may be required to furnish medical verification or other proof that unscheduled use of PTO was unavoidable to his supervisor.
- c. The unscheduled use of PTO which is considered to be excessive by the supervisor shall be investigated and the employee may be subject to disciplinary action. Supervisory personnel will document the reasons for initiating an investigation and the conclusion of their investigation.
- d. The unscheduled use of PTO on seven (7) or more occasions within a payroll year shall affect an employee's

ability to receive a merit pay increase throughout the year. Circumstances related to the use of unscheduled PTO will be evaluated by the supervisor. If just cause can be shown and presented to the City Manager, a merit increase will be considered. All consecutive work day absences due to the same illness shall be considered as one occasion for the purpose of this policy.

F-5. Paid-time-off (PTO) Bank. City employees can voluntarily contribute unused PTO to assist fellow employees in the event of a qualifying illness or injury of the employee or the employee's children or spouse. The Bank is to be used by employees who have exhausted all PTO benefits, and (1) have personally suffered an illness or injury that completely incapacitates them from performing any type of work; or (2) they have a child or spouse who has suffered a disabling illness or injury and needs their assistance.

(a) PTO Committee. The City of Hays Health Insurance Committee which is appointed by the City Manager and consists of nine members has representation from all areas of City employment, serves as the PTO Bank Committee and will administer the PTO Bank. The Committee has one representative from the Service Employees Union; one representative from the non-union members at the Public Works/Parks Departments; two representatives from the Firefighters Union; two representatives from the Police Lodge; one representative from employees not represented by a union; one representative from management; and the Human Resources Coordinator.

(b) Establishing and Maintaining the Bank.

(1) As the need arises, employees may voluntarily contribute PTO hours to a specific employee who has a personal illness or injury, or has a child or spouse with an illness or injury, that meets the criteria established by this policy.

(2) If an employee's application for PTO Bank hours is approved by the PTO Committee and the City Manager, and the Bank is empty, PTO hours will be solicited from fellow employees by the Human Resources Coordinator via email and/or memorandum. Confidentiality will be maintained insofar as possible.

(3) Donations will be directly subtracted from the donator's PTO balance. Donators will have to complete a form indicating the amount of time they wish to contribute. Employee donations will be made on a totally voluntary basis.

- (4) If more PTO hours are donated to a fellow employee than are necessary, the excess hours will be placed in the PTO Bank for future use.
- (5) Because of the ability to apply for short term disability insurance after two weeks off work, employees will be eligible for a maximum of two weeks of time from the PTO bank for their own illness or injury. If the application is for the disabling illness or injury of a spouse or child, an employee may apply for a maximum of four weeks of time from the Bank. Employees can reapply for additional donations.

(c) Procedures for the PTO Committee.

- (1) The Human Resources Coordinator will serve as the resource member of the PTO Committee. All requests for donations for PTO time should be submitted to the Human Resources Coordinator who will schedule a meeting and pass the requests on to the PTO Bank Committee.
- (2) The PTO Committee shall keep all requests and supporting documentation strictly confidential, and any breach of confidentiality will be means for the City Manager to dismiss an individual from the Committee immediately.
- (3) It will be the Committee's responsibility to determine whether the applicant merits PTO assistance, and therefore the Committee will have the right to review the applicant's leave history, and request any other pertinent information to assist them in making a decision regarding the request.
- (4) The Committee will review each application and make their decision on a majority vote. Individual committee members may abstain from being involved in specific cases based on the time element or for personal reasons, but in no instance shall less than 5 members review a request for donation.
- (5) The Human Resources Coordinator will relay all Committee decisions to the City Manager. The City Manager retains the right to override any decision made by the Committee. If the City Manager feels the need to override a decision, he will then meet with the Committee and outline the reasons for his decision.
- (6) If the application for PTO time is approved, but there are no hours available in the Bank, the Human Resources Coordinator will solicit PTO hours from current employees via email and/or memorandum.

Details of the employee request will be included in the solicitation. The name of the applicant will not be revealed unless permission is received to do so.

- (7) The Human Resources Coordinator will notify the applicant of the final decision, and if approved, will have the applicant's PTO account credited with the appropriate amount of donation granted. If possible, the applicant shall prepare and submit the appropriate leave requests.

(d) Procedures for employee requests from the Bank.

- (1) Applications must be made on the appropriate form which can be obtained from Human Resources, or from the "Forms Section" of the City of Hays Personnel Manual.
- (2) Applications should be completed by the employee or by a designated representative of the employee.
- (3) The applicant must be a full-time employee of the City of Hays, and be employed by the City for at least six months.
- (4) The applicant must have exhausted all personal PTO hours prior to receiving hours from the Bank.
- (5) A doctor's statement must accompany all applications stating the nature of the illness or injury that has caused the absence from work. Applications for PTO Bank time due to the illness/injury of a spouse/child, shall be accompanied by verification from a doctor as to the diagnosis and required treatment of the spouse/child.
- (6) If an employee leaves the City's employment after PTO hours have been donated to him, or returns to work on a full-time basis, the unused donated PTO time will revert to the Bank.
- (7) Once notice of termination of employment has been given, either by an employee or by the City of Hays, requests for donated PTO time will be refused.

- (e) The City will continue to pay health insurance premiums at the same rate for those employees receiving donated PTO time. Employees will discontinue accruing PTO benefits after two weeks of absence from the job.

F-6. Maternity Leave. An employee who becomes pregnant shall be granted maternity leave in accordance with the Family Medical Leave Act (FMLA) as outlined in Section F-11. The employee will be required to use accrued paid-time-off (PTO) for the first two weeks after which time the employee can apply for short term disability in accordance with Section F-8. An employee will be expected to return to work within twelve weeks following the commencement of maternity leave in accordance with the FMLA. A department head may require a physician's statement at any time during the pregnancy as deemed necessary based on the physical requirements of the position held by the employee, or the apparent physical condition of the employee.

F-7. Worker's Compensation

An employee who is injured on the job but absent from work less than two weeks and does not receive Worker's Compensation benefits shall either use accrued PTO and receive his regular wages, or take time off without pay. If the injured employee uses accrued PTO, is off work longer than two weeks and Worker's Compensation benefits are received retroactively:

- (a) the employee shall reimburse the City for the amount of insurance benefits received for the first two-week period; or
- (b) if the employee chooses to return his wages received during the first two weeks of injury, the City will credit him for any PTO hours used.

At no time shall an employee use PTO and receive Worker's Compensation benefits simultaneously. An employee that is injured on the job and is eligible for Worker's Compensation benefits will not be eligible to collect Short Term Disability benefits.

If the injured employee is on the City's Health Insurance Program at the time of the injury, the City will continue to provide the injured employee's health care coverage under the same provisions as prior to the leave for up to, but not exceeding 6 months.

F-8. Short Term Disability Leave. The short term disability (STD) plan for the City of Hays is designed to protect employees against lost wages due to a disability. The City will provide employees with 100% of their gross weekly wage when qualifying for STD under the provisions outlined by the insurance policy.

- (a) STD coverage for new full-time employees will take affect on the first of the month following a 90-day waiting period.

- (b) The City of Hays or their agent/administrator of the STD plan reserves the right to request a second opinion at the employer's expense, or to investigate a claim as they see fit at any time.
- (c) Employees that anticipate they will be off work for more than two weeks due to a non-work related injury, illness or pregnancy, should contact the office of Human Resources as soon as feasibly possible in order to process the necessary paperwork. Failure to do so may cause the employee to be off work for a period of time without pay due to the processing time required by the insurance company.
- (d) All claims must be supported by sufficient documentation from a medical consultant, identifying the nature of the injury or illness, the short and long term prognosis, and the anticipated length of time the employee will be required to be off work. The City or their agent/administrator of the STD plan reserves the right to request additional information from the employee and his medical consultant if it is necessary to make a determination relative to the claim.
- (e) Employees who qualify for STD insurance will continue to receive 100% of their salary after 14 days off work due to a disability or illness. If a claim for STD is approved, the insurance company will pay 66 2/3% of an employee's salary. The payment from the insurance company will be mailed directly to the City for reimbursement of that portion of the employee's salary. By accepting benefits under this plan, the employee agrees to automatically assign the insurance company payment to the plan.
- (f) In accordance with federal law, the insurance company is required to deduct FICA and Medicare taxes in the amount of 7.65% from all issued disability checks. Therefore, in order to prevent an employee from paying those taxes twice, FICA and Medicare taxes will not be deducted from 66 2/3% of an employee's paycheck while receiving disability payments.

F-9. Military Leave. Military duty means training and service performed by an inductee or enlistee in the armed forces of the United States, including time spent in reporting for and returning from such training and service. It also includes active duty training as a reservist in the armed forces of the United States or as a member of the National Guard. Individuals shall not be discriminated against with regard to hiring, promotions and retention on the basis of present and future membership in the armed forces.

- (a) An employee enlisting or being called to active duty as a reservist or as a member of the National Guard shall be reemployed upon return from the military service in the job that he would have attained had he not been

absent for military service and with the same seniority, status and pay. The employer must make reasonable accommodations for any employees returning from military duty who are disabled due to military service.

- (b) There is no differentiation between voluntary and involuntary military service.
- (c) USERRA provides that an employee may elect to continue employer-provided health insurance for a period up to 18 months of the employee's military service at the employee's expense. Upon return from military service, the employee is entitled to immediate reinstatement of health insurance.
- (d) To qualify for reemployment rights following military service, employees must have given the employer notice that they were leaving to perform military service; the cumulative period of service must not have exceeded five years; employees must have been released from service under honorable or general conditions; and employees must have reported back to work or applied for reemployment within time constraints prescribed by law and addressed in (e) below.
- (e) For periods of military service up to 30 days, an employee must report back to work at the next regularly scheduled shift on the day following release from the military. Following a period of service of 31-180 days, employees must apply for reemployment within 14 days following release. Following a period of service of 181 days or more, an employee must apply for reemployment within 90 days after release. Failure to return to work or apply for reemployment within the specified time limits through the employee's own fault makes that person subject to the employer's rules concerning unauthorized absence from work.
- (f) Upon restoration to City service, all unused PTO credits accumulated prior to the military leave shall be restored unless the employee had been paid for unused PTO at the time of the induction or enlistment.
- (g) Although an employee does not accrue benefits while on military leave, the time spent in active duty is considered service and counted toward seniority for retirement vesting and benefit accrual purposes upon his return.

F-10. Civil Leave.

- (a) Employees who are required to report for jury duty are to notify their supervisor as soon as possible. The supervisor is to modify the employee's work schedule as required for the employee to properly serve on jury duty. Time spent on jury duty is counted as leave with pay, and is not to be used to qualify for overtime pay.

- (b) Employees who are required to serve as a witness or advisor to the court as part of their duties of employment with the City are to immediately notify their supervisor. The supervisor shall modify the employee's work schedule as needed for these duties. Time spent as a witness or advisor to the court on behalf of the City shall count as hours worked.
- (c) Employees who are required to appear in court or for other legal proceedings not related to their City employment are to use PTO or leave without pay as needed to meet this legal requirement.
- (d) Employees who receive fees for jury duty, or for serving as a witness or advisor services related to their duties with the City, are required to turn these payments over to the City.

F-11. Family Medical Leave. In accordance with the Family Medical Leave Act (FMLA), employees will be granted up to twelve (12) weeks of unpaid family and medical leave during any 12 month period. The 12 month period shall be measured backward from the date an employee uses any Family and Medical Leave. Such leave will be available as the result of the birth, adoption or placement of a child for foster care, to care for a spouse, child or parent with a serious health condition, or due to the serious health condition of the employee.

- (a) An employee who is on FMLA leave due to his own health condition, shall use any accumulated PTO toward the 12 week FMLA leave until such time as Short Term Disability Benefits becomes available. If an employee does not have PTO available, he may take time off without pay until Short Term Disability Benefits become available.
- (b) An employee who is on FMLA leave for an approved leave other than his own health condition, must use accumulated PTO prior to applying for time off without pay.
- (c) In order to be eligible for family and medical leave, an employee must have worked for the City at least 12 months and for a minimum of 1,250 hours during the previous year. Where both a husband and wife work for the City, the total number of weeks leave to which they are entitled will be limited to 12 weeks jointly during the 12 month period. Where leave is requested as a result of a serious health condition of a spouse, child or parent, the employee will provide the City a certification statement issued by a health care provider. Should there be a question of validity of the certification provided by the employee, the City may, at its own expense, require an opinion from a second health care provider of the City's choice. Where there is a conflict between the two opinions, the City may pay for the opinion of the third provider of which will be binding on both the employee and employer.

- (d) The certification from a health care provider shall be provided 30 days in advance when FMLA leave is foreseeable. If the leave is not foreseeable, the employee shall provide certification within 15 calendar days or as soon as practicable. If the employee fails to provide certification, the leave may be denied.
- (e) For leave due to the employee's own serious health condition, certification from the health care provider will be required for the employee to return to normal work duties. Return to work at lesser than normal work duties can be arranged if light-duty work is available and is approved by the City Manager.
- (f) An employee who becomes pregnant shall be granted maternity leave, and be allowed to use up to two weeks of PTO benefits or take off work without pay, after which time she will be eligible for short term disability. An employee will be expected to return to work within twelve weeks following commencement of maternity leave in accordance with the FMLA. A supervisor may require a physician's statement at any time during the pregnancy as deemed necessary based on the physical requirements of the position held by the employee, or the apparent physical condition of the employee.
- (g) An employee returning from family leave will be entitled to return to the position held prior to leave or to a position with equivalent benefits, pay and other terms and conditions of employment. Employees on family medical leave will cease accruing PTO after two weeks absence from the job or when the employee is eligible for Short Term Disability Benefits.
- (h) The City will continue to provide the employee's health care coverage under the same provisions as prior to the leave for up to, but not exceeding 6 months. Where the employee fails to return from leave, the City can recover the premium(s) that have been paid on behalf of the employee to maintain health care coverage.
- (i) Military Family Leave Entitlements. Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered

servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

F-12. Travel Leave.

- (a) Authorization. Travel authorization for out-of-town trips must be approved by the City Manager's Office and the department and/or division head prior to the commencement of a trip. An exception is made in the case of emergency vehicles leaving the City for purposes of an emergency response. Out-of-town trips shall be trips outside Ellis County for City business purposes. In the event of routine departmental operations such as transporting prisoners by the Police Department, or picking up parts by the Public Works Department, or in the event of any non-scheduled trip necessitated by department heads, no prior approval will be needed. This is on the condition that a city vehicle is used and no additional expenses are incurred by the employee.

- (b) Travel Request and Expense Statement. No expense voucher for out-of-town travel will be paid by the Finance Department without proper travel authorization. Furthermore, failure to receive the authorization may lead to disciplinary action against any employee, including a department and/or division head.

The purposes for the Travel Request and Expense Statement are as follows:

- (1) Documentation of permission granted to have the City vehicle outside of Ellis County.
 - (2) Documentation of City employees attending to City business outside of Ellis County.
 - (3) Review of the business purpose for City employees outside of Ellis County.
 - (4) An advance notice of availability of funds for a particular line item in the budget to ascertain whether budgeted funds are available for employees to travel outside Ellis County.
- (c) In the case of travel requests where no reimbursement is requested, the Travel Request portion of the statement may be submitted to the City Manager's office after the approval of the department head. In all other cases, the completed statement must be submitted through the Finance

Department for review of the budget expenditure(s). This is done so that prior to the City Manager's authorization, it can be ascertained that sufficient budget resources exist for employees to travel outside of the City for their particular purpose and that there has not been a mistake made by the division or department head, or the employee, in preparing the travel statement.

- (d) In the event an employee travels in-state or out-of-state on a scheduled airline; travel must be the most economical available. If at all possible and reasonable rates can be obtained, air transportation shall depart from and return to the Hays Regional Airport. Rental or charter aircraft may be allowed if determined by the City Manager to be of benefit to the City. In no event will the City pay for first class travel unless no other method of transportation is available and prior approval from the City Manager is received.
- (e) Officers and employees should reasonably limit the payment of or reimbursements for actual and necessary expenditures for travel and subsistence for attendance at duly authorized conventions, seminars and programs at which the officer or employee is scheduled to attend or participate. All means of travel and accommodations shall be at the lowest reasonable and appropriate class or rate available under the circumstances. If equivalent local or in-state programs are available, such programs shall be utilized. The expenditure of public money for alcoholic beverages shall be prohibited.
- (f) If an attendee arrives more than one day prior to any meeting or conference, or extends an out-of-town stay for personal reasons, the expenses associated with such extra time are considered personal and are not reimbursable by the City. Extending an out-of-town stay for personal reasons when an employee is using a City vehicle is not permitted. Extending an out-of-town stay for more than one day prior to or after a meeting or conference is permitted if lower airfare can be obtained with the extension, but approval from the department head and City Manager must be obtained prior to finalizing such arrangements. The only exceptions to an out-of-town stay being extended are in the case of illness, acts of nature, accident, or injury to the employee, which would preclude the employee's immediate return to the City. In any event, the City should be notified of such an occurrence.
- (g) Use of City Vehicles. The City provides vehicles to certain employees to perform their daily functions, and these vehicles will be used for travel when necessary. For City employees not furnished vehicles, the City has a pool car available (for out-of-town travel only) which will be used unless the car is unavailable. If a City vehicle is not available, the City Manager may authorize the use of a personal vehicle by the employee, in which

case the City will reimburse the employee at the IRS approved mileage rate to the meeting site and back using the shortest route possible. The employee will be required to obtain exact mileage information from a web site travel navigator such as MapPoint, or MSN Maps and Directions. This identified mileage estimate will be strictly adhered to when reimbursement is calculated. If an employee wishes to drive his personal vehicle in order to stay over or go early to a City business related event, the employee will be reimbursed only for fuel used specifically for going to and returning from the conference/training site. This amount should be stated when the travel request form is completed.

- (h) Any employee utilizing their personal car will maintain appropriate liability insurance. Employees in the executive management (exempt) classification may elect to utilize their own vehicles with prior approval of their department head and the City Manager.
- (i) If an employee is required to attend an out-of-town meeting or conference, all the time spent traveling is counted as "hours worked". Traveling to and from the work site and regular meal period times are not counted as "hours worked". Department heads and supervisors may use flexible time schedules throughout the week in which an employee travels in order to eliminate the need to pay overtime.
- (j) City vehicles are to be used for City business purposes for travel outside the City. Passengers in City vehicles should include only the following, unless prior written approval from the City Manager is received under special circumstances:
 - (1) City Employees.
 - (2) City Board Members.
 - (3) Participants in City programs (i.e., City sponsored committees, etc.)
 - (4) Personnel from other governmental agencies who may be attending the same meeting.
 - (5) In the event other governmental personnel or other individuals attending the same meeting, as previously indicated, they may "car pool" with City of Hays personnel to that meeting. It should be determined prior to any request for travel whether or not this will be occurring and what the policy is of that party or governmental agency to reimburse for mileage, gasoline, and parking. This information should be noted on the travel authorization. However, the City will not prohibit car-pooling if another agency does not have a provision for reimbursing the City.

- (k) In the event the City employee is utilizing a City vehicle and has a breakdown, and the cost of repairing that breakdown is minimal (such as repairing a fan belt or flat tire, etc.), the employee will be reimbursed upon presenting a receipt for the repair. In the event of a major breakdown of a City vehicle, the employee should contact the Director of Public Works who will make arrangements for the repair or replacement of that vehicle for the employee. The Director of Public Works will contact and coordinate with the employee's department head appropriate travel arrangements so that the employee may return or continue the trip.
- (l) Employees utilizing City vehicles or their own vehicle are reminded that deviating from normally traveled routes to and from the meeting site and after arriving at the meeting site may result in the City's not being covered in the areas of Workers' Compensation and other insurance. Employees are further reminded of the City's personnel policy regarding the use of drugs and alcohol which could result in the employee's dismissal.
- (m) All traffic offenses, parking tickets, or other vehicular violations are the responsibility of the employee and will not be paid by the City. Furthermore, such offenses could subject the employee to disciplinary action. Employees are expected to use discretion in the use of City-owned vehicles on out-of-city travel.
- (n) Reimbursement. The City will pay registration fees for employees to attend authorized training programs, professional conferences, and other city-related meetings and functions. The employee will be responsible for the registration or related fees for any spouse or guest programs associated with a conference for which they wish to participate.

The City will reimburse employees for travel expenses incurred while on City business. **Receipts with detail on the purchase/service are required for reimbursement in all cases.** In an instance where an employee has made an expenditure and has not received a receipt for his expenditure, exceptions to this rule will be considered by the City Manager's Office upon recommendations of the department head approving the travel voucher. This will be done rarely, and only in the case of approval of the department head upon presentation by the employee of satisfactory written explanation of the request for reimbursement without a receipt.

Any dispute regarding an employee's reimbursement for travel expenses may be discussed with the City Manager. The City Manager's decision shall be final and not subject to appeal.

- (o) Any situation where a City employee may travel to a conference or meeting, whether in-state or out-of-state, with their spouse and/or family

member, the City will not pay for travel, meals, or incidental expenses for the employee's spouse and/or family member. In the case of lodging, the employee will be required to pay the verification/documentation of the difference of rates. Exceptions will be granted for extraordinary circumstances such as when an employee may be receiving an award, but only upon prior approval from the City Manager's Office.

(p) The City will reimburse up to \$75.00 per night for in-state travel, with rates being furnished for verification. If the rate is over \$75.00 per night, it will not be authorized without prior approval from the City Manager's Office after presentation of the reason for the expenditure. On in-state or out-of-state travel, the City will reimburse a reasonable amount for lodging when an employee must be booked into specific lodging area for a conference or meeting. Again, this is with prior approval from the City Manager's Office. All employees should ascertain whether or not government discounts are available and whether or not the hotel or motel involved will direct-bill the City with presentation of a Tax Exemption Certificate. A Tax Exemption Certificate should be obtained from the Finance Director prior to any approved travel out-of-town.

(q) Whenever possible, the City will request that the hotel/motel bill be charged to an assigned City credit card or direct billed to the City. If neither of the above options are available, the employee will be reimbursed for authorized lodging expenses upon presentation of the required receipts. If necessary, credit cards can be checked out from the Finance Department and may be used to assist with paying authorized travel expenses. Department heads shall be responsible for authorizing credit card usage by employees in their department.

Any employee using a credit card will be personally responsible for any purchases that do not have receipts attached to the credit card statement. Only City-related expenses may be charged on a credit card. Reimbursements to the City for personal expenses or expenses of the spouse will not be allowed. Personal phone calls or other non-covered charges on motel bills should be paid by the employee at check-out time.

(r) The City employee, in the course of conducting City business or while attending a business meeting will be allowed the following meal expense allowances which include tax and tip allocations:

	<u>MEAL ALLOWANCE</u>
Breakfast	\$10.00
Lunch	\$15.00
Dinner	<u>\$25.00</u>
Total	\$50.00

Employees will not be reimbursed for meal expenses that have been included as part of conference or meeting registration fees. These meal expenses must be identified on the *Travel Request and Reimbursement* form with attached copies of registration materials identifying meal(s) scheduled and applicable payment for these meal(s). The maximum meal allowance can be exceeded for reasonable meal expenses integral to conferences and banquets. The City will not be responsible for snacks or beverages not associated with meals.

An employee that departs Hays two hours prior to a regularly scheduled shift is allowed up to \$10.00 for breakfast. If the employee arrives back in Hays two hours after the end of the scheduled shift, \$25.00 is allowed for dinner with proper receipt and verification. In some unusual or unique instances, department heads shall be responsible for making determination on breakfast or dinner. When a meal is included in a registration fee or transportation cost or provided as an official function, the above amounts will be deducted from the meal allowance. Therefore, if a continental breakfast is provided at the seminar, no allowance for breakfast will be allowed. An employee departing two hours prior and arriving home two hours after a regularly scheduled shift, with no meal provided as part of the function, will be reimbursed up to \$50.00 per day for meals, upon presentation of receipts.

A 15% tip is allowed in addition to the cost of the meal but included in the meal allowance limit. If the employee chooses to leave a larger tip, the difference will be at the employee's expense. If no tip is granted, tip allowance is not reimbursable. While not always feasible, it is preferable (such as when a credit card is used) to include documentation of the tip.

If a City employee, acting with discretion and in the interest of City business, purchases a meal for any member of the public, a receipt is also required. Adequate documentation listing the purpose and participants of the setting of the expense should be submitted with the receipt. If such an expense should occur, the amount expended for the guest will not be considered as part of the meal allowance for the employee.

Foregoing a meal does not allow the employee to accumulate eligible meal allowances. For example: if an employee is eligible for breakfast and lunch (\$25.00) but elects not to eat breakfast (\$10.00) the eligible lunch allowance will be (\$15.00).

- (s) The City will not, under any circumstances, pay for or reimburse employees for the purchase of alcoholic beverages or allow alcohol to be purchased with a City credit card.

- (t) An employee needing to purchase fuel for travel in a City-owned vehicle should purchase the minimum amount necessary to accomplish the task in getting to and from the meeting.
- (u) Vehicle rental, parking fees, taxi charges, bus or shuttle fares, turnpike expenses, and other similar items will be reimbursed when accompanied by a receipt.
- (v) The City will not be responsible for personal expenses such as personal phone calls, beer/alcoholic beverages, snacks, beverages not associated with meals, laundry services, or in-room movies that are either charged to the room or otherwise incurred.
- (w) All employees traveling on City business should be reminded that they are representing the citizens of Hays, their departments or divisions, and the City of Hays as a whole. They should conduct themselves in an appropriate and professional manner at all times so as not to bring discredit upon themselves, their departments or divisions, or the City of Hays. In addressing appearances of impropriety, the City of Hays *Code of Ordinances* Section 2.56.060 (B.), (D)., states the following:
 - (1) Officers and employees shall avoid participating in travel, lodging, and entertainment activities with persons who have been or who are employees, officers or agents of entities which entered into contracts with the City, or are seeking the City's patronage, even though no actual benefits are paid or provided to the officer or employee.
 - (2) Officers and employees should otherwise refrain from any activities which, if disclosed to the public, would tend to compromise trust in the integrity, honesty, and efficiency of governmental operations.

F-13. Educational Tuition/Fees Reimbursement and Leave.

- (a) Any employee wishing to attend college or technical school to enhance overall knowledge, skills, and job performance, and at the same time increase the individual's value to the City as an employee, may submit a written request to his department head for the reimbursement of tuition. The request must be submitted prior to enrolling in the class, include the name of the class, the cost, and verification as to how it will enhance the employee's job performance with the City of Hays.

If approved by the department head and the City Manager, the employee will be reimbursed the cost of tuition or enrollment fee upon proof of successful completion of the class, obtaining a "C" grade or better in college course

work, or a certificate designating the successful completion of all requirements set forth by the Technical School, and continued satisfactory employment for a 12 month period following completion of the course. Reimbursements will be limited to one three hour college course per semester, or one technical school course per semester.

- (b) Employees receiving approval to attend a college or on-going class during work hours will be required to make up any lost work time. Arrangements to do so must be coordinated through the employee's immediate supervisor or department head.

F-14. Leave of Absence. The City Manager may, using discretion, grant a leave of absence without pay to an employee for any good cause when it is in the best interest of the City. The City Manager may grant an employee leave without pay for a specified time not to exceed 6 months. During this leave without pay, the employee may elect to continue health insurance coverage with full premiums paid by the employee. A leave of absence without pay shall not be allowed for any employee to work for another employer, or for self-employment.

Leave of absence shall be subject to the following provisions:

- (a) A request for leave of absence shall be submitted in writing to the City Manager stating the reasons for the request at least 15 working days prior to the date the leave would begin.
- (b) At the expiration of leave without pay, the employee shall return to the position held prior to the leave.
- (c) PTO shall not be earned during leave without pay.
- (d) A leave without pay shall not constitute a break in service, but time off will not be credited toward longevity pay, service awards, or any benefit based on time in position.
- (e) Failure by an employee to report promptly at the expiration of the leave of absence shall be considered as a resignation by the employee.

F-15. Compensatory Time. Employees will not be allowed to earn compensatory time but shall be paid overtime in accordance with the Fair Labor Standards Act (FSLA).

F-16. Request for Leave. All leave time must be authorized in advance and in writing by the employee's supervisor **prior** to being taken when possible. Written requests for leave that cannot be predicted in advance must be completed upon the employee's return to work. A copy of each written leave record, signed by the employee and

supervisor, shall be forwarded to the Human Resources office and filed in the employee's personnel file for a reasonable amount of time.

ARTICLE G. OTHER EMPLOYEE BENEFITS

- G-1. Social Security Benefits.** All eligible employees of the City are under the Federal Social Security System, and receive the benefits thereof in accordance with federal laws and guidelines. The cost of this benefit is paid equally by the City and the employee, with the employee contribution subject to payroll deduction.

- G-2. KPERS Benefits.** The City of Hays elected to become a member of the Kansas Public Employees Retirement System January 1, 1962. All eligible employees receive the benefits thereof in accordance with state laws and guidelines. Under current law, KPERS members contribute 4% or 6% of their salary by payroll deduction. The employer's share is determined by the State Legislature, and varies annually. All employees who are contributing members of KPERS are eligible for the insured death and disability benefits provided by KPERS which is supplemental to the regular KPERS benefits. The cost of this benefit is paid entirely by the employer.

- G-3. KP&F Benefits.** The City of Hays elected to become a member of the Kansas Police and Fire Retirement System January 1, 2006. All eligible employees received the benefits thereof in accordance with state laws and guidelines. Under current law, KP&F members contribute 7% of their salary by payroll deduction. The employer's share is determined by the State Legislature, and varies annually. All employees who are contributing members of KP&F are eligible for the insured death and disability benefits provided by KPERS which is supplemental to the regular KP&F benefits. The cost of this benefit is paid entirely by the employer.

- G-4. Retirement Age.** The City of Hays shall abide by the Federal Age Discrimination in Employment Act and therefore has no mandatory retirement age.

- G-5. Workers' Compensation Benefits.** All employees of the City receive the benefits of the Kansas Workers' Compensation Act in accordance with such law and guidelines. The cost of this benefit is paid entirely by the employer.

- G-6. Unemployment Compensation.** All employees receive the benefits of the Kansas Employment Security (unemployment compensation) Act, in accordance with such law and guidelines. The cost of this benefit is paid entirely by the employer.

- G-7. Life Insurance.** In addition to the death benefits provided under Social Security and KPERS, the City makes available to each employee who is a member of KPERS, the option of purchasing group life insurance, administered by KPERS, on a payroll deduction basis. The cost of this additional life insurance is paid by the employee and varies with the options selected by the employee.
- G-8. Deferred Compensation.** All City employees may participate in the deferred compensation plans offered by the City. The programs currently offered by the City are with the International City Management Association (ICMA) and The Hartford. The amount of investment in these programs is determined by the employee, but cannot exceed limits set by federal law. Contributions are made through a payroll deduction basis. The amounts selected are invested for the employee and are not subject to federal income tax until withdrawn.
- G-9. Optional Insurance Programs.** All full-time employees may apply and participate in a several optional insurance programs offered by the City through payroll deduction. The programs include a dental insurance plan, cancer insurance, accident insurance, and a hospital protection plan. The coverage and premiums available vary based on the type of insurance and package selected.
- G-10. Flexible Benefit Plan.** The City of Hays provides the use of a Flexible Benefit Plan, better known as a "Cafeteria Benefit Plan" under Section 125 of the Internal Revenue Code for its employees. The Cafeteria Benefit Plan allows employees to designate a specified amount of their salary to pay certain expenses such as dependent care, medical expenses, health insurance premiums and the premiums for various optional group insurance programs. Funds designated to the Cafeteria Benefit Plan for medical expenses and dependent care must be used in a calendar year or they are forfeited. This program allows employees to pay the above specified expenses with tax-free salary dollars.
- G-11. United Way.** All City employees may contribute to the annual United Way campaign. Employees contributing on a bi-weekly basis will be processed through payroll deduction.
- G-12. Health Care Program.**
- (a) Full-time employees shall be eligible for the City's group health care insurance program on the first of the month following a waiting period of **3 full months** which commences with the initial date of employment.

- (b) The Governing Body shall determine, on an annual basis, the amount of the City's financial participation in the group health care insurance plan.
- (c) The City shall enforce a spousal carve-out program for all employees who have a spouse that receives a paid health insurance benefit from his employer. The spousal carve-out program will require employees who have a spouse that either receives fully-paid health insurance from his employer or partially paid health insurance from his employer, to pay a portion of the City's monthly premium for his spouse to remain on the City of Hays Health Care Program. Employees will be required to provide verification of their spouse's current health insurance coverage/costs to the City of Hays.
- (d) If individual employees are required to contribute to the City's group health care program, the amount of such contribution shall be a payroll deduction and administered through the Flexible Benefit Plan if legally feasible.
- (e) All costs of health care insurance shall be paid by the employee during any period the employee: is on a leave without pay (excluding provisions covered by the Family and Medical Leave Act); is on suspension without pay; is on unauthorized leave; or is participating in any unlawful work stoppage.
- (f) Refer to sections F-7, Worker's Compensation, and F-11, Family Medical Leave, regarding specific policies for injured and disabled employees regarding health care insurance coverage.
- (g) No employee shall be entitled to a cash payment in lieu of health care insurance coverage.
- (h) Employees and their dependents that lose group health benefits with the City of Hays due to a qualifying event as outlined by the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), are eligible for continued health insurance coverage for a period of time as established by the Act.
- (i) An employee who has at least ten years of service with the City of Hays and retires from employment with the City shall be able to remain on the City's Health Insurance Program until he: (a) reaches the age of 65; or (b) fails to pay the monthly premium payments. The retiree may elect to have the same members of his family covered as he did during employment with the City. The retiree's monthly premium will be based on the COBRA rate which is established prior to each contract year with the assistance of the Plan Administrator. Coverage for the retiree and his family members (if covered under the plan), will be identical to the coverage experienced by active City employees. When a retired employee terminates his health insurance coverage with the City of Hays, any covered dependents will have the option to continue coverage, if eligible, under COBRA.

ARTICLE H. DISCIPLINE

H-1. Authority to Discipline. Supervisory personnel, with the approval of the City Manager, are responsible for the conduct and effective performance of all employees under their jurisdiction, and shall have the authority and the responsibility to discipline employees for violations of the City's personnel policies and any departmental guidelines.

H-2. General Policy. The purpose of discipline is to ensure high standards of performance and efficiency, to maintain good working relationships among employees, and to provide the citizens of Hays with the highest possible level of courteous and professional public service. Discipline in the City organization is for the most part "self" discipline. It is the duty of employees to make a conscientious effort to work and behave in accordance with the values, service standards, policies, and guidelines of the City and the department in which they work. Each employee is expected to be self-disciplined and to work hard at being the best at what he does and in helping the City provide a high level of public service. When an employee does not exercise adequate self-discipline or is not successful in meeting the requirements of his job, it may be necessary for his department head or supervisor to consider disciplinary actions to correct the problem.

An employee is subject to disciplinary action if:

- (a) the employee violates these personnel policies and guidelines, or any other written guidelines or procedures applicable to the department in which the employee works;
- (b) the employee's conduct reflects discredit to the City or hinders the effectiveness or efficiency of City operations;
- (c) the employee has performed an act of misconduct, or has failed to perform an act which results in misconduct.

H-3. Disciplinary Actions. The following disciplinary actions are discretionary and not exclusive of the at-will nature of the employment relationship.

- (a) Verbal Warning. A verbal warning is an oral reprimand given to an employee by his supervisor. A record of the verbal warning shall be reduced to writing and shall be maintained by the supervisor or given to Human Resources depending on the severity and nature of the warning. The written document may be initialed by the employee.
- (b) Written reprimand. A written reprimand is a written censure to an employee by his supervisor, a copy of which shall be placed in the employee's file in the

Human Resources office. A copy shall be distributed to the employee, and the employee is asked to verify the reprimand by signature.

- (c) Probation. Probation is a trial period of a specific length of time during which an employee is required to fulfill a set of conditions or to improve work performance or on-the-job behavior. Failure to meet the probationary requirements may result in additional disciplinary actions (this does not refer to the initial orientation served by new employees).
- (d) Salary Reduction. A salary reduction is the lowering of an employee's rate of pay within the pay range to which the employee's position is assigned.
- (e) Demotion. A demotion is the placement of an employee into a position of a lower pay range.
- (f) Suspension. A suspension is the removal of an employee from service, with or without pay, for a specific period of time.
- (g) Suspension for Violation of Law. Any employee who is required to maintain a valid Kansas Driver's License and is arrested for a violation of law (in any jurisdiction, at any time), including traffic violations which cover reckless driving, vehicular homicide, or driving under the influence of intoxicating liquor or drugs, shall notify his supervisor of the arrest before reporting to work for his next scheduled shift or any extra duty work. Failure to do so may result in disciplinary action up to and including termination. Based upon the recommendation of the department head, the City Manager will determine whether the employee will be suspended without pay until such time as judgment is rendered by the court. Suspension without pay will occur for any arrests occurring on or off the job that are related to the job performance and are of such nature that to continue employment would impair carrying out the City's responsibility to its citizens or to other City employees, or if not related to job performance would place the City's image in an unfavorable light. Regardless of the decision of the court, the City will determine if disciplinary action is warranted under the City's policies and procedures for actions that occurred which are job related.

H-4. Procedure for Disciplinary Action. Whenever the misconduct of an employee occurs that in the judgment of the employee's supervisor justifies the application of disciplinary actions, other than a verbal warning, the supervisor shall notify the City Manager and the Human Resources Coordinator of the issue, and:

- (a) Document the misconduct in writing.
- (b) Determine the appropriate disciplinary action to correct the problem.

- (c) Meet with the employee to review the problem and the proposed disciplinary action. The meeting should be private and include the employee, another supervisor as a witness and/or the Human Resources Coordinator.
- (d) Give the employee an opportunity to refute the facts or argue against the proposed disciplinary action. The employee shall sign and may submit comments in writing to be attached to the record of the disciplinary action.
- (e) Make a final decision as to the disciplinary action.
- (f) Notify the employee of the action in writing. A copy of the documentation of misconduct and the form of disciplinary action taken shall be provided to the Human Resources Coordinator for insertion in the employee's personnel file. Signature is not an admission of guilt, but recognition of receiving such notice.
- (g) The employee shall have the right to file a grievance under the procedure as set out in Article I.

H-5. Misconduct Subject to Disciplinary Action. The following is a list of misconduct which may subject an employee to disciplinary action. **This list is not exclusive**; it is only representative of the types of misconduct which subject an employee to disciplinary action.

- (a) Conviction of a violation of any state or federal criminal law.
- (b) Conviction of a violation of any city law.
- (c) Failure to follow prescribed safety procedures including failure to notify his supervisor of unsafe working conditions.
- (d) Violation of personnel policies and guidelines or departmental policies and guidelines.
- (e) Inattention to duty, carelessness, breakage or loss of public property or funds.
- (f) Incompetence or inefficiency in the performance of the duties of his position.
- (g) Insubordination or other breach of discipline.
- (h) Discourteous or disruptive conduct or other offensive behavior in public, to the public, or to employees and officers of the City.
- (i) Abuse of benefit leave, excessive absenteeism, or tardiness.

- (j) Temporarily leaving the workplace without the approval of the employee's supervisor.
- (k) Failure to give proper notice of absence.
- (l) Unauthorized use of City time or equipment.
- (m) Inducing or attempting to induce any officer or employee of the City to commit an unlawful act or to act in violation of any lawful or official order or regulation.
- (n) Unauthorized possession of firearms or other weapons on the job.
- (o) Unlawful use of alcohol or drugs as referred to in Article S.
- (p) Unauthorized personal use of City property.
- (q) Personal or unauthorized use of City funds.
- (r) Intentional destruction of City property.
- (s) Indulging in offensive conduct or using offensive or abusive language in public or on the work site.
- (t) Inducing or attempting to induce any employee in the service of the City to commit any unlawful act or to act in violation of City regulations, official policy, or departmental orders.
- (u) Using, threatening, or attempting to use personal or political influence in an effort to secure special consideration as a City employee.
- (v) The giving of false information or falsification of personnel records, time reports, or other City records.
- (w) Sleeping on duty, except as provided for in official City regulations.
- (x) Smoking in unauthorized areas.
- (y) Lying to supervisors.
- (z) Discussing with unauthorized persons any confidential information gained through employment with the City.
- (aa) Distribution of literature, vending, soliciting, or collecting contributions on City time or premises without prior authorization from the City Manager.

- (bb) Participating in or instigating a work slow-down or shut down.
- (cc) Engaging in outside business or employment activities on City time.
- (dd) Giving or accepting a bribe.

In the case of acts of violence or other flagrant misconduct, serious safety violations, or criminal offense, any employee may be suspended immediately, with or without pay, pending an investigation and review of the matter.

An employee may be suspended with pay after being arrested for a crime and while awaiting legal adjudication, or when he has been charged with misconduct while on the job and an internal investigation is being conducted.

H-6. Causes for Termination. If a department head feels there is cause for termination of an employee that serves under his supervision, a recommendation substantiated with written documentation can be submitted to the City Manager for consideration. The City Manager is ultimately responsible for all employment terminations. Examples of serious misconduct for which an employee may be terminated are listed below. **The following list is not exclusive;** it is only representative of the types of misconduct which subject an employee to termination. Causes for termination under this section also constitute misconduct for which an employee may be subjected to disciplinary action other than termination.

- (a) Conviction of a felony or conviction of driving under the influence of alcohol or drugs while operating a City vehicle.
- (b) Willful or continued violation of City or departmental safety policies and procedures or willful or negligent creation of unsafe conditions in the workplace.
- (c) Willful or continued violation of personnel policies and guidelines or departmental guidelines.
- (d) Negligent or willful damage to public property or waste of public supplies or equipment.
- (e) Taking, stealing, or using any funds or property of the City for personal use or for sale or gifts to others or the making of any false claim against the City.
- (f) Insubordination or other breach of discipline.
- (g) Unauthorized use of City time and equipment.

- (h) Gross incompetence, neglect of duty, or willful or continued failure to render satisfactory service.
- (i) Refusal to abide by any lawful official regulation or order, failure to obey any proper direction made by a supervisor or department head, or knowingly making a false statement to any employee or officer of the City.
- (j) Claiming leave time under false pretenses or falsifying attendance records for oneself or another employee.
- (k) Absence without approval of leave.
- (l) Harassment.
- (m) Disclosing confidential records or information unless directed to do so by a department head or supervisor.
- (n) Revocation or suspension of a certification or license, including a driver's license, when such is required as a condition of City employment.
- (o) Material falsification of application for City employment, making a false statement or report in regard to any test certification, or appointment or any attempt to commit any fraud that violates the merit principles of personnel administration.
- (p) Giving or attempting to give any monetary consideration or the delivery of undeserved service to or from any person or organization for, or in connection with, any test or appointment.
- (q) Taking or offering to take from any person for the employee's personal use, any fee, gift, or other item of service or value, in the course of work or in connection with it, when such gift or other valuable item or service is given in the hope or expectation of receiving a favor or better treatment than that accorded any other person; accepting a bribe, gift, money or, other item of service or value intended to perform or refrain from performing any official act; engaging in any act of extortion or other means of obtaining money or other items of service or value through the employee's position in the service of the City.
- (r) Discharge of duties in a manner which results in discrimination to any person on the basis of race, creed, color, sex, age, physical or mental disability, or national origin.
- (s) Any unauthorized absence from duty shall be deemed to be an absence without pay, however, when that absence continues for three or more days without authorized leave, it shall be deemed to be a resignation from City

employment without prior notice. Such absence may be excused if, upon investigation, the City Manager finds extenuating circumstances to exist.

ARTICLE I. GRIEVANCES AND HEARINGS

- I-1. General Policy.** Any employee has the right to present a complaint or grievance concerning job duties, working conditions, salary, relationship between employees and co-workers, supervisor, or department head, the application of equal employment opportunity policies, or as an appeal of any disciplinary action taken pursuant to these policies. A sincere attempt should be made by each employee and supervisor to resolve any grievance informally before it becomes necessary to resort to the grievance procedure.
- I-2. Grievance Procedure.**
- (a) Any complaint or grievance shall initially be filed in written form by the employee with his immediate supervisor within 10 working days of the date the complainant knew or reasonably should have known of the incident or occurrence giving rise to the grievance. The written document should specifically cite the complainant's grievance and the requested solution to the grievance. If after 10 working days following presentation of the written grievance to the immediate supervisor the grievance still exists, the complainant shall present the written grievance stating all the facts of the incident, in detail, to the department head or his designee. Within 10 working days, the department head shall respond directly to the complainant, addressing the issue in writing.
 - (b) If, after the department head has responded to the complainant in writing the grievance still exists, an employee may, within 10 working days and before, 5:00 p.m. the 10th day, submit the grievance and the findings of the department head to the City Manager. Copies of the written grievance should be given to the department head and the Human Resources Coordinator.
 - (c) The City Manager may designate an appointee of his choice to conduct a fact-finding study of the grievance. Such fact-finding study shall be completed and the results submitted in writing to the City Manager within 10 working days from the time it is assigned.
 - (d) The City Manager, within 10 calendar days of the receipt of the grievance or within 10 working days of the receipt of the fact-finding report, whichever is later, shall meet with the employee to discuss the grievance. Within 10 working days of such meeting, the City Manager shall render a decision which shall be final and binding, subject to all statutory and constitutional rights relating to court review.

- (e) Copies of all written grievance determinations, whether resolved by the department head or the City Manager as provided herein above, shall be submitted to the Human Resources Coordinator for filing purposes.
- (f) If both parties are in agreement, the allotted time frame may be waived at any step throughout the grievance process.

ARTICLE J. VOLUNTARY SEPARATION

- J-1. Resignation.** An employee who terminates employment voluntarily shall be terminated in "good standing", providing the employee gives a minimum of 2 weeks notice to his department head.
- J-2. Rehiring.** An employee who terminates employment with the City, and reapplies for a position in accordance with Article D at a later date, must again complete the hiring process. If rehired, the employee will start out as a new employee.

ARTICLE K. REDUCTION IN FORCE

The City shall have the right to discontinue any operations in part or entirely, and to lay off personnel when it is in the best interests of the City. Employees laid off shall be considered for employment in other City departments if job openings exist and the employee is qualified for the available position.

- (a) In the event of a layoff for any reason, employees shall be laid off in the inverse order of their position in seniority within the department.
- (b) Employees shall be called back from layoff according to position seniority in the department. No new employees shall be hired in any classification until all employees on layoff status in that classification have had an opportunity to return to work.
- (c) Employees being laid off shall be given at least 30 days advance written notice of the layoff.
- (d) Employees being called back to work shall be notified in writing by certified United States mail sent to the most recent address provided to Human Resources by the employee. The employee shall be given 14 days from the date the certified letter was mailed to respond as to their intentions to return to their previous employment. If no response is received by the end of the 14th day, the hiring process will begin.

ARTICLE L. HARASSMENT

L-1. Harassment. The City of Hays does not and will not tolerate harassment of its employees. The term "harassment" includes, but is not limited to slurs, jokes, and other verbal, graphic, or physical conduct relating to an individual's race, color, sex, religion, national origin, citizenship, age, or disability. Threatening remarks or assaults are also considered harassment. "Harassment" also includes sexual advances, requests for sexual favors, unwelcome or offensive touching, and other verbal, graphic, or physical conduct of a sexual nature. This includes, but is not limited to, conduct of a sexual nature where: (1) submission to such conduct is made either explicitly or implicitly a condition of an individual's employment; (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individuals; and (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Although the following policy and complaint procedure shall in some incidents refer primarily to harassment of a sexual nature, the City shall enforce the same policy and procedures for any type of harassment as defined in the preceding paragraph.

L-2. Harassment Policy.

- (a) No employee, whether supervisory or nonsupervisory, may harass another employee.
- (b) Any employee who believes that he is the victim of unwelcome behavior that would constitute harassment shall immediately report the incident(s) to any level of supervision.
- (c) All complaints involving claims of harassment shall be promptly and confidentially (as practical) investigated. The employee filing the complaint shall be advised of the results of the investigation.
- (d) Any employee, supervisory or nonsupervisory, found to have engaged in harassment of another employee will be disciplined, up to and including discharge.

L-3. Harassment Complaint Procedure. Any employee who feels he is being subject to harassment should immediately contact one of the persons listed below with whom the employee feels the most comfortable. Complaints may be made orally or in writing to:

- (a) The employee's immediate supervisor
- (b) The employee's department head
- (c) The Human Resources Coordinator
- (d) Other supervisory personnel
- (e) The City Manager

The employee should be prepared to provide the following information:

- (a) Employee's name, department, and position title;
- (b) The name of the person or persons committing the harassment;
- (c) The date(s) and approximate time(s) of the harassment;
- (d) The specific nature of the harassment, how long it has gone on, and any employment action (demotion, failure to promote, dismissal, refusal to hire, transfer, etc.) taken against him as a result of the harassment, or any other threats made against him as a result of the harassment;
- (e) Witnesses to the harassment, if any;
- (f) Whether he has previously reported such harassment and, if so, when and to whom.

The employee filing a harassment complaint shall document the incident in writing. If necessary or requested, the recipient of the complaint shall assist the employee filing the complaint with the written documentation, and the employee shall affix his signature attesting to the accuracy and truthfulness of the complaint. All information disclosed in the complaint procedure will be held in strictest confidence and will only be disclosed on a need-to-know basis in order to investigate and resolve the matter.

L-4. Harassment Complaint Review Process. It shall be the responsibility of the City Manager to coordinate the investigation and review harassment complaints, although the City Manager may delegate the investigation to the appropriate City employee. If the City Manager is the subject of the complaint, the Mayor shall coordinate the investigation of the complaint. The following procedures shall apply to the receipt, review, and handling of such complaints:

- (a) The person to whom the complaint is made shall immediately present it to the City Manager, and an investigation into the alleged incident shall be promptly started.

- (b) The investigator shall make and keep a written record of the investigation, including notes of verbal responses made to the investigator by the person complaining of harassment, witnesses interviewed during the investigation, the person against whom the complaint of harassment was made, and any other person contacted by the investigator in connection with the investigation.
- (c) The investigator shall notify the employee accused of the harassment as promptly as possible of the complaint and the severity of the allegations (immediate notification is not necessary if such notification would jeopardize the investigation).
- (d) The employee accused of the harassment shall be given appropriate opportunity to refute the allegation and present information and/or witnesses on his behalf.
- (e) Based upon the investigation report, the City Manager shall determine whether the conduct of the person against whom a complaint of harassment has been made constitutes harassment. In making that determination, the City Manager shall look at the record as a whole and at the totality of circumstances, including the nature of the conduct in question, the context in which the conduct, if any, occurred. The determination of whether harassment occurred will be made on a case-by-case basis.
- (f) If it is determined that the complaint of harassment is founded, the City Manager shall take immediate and appropriate disciplinary action against the employee guilty of harassment.
- (g) The disciplinary action shall be consistent with the nature and severity of the offense. Whether a supervisory relationship exists, and any other factors the City Manager believes relate to fair and efficient administration of the City, including the effect of the offense on employee morale, public perception of the offense, and the light in which it casts the City shall be taken into consideration. The disciplinary action may include demotion and/or suspension, termination, warning, or reprimand. A determination of the level of disciplinary action shall also be made on a case-by-case basis.
- (h) If it is determined that the complaint of harassment is unfounded, the City Manager shall notify the employee accused of harassment of the determination and advise that no disciplinary action is warranted.
- (i) The employee making the complaint shall be notified of the results of the investigation in writing, but not the specific discipline should there be disciplinary action taken.

- (j) If the City Manager determines after reviewing the investigation report that the complaint was intentionally falsified by the employee filing the complaint, the City Manager shall take immediate and appropriate disciplinary action against said employee.

L-5. Records of a Harassment Complaint. All records, except those affected by Kansas Open Records Act, concerning a harassment complaint shall be confidential and kept in a separate locked file. Access shall be only with the City Manager's approval to parties who have a direct and relevant need to know.

L-6. Retaliation. The City will not tolerate any form of retaliatory acts or actions against any employee for filing a complaint under this policy, or for participating in its investigation.

ARTICLE M. POLITICAL ACTIVITY

It is the right of every employee to register and vote on all political issues. Employees are permitted to join political organizations, civic associations, or groups and to become involved in political activities subject to the restrictions of this article.

- (a) As private citizens, employees may participate in all political activities, including holding public office, except for activities involving the election of candidates for any City office and where holding an appointive or elective public office is incompatible with the employee's City employment.
- (b) City employees are not prohibited from supporting candidates for office or from contributing labor to candidates and organizations that endorse candidates. **Employees are not permitted to make public endorsements of a candidate for City elective office or to make cash or non-cash contributions to such a candidate.**
- (c) Any employee desiring to become a candidate for a City elective office, shall first take leave of absence without pay or resign. If successful in seeking such elective office, the employee will be required to resign from employment with the City. If unsuccessful in seeking such elective office, the employee may be returned to employment on the same terms and conditions as any other employee who has taken leave of absence without pay under Section E-15. An employee is considered to be a candidate for elective office once all statutory requirements have been met to qualify as a candidate.

- (d) Political activity must not interfere with job attendance or performance. Employees are not permitted to solicit or receive political contributions during on-duty hours. They are not permitted to wear or display political badges, buttons, or signs on their person or on City property during on-duty hours.
- (e) No supervisor or other person in authority shall solicit any City employee for contributions of money or labor for any candidate for elective office, or otherwise compel, or attempt to compel, any employee to support a candidate for elective office or to engage in any political activity.
- (f) The purpose of this policy is to prevent and avoid the appearance of impropriety on the part of any City employee. City employees are neither appointed to nor retained in the City's service on the basis of their political affiliations or activities.

ARTICLE N. OUTSIDE EMPLOYMENT

Outside employment constitutes a City employee being self-employed or holding a second job with another employer. Outside employment by a full-time employee is permitted only when such outside employment: (1) is considered secondary to service with the City; (2) does not interfere with the performance of duties for the City; and (3) no legal, financial, or ethical conflicts of interest result from such dual employment. A written request must be submitted and approved by an employee's department head prior to an employee becoming self-employed or accepting outside employment.

ARTICLE O. WORKER SAFETY

- O-1. General Safety.** All employees are required to wear appropriate safety equipment and follow appropriate safety precautions according to City and/or departmental policy at all times. Failure to comply with safety policies may result in disciplinary action. *The City of Hays "Safety Program" in its entirety can be found in the policy section of this manual.*
- O-2. Physical Fitness.** It shall be the responsibility of each employee to maintain the standards of physical fitness required for performing all assigned tasks in accordance with job descriptions. Any employee may be required to submit to taking a physical examination when requested by the department head and approved by the City Manager. The cost of the physical examination shall be paid by the City.

O-3. Smoking. Due to the January 7, 1993, report of the Environmental Protection Agency (EPA) regarding the effects of secondhand smoke, the smoking of cigarettes, cigars, and pipes is prohibited in all City of Hays owned or leased work site facilities and in all City-owned, leased, or rented vehicles. The City Manager reserves the right to designate certain outside areas adjacent to City facilities as inappropriate for smoking purposes. The City Manager may also grant exceptions allowing smoking in certain facilities, or a portion thereof, when deemed in the best interests of the City.

Appropriate disciplinary action will be taken against any violations of this policy up to and including suspension and termination. *The total policy on "smoking" relating to City facilities and employees can be found in the Policy Section of this Manual.*

O-4. Bloodborne Pathogens. In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, and the Kansas Department of Human Resources Industrial Safety and Health Regulations, the City has established an Exposure Control Plan in an attempt to eliminate or minimize the exposure to potentially infectious material for those employees who are considered at risk. The City provides protective equipment, regulates house cleaning and waste disposal of contaminants, provides training, and offers the Hepatitis B vaccine to employees that have been identified as having exposure to potentially infectious materials. *The total policy on "bloodborne pathogens" can be found in the Policy Section of this Manual.*

ARTICLE P. CARE AND USE OF EQUIPMENT AND FACILITIES

Any employee of the City of Hays that is found to be responsible for damage to or loss of City property or equipment through negligence, carelessness or abuse shall be subject to disciplinary action and may be required to reimburse the City for such damage or loss. Any employee who does not report equipment and facility damages, regardless of cause, will be subject to disciplinary action up to and including termination.

No equipment, material or supplies belonging to the City shall be removed from its location or used without proper authority. Vehicles and other equipment assigned to individual personnel shall be used only for City work or business.

Proper maintenance of work stations, with regard to cleanliness, safety and efficiency, shall be required of all City employees.

ARTICLE Q. WORKPLACE VIOLENCE

- (a) The City of Hays is committed to providing and maintaining a workplace environment free of intimidation, violence, or threatening behavior. The City will not tolerate acts of violence committed by or against City employees or members of the public while on City of Hays property or while performing City of Hays business at other locations.
- (b) Prohibited behaviors and actions include, but are not limited to intimidating, threatening, or hostile behaviors or comments, physical abuse, violent criminal actions, unauthorized use or possession of deadly weapons or explosives on City property, threatening or harassing telephone calls or e-mail messages, stalking, bizarre or offensive comments about violent events or behavior, or any other behavior which, in management's opinion, is inappropriate for the workplace.
- (c) Employees who feel subjected to any of the behavior described above, who observe or have knowledge of any violation of this policy, or who encounter suspicious persons on City property should immediately notify their supervisor. Employees who believe that workplace violence is so imminent and dangerous that it requires an immediate response, should contact proper law enforcement authorities first, and then report the incident to their supervisor.
- (d) Employees who engage in behavior that violates this policy are subject to disciplinary action up to and including discharge. Visitors who engage in behavior that violates this policy may be removed and/or prohibited from City of Hays facilities, vehicles, or leased property. Actions that appear to be a violation of law or that are deemed to pose a risk to others will be reported to the appropriate law enforcement officials. Any City of Hays employee failing to report actions which fall under this policy or failing to take appropriate actions outlined in this policy will be deemed in violation of this policy and will be subject to disciplinary action up to and including termination.
- (e) Employees who receive a protective or restraining order which lists city-owned or leased premises as a protected area are required to provide their supervisor with a copy of such order.

ARTICLE R. TRANSPORTATION

R-1. Use of City Owned Vehicles.

- (a) City owned vehicles are to be used for official City business only. Assignments of City vehicles are subject to the approval of the City Manager.

- (b) Vehicles cannot be used to transport other family members or to attend to personal errands. Passengers in City vehicles are allowed when their presence relates to City business.
- (c) Employees who do not have a City vehicle on a daily or 24 hour basis, and are called out on an emergency basis, should record the mileage to and from City facilities or the job site and request mileage reimbursement in accordance with R-4.
- (d) Exceptions to this policy may be made with approval by the City Manager.

R-2. Mileage from Home to Work in City Vehicles. The use of a City vehicle to commute to and from work is considered a taxable benefit by the IRS. For tax purposes, those employees authorized to take a City vehicle home will be taxed based on a value of \$681.00 per year. This tax will be calculated each payroll. (Subject to change with IRS regulations.)

R-3. Responsibility of Drivers. Employees operating City vehicles are expected to practice all safety precautions when utilizing a City vehicle. Any employee operating a City vehicle must have an applicable valid Kansas driver's license which must be on or accompanying the employee when driving such a vehicle. Seat belts shall be worn by all City employees and passengers while operating or riding in a City vehicle in accordance with State Statutes. Failure to comply with these policies will cause the employee to be subject to disciplinary action up to and including termination.

R-4. Accidents Involving City Owned Vehicles. If an employee has an accident while operating a City-owned vehicle which results in personal injury or property damage, the employee shall notify the Police Department immediately, and then notify his supervisor. This should be done regardless of how minor the accident appears. The employee shall insist that all parties and property concerned remain at the scene of the accident until police officers can investigate the incident. Supervisors shall report all accidents to the Director of Finance.

R-5. Use of Private Vehicles for City Business. If employees are required to use a personal car in the performance of official duties for the City, they may receive a mileage rate as established by the Internal Revenue Service. Expenses for mileage must be submitted to and approved by the employee's department head and the City Manager.

R-6. Driver License Reviews. The City reserves the right to annually review the driving record of all employees who are authorized to drive a City vehicle or receives an automobile allowance and are required by their job description to hold a Kansas valid driver's license. This screening takes place in order to protect the City and its citizens from liability in the event that a City employee has an accident and someone is injured or property is damaged and to help ensure accountability and responsibility for safe driving when public funds are involved.

ARTICLE S. SUBSTANCE ABUSE

The City of Hays is committed to providing a safe, drug, and alcohol free workplace for all City employees and the general public. The City has contracted with TMHC, The Mental Health Consortium, Inc., Topeka, Kansas, to assist them with policy development, education and training, drug and alcohol testing and random selection (where required) in accordance with the rules and regulations of the Department of Transportation (DOT), Federal Motor Carriers Safety Administration and the Drug-free Workplace Act of 1988.

- (a) All employees holding safety sensitive positions, as established in personnel job descriptions, will be subject to a random alcohol screening program.
- (b) Following a job offer, a drug screening will be performed on all full-time and part-time applicants and may be performed on seasonal applicants. Additionally, all employees will be subject to drug and alcohol testing for the purposes of reasonable suspicion, post injury accident, and return to duty screening.
- (c) The illegal use, possession, distribution, dispensation, manufacture or sale of narcotics, drugs, or controlled substances by an employee while at the worksite, on City owned property, during working hours, or on stand-by duty is prohibited.
- (d) The presence of controlled substances in the body as well as the use or possession of controlled substances and/or alcoholic beverages while on City of Hays property, in any City of Hays vehicle, or on duty, including breaks or lunch, paid or unpaid, or on any shift is strictly prohibited.
- (e) No employee shall report for duty or remain on duty while having an alcohol concentration of .02 or greater.
- (f) No employee shall refuse to submit to an alcohol or controlled substance test if said test is required due to a post injury accident, reasonable suspicion, or return-to-duty requirement. Behavior that constitutes a refusal to test includes, but is not limited to, refusing to provide a specimen, tampering with a specimen, failing to appear for testing within 20 minutes of notification, leaving the scene of an accident without just

cause prior to submitting to a test, leaving the collection facility prior to test completion, failing to permit an observed or monitored collection when required, failing to take a second test when required, failing to undergo a medical examination when required, failing to cooperate with any part of the testing process, or once test is underway, failing to remain at site and provide a specimen.

- (g) When involved in a motor vehicle accident, an employee must remain readily available to be tested for alcohol and controlled substances as soon as practicable if requested to do so by a supervisor. If an accident involves a human fatality, the employee operating the motor vehicle must report for alcohol and controlled substance testing as soon as possible. If there is bodily injury with immediate medical treatment away from the scene or disabling damage to any motor vehicle requiring tow away whereby the employee has the potential to be issued a citation, the employee operating the motor vehicle must report for alcohol and controlled substance testing as soon as possible.
- (h) All employees are subject to reasonable suspicion alcohol and/or drug testing. Examples of reasonable suspicion include, but are not limited to, the following:
 - (1) Physical signs and symptoms consistent with prohibited substance use or alcohol misuse.
 - (2) Evidence of the manufacture, distribution, dispensing, possession, or use of controlled substances, drugs, alcohol, or other prohibited substance.
 - (3) Occurrence of a serious or potentially serious accident that may have been caused by prohibited substance abuse or alcohol misuse.
 - (4) Fights (to mean physical contact), assaults, and flagrant disregard or violations of established safety, security, or other operating procedures.
- (i) An employee who refuses to take or fails a drug or alcohol test shall be removed from performing job duties immediately. Additional disciplinary action up to and including termination may result.
- (j) An employee who fails a drug or alcohol test may be given an opportunity to retain his employment provided the employee:
 - (1) agrees to be evaluated through the Employee Assistance Program and attend a rehabilitation program; and
 - (2) receives a verified negative test result on a return-to-duty test.
- (k) All costs associated with an evaluation and rehabilitation program are the responsibility of the employee.

- (l) A second positive drug or alcohol test will result in immediate termination of employment.
- (m) Proven use of alcohol or illegal drugs off the job which adversely affects an employee's job performance or jeopardizes the safety of other employees, the public, or City equipment is a violation of this policy.
- (n) Employees shall notify their department head or supervisor of any drug or alcohol conviction which they receive as soon as feasibly possible.
- (o) Employees undergoing prescribed medical treatment for a controlled substance must report and verify this treatment to their supervisor.
- (p) The City has accepted the responsibility of providing a safe, healthy, and efficient work environment for all employees by providing an Employee Assistance Program (EAP). *A copy of the EAP can be found in the Policy Section of this Manual.*

ARTICLE T. RESIDENCY

T-1. Requirements. Residency requirements for City of Hays employees include the following:

- (a) The City Manager, Assistant City Manager, and all department directors shall live within the city limits.
- (b) All public safety employees and those employees designated by the City Manager as having positions relative to an emergency nature, shall live within the three (3) mile planning boundary of the City, as provided for in the zoning and land use ordinance of the City. "Public Safety" employees shall include all Fire Department and Police Department personnel, with the exception of clerical employees.
- (c) All other employees, not hereinabove mentioned, are required to live within Ellis County.
- (d) Any City employee whose primary residency does not meet the criteria for the current position as set out above, as of March 25, 2004, is "grandfathered" and not subject to this ordinance, except upon promotion to a department director position, as set out in Section T-2(c).

T-2. Enforcement. Enforcement of violations and penalties will be as follows:

- (a) If an employee moves outside the required residency boundary, such employee shall be considered to have resigned his position with the City.

- (b) Maintaining a mailing address within the required residency boundary shall not be sufficient to meet the residency requirements. Employees shall be required to actually reside within the required boundary.
- (c) An employee who has been grandfathered from this requirement, or one who holds a position allowing residence anywhere within Ellis County or within the three (3) mile radius of Hays, may apply for a promotion to a department director position, but if hired into said position shall accept the new residency requirement as a condition of employment in the new position and shall comply with the residency requirement as provided in Section T-2(e).
- (d) Location of residency shall not be an excuse for absences or tardiness and may result in a deduction of pay, disciplinary action and/or discharge.
- (e) New employees or grandfathered employees promoted to a department director position shall be required to relocate within the required residency area within 180 days from the date of employment.
- (f) It shall be the responsibility of each employee to immediately notify the Human Resources office of any change in residence address or telephone number.
- (g) The City Manager shall have the power to promulgate, in writing, rules and regulations which shall be reasonably necessary for the purpose of carrying out the provisions of this policy.

ARTICLE U. COMPUTER USAGE

- (a) All information technology systems that are owned or supported by the City of Hays and/or are connected to the City of Hays computer network system are governed by this policy.
- (b) All data from any source or for any purpose that is stored on City computer equipment is the property of the City of Hays.
- (c) Unauthorized use of information technology systems for non-work related reasons is not permitted during work hours.
- (d) All software must be rightfully licensed. Unauthorized copying of licensed software is illegal and is strictly prohibited.

- (e) All city-wide computer software purchases shall be made by the Information Technology Coordinator. Departmental software purchases shall be made by the Information Technology Coordinator in conjunction with the Department Head.
- (f) The Information Technology Coordinator or his designee shall install all software on City owned computer equipment and will be responsible for an oversight of registration of the software.
- (g) Computer games are not permitted on City computers.
- (h) Hardware and software that is not purchased by the City is prohibited from connection or installation to the City network in any way unless authorized by the Information Technology Coordinator and the Department Head.
- (i) City-owned information technology systems shall not be removed from the City premises without authorization of the Department Head.
- (j) Inappropriate use of Internet access and electronic mail (e-mail), including but not limited to, use of the Internet or e-mail system for personal gain or solicitation, campaign activities, sending harassing or threatening messages to others, forwarding "for-profit" messages or chain letters, or sending or accessing pornography or pornographic materials, is prohibited.
- (k) All e-mail and internet communication messages are the property of the City of Hays and management reserves the right to access all messages. Employee Internet and e-mail usage will be monitored. Excessive use of the Internet or e-mail for personal use is prohibited.
- (l) New employees that are required to use a computer are required to attend a computer system orientation with the Information Technology Division within the first three days of hire and before using a computer. New employees may be required to attend specific courses relative to the nature of their position.
- (m) Employees in violation of this policy shall be subject to appropriate disciplinary action up to and including termination.

ARTICLE V. CELLULAR TELEPHONE USAGE

The purchase and assignment of cellular telephones shall be subject to the approval of the employee's department head and the Information Technology Coordinator. All cellular plans and purchases will be administered by the Information Technology Coordinator.

- (a) Cellular telephones are not to be used when a less costly alternative is readily available.

- (b) Cellular telephones provided by the City are intended to be used primarily in the conduct of City business. The employee may use the cellular telephone to send and receive personal calls, however, all such calls are to be highlighted on the employee's monthly bill. Reimbursement for personal calls shall be submitted to the Finance Office along with the highlighted bill on a monthly basis. The cost per minute will vary and will be listed on a summary sheet provided by the Finance Office at the time of billing. Personal use will be reviewed by the employee's department head as well as the Information Technology Coordinator.
- (c) Cellular services for certain supervisory staff, as deemed necessary by the City Manager, will be billed as a taxable benefit and will not fall under the monthly itemization process. Additional charges incurred by select supervisory staff that are not part of their package plan will need to be reimbursed to the City at the actual amount charged by the cellular provider.
- (d) The employee assigned the use of a cellular telephone is expected to exercise discretion regarding persons having access to their cellular telephone number in an effort to minimize telephone usage costs.
- (e) Usage such as text messaging and data services of any kind, including picture transmission via cellular means, will be the responsibility of the user at the actual cost charged by the cellular provider. An exception would be services that are part of an existing package on select telephones. All cellular minutes used must be accounted for by the employee including those provided under promotional periods. These minutes include, but are not limited to, mobile to mobile calling and night and weekend calling.
- (f) Cellular services for certain supervisory staff, as deemed necessary by the City Manager, will be billed as a taxable benefit and will not fall under the monthly itemization process. Additional charges incurred by select supervisory staff that are not part of their package plan, will still need to be reimbursed to the City at the actual amount charged by the cellular provider.
- (g) Employees are reminded that cellular telephones should not be considered secure. Therefore, employees should use discretion in relaying confidential information, and reasonable precautions should be made to prevent equipment theft. Reasonable precautions should also be taken regarding loss or general damage to the telephone and related equipment. It is the employee's responsibility to reimburse the City for the replacement of damaged or lost telephones and equipment, unless the department head chooses to replace the telephone through their departmental budget.
- (h) Employees who violate this policy shall be subject to appropriate disciplinary action up to and including termination.

ARTICLE W. EMPLOYEE DRESS AND GROOMING

- (a) Employees are expected at all times to present a professional, businesslike image to customers and the public. Acceptable personal appearance is an ongoing requirement of employment with the City.
- (b) Office workers and any employees who have regular contact with the public must comply with the following personal appearance standards:
 - (1) Employees are expected to dress in a manner that is normally acceptable in similar business establishments. Employees should not wear suggestive attire, jeans, athletic clothing, shorts, t-shirts, novelty buttons, baseball hats, and similar items of casual attire that do not present a businesslike appearance.
 - (2) Hair should be clean, combed, and neatly trimmed or arranged. Shaggy, unkempt hair is not permissible regardless of length.
 - (3) Sideburns, mustaches, and beards should be neatly trimmed.
 - (4) Tattoos and body piercing, other than earrings worn in ears, should not be visible and are not acceptable. For those employees that have visible tattoos prior to the adoption of this policy, they will be grandfathered in but the department head has the authority to request an employee to wear appropriate clothing to cover the tattoo based on the employee's position and exposure to the public.
 - (5) Certain employees, such as those employed by the Police and Fire Departments, may be required to meet special dress, grooming, and hygiene standards depending on the nature of their job.
- (c) Employees who are furnished uniforms by the City are to maintain the uniforms in a professional manner. Specific regulations regarding uniforms may be adopted by individual departments, but generally, uniforms will include a City emblem and will identify the employee and department. Employees are not to alter uniforms in any manner and they are to be worn during working hours only. At the time of termination, all City uniforms shall be returned to the employee's supervisor.
- (d) Non-uniformed seasonal or part-time employees are required to wear clean, neat, casual clothing appropriate for the safety of the position for which they are hired.
- (e) The City Manager may establish casual days on which the dress guidelines will vary. On these occasions, employees are still expected to present a neat appearance and are not permitted to wear ripped or disheveled clothing, athletic wear, or similarly inappropriate clothing.

- (f) All employees are to adhere to safety rules and regulations relating to the type of clothing required, the shoes worn, jewelry, hair, and beards as pertinent to the job they hold and as stipulated by their supervisor.
- (g) Any employee who does not meet the standards of this policy will be required to take corrective action, which may include leaving the premises, during which time the employee will not receive compensation. Violations of this policy may result in disciplinary action.

ARTICLE X. INCLEMENT WEATHER

- (a) Generally, inclement weather does not warrant the closing of City facilities. Every employee is expected to make every attempt to report to work as usual. Some City operations and activities must continue regardless of, or because of, the weather conditions. Department heads and emergency personnel are required to work during inclement weather in accordance with the City's Emergency Operation Plan and their individual departmental rules and regulations.
- (b) If local weather conditions make it impossible for non-emergency personnel to report to work, the employee is expected to notify his supervisor in the same manner as for any other absence. PTO or leave without pay may be used.
- (c) If weather conditions become progressively worse during the course of the work day, all employees will be expected to finish out their work schedule unless granted leave or contrary instructions are received from the City Manager.

ARTICLE Y. PUBLIC RELATIONS

Y-1. Citizen Communications. The City of Hays is a service organization and the first priority of all City employees should be to serve the citizens of Hays in an efficient, effective and professional manner. Employees should always remember that the citizen comes first and is entitled to the same thoughtful treatment that employees would like to receive.

- (a) Questions, complaints, and inquiries from citizens should be given immediate attention. If a citizen/customer does become abusive or argumentative and the employee cannot properly handle the situation, the citizen/customer should be referred to the employee's supervisor.
- (b) All citizen/customer inquiries shall be followed up within a reasonable time period.

- (c) Employees shall exercise courtesy and thoughtfulness in using the telephone. When answering the telephone, the department shall be identified.
- (d) Impolite, abrasive, and unprofessional behavior in dealing with the public is totally unacceptable. Such behavior could result in disciplinary action or termination of employment.

Y-2. Media Releases. City employees who receive requests for information from the media should relay those requests to their department heads immediately. Upon receipt of a request for information, department heads should either provide the information to the media as soon as possible or pass the request on to the City Manager's Office if it would be more appropriate for that office to respond to the request. A department head that chooses to provide information to the media on a non-routine matter, shall report the conversation to the City Manager as soon as possible.

Y-3. Open Meetings Law. The Director of Finance shall act as the local Freedom of Information Officer and shall address any requests or questions relative to the Open Records Act as adopted by K.S.A. 45-221.

SUBJECT	ISSUED BY	EFFECTIVE DATE	REVISION DATE
BLOODBORNE PATHOGENS POLICY	City Manager	5-26-94	

POLICY STATEMENT:

The City of Hays establishes this Exposure Control Plan for the purpose of eliminating or minimizing employees exposure to blood or other potentially infectious material. The intent of this Plan is to comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, and the Kansas Department of Human Resources Industrial Safety and Health Regulations.

Procedures:

I. EXPOSURE DETERMINATION

The Kansas Department of Human Resources (DHR) has determined that DHR's Industrial Safety and Health Section will follow the spirit and intent of the established Occupational Safety and Health Administration (OSHA)'s rule concerning bloodborne pathogens, such as the Human Immuno-Deficiency and Hepatitis "B" virus, in its safety inspections of state and local government facilities. The OSHA rule referenced is 29 CFR 1910.1030. It was published in final form in the Federal Register, Vol 56, No. 235 on Friday, December 6, 1991. Therefore, DHR requires employers to perform an exposure determination concerning whether employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment, i.e. employees are considered to be exposed even if they wear personal protective equipment. This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this organization, the following job classifications are in this category:

- Fire Fighters all ranks

- Police Officers all ranks

- Refuse Collectors

In addition, if the employer has job classifications in which some employees may have occupational exposure, a listing of those classifications is required. Since not all of the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are

considered to have occupational exposure. The job classifications and associated tasks/procedures for these categories are as follows:

<u>Job Classifications</u>	<u>Tasks/Procedures</u>
Dispatcher - female	Acting as jail matron
Packer Truck Operators	Transport and dispose of potentially contaminated waste
Park Department Employees	Transport and dispose of potentially contaminated waste
Wastewater Treatment Plant Operators	Treat potentially contaminated waste
Service Department Employees	Operate equipment disposing of potentially contaminated waste i.e. sewer truck

II. IMPLEMENTATION SCHEDULE AND METHODOLOGY

DHR also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

COMPLIANCE METHODS

Universal precautions will be observed in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after implementation of these controls, personal protective equipment shall also be utilized. The following controls will be utilized:

Handwashing equipment
Personal protective equipment
Containers for disposing of infectious material

When working in the field, work practices such as protective clothing will be implemented where practical. All persons contacted will be considered infectious.

The above controls will be examined and maintained on a regular schedule and shall be enforced by individual Department Heads.

Handwashing facilities are also available to employees who incur exposure to blood or other potentially infectious materials. DHR requires that these facilities be

readily accessible after incurring exposure. If handwashing facilities are not feasible, the organization will provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as soon as feasible following contact.

WORK AREA RESTRICTIONS

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generations of droplets of blood or other potentially infectious materials. In order to accomplish this goal, physical application of force during arrests and or in performing work assignments will be used only when absolutely necessary.

SPECIMENS

Specimens of blood or other potentially infectious material will be placed in a container which prevents leakage during collection, handling, processing, storage and transport of the specimens.

The container used for this purpose will be labeled or color coded in accordance with the requirements of the OSHA standard.

Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant. This would include knives and other weapons that have been collected as evidence and have become contaminated.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

CONTAMINATED EQUIPMENT

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. Although, it is very unlikely that any equipment would not be able to be decontaminated.

PERSONAL PROTECTIVE EQUIPMENT

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

The following protective clothing will be provided to employees as personal protective equipment to be used when there is a reasonable likelihood of exposure to blood or other potentially infectious materials:

- gloves
- lab coat
- face shield or mask
- protective eyewear

Personal protection equipment packets will be available in each City vehicle which is operated by employees having occupational exposure. Equipment packets will contain:

- 1 pair disposable gloves
- safety glasses
- 1 face mask
- 1 apron
- 2 antiseptic wipes
- 1 information booklet
- 1 plastic bag for disposal of items

The above equipment is to be used whenever there is exposure to any blood or potentially infectious materials. If the amount of fluid anticipated is minimal, gloves may be sufficient, but mask and eye wear should be used if there is any chance of splashing. Gloves must be changed between dealing with separate persons.

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. Disposal bags and marked containers will be provided in work areas for the disposal of garments and equipment when necessary.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, or mucous membranes. Disposable gloves used are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

HOUSEKEEPING

Decontamination will be accomplished by using bleach solutions (1:10 ratio) or EPA registered germicides. All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning. All bins, pails, cans and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis after each incident by designated shift personnel.

REGULATED WASTE DISPOSAL

All contaminated sharps and regulated waste shall be discarded immediately, or as soon as feasible, in closable, leakproof containers that are located in City facilities.

LAUNDRY PROCEDURES

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags. All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials. Laundry will be cleaned by a professional cleaner.

HEPATITIS B VACCINE

All full-time employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within ten (10) working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who decline the Hepatitis B vaccine will sign a waiver. Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost.

The Personnel Director has the responsibility for assuring that the vaccine is offered, and waivers or consent forms are signed. The vaccine will be administered by a medical care provider or the Ellis County Health Department.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

When an employee incurs an exposure incident, it should be reported to his/her Department Head as soon as possible, with the appropriate documentation forwarded to the Personnel Director for record keeping purposes.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the DHR standard. This follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident.

- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infection.

- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infection status of the source individual.

- The employee will be offered the option of having their blood collected for testing of the employees HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted, then the appropriate action can be taken and the blood sample discarded.

- The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.

The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

The Personnel Director has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy.

INTERACTION WITH HEALTH CARE PROFESSIONALS

A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B vaccine;
2. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident;
2. That the employee has been informed of the results of the evaluation, and;
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note: Written opinion to employer is not to reference any personal medical information.)

TRAINING

All employees with occupational exposure will receive training at no cost to them, which will occur during working hours. Training will consist of either programs presented by health care personnel or through the assistance of videos and brochures. All employees with occupational exposure will receive refresher training on a regular basis. Training materials will be located with the Personnel Director and in the various departments employing employees with occupational exposure.

RECORD KEEPING

Records required by the OSHA standard will be maintained by the Personnel Department.

All provisions required by the standard will be implemented as soon as possible upon the adoption of this Plan.

ARTICLE IX. CODE OF ETHICS

Sec. 2-523. Purpose and application.

(a) The commission determines that the public trust and the enhancement of the integrity of governmental operations may only be secured by the exhibition of the highest standards of integrity and responsibility by those elected and appointed public officers and employees who undertake service to the citizens of the city. In order to secure such result, this code of ethics is adopted to prompt the independence and impartiality of public officers and employees, and impose standards of accountability upon those who violate the public trust. It is the expectation of the commission that the officers and employees of the city will aspire beyond the minimum standards of this code of ethics to inspire the greatest measure of public confidence in the operation of the municipal government, thereby establishing a tradition of honest, devoted and effective service to the community.

(b) The minimum standards of conduct set forth in this code of ethics shall be in addition to the requirements otherwise applicable to public officials by the laws of the United States, the state, or otherwise contained in the Charter ordinances and other ordinances of the city. The more stringent applicable standard of conduct, federal, state or city, shall prevail in the event of any conflict among such standards.

(Code 2000, § 2.56.010)

Sec. 2-524. Definitions.

The following words, terms and phrases, when used in this article, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

Business means any occupation, trade, profession, organization, company, firm, enterprise, corporation, partnership or proprietorship, private or public, including governmental entities and organizations.

Confidential information means any information which is not available to the general public and which is obtained by reason of an officer's or employee's position, and shall include, but not be limited to, discussions held in executive session, personnel files, negotiations held with third parties which may be the subject of executive sessions pursuant to state statute, and any other information which is not subject to disclosure pursuant to the Kansas Open Meetings Act, K.S.A. 75-4317 through 75-4320a and/or the Kansas Open Records Act, K.S.A. 45-215 through 45-223.

Contract means and includes any arrangement or agreement pursuant to which any material, service or other thing of value is to be furnished to the city for a valuable consideration to be paid by the city, (except the provision of personal services within the scope of employment with the city) or sold or transferred by the city.

Immediate family means a spouse, a child by birth or adoption, stepchild, dependent, parent, grandparent, grandchild, sibling or the spouse of any member of the immediate family set out in this definition.

Officers or employees means all officers, including commission members, each municipal judge, the city manager, the city attorney and members of city boards, and employees of the city, whether elected or appointed, paid or unpaid, whether certified, fulltime, parttime or temporary.

Personal interest means any private interest in the matter, other than financial interest, which could substantially interfere with or influence the conduct of public duties.

Substantial interest means any of the following:

- (1) If an individual or an individual's spouse, either individually or collectively, has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000.00 or five percent of any business, whichever is less, the individual has a substantial interest in that business.
- (2) If an individual or an individual's spouse, either individually or collectively, has received during

the preceding calendar year, compensation which is or will be required to be included as taxable income on federal income tax returns of the individual and spouse in an aggregate amount of \$2,000.00 from any business or combination of businesses, the individual has a substantial interest in that business or combination of businesses.

(3) If an individual or an individual's spouse, either individually or collectively, has received directly or indirectly in the preceding 12 months, gifts or honoraria having an aggregate value of \$500.00 or more from any person, the individual has a substantial interest in that person. If a gift is received for which the value is unknown, the individual shall be deemed to have a substantial interest in the donor. A substantial interest does not exist under this subsection by reason of:

- a. A gift or bequest received as a result of the death of the donor;
- b. A gift from a spouse, parent, grandparent, sibling, aunt or uncle; or
- c. Acting as a trustee of a trust for the benefit of another.

(4) If an individual or an individual's spouse holds the position of officer, director, associate, partner or proprietor of any business, the individual has a substantial interest in that business, irrespective of the amount of compensation received by the individual or individual's spouse.

(5) If an individual or an individual's spouse receives compensation which is a portion or percentage of each separate fee or commission paid to a business or combination of businesses, the individual has a substantial interest in any client or customer who pays fees or commissions to the business or combination of businesses from which fees or commissions the individual or the individual's spouse, either individually or collectively, received an aggregate of \$2,000.00 or more in the preceding calendar year.

As used in this definition, the term "client or customer" means a business or combination of businesses.

Transaction means the offer, sale, purchase or furnishing of any real or personal property or services by or to any person or entity, directly or indirectly, for the use and benefit of the city or to an officer or employee, or his immediate family as a result of the office or employment of such officer or employee with the city.

(Code 2000, § 2.56.020)

Sec. 2-525. Persons covered.

All city officers and employees shall be bound by this article.

(Code 2000, § 2.56.030)

Sec. 2-526. Conflict of interest prohibited.

(a) No local governmental officer or employee shall, in the capacity of such an officer or employee, make or participate in the making of a contract with any person or business by which the officer or employee is employed or in whose business the officer or employee has a substantial interest.

(b) No person or business shall enter into any contract where any local governmental officer or employee, acting in that capacity, is a signatory to or a participant in the making of the contract and is employed by or has a substantial interest in the person or business.

(c) If a commission member or member of any board or commission of the city, or employee, or members of their immediate family has any substantial interest or personal interest in the outcome of any matter coming before an agency of the city of which he is a member, such officer shall disclose on the record of the agency the existence of such interest, and thereafter shall not vote on the matter, or participate in any proceedings in behalf of the city concerning the matter, and shall not communicate about the matter with any person who will vote or participate in the action to be taken therein.

(d) A local governmental officer or employee does not make or participate in the making of a contract if the officer or employee abstains from any action in regard to the contract.

(e) This section shall not apply to the following:

- (1) Contracts let after competitive bidding has been advertised for by published notice; and
- (2) Contracts for property or services for which the price or rate is fixed by law.

(f) Any local governmental officer or employee who is convicted of violating this section shall forfeit the office or employment.

(g) Nothing herein shall be construed to prohibit any officer or employee from taking any action which is required by law.

(Code 2000, § 2.56.010)

Sec. 2-527. Judicial involvement.

(a) No officer or employee shall attempt to influence the municipal judge on any particular pending hearing or trial, nor shall they have discussions with the municipal judge regarding any particular pending hearing or trial unless they appear on record as a material witness with direct knowledge regarding said case.

(b) No officer or employee shall attempt to influence the city attorney in his prosecutorial functions as required in municipal court on any pending hearing or trial, nor shall they have discussions with the city attorney on any pending hearing or trial, unless they have direct relevant knowledge regarding said case.

(Code 2000, § 2.56.050)

Sec. 2-528. Appearances of impropriety.

Officers and employees shall at all times be sensitive to and exercise prudent restraint in avoiding even the appearance of impropriety, even though the underlying conduct does not in fact violate this code of ethics, or other applicable city ordinances, or state or federal law.

(1) Officers, including members of the commission, boards and commissions, who will be, or are, engaged in quasijudicial decision-making activities should avoid all contact or discussion outside the hearing process with any of the parties having an interest in the decision.

(2) Officers and employees shall avoid participating in travel, lodging, and entertainment activities with persons who have been or who are employees, officers or agents of entities which entered into contracts with the city, or are seeking the city's patronage, even though no actual benefits are paid or provided to the officer or employee.

(3) Officers and employees should reasonably limit the payment of or reimbursement for actual and necessary expenditures for travel and subsistence for attendance at duly authorized conventions, seminars and programs at which the officer or employee is scheduled to attend or participate. All means of travel and accommodations shall be at the lowest reasonable and appropriate class or rate available under the circumstances. If equivalent local or in-state programs are available, such programs shall be utilized. The expenditure of public money for alcoholic beverages shall be prohibited.

(4) Officers and employees should otherwise refrain from any activities which, if disclosed to the public, would tend to compromise trust in the integrity, honesty and efficiency of governmental operations.

(Code 2000, § 2.56.060)

Sec. 2-529. Confidential information.

(a) No officer or employee shall, without prior formal authorization of the public body having jurisdiction

over said confidential information, disclose the same to any other person or entity.

(b) Whether or not it shall involve disclosure, no official or employee shall use or permit the use of any confidential information to advance the financial or personal interest of himself or any other person.

(Code 2000, § 2.56.070)

Sec. 2-530. Appearances before city boards and commissions.

No officer or employee shall represent or appear on behalf of any private interest, either personally or through a business associate or partner, in any official action, proceeding, hearing, investigation or deliberation of the city, nor shall such officer or employee, for any financial or personal gain, use or attempt to use his position, directly or indirectly, to influence any other officer or employee in the performance of his official duties. Nothing herein shall be construed to preclude an officer or employee from appearing on behalf of an employee of the city in a proceeding under the city personnel policies or where specifically permitted by ordinance of the city.

(Code 2000, § 2.56.080)

Sec. 2-531. Use of city property and employee services.

No officer or employee shall use or permit the use of city-owned or leased facilities, city equipment, material or city personnel or city contractors in any manner and at any time while such personnel or contractors are being compensated by the city or at any discount rates not generally available to the public, except while conducting authorized, official business of the city or where such resources are available to the general public, or where such use is specifically authorized by administrative directive.

(Code 2000, § 2.56.090)

Sec. 2-532. Conduct following termination of city employment or conclusion of term of office.

No officer or employee shall, within six months following termination of his office or employment, obtain employment in which he will take direct advantage, unavailable to others, of matters with which he was directly involved during the term of his office or employment. These matters include rules, other than rules of general application, which he helped to formulate, and applications, claims or contested cases in the consideration of which he substantially participated.

(Code 2000, § 2.56.100)

Sec. 2-533. Receipt of gifts or favors.

(a) No officer or employee shall accept from any source any gifts or things, services, loans or any other benefits not generally available to the public, from any person who, or entity which, to his knowledge, is interested directly or indirectly, in any manner whatsoever, in a transaction with the city, the commission or any board, commission or department of the city as to which he has the power, or apparent power, to take or influence official action.

(b) The following shall not constitute gifts for purposes of this section:

(1) Campaign contributions reported in full compliance with all federal and state laws as they may apply.

(2) A nonpecuniary award publicly presented by a nonprofit organization in recognition of public service.

(3) An occasional nonpecuniary gift of nominal value, such as food at a reception generally open to officers or employees, so long as such gift does not present any conflict of interest in fact or appearance. For purposes of this section, the term "nominal value" shall mean having a value not

exceeding \$25.00 on any occasion or from any one person or entity in the aggregate during a consecutive 12-month period. Officers and employees shall keep a written log of any such gifts made or attempted to be made, whether nominal or having value in excess of \$25.00, and shall immediately disclose any attempt or offer of a gift exceeding nominal value made to such officer or employee in his official capacity to the commission (if made to the city manager, city attorney, any commission member or member of a board or commission), or to the city manager (if made to an employee). The log of gifts received during the preceding year which meet the standard of nominal gifts as herein contemplated shall be filed by officers and employees receiving gifts with the city clerk on or before February 1 of each succeeding year, and shall constitute a public record.

(Code 2000, § 2.56.110)

Sec. 2-534. Requests for opinions.

(a) It is recognized that officers and employees will be confronted with ethical considerations not falling within clearly defined standards, which are elusive of resolution. In such circumstances, and before any action is taken to engage in the questioned conduct, such officer or employee may submit a request for an ethics opinion to the office of the city attorney. Such request shall be based on full disclosure of the underlying conditions known.

(b) The city attorney shall issue a written opinion no later than ten business days after submission on the issues presented. If the city attorney is unable to issue an opinion due to conflict or otherwise, such fact shall be disclosed to the commission, which may, at its option, either request the attorney general of the state or outside counsel to consider the request presented.

(c) The opinion shall be submitted to the requesting officer or employee, with a copy presented to the officer's board or commission, if applicable, the city commissioners, and the city manager.

(d) If the officer or employee, the board or commission or city commissioners or the city manager is dissatisfied with the opinion, the dissatisfied party may request the city commissioners to, or the commission may on its own motion, review the opinion on the basis of the written materials presented. If the circumstances require, the commission may secure the assistance of any person or entity having special expertise in the issue of governmental ethical standards. The opinion of the commission shall be final and not subject to any further appeal for purposes of this article. Such opinions shall be advisory only, and shall not serve to exempt or excuse any public officer or employee from fully conforming to this code of ethics, or applicable penal or civil statutes, ordinances and regulations if the questioned conduct is undertaken, however may be considered in mitigation of any violation taken in reliance thereof.

(e) It is hereby declared to be in the public interest to encourage officers and employees to obtain ethics opinions prior to engaging in a course of conduct with potential ethical considerations. The identity of the party requesting an ethics opinion and the document requesting an opinion shall be confidential and not subject to public disclosure except as required by law. Opinions rendered shall generally set forth the question presented and the ethical conclusions reached, and be a matter of public record, unless general discussion of the matter would disclose some issue which would be considered confidential pursuant to the Kansas Open Meetings Act, K.S.A. 75-4317 through 75-4320a and/or Kansas Open Records Act, K.S.A. 45-2157 through 45-223. All opinions shall be maintained by the city clerk in a separate volume containing all opinions rendered pursuant to this article. Nothing herein, however, shall be construed to prevent the disclosure to appropriate authorities of any information presented which shall reveal any criminal activity or civil fraud.

(Code 2000, § 2.56.120)

Sec. 2-535. Violation of code of ethics.

In addition to any sanctions which may be imposed in independent proceedings for conduct violating the laws of the United States, the state, and this article, the following procedure shall apply to any conduct alleged to violate any of the standards set forth herein:

(1) *Complaint.*

- a. By whom a complaint may or shall be brought:
 1. A complaint may be brought by any citizen aggrieved by violation of the standards of this code of ethics, who shall submit a written complaint setting forth the facts and circumstances attending the conduct believed to constitute such violation; or
 2. A complaint may be brought by any officer or employee aware of the circumstances reasonably believed to constitute a violation of this code of ethics who shall submit a written complaint setting forth the facts and circumstances attending the conduct believed to constitute such violation.
- b. To whom a complaint shall be presented:
 1. If the complaint is made against a commission member, a member of a board, commission or authority of the city, the city manager, the city attorney or a municipal judge, the complaint shall be submitted to the city commissioners, provided that the accused commissioner shall not be allowed to participate in any proceeding involving said commissioner.
 2. If the complaint is made against any other employee not stated in subsection (1) b.1 of this section, the complaint shall be submitted to the city manager.
- c. A complaint erroneously presented to the mayor or city manager shall be immediately turned over to the proper authority, as stated in subsection (1)b of this section, as the case may be.
- d. The proper receiving authority shall turn a copy of the complaint over to the county sheriff who shall cause a confidential investigation into the matter. The sheriff shall report the results of the confidential investigation back to the authority from whom the copy of the complaint was received. The report shall include a finding that there is or is not probable cause that a violation has occurred.

(2) *Administrative Procedures Applicable.*

- a. If the complaint is against an individual stated in subsection (1)b of this section, then a violation of this code of ethics shall constitute a basis upon which any disciplinary action may be taken pursuant to the personnel policies of the city.
- b. If the complaint is against an elected officer, and after consideration by the commission of the investigatory report the commission concludes that the elected officer violated this code of ethics, the report shall be made public and the mayor shall cause to be mailed a copy of the investigatory report by certified mail addressed to the purported violator only, with return receipt requested.
 1. The violator shall have the right to request a public hearing before the city commission by submitting a written request within ten days of receipt of the investigatory report finding probable cause.
 2. At such hearing, the elected officer and the investigating agency shall have an opportunity to present any relevant evidence in the matter, including attending aggravating and mitigating circumstances.
 3. No further action or finding shall be made by the commission at the conclusion of the hearing.
 4. In the event that no quorum of the commission can be obtained because of recusals or otherwise, any commission member may request the city manager to recommend three persons to serve as hearing officers. If the commission is unable to designate one of such persons as a hearing officer, the hearing shall be conducted before the three persons recommended.
- c. If the complaint is against an appointed officer serving on a board, commission or authority of the city, such violation shall constitute good cause for the removal of the officer

from such office.

1. Such officer may request a public hearing before the commission to address any liberty interest implicated in the disclosure of the probable cause findings of violation of this code of ethics.
2. If such request is not submitted within ten days of the city officer receiving a copy of the investigatory report, the officer may be removed from such appointment forthwith.
3. If a request for public hearing is made, the appointed officer and investigating agency shall have an opportunity to present any relevant evidence in the matter, including attending aggravating and mitigating circumstances.
4. The decision of the commission in the issue of removal of the officer shall be final and nothing herein shall be construed to provide the subject officer with any substantive or procedural rights to the retention of office not otherwise attending under the ordinances of the city applicable to such office.

d. If the complaint is against the city manager, city attorney or the municipal judge, then nothing in this section shall be construed to provide any rights or expectations of continuing employment with the city, and the decision to retain or terminate employment shall remain at the sole discretion of the commission. The affected officer may, however, request a public hearing before the commission to present any relevant evidence in the matter, including mitigating circumstances, as he may deem appropriate to address any liberty interest implicated in the disclosure of the probable cause finding of violation of this code of ethics.

(Code 2000, § 2.56.130)

Sec. 2-536. Protection from retaliation.

The commission and city manager as appointing authority, shall not discharge, threaten or otherwise discriminate against any officer or employee, regarding compensation, terms, condition, location or privileges of employment or office on the basis of any report made against any other officer or employee suspected of violating this code of ethics, or in participating in any investigation, hearing or inquiry conducted pursuant thereto. This section, however, shall not apply to any officer or employee who knowingly or with reckless indifference to the truth makes a false report or provides false information.

(Code 2000, § 2.56.140)

Sec. 2-537. Penalties.

(a) It shall be unlawful for any officer or employee of the city to knowingly violate any of the provisions of this article, and upon conviction, shall be subject to penalty provision provided in Section 1-13.

(b) It shall be unlawful for any officer or employee of the city to knowingly, or with reckless indifference to the truth, make a false report or provides false information: by complaint as provided herein, during the investigatory process, or at any hearing provided under this code of ethics, and upon conviction, shall be subject to penalty provided in Section 1-13.

(c) In addition to the penalties as set out in this section, an officer or employee, violating the provisions of this article shall be subject to any administrative remedy or proceedings, or action brought by the city for civil relief at law or in equity before any court of competent jurisdiction, including actions to recover damages and restitution, injunctive relief, costs, and reasonable attorneys fees incurred by the city in obtaining such relief as may be appropriate.

(Code 2000, § 2.56.150)

Sec. 2-538. Prerogatives of city prosecutor.

Nothing in this code of ethics is intended to diminish in any way the prerogative of the city prosecutor to file such criminal charges as are warranted, pursuant to law, or such charges as may be filed pursuant to violations and penalties as provided in this code of ethics, or any other section of this code.

(Code 2000, § 2.56.160)

Sec. 2-539. City manager; authority to promulgate administrative directives.

Notwithstanding the provisions of this article, the city manager, pursuant to the powers granted by this code, which standards shall not conflict with the federal or state law and the ordinances of the city, shall have the authority to further define ethical standards applicable to city employees. Such administrative directives shall not be subject to the penalty provisions of this article; however, such administrative directives shall, upon violation, constitute a basis upon which to impose disciplinary action upon the employee as provided by the personnel policies of the city.

(Code 2000, § 2.56.170)

Sec. 2-540. Distribution of code of ethics.

All existing officers and employees and new officers and employees upon initiating their respective terms of office or employment shall receive a copy of this code of ethics or any amendments hereto and submit written acknowledgment of such receipt, which acknowledgment shall be retained as an official public record of the city.

(Code 2000, § 2.56.180)

Secs. 2-541--2-558. Reserved.

SUBJECT	ISSUED BY	EFFECTIVE DATE	REVISION DATE
EMPLOYEE ASSISTANCE PROGRAM (EAP) POLICY	City Manager	3-26-99	

POLICY STATEMENT:

The City of Hays has the responsibility of providing a safe, healthy, and efficient work environment for all employees. In an effort to enhance the personal well-being of employees, and to contain rising health care premiums, the City Manager of the City of Hays has contracted with High Plains Mental Health Center (HPMHC), Hays, to provide an Employee Assistance Program (EAP) to City employees. The EAP will be available to all full-time employees, and to part-time employees working over 1,040 hours per year.

- A.** The City Manager of the City of Hays recognizes that personal and emotional problems, including but not limited to alcoholism, drug abuse, marital and family difficulties, illness, stress, anxiety, depression and other nervous and mental disorders, may effect any employee, and can contribute to deteriorating job performance.
- B.** The EAP will be available for use on a voluntary basis, as well as for mandatory referrals. The City of Hays encourages employees to utilize the professional counseling services available through HPMHC. Supervisors should utilize the resources of the EAP when underlying problems, such as those noted above, are suspected of contributing to poor job performance on the part of their employees.
- C.** The EAP will provide assessment and referral services.
- D.** The EAP will offer thorough and complete confidentiality. Participation in the EAP will not in any way jeopardize future employment or career advancement; participation will not, however, protect the employee from disciplinary action for continued substandard job performance or rule infraction.
- E.** The Director of Human Resources for the City of Hays shall be responsible for oversight and maintenance of the EAP, and will provide direction and promotion of the EAP.
- F.** The EAP will provide training and education for all employees on how to utilize the program, and will provide additional training and education for supervisors who will be allowed to make mandatory referrals.

Procedure:

The EAP will be provided by High Plains Mental Health Center, Hays. An EAP consultant is available during regular working hours, either by phone or in person, to provide guidance regarding the appropriate EAP services needed. The EAP consultant is also available to meet with employees on-site to identify the presenting problem and determine appropriate services needed. (Note: Consulting is not considered as part of the 3 free hours of face-to-face counseling/therapy hours provided by the EAP.) To arrange a time and location to meet, call HPMHC, 785-628-2761 or 1-800-432-0333. After regular business hours, the 800# will be answered by a mental health professional

who can provide telephone counseling, and if requested by the caller, referral to appropriate services for further assistance.

Policy Guiding Voluntary (Self) Referrals

- A)** The City of Hays recognizes that most employees using the EAP will do so on a self-referral basis, and therefore agrees to help promote the EAP to encourage such self-referrals.
- B)** Names of City of Hays employees who self-refer to the EAP will not be revealed by HPMHC.
- C)** Three hours of scheduled appointments at HPMHC (face-to-face counseling/therapy) per year, per employee, will be provided at no charge to the employee. (Note: Be sure to identify yourself as a City of Hays employee with EAP benefits.)

Policy Guiding Mandatory (Supervisor) Referrals

Mandatory referrals may be made to the EAP by City of Hays supervisors. Such referrals must be related to documented job performance difficulties, or obvious personal and emotional problems that have or may contribute to deteriorating job performance. If a mandatory referral is made by a supervisor, the City of Hays Mandatory Referral and Release of Information form shall be completed by the supervisor, signed by the employee, and the form forwarded to the Director of Human Resources. The Director of Human Resources will contact the EAP consultant and alert him/her to the required contact. A copy of the signed referral form will be forwarded to High Plains Mental Health Center as notification of referral. The employee will have 48 hours after signing the referral form to contact an EAP counselor by calling the appropriate telephone numbers and setting up a face-to-face meeting. The EAP counselor will confirm contact from the employee by notifying the Director of Human Resources. Failure to contact the EAP counselor within 48 hours without just cause may be grounds for disciplinary action, including termination.

The Mandatory Referral and Release of Information form will serve as a notice that information, either verbal or written, may be released to the City of Hays Director of Human Resources and/or the employee's supervisor. Such information will be limited to:

- A)** confirmation of face-to-face assessment with the EAP counselor and/or Screening and Referral therapist;
- B)** acknowledgement of failed or kept appointments with the EAP counselor and/or assigned therapist; and
- C)** acknowledgement of treatment compliance.

No other personal or diagnostic information will be supplied to the City of Hays unless specifically authorized in writing by the employee, and a release of information has been signed listing the specific information to be released.

When a Mandatory Referral has been made as a condition of continuing employment, the final determination for returning to work is to be made by the employee's supervisor and/or City of Hays Director of Human Resources.

Note: High Plains Mental Health Center does not provide drug/alcohol testing or screening. In the case of an alcohol/drug referral of a KDOT employee, the referral is made to the Mental Health Consortium EAP, 1-800-999-1996. When the employee has contacted the MH Consortium, it is possible that he/she might then be referred to HPMHC's substance abuse program.

Statement of Confidentiality

- A) The City of Hays recognizes that the success of the EAP will be enhanced by strict adherence to protecting the confidentiality of those employees utilizing the program.
- B) All information regarding an employee or family members' participation in the EAP is part of the clinical record maintained by HPMHC and is subject to state and federal confidentiality laws governing such medical records.
- C) Information provided to the City of Hays regarding employees referred to the EAP by a supervisor is limited according to the Policy Guiding Mandatory (Supervisor) Referrals.
- D) Names of City of Hays employees who self-refer will not be revealed by HPMHC.

Leave Allowance

A) VOLUNTARY (SELF) REFERRAL

At the discretion of their Department Head, employees will be allowed to utilize their accrued sick leave, vacation leave or take leave without pay to voluntarily access the EAP, should such appointment(s) be necessary during their normal working hours. The City of Hays would encourage employees to pursue assessment and counseling during off duty hours whenever possible. HPMHC evening hours are available on Monday, Tuesday, and Thursday.

B) MANDATORY (SUPERVISOR) REFERRAL

At the discretion of their Department Head, employees will be allowed to utilize their accrued sick leave, vacation leave or leave without pay for referral and assessment sessions which are mandated by an employee's supervisor. Counseling activities beyond the three hours provided through the EAP will be the financial responsibility of the employee.

Training and Education

The EAP will provide an initial training and education program to familiarize employees with the program and its process. Additional EAP training and education will be provided for supervisors to provide background information for appropriate mandatory referrals through documented job performance incidents. In addition, education and wellness programs are available as on-site presentations by HPMHC staff on a variety of prevention and intervention topics such as stress, families, communication, sexual harassment, working with difficult people, time management, and many other mental health issues as requested.

Informational Material

Informational materials in the form of posters, payroll stuffers, and pamphlets will be made available to employees on a regular basis.

SUBJECT	ISSUED BY	EFFECTIVE DATE	REVISION DATE
<p>GROUP HEALTH PLAN PRIVACY POLICY RELATING TO PROTECTED HEALTH INFORMATION OF PLAN PARTICIPANTS AND BENEFICIARIES</p>	<p>City Manager</p>	<p>4-14-04</p>	

Policy Statement:

The City of Hays sponsors a group health plan (the “Plan”) for certain employees and their dependents. Each individual covered by the Plan is entitled to their own privacy rights under the provisions of the Health Insurance Portability and Accountability Act (HIPAA). These individuals are referred to as “participants” throughout this policy.

Although the City of Hays Group Health Plan is a fully-insured type of plan and has limited access to “protected health information” (PHI), the City has chosen to amend its Plan in accordance with the Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act (the “Act”) (45 C.F.R. parts 160 and 164). Under this Act, the Plan must follow certain procedures and rules relating to the individually identifiable health information of the participants of the Plan. This includes limits on the PHI that may be shared with the employer sponsoring the Plan. This policy will explain more about the permitted or required uses of PHI.

In addition to creating these strict limits on the use of PHI, the Act also provides covered individuals significant rights to access, copy, amend and restrict the use of their own PHI. The Plan’s policy and procedures to access these rights are explained in this document.

The City of Hays and its Group Health Plan are fully committed to complying with all of the requirements of HIPAA. Any City of Hays employees, referred to as “qualified employees”, who have the responsibility of carrying out Plan activities, or who have or could have access to PHI, must comply with this Privacy Policy.

The City of Hays reserves the right to amend or change this Policy at any time (and even retroactively) without notice. The purpose of this policy is to comply with the requirements of the Act. If it is determined that this Policy has established requirements and obligations above those required by HIPAA, the Policy will be interpreted to meet the minimum requirements of the HIPAA.

It is not the intention of the City of Hays and its Group Health Plan to create any third party rights, including but not limited to rights of Plan participants, beneficiaries, covered dependents, or business associates.

Group Health Plan Privacy Policy

I. PLAN'S RESPONSIBILITIES

A. Privacy Official

As a covered entity under the Act, the Plan is responsible for maintaining the privacy of the participants and their dependents consistent with all requirements of the Act. To be assured that these responsibilities are fulfilled, the Plan appoints a Privacy Official to develop and oversee all requirements, policies and procedures necessary under HIPAA. The City of Hays Plan's privacy official is the Director of Human Resources. In addition, the Privacy Official will be responsible, either directly or by her designee, to address the concerns, questions and complaints of participants as they relate to the privacy of their PHI. A copy of the complaint procedure is included in the Plan's privacy notice and will also be provided to any employee upon request.

B. Use and Disclosure of PHI

This Plan is permitted, but not required, to use and disclose PHI without participant consent or authorization in limited circumstances. However, state or federal law may supercede, limit, or prohibit these uses and disclosures.

Under the HIPAA Privacy Rule, permitted uses and disclosures include those made for the purposes of treatment, payment or healthcare operations:

- To the participant;
- To another covered entity as permitted by HIPAA; or
- To Business Associates of the Plan.

Additional permitted uses and disclosures include those made pursuant to an individual authorization and for certain public policy purposes including:

- Reporting on victims of domestic violence or abuse, as required by law;
- Court orders;
- Serious threats to health or safety;
- Government oversight (including disclosures to a public health authority, coroner or medical examiner, military or veterans' affairs agencies, an agency for national security purposes, law enforcement); and
- Health research.

This Plan will not use or disclose PHI in ways that would be in violation of the Privacy Rule or state law. The Plan may use and disclose PHI as permitted by the Privacy Rule and in accordance with state or other law. In using or disclosing PHI, this Plan will meet the Privacy Rule's "minimum necessary requirement," as appropriate.

C. Minimum Necessary Information

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

Minimum necessary standard does not apply to:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to the individual, or pursuant to an authorization, except an authorization requested by a covered entity under 164.508(d),(e) or (f);
- Disclosures made to the Secretary of the Department of Health and Human Services (HHS) with respect to compliance and enforcement;
- Uses/disclosures required by law under 164.512(a), and;
- Uses/disclosures required for compliance with applicable parts of the privacy regulations.

II. PARTICIPANT RIGHTS

A. Access to and Amendment of Records

In accordance with state law, the Privacy Rule, and other federal law, a participant may have access to and may obtain a copy of his/her health care records maintained by the Plan. Participants are also permitted to request to amend their records in accordance with HIPAA.

B. Restrictions and Confidential Communications

The Privacy Rule permits participants to request restrictions on the use and disclosure of PHI for treatment, payment and health care operations, or to family members. While the Plan is not required to agree to such restrictions, every attempt will be made to accommodate a reasonable request. Once the Plan agrees to a restriction it will not violate the restriction; however, restricted PHI may be provided to health care providers in an emergency treatment situation.

A restriction is not effective to prevent uses and disclosures when a participant requests access to his or her records or requests an accounting of disclosures. A restriction is not effective for any uses and disclosures authorized by the participant, or for any required or permitted uses recognized by law.

The Privacy Rule also permits participants to request receiving confidential communications through alternative means or at alternative locations. As required by the Privacy Rule, the Plan will attempt to accommodate all reasonable requests.

C. Accounting of Disclosures

Participants may be provided with an accounting of disclosures, upon request, for disclosures made up to seven years prior to the date of the request. This Plan is not required to provide an accounting for disclosures made for treatment, payment or health care operations purposes, or pursuant to participant authorization. This Plan also does not have to provide an accounting for disclosures made for national security purposes, to correctional institutions or law enforcement officers that occurred prior to April 14, 2004.

D. Privacy Notice

Under the Act, a fully-insured Plan is not required to provide each employee a privacy notice. Privacy notices will be available to participants upon request. The privacy notice will explain the Plan's use of PHI including individuals who may have access to the PHI, the individual's right to access his own PHI as well as other legal duties of the Plan

privacy requirements. The Privacy Official is responsible for developing and maintaining a notice of the Plan's privacy practices. Finally, the privacy notice will explain the complaint procedures under the Plan and its policies.

E. Business Associates

The Plan may rely on certain persons or other entities, who or which are not Plan or qualified personnel, to provide services on the Plan's behalf. Where these persons or entities perform services, which require the disclosure of individually identifiable health information, they are considered under the Privacy Rule to be business associates.

A written agreement with each business associate is obtained to provide assurance that the business associate will safeguard the privacy of the PHI of participants. Business associates are expected to abide by the contract. Reasonable steps will be taken to remedy any breaches of the agreement.

F. Physical Safeguards of PHI

Representatives of the Organization and the Plan will establish appropriate physical safeguards to prevent PHI from intentionally or unintentionally being used, disclosed, lost or destroyed in violation of HIPAA's requirements.

In addition, appropriate "firewalls" will be established to ensure that only authorized employees of the Organization are permitted access to PHI as further limited by the minimum necessary requirements of the Act.

G. Mitigation of Inadvertent Disclosures of Protected Health Information

The Plan and the Organization will attempt to mitigate any harmful effects of an inappropriate disclosure of an individual's PHI in violation of these policies and procedures. When any employee becomes aware of an inappropriate use or disclosure of protected health information, either by an employee of the Plan or otherwise, the employee must immediately contact the Privacy Official so that the appropriate steps to mitigate potential harm to the participant can be taken.

H. Workforce Training

The Plan and the Organization are committed to appropriate, timely training for all individuals permitted access to PHI as well as those individuals who, because of their proximity to the information, may inadvertently be exposed to PHI. Training of personnel will occur as necessary to keep individuals up-to-date on the requirements of the Plan's policies and procedures.

I. Sanctions

Sanctions for using or disclosing PHI in violation of this HIPAA Privacy Policy will be imposed in accordance with the City of Hays disciplinary policy outlined in the Personnel Manual, up to and including termination.

J. No Intimidating or Retaliatory Acts; No Waiver of HIPAA Privacy

The Plan and the Organization will not intimidate, threaten, coerce, discriminate against, or retaliate against individuals for exercising their rights, filing a complaint, participating in an investigation, or opposing any improper practice under HIPAA. Individuals will not

be required to waive their privacy rights under HIPAA as a condition of treatment, payment, enrollment or eligibility except as permitted under HIPAA.

K. Plan Document

The Plan document reflects the requirements of HIPAA relating to the privacy practices of the Plan. These practices include how the Plan may use and disclose PHI. In addition the Plan outlines how the Organization may use PHI for plan administrative purposes. Specifically, the Plan document requires the Organization to:

- Restrict the use or further disclose of PHI except as permitted by the Plan documents or as required by law;
- ensure that any other entity to whom it provides PHI received from the Plan agree to the same restrictions and conditions that apply to the Organization;
- not use or disclose PHI for employment-related actions or in connection with any other employee benefit plan;
- report to the Privacy Official any use or disclosure of the information that is inconsistent with the permitted uses or disclosures;
- make PHI available to Plan participants, consider their amendments and, upon request, provide them with an accounting of PHI disclosures as required by law;
- make the Organization's internal practices and records relating to the use and disclosure of PHI received from the Plan available to HHS upon request; and
- if feasible, return or destroy all PHI received from the Plan that the Organization still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information not feasible.

L. Documentation

The City of Hays privacy policies and procedures shall be documented and maintained for at least six years. Policies and procedures will be changed as necessary or appropriate to comply with changes in the law, standards, requirements and implementation specifications (including changes and modifications in regulations). Any changes to policies or procedures will be promptly documented.

If a change in law impacts the privacy notice, the privacy notice will be revised and made available. Such change is effective only with respect to PHI created or received after the effective date of the notice.

The Plan and the Organization shall document certain events and actions (including authorizations, requests for information, sanctions, and complaints) relating to an individual's privacy rights.

The documentation of any policies and procedures, actions, activities and designations may be maintained in either written or electronic form. Covered entities must maintain such documentation for at least six years.

Group Health Plan Privacy Procedures

I. USE AND DISCLOSURE OF PHI

A. Qualified Personnel

Only limited members of the workforce of the Group Health Plan may be permitted to use and/or disclose PHI. Under this Plan the following individuals are permitted to have access to, use and/or disclose PHI:

1. Qualified personnel of the employer sponsoring the Plan who perform administrative services on behalf of the Plan, including payment, health care operations, design and administration. This includes:

- City Manager
- Assistant City Manager
- Director of Human Resources
- Personnel Clerk
- Executive Assistant

2. Qualified personnel of the employer sponsoring the Plan who have access to PHI for purposes of its use by the Employer in performing services for the Plan, including procurement of insurance, financial transactions and accounting. This includes:

- Account Clerk II

3. Service providers to the Plan. This includes:

- Insurance Management Associates, Inc., Topeka, Kansas
- City Attorney
- Adams Brown Beran & Ball Chartered, City of Hays Auditors

If the PHI is requested by another covered entity, by a public official (who represents that the information requested is required by law), by a researcher (with appropriate documentation), this Plan will not use, disclose or request more than the amount that is reasonably necessary to accomplish the purpose of the use, disclosure or request. Requests for disclosures other than by legal authorities or by the participant will be reviewed by the Privacy Official or his/her designee.

Where PHI is used or disclosed for the purposes of the Plan's own payment activity, the employees of the Plan are permitted to use and disclose information to perform these functions using the minimum necessary to accomplish the purpose.

All disclosures of PHI under this section are subject to the requirements found under the "Documentation Requirements" section.

B. Procedures for Disclosures under a Participant Authorization

Requests by a third party (not the participant) for PHI must be accompanied by a proper authorization. With the exception of number 1, 2 and 3 above, a participant (or parent or

legal guardian) must complete a valid authorization as described above in order to release health care information. This must be received in written form and contain the information outlined below. The request should be directed to the Director of Human Resources. A valid authorization form is available from the Human Resources Office. For mandatory disclosures of PHI (individuals requesting their own and the Department of Health & Human Services) the request should be forwarded to the Privacy Official who will handle or delegate the request as appropriate.

The HIPAA Privacy Rule identifies key elements that must be included in a valid authorization as follows:

- The identity of the individual signing the authorization must be verified under the procedures established under "Verification of Identity".
- Must be completely filled out with no false information.
- May not be combined with another participant authorization.
- Must be written in plain language.
- Must contain a statement adequate to put the participant on notice of his or her right to revoke the authorization in writing and, either exceptions to such right and a description of how to revoke, or a reference to revocation in the notice provided to the participant.
- Must contain a statement adequate to put the participant on notice of the inability to condition treatment, payment, enrollment, or eligibility for benefits on the authorization.
- Must contain a statement adequate to put the participant on notice of the potential for information to be re-disclosed and no longer protected by the rule.

Further, a valid authorization must contain the following information:

- A description of the information to be used and disclosed that identifies the information in a specific and meaningful fashion.
- The name or other specific identification of the person(s), or class of persons, authorized to make the requested use and disclosure.
- The name or other specific identification of the person(s), or class of persons, to whom the requested use and disclosure will be made.
- A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when a participant initiates the authorization and does not, or elects not to, provide a statement of the purpose.
- An expiration date that relates to the individual or the purpose of the use or disclosure.
- A signature (or if signed by a personal representative, a description of authority to sign) and date.

C. Disclosure of PHI to Business Associates

When disclosing information to a Business Associate, the employee must be certain the information is being disclosed appropriately under the terms of a valid Business Associate Agreement. The employee should verify the disclosure is consistent with the Business Associate Agreement and complies with the permitted uses and minimum necessary standards.

D. Disclosures of PHI to Family and Friends

Request for PHI of a participant from the participant's family members and friends cannot be fulfilled unless the individual is the parent of a minor child or a personal representative of the participant. In these cases the request should be directed to the Privacy Official or designated individual and the "Verification of Identity" procedures must be followed. In addition, the disclosure must comply with the minimum necessary procedures.

E. Other Permitted Disclosures

The Plan will generally comply with requests from officials for legal and public policy purposes when permitted by HIPAA. These include all those listed in the Plan's Privacy Policy. Refer to the Verification of Identity procedures.

The Privacy Official will review each request individually to make a determination about the requested disclosure. All disclosures of PHI under this section must be documented as required under the Documentation Requirements Section.

F. Verification of Identity

When a request for disclosure of PHI is made the identity and authority of the individual must be verified.

Individual- Request government issued photo ID. Make a copy of the ID to place with the individual's records. Requests for PHI over the phone or by fax should be verified by a predetermined authentication code.

Parent of minor child – Verify the person's relationship to the child (enrollment record, birth certificate). Request government issued photo ID from the parent. Make a copy of the ID to place with the individual's records. Requests for PHI over the phone or by fax should be verified by a predetermined authentication code. NOTE: Many state laws prohibit parents from access to a child's PHI where (1) the child may approve the health care service, or (2) where the child has been emancipated.

Personal Representative – Require the individual to provide written authority to act on behalf of the participant. This could include a power of attorney or written declaration signed by the participant. Any questions should be referred to the Privacy Official before releasing information. Request government issued photo ID. Make a copy of the ID and documentation of authority and place it with the individual's records.

Public Official - Require the individual provide written authority and proper identification (badge, credentials, other proof of government status) to execute the request, or act on behalf of the participant. Any request made pursuant to legal process (warrant, subpoena, order, judicial or administrative tribunal) should be referred to the legal department. Request government issued photo ID. Make a copy of the ID and authorization and place it with the individual's records.

I. Minimum Necessary Standard

Unless a request for PHI is made frequently enough to develop a separate procedural standard, all requests will be treated as nonrecurring and will be reviewed by the Privacy Official. The minimum necessary standard does not apply to:

- Uses or disclosures made under an individual authorization
- Disclosures to HHS
- Uses or disclosures required by law
- Uses or disclosures made to the individual

J. Documentation

The Plan must retain copies of the following for a period of six years from the date the document was last in effect:

- Privacy notices
- Policies and procedures developed pursuant to HIPAA regulations
- Individual authorizations
- Disclosure logs (logs that document the disclosure of PHI in certain circumstances)

The disclosure log (see “Accounting of Disclosures”) should include the date of disclosure, name (and address, if known) of the person/entity receiving the disclosure, description of PHI disclosed, name of the individual whose PHI was disclosed and the purpose of disclosure.

II. PARTICIPANT RIGHTS

A. Notice

The designated Privacy Official for the Plan is the Director of Human Resources, who oversees all administrative functions. The Privacy Official will have on file a copy of the Notice of Privacy Policy from the carrier and will provide said notice to the participant upon request.

B. Restrictions and Confidential Communications

Requests to restrict the use and disclosure of information must be received in written form and directed to the Director of Human Resources. A form is available from the Human Resources Department.

The participant will be notified in writing as to whether the Plan will restrict the information for which the restriction is requested. If the participant does not agree with a denial of request the participant may request an appeal of the decision.

When a participant makes a request to receive confidential communications (communications at an address other than the address of the primary covered individual) the following procedures should be followed:

- Verify the identity of the participant consistent with the “Verification of Identity” procedures.
- Determine if the request is based on potential danger to the participant if the request were not honored.
- If the request is approved, the Plan must make the necessary changes (enter records, entities, etc. that must be notified to make the change).
- If the request is denied, the Plan must contact the participant in writing or by telephone explaining why the request cannot be honored.

- Any records of individuals who have had requests for confidential communications approved must be verified periodically.
- Records of the request and response must be documented in the individual's record.

C. Access to Records

Participant access to and amendment of their individual PHI requires a written request on the appropriate form and directed to the Privacy Official. Forms to request copies, access or amendment of the records can be obtained from the Director of Human Resources.

When a written request for access and/or amendment is received the following procedures must be followed:

- Verify the identity of the participant consistent with the Verification of Identity procedures.
- Determine the location of the information. If the Plan is insured the request should be made to the carrier unless the Plan is in possession of information not held by the carrier in which case the Plan will coordinate the distribution.
- Determine if there may be reason to deny the individual's request for access. Generally this is based on the likelihood of the information being harmful to the participant or to others, psychotherapy notes, and other reasons permitted by HIPAA. Requests for access may not be denied without approval from the Privacy Official.
- The Plan must provide access or deny the request within 30 days (60 days if the information is maintained off-site, for example records from a prior TPA in storage, information from a prior carrier). If the original deadline (30 or 60 days) cannot be met, the deadline can be extended for an additional 30 days provided the individual is notified of the reason for the delay within the original time frame.
- If the request is denied the denial must state the basis for the denial and the individual's right to request a review of the denial.
- Individuals will be provided the information in hard copy versus electronically.
- Individuals may request a summary of the information.

D. Amendment of Records

Verify the identity of the participant consistent with the "Verification of Identity" procedures.

Determine the location of the information. If the Plan is insured the request should be made to the carrier unless the Plan is in possession of information not held by the carrier.

Review the request for amendment and determine if the information is part of the individual's record set and accessible under HIPAA as well as whether the amendment request is appropriate.

The Plan must respond in writing to the request within 60 days. If the determination cannot be made within the 60-day period, the Plan may take an additional 30 days by providing written notice to the individual or the reason for the delay within the initial 60-day deadline.

If the amendment is accepted the change must be made in the record set. In addition, notice must be provided to the individual as well as all person/entities noted on the amendment request form. If the Plan is aware of disclosures of the amended information to other person/entities, notice of the amendment of the information must be sent to persons who may rely on un-amended information to the injury of the participant.

If the amendment request is denied:

- The Privacy Official must approve the denial
- The denial notice must contain the basis for the denial and:
 - Address the individual's right to submit a written statement opposing the denial,
 - an explanation that the individual's request for amendment was denied and may be included in future disclosures of the information, and
 - information on how the participant can file a complaint about the denial.

All information relating to the request and the denial, including all statements and rebuttals should be maintained with the participant's record (health plan record/file, not HR or personnel file).

E. Accounting of Disclosures

Participants may be provided an accounting of disclosures by submitting a request in writing. The request should be directed to the Director of Human Resources. Verification of the identity of the participant should be made following the "Verification of Identity" procedures. The request must state the time period for which the accounting is to be supplied. If a charge will be assessed, the Plan must notify the participant of the charge and allow the individual to cancel the request.

The Plan will provide an accounting within 60 days of a request, and may extend this limit for up to 30 more days by providing the individual with a written statement of the reasons for the delay and the date that the accounting will be provided.

A written accounting will be provided which will include the date, name and address (if known) of the entity that receives the PHI, a brief description of the PHI disclosed, and a brief statement of the purpose of the disclosure that "reasonably informs" the participant of the basis of the disclosure. A copy of the accounting and the name of the person who is responsible for receiving and processing accounting requests are maintained in the individual's health plan record.

An accounting of disclosures may be suspended at the request of a health oversight agency or law enforcement official for a time specified by such agency or official. The agency or official should provide a written statement that such an accounting would be "reasonably likely to impede" activities and the amount of time needed for suspension. However, the agency or official statement may be made orally, in which case a Privacy Official of this Plan will document the statement, temporarily suspend the accounting, and limit the temporary suspension to no longer than 30 days, unless a written statement is submitted.

III. ADMINISTRATIVE REQUIREMENTS

A. Business Associates

The Plan enters into and maintains business associate contracts with persons and entities that provide services to the plan, which require the disclosure of individually identifiable health information.

The Plan has created a model agreement to be used to contract with business associates. The agreement establishes the uses and disclosures of PHI to the business associate and prohibits use and further disclosure, except to the extent that information is needed for the proper management and administration of the business associate or to carry out its legal responsibilities. The contract also provides that the business associate will:

- Use appropriate safeguards to prevent inappropriate use and disclosure, other than provided for in the contract,
- Report any use or disclosure not provided for by its contract of which it becomes aware,
- Ensure that subcontractors agree to the contract's conditions and restrictions,
- Make records available to participants for inspection and amendment and incorporate amendments as required under the participant access and amendment of records requirements of the rule,
- Make information available for an accounting of disclosures,
- Make its internal practices, books, and records relating to the use and disclosure of PHI available to the Department of Health and Human Services for compliance reviews, and
- At contract termination, if feasible, return or destroy all PHI.

If the Plan becomes aware of a pattern of activity or practice of a business associate that constitutes a material breach or violation of the agreement, reasonable steps will be taken to remedy the breach. Employees who become aware of violations of HIPAA's privacy rules must notify the Privacy Official. If such steps are unsuccessful, the contract will be terminated or if termination is not feasible, the problem will be reported to the HHS.

B. Privacy Official

The Privacy Official is responsible for overseeing all ongoing activities related to the development, implementation, maintenance of, and adherence to the Plan's policies and procedures covering the privacy of and access to participant's PHI in compliance with federal and state laws.

The duties of the Privacy Official are as follows:

- Oversees the development, implementation and maintenance of the Plan's policies and procedures for protecting individually identifiable health information.
- Organizes ongoing compliance monitoring activities.
- Works to develop and maintain appropriate consent forms, authorization forms, notice of privacy practices, business associate contracts and other documents required under the HIPAA Privacy Rule.

- Ensures compliance with the Plan's privacy policies and procedures and applies sanctions for failure to comply with privacy policies for all members of the Plan's workforce and business associates.
- Establishes and administers a process for receiving, documenting, tracking, investigating and taking action on all complaints concerning the practices privacy policies and procedures.
- Performs or oversees all aspects of privacy training for the Plan and other appropriate parties. Conducts activities to foster information privacy awareness with the employer and other appropriate parties.
- Ensures alignment between security and privacy practices.
- Cooperates with the federal Office of Civil Rights and other legal entities in any compliance reviews or investigations.

C. Training

This Plan's policies and procedures have been adopted to comply with the HIPAA Privacy Rule. All employees of this Plan and sponsoring employer's qualified personnel who have access to PHI are provided orientation training regarding PHI consistent with their function. These individuals are required to attend and participate in ongoing training processes specific to their areas of function.

D. Safeguards

Paper records are kept in a separate, locked file room within the Human Resources Department, and away from common areas within HR when they are not in use. Every effort is made to keep records secure when they are in use by employees and Plan representatives or when they are being filed by qualified personnel. When data reports are reviewed, care will be taken not to leave report data in plain view of others. Data reports will not be retained outside of a locked file room. Consistent with guidelines, qualified personnel having access to PHI in accordance with this policy will be aware of their surroundings when discussing a participant's PHI.

Any electronic access to PHI will be password protected and security will be put in place to prevent these access codes to be accessed by others. These codes will be changed at least monthly. Use of e-mail to transmit PHI is discouraged because all City of Hays e-mail is subject to administrative review.

E. Disclosure of PHI for Non-Health Plan Purposes

PHI will not be used or disclosed for the payment or operations of our "non-health" benefit plans (e.g., life insurance, disability etc.), unless the participant has provided an authorization for such use or disclosure.

F. Complaints

Participants may file privacy complaints by submitting them in one of the following ways:

- a. In person, using the Privacy Complaint form.
- b. By mail, either on the Privacy Complaint form or in a letter containing the necessary information. All complaints should be mailed to:

Director of Human Resources
City of Hays
P.O. Box 490
Hays, KS 67601

By telephone at 785-628-7320
By secure fax at 785-628-7323

- c. All privacy complaints should be directed to the Privacy Official.
- d. The complaint must include the following information:
 - o The type of infraction the complaint involves;
 - o A detailed description of the privacy issue;
 - o The date the incident or problem occurred, if known; and
 - o The mailing address where formal response to the complaint may be sent.

When a privacy complaint is filed by a participant the following process should be followed:

- Confirm the complaint with the individual.
- If appropriate, attempt to correct any apparent misunderstanding of the policies and procedures on the participant's part. If after clarification, the participant does not want to pursue the complaint any further, indicate that "no further action is required." Record the date and time and file under dismissed complaints.
- If not dismissed, log the complaint by placing a copy of the complaint form in both the complaint file and in the participant's Plan record.
- Investigate the complaint by reviewing the circumstances with relevant staff (as needed).
- If it is determined that the complaint is invalid, send a letter stating the reasons the complaint was found invalid. File a copy of the letter and form in an investigated complaints file.
- If the investigative findings are unclear, get a second opinion either from legal counsel or other appropriate individual.
- If it is determined that the complaint is valid and linked to a required process or an individual's rights, follow the Plan or employer sanction policy to the extent that an individual is responsible. If the complaint involves compliance with the standards that do not involve a single individual, then begin the process of revising current policies and procedures.
- Once an appropriate sanction or action has been taken with respect to a complaint with merit, or if the response will take more than 30 days, send a letter explaining the findings and the associated response or intended response. Document the disposition of the complaint and file the letter and form in an investigated complaints file.
- Place a copy of the complaint form in the participant's record.
- Review both invalid and investigated complaint files periodically, to determine if there are any emerging patterns.

G. Sanctions

If an employee of this Plan who is identified as qualified personnel fails to comply with the requirements of the HIPAA Privacy Rule or HIPAA Policies and Procedures and does not directly violate any participant confidentiality rights, an informal sanction will be administered. The communication of this sanction will be provided in the form of an oral or written warning. This warning will clearly articulate the infraction, any corrective remedies and the provider expectations of this Plan. Any written documentation will be reviewed by the Privacy Official jointly with the City Manager prior to the application of any sanctions.

If an employee of this Plan who is identified as qualified personnel fails to comply with the requirements of the HIPAA Privacy Rule or HIPAA Policies and Procedures that violates any participant confidentiality rights, disciplinary action will be taken and the sanction appropriate to the violation will be administered. The communication of this sanction will be provided in the form of a written warning or whatever disciplinary action is deemed appropriate. This warning will clearly articulate the infraction, any corrective remedies and the expectations of this Plan. Any written documentation will be reviewed by the Privacy Official jointly with the City Manager prior to the application of any sanctions.

H. Mitigation

The Privacy Official is expected to uphold her duty to mitigate circumstances that involve a violation in the use or disclosure of PHI. The purpose of the mitigation will be to correct, to the extent possible, any harmful effects to the participant. The Privacy Official will consult with the City Manager and possibly the City Attorney regarding any mitigation procedure.

I. Retaliatory Action and Waiver of Rights

Participants have the right to exercise their rights under the Privacy Rule. No retaliatory action will be taken against a participant for exercising his rights or for filing a complaint. Legal action will be taken to protect this Plan if it is determined that a participant undertakes an activity in bad faith. No Plan or sponsoring qualified personnel will intimidate, threaten, coerce, discriminate against or take other retaliatory action against a participant for exercising a right, filing a complaint or participating in any other allowable process under the Privacy Rule; for filing a HHS compliance complaint, testifying, assisting, or participating in a compliance review, processing, or hearing, under the Administrative Simplification provisions of HIPAA; or opposing any act or practice made unlawful under the Privacy Rule, provided that the participant or other person has a "good faith belief" that the practice is unlawful and the manner of opposition is reasonable and does not involve disclosure of PHI.

This Plan will not require a participant to waive his or her rights provided by the HIPAA Privacy Rule or his or her right to file a HHS compliance complaint as a condition of receiving treatment, payment, enrollment, etc.

J. Policies and Procedures

This Plan's policies and procedures have been adopted in accordance with the Privacy Rule. Notice will be provided to participants to reflect any changes in policy and procedure, unless the change does not materially affect the notice. The timing of the

change in notice and reliance on the change may depend on the terms for such changes in the notice.

K. Documentation Requirements

All written communication required by the Privacy Rule will be maintained as documentation.

If an action, activity, or designation is required by the Privacy Rule to be documented, a written or electronic copy will be maintained as documentation.

Documentation will be maintained for a period of seven years from the date of creation or the date when it last was in effect, whichever is later.

Definitions

Act refers to the Health Insurance portability and Accountability Act.

Carrier refers to insurance companies contracted to provide benefits under one or more of the benefit plans. In cases where the benefit is provided through insurance, the carrier will be responsible for its own procedures and the privacy notice for the Plan.

Business associate refers to a person (not a member of a covered entity's workforce) who helps a covered entity with a function or activity involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management and repricing, legal, actuarial, accounting, consulting, data aggregation management, administrative, accreditation or financial services.

Covered entity refers to a health plan, health care provider or health care clearinghouse.

Disclosure refers to the release, transfer, provision of, access to or divulging in any other way information outside the entity holding the information.

HHS refers to the Department of Health and Human Services.

Health care operations refers to a covered entity's activities related to covered functions, and activities of a health care arrangement in which the covered entity participates as defined in the regulations.

Health Insurance Portability and Accountability Act or HIPAA refers to regulations issued under 45 C.F.R. parts 160 and 164.

Participant refers to an individual to whom the PHI pertains or, where appropriate, the individual's responsible parent or legal guardian.

Payment refers to the activities of a health plan or a business associate, including the actual payment under the policy or contract; and a health care provider or its business

associate that obtains reimbursement for the provision of health care as defined in the regulations.

Plan or Group Health Plan refers to the any plan of, or contributed to by, an employer or employee organization to provide health care to the employer's employees, former employees or their families.

Protected Health Information (PHI) refers to individually identifiable health information, whether it is in electronic, paper or oral form that is created or received by or on behalf of a covered entity or its health care component

Privacy Official refers to the individual who develops and oversees all requirements, policies and procedures necessary under HIPAA.

Qualified Personnel refers to City of Hays employees who have the responsibility of carrying out Plan activities.

Treatment refers to the provision, coordination or management of health care and related services by one or more health care providers as defined in the regulations.

SUBJECT	ISSUED BY	EFFECTIVE DATE	REVISION DATE
SAFETY PROGRAM POLICY	City Manager	1-26-09	

POLICY STATEMENT:

At the recommendation of the Safety Committee, this policy has been created and will be utilized by the City of Hays. The general policy statement is intended to provide the necessary authority and guidelines for a safe and healthful working environment for employees, and to minimize operational losses and inefficiencies. Specific objectives to meet the requirements of this policy include, but are not limited to:

1. Define the role and responsibilities of all workplace partners in support of the Safety and Health/Loss Control Program;
2. Provide for development of department standards, guidelines and procedures necessary to minimize employee injuries and damage loss to City property;
3. Provide for improvement of City policies and procedures which will define and improve proper safe working standards for City operations and facilities;
4. Encourage and maintain positive attitudes, cooperation and communications conducive to participation by all workplace partners and the community at large concerning safety and health/loss activities.

Procedure:

The following rules are prescribed guidelines for proper employee behavior, conduct and action. These are general safety rules and apply in all workplaces throughout the City.

1. Follow instructions and don't take chances. If you don't know, ask.
2. Report immediately to your supervisor any condition or practice of employees you think might cause injury to employees or the general public, or damage to public or private property or equipment.
3. Practice and promote good housekeeping. Put everything you use in its proper place. Keep your work area clean and in good order.
4. Use the appropriate hand tools and equipment for the job and use them safely.

5. Report immediately to your supervisor any personal injury or damage, regardless of how minor including near-hits or near-misses (incidents).
6. Use, adjust, alter and repair equipment only when authorized by your supervisor.
7. Wear the approved personal protective equipment as required. Keep it in good condition.
8. Don't engage in horseplay; avoid distracting others.
9. No employee under the influence of alcohol or controlled substances will be permitted to enter or remain in the workplace. The presence or use of alcohol or unauthorized drugs/substances by employees in the workplace is strictly prohibited. Such circumstances should be reported to your immediate supervisor.
10. Obey all rules, signs and instructions. (Including safety practices indicated in the City's Personnel Manual.)
11. When lifting, keep your back reasonably straight, bend your knees, and grasp the load firmly. Raise (and lower) the load by using your legs, not your back. Avoid twisting your body while engaged in lifting, moving or setting down a load. Get help if needed.

Responsibilities:

Department Director

Since the success of a safety program will be in direct proportion to the emphasis placed upon it by the Department Director, they will then assume full responsibility for the safety program within their department. He/She will make the City's moral, legal and economic interests well known to supervisors and employees through active leadership and participation in the safety effort. Specifically the Director will:

1. Delegate responsibility for the safety programs to first line supervisory personnel and at least quarterly, review progress in this area as well as conduct safety training.
2. Utilize material and training topics provided by the Human Resources Division for safety training.
3. Make accident prevention a part of all department meetings.
4. The Department Director will discuss the Safety Program:
 - a. Impress upon supervisors and employees with the emphasis placed on accident prevention and safety programs;

- b. Emphasize that accident prevention is considered a part of everyday routine work;
 - c. Make it clear that good results are dependent upon close cooperation between all City employees.
5. Keep him/herself and their supervisors informed of predominant accident problems and modern corrective measures by:
 - a. Frequent observation of department operations and conditions.
 - b. Review of accident/incident histories and other safety materials supplied by the Human Resources Division and other outside sources relating to department operations.
6. Interview accident repeaters to generate proper corrective action.
7. Keep the City Manager and HR Division informed of any unusual conditions which could contribute to unusual hazards.
8. Advise the City Manager and HR Department of changes in design, modification to equipment, or modification to operating procedures that are required to assure a safe work environment.

Employees

Employees are responsible for observing and following all established safety procedures. They are to be aware of the hazards in their workplaces and the preventative measures to be taken. They are encouraged to take an active part in protecting themselves, their fellow workers, and City and private property, by reporting all hazardous conditions and substandard procedures.

Employees are responsible for:

1. Using, wearing and maintaining personal protective equipment, devices, clothing and safety equipment specified by the City for their protection;
2. Working in a manner that will not endanger themselves or other workers;
3. Reporting safety and health hazards or infractions of the regulations to their immediate supervisor as soon as possible, but no later than the following day;
4. Reporting all accidents/incidents and any work-related injury or illness to their supervisor immediately;
5. Actively participating in the City's safety and occupational health program by submitting suggestions or recommendations through the appropriate channels.

Accident Reporting:

The following procedures should be followed when involved in an accident/incident:

1. When injured on the job you are to report the injury to your supervisor as soon as possible after the accident/incident. "Near Miss" accidents or incidents should be reported as well.
2. The supervisor is to then complete the Employee's Work Injury Report form with the employee, any witnesses and/or other relevant people as soon as possible after it has been reported to them.
3. The supervisor is to immediately notify the Human Resources Department and send the original Employee's Work Injury Report form to the HR Coordinator within 24 hours of the accident or on Monday following the weekend if the accident occurs late Friday, during the weekend or on a holiday.
4. Any employee witnessing an accident at work is to call for emergency help or whatever assistance appears to be necessary. In addition, the employee is to immediately report the accident/incident to their supervisor and take part in answering any questions related.

SUBJECT	ISSUED BY	EFFECTIVE DATE	REVISION DATE
SMOKE FREE ENVIRONMENT POLICY	City Commission	June, 1993	11-29-07

POLICY STATEMENT:

The Governing Body of the City of Hays is dedicated to providing a healthy work environment for its employees.

The United States Surgeon General, in his 1986 report, concluded that involuntary smoking is a cause of disease including lung cancer in healthy non-smokers. On January 7, 1993, the Environmental Protection Agency (EPA) declared secondhand smoke a potent human carcinogen that poses greater public health risks than those of virtually any pollutant regulated under federal laws. The EPA concluded that environmental tobacco smoke (ETS) should be designated a "Group A" carcinogen--a classification reserved for only a handful of the most dangerous substances, including arsenic, asbestos, radon and benzene. Given the documented risk of secondhand smoke, the City Commission has hereby ruled that the City of Hays, Kansas, will provide a smoke-free environment for its employees and clients.

Procedures:

- 1) The smoking of cigarettes, cigars, and pipes will be prohibited in any City of Hays owned or leased work site facility. This includes, but is not limited to, the following areas:

- City Hall
- Fire Station
- Police Department Section of Law Enforcement Center
- Convention & Visitors Bureau Offices
- Golf Course Club House and Sheds
- Service Department Facilities
- Water Treatment Plant
- Wastewater Treatment Plant
- Park Department Maintenance Facilities and Greenhouses
- Municipal Airport Terminal and Hangars

The City Manager reserves the right to designate certain outside areas as inappropriate for smoking purposes. The City Manager further reserves

the right to grant exceptions allowing smoking in certain facilities, or a portion thereof, when deemed in the best interests of the City.

- 2) Smoking will be prohibited in City-owned, leased, or rented vehicles.
- 3) Applicants considered for City employment and current City employees will be advised of this smoking policy. Appropriate disciplinary action will be taken against any violations of this policy up to and including suspension and termination.
- 4) Signs shall be posted at entrances and other appropriate areas advising employees and the citizenry of these regulations.

FORM DESCRIPTIONS

DIRECT DEPOSIT OF PAYROLL CHECK -- employees who wish to have their paycheck deposited directly into a personal bank account must complete this form and return it to Human Resources.

REQUEST FOR APPROVAL OF OUTSIDE EMPLOYMENT – any full-time employee desiring to hold a job in addition to his employment with the City of Hays, must first complete this form and receive permission from his Department Head. See Article N of the Personnel Manual.

EMPLOYEE'S WORK INJURY REPORT – any City of Hays employee who acquires an injury while employed by the City must complete this form and submit it to his supervisor in accordance with Section F-7 of the Personnel Manual.

NOTICES RELATIVE TO THE KANSAS WORKERS COMPENSATION LAW – these forms notify employees of the State laws that pertain to job-related injuries.

TRAVEL REQUEST AND REIMBURSEMENT FORM – any City of Hays employee wishing to attend a training seminar on behalf of the City must complete this form and submit it to his supervisor for approval prior to travel in accordance with Section F-12 of the Personnel Manual.

REPORT FOR EXPOSURE TO BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIAL – this form must be completed when an employee has been exposed to blood or infectious material in accordance with Section O-4 of the Personnel Manual, and the policy on Bloodborne Pathogens found in the “policies” section of this book.

FLEXIBLE BENEFIT PLAN EXPENSE FORM – this form should be used by employees that participate in the Flexible Benefit Program and wish to submit a bill for reimbursement. These vouchers, along with copies of incurred bills/statements, can be submitted to Human Resources by the 15th of each month for reimbursement.

457 DEFERRED COMPENSATION PLANS – employees wishing to participate in one of the City's deferred compensation plans can contact Human Resources or meet with a representative from ICMA or Retirement Plan Advisors when available.

PREFERRED HEALTH SYSTEMS CLAIM FORM – this form can be used to personally submit medical bills to the City's health insurance carrier.

EXPRESS SCRIPTS CLAIM FORM – this form can be used to personally submit prescription drug bills to the City's health insurance carrier.

PREFERRED HEALTH SYSTEMS PERMISSION FORM -- this form can be used by an insured employee or family member to authorize Preferred Health Systems to release health plan information to another person.

CERTIFICATION OF HEALTH CARE PROVIDER – this form should be submitted to the employee’s supervisor or Human Resources when an employee requests to take Family Medical Leave. See section F-11 of the Personnel Manual.

NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS – this form provides employees and their dependents with information regarding their rights to continue health insurance coverage with the City of Hays under different circumstances.

LEAVE REQUEST FORM – this form should be completed and signed by the employee, and submitted to the employee’s supervisor in advance of any anticipated leave, or at the earliest possible opportunity in the instance of an unforeseen absence. See section F-4 of the Personnel Manual.

PAID TIME OFF “PTO” REQUEST FORM -- this form should be used by employees with an illness/injury who have exhausted all benefit hours. See section F-5 of the Personnel Manual.

DIRECT DEPOSIT OF PAYROLL CHECK

Name_____

Address_____

----- **New Enrollment**
(Complete entire form and sign. Be sure to attach voided check or deposit slip.)

----- **Change of present financial institution.**
(Complete entire form and sign. Attach voided check or deposit slip for new account.)

----- **Change and/or addition of account.**
(Complete entire form and sign. Be sure to include percentage and/or amount to be designated to this account.)

----- **Cancel participation.**
(Sign form.)

TYPE OF ACCOUNT: _____ Checking _____ Savings

FINANCIAL INSTITUTION:

Name_____

City_____ State_____

Account No._____

Staple voided check or deposit slip here.
Please write "void" across the document.

I, the undersigned, do authorize and request the City of Hays to have my salary deposited directly to my checking or savings account as indicated above. I authorize and request my financial institution to credit the same to my account. I understand that I may cancel this agreement by giving written notification to the City of Hays at any time, but must allow the City a reasonable amount of time to make the necessary administrative changes.

Signature

Date

REQUEST FOR APPROVAL OF
OUTSIDE EMPLOYMENT

TO: _____
Department Head

I _____, hereby request
permission to hold a second job in addition to my full-time position with the
City of Hays. My position with the City of Hays as

_____ will hold preference to my secondary job. My second employer will be
made aware of this situation and realizes that I may have to leave on short
call in emergency situations.

NAME OF BUSINESS, LOCATION AND PHONE NUMBER OF SECOND JOB:

EMPLOYEE SIGNATURE

DATE

APPROVED _____

DISAPPROVED _____

DEPARTMENT HEAD

DATE

EMPLOYEE'S WORK INJURY REPORT

All injured City of Hays employees should seek medical care at the Hess Urgent Care Facility, 2201 Canterbury, if at all possible. If the injury is of a serious nature, or takes place when the Hess Clinic is closed, seek medical care at the Hays Medical Center Emergency Room.

Name _____ Social Security Number _____

Address _____ Sex M F

Telephone # _____ Birth Date _____ Age _____

Department _____ Job Title _____

Date of Injury _____ Time of Injury _____ A.M./P.M.

Where did the injury occur? _____

What were you doing when injured? _____

How did the injury occur? _____

Describe the injury or illness in detail and indicated the part of body affected. (Designate right of left if appropriate) _____

Have you had a previous similar injury? If yes, please explain. _____

Name of witnesses to your injury. _____

Doctor's name and address. _____

Diagnosis/care prescribed if known at this time. _____

Did you lose time from work? YES NO If yes, how long? _____

What day did you return to work? _____

Employee's Signature

Date

Supervisor's Signature

Date

Information for Injured Employees

Division of Workers Compensation
OMBUDSMAN/CLAIMS ADVISORY UNIT
800 SW Jackson Street, Suite 600
Topeka, KS 66612-1227

TOLL FREE 1-800-332-0353

If you were hurt on the job and have any questions about workers compensation benefits, contact the **Ombudsman/Claims Advisory Unit** of the Division of Workers Compensation. The division has full-time personnel who specialize in aiding injured workers with claim information and problems. They can provide information about benefits an injured worker may be entitled to receive. They can help solve problems with benefits not being paid on time, medical treatment, unpaid medical bills, questions about how to figure settlement amounts, etc. Assistance in Spanish is available.

WHAT TO DO IF AN ACCIDENT OCCURS ON THE JOB

1. Tell your employer that you were hurt on the job.
2. Follow your employer's instructions for getting medical aid and follow the doctor's instructions.
3. Within 200 days of the date of accident or date of last payment of compensation for disability or date of last authorized medical care, tell your employer **in writing** that you expect workers compensation benefits for your injury. Your employer might know you were hurt and compensation may be paid, however, you could lose all rights to future compensation if you do not tell the employer **in writing**. This is called a **Written Claim for Workers Compensation, K-WC 15**, and is available from the division. A written claim may be served in person by taking it to the employer to complete, sign, date top half and return it to injured worker (injured worker completes bottom half), or by mailing it to the employer by certified mail, return receipt requested. The post office receipt for the certified letter is generally sufficient proof that you submitted a written claim.

AVERAGE WEEKLY WAGE: A worker's "average weekly wage" is calculated by adding together the **base wage**, the **average weekly overtime** and the **weekly value of fringe benefits** that have been discontinued.

WEEKLY BENEFITS: Benefits are paid by the employer's insurance carrier or self-insurance program. Injured workers are not entitled to compensation for the first week they

are off work unless they lose three consecutive weeks. The first compensation payment is normally due at the end of the 14th day of lost time. An injured employee is entitled to a weekly amount of 66 2/3 percent of his average weekly wage up to a maximum of 75 percent of the state's average weekly wage. These benefits are subject to legislative changes. If the injury results in permanent disability, the Kansas workers compensation law provides for additional benefits.

MEDICAL BENEFITS: An injured worker is entitled to all medical services reasonably necessary to cure and relieve the worker from the effects of the injury. The employer has the right to select the doctor who will treat the injury. A worker may seek the services of an unauthorized doctor up to a limit of \$500. A worker may apply to the Workers Compensation Director to change the authorized treating doctor. Reimbursement for travel to obtain medical treatment is payable at a rate set by law for trips that are five miles or more (round trip).

RESPONSIBILITIES OF THE EMPLOYER

1. Employers must report all employee injuries to the Division of Workers Compensation within 28 days from the date of injury, or the date the employer learned about the injury, when the employee is wholly or partially incapacitated for more than the remainder of the day, turn or shift.
2. Employers must provide for the payment of workers compensation claims without any charge to employees.
3. Employers must post the Workers Compensation Notice prepared by the Director.
4. Employers must pay compensation benefits, regardless of insurance coverage.
5. Upon receiving notice of an injury, the employer must provide the employee written information to assist the injured worker in understanding his rights and responsibilities in obtaining compensation.

EMPLOYERS MUST COMPLETE THE FOLLOWING INFORMATION FOR INJURED WORKERS

YOUR CLAIM WILL BE HANDLED BY:

Company: IMA

Address: P.O. Box 2992, 8200 East 32nd Street North, Wichita KS 67226

Contact Person: Gene Miller, Claims Adjuster

Telephone: (316) 266-6347

E-mail : gene.miller@imacorp.com

This notice must be posted and maintained by the employer in one or more conspicuous places.

★ NOTICE ★

Your employer is subject to the Kansas Workers Compensation law which provides compensation for job-related injuries.

1-800-332-0353

WHAT TO DO IF AN INJURY OCCURS ON THE JOB

Notify your employer immediately. **Your claim may be denied if you fail to tell your employer within 10 DAYS of the injury.** For just cause you may have 75 days to tell the employer of your injury. Thereafter you **must** file a written claim within 200 days of the accident or last date benefits are paid. Submission of Employer's Report of Accident does not constitute a written claim.

MEDICAL BENEFITS

An employer is required to furnish all necessary medical treatment and has the right to designate the treating physician. If the employee seeks treatment from a doctor not authorized by the employer, the employer or its insurance carrier is only liable up to \$500.00.

WEEKLY BENEFITS

Benefits are paid by the employer's insurance carrier or self-insurance program. Injured workers are not entitled to compensation for the first week they are off work unless they lose three consecutive weeks. The first compensation payment is normally due at the end of the 14th day of lost time. An injured employee is entitled to a weekly amount of 66 2/3% of his average weekly wage up to a maximum of 75% of the state's average weekly wage.

These benefits are subject to legislative changes and for the latest information on benefit levels, please contact the Division at the address and phone number below. If the injury results in permanent disability, the Kansas compensation law provides for additional benefits.

Helpful Information – Ombudsman

Contact the **Ombudsman/Claims Advisory Section** at the Division of Workers Compensation immediately if you do not receive compensation in a timely manner. The Division has full-time personnel who specialize in aiding injured workers with claim problems. They can give information on what benefits an injured worker

is entitled to receive. Such problems as benefits not being paid on time, unpaid medical bills, questions in regard to proper settlement amounts, etc., should be brought to the attention of the **Ombudsman/Claims Advisory Section**. Our toll free telephone number: **1-800-332-0353**.

WHERE TO GET HELP WITH YOUR CLAIM:

Current claims are being administered by _____

The claims office is located at _____ telephone (____) _____

INFORMACIÓN SOBRE COMPENSACIÓN DE TRABAJADORES

La ley exige que cuando un trabajador llega a sufrir un accidente, una herida, o una enfermedad a causa de su empleo, el empleador debe proporcionarle al trabajador incapacitado tratamiento médico y otros beneficios sin ningún costo al trabajador. El trabajador incapacitado tiene derecho a recibir un sueldo reducido, mientras se restablece. La ley también protege los derechos del trabajador incapacitado en otras maneras, por ejemplo: se prohíbe el desempleo de un trabajador solo por haber reclamado los beneficios de la compensación de trabajadores. Reporte cada accidente o lastimadura industrial inmediatamente al patrón, o al empleador.

Su reclamo puede ser negado si usted no notifica (avisa) a su empleador (patrón) dentro de 10 días del accidente o lastimadura. Por buena causa usted puede tener 75 días para avisarle a su empleador (patrón) de su accidente o lastimadura. De allí en adelante, usted debe entregar un aviso por escrito dentro de 200 días del accidente o último día que recibió tratamiento médico, o que recibió beneficios. Un reporte de accidente no constituye un aviso por escrito. Para más información acerca de los beneficios o para recibir asistencia con un reclamo, llame al teléfono 1-800-332-0353 (gratis) o al 785-296-2996.



Division of Workers Compensation
800 S.W. Jackson Street, Suite 600, Topeka, KS 66612-1227
Phone: 785-296-2996
Web site: www.dol.ks.gov • E-mail: wc@dol.ks.gov

Date: _____

CITY OF HAYS TRAVEL REQUEST AND REIMBURSEMENT FORM

SECTION A.

Employee Name: _____ Title _____ Dept./Div: _____

Purpose/Destination of Trip: _____ Duration: _____ to _____

Account Number: _____ - 55800 Available Balance \$ _____ as of _____

Is this trip budgeted? Yes No (IF NO, A JUSTIFICATION MEMO IS REQUIRED)

Overtime required? Yes No _____ Hours x \$ _____ (Hourly x 1.5) = \$ _____ Tax Exemption Certificate Obtained

SECTION B.

Employee Signature: _____ Date: _____

I certify that I have received and am fully aware of all restrictions, guidelines, and information contained in the City of Hays Travel Policy, and I will abide by these policy requirements as indicated.

Department Head: _____ Date: _____

By signing this document, I verify that I am authorizing this employee to travel on behalf of the City of Hays and fully understand my responsibility involving the employee's adherence to the travel policy restrictions and guidelines.

Finance Director: _____ Date: _____

I certify that budgetary funds are available for the purpose of travel as indicated.

Assistant City Manager: _____ Date: _____

SECTION C.

EXPENDITURES

	Estimate	Actual (including credit card expenses)	Method of Payment	Requested Reimbursement	Overage to be Paid to the City
--	----------	---	----------------------	----------------------------	-----------------------------------

Fuel for City Vehicle (_____ mile)

\$	\$		\$	\$
----	----	--	----	----

or
Mileage for Personal Vehicle (_____ miles)

\$	\$		\$	\$
----	----	--	----	----

when City Vehicle is: available \$0.18
(mark appropriate box with X) not available \$0.55
 not required \$0.55

(Map is required only if traveling with personal vehicle)

Airline Ticket: Destination From: _____ To: _____

\$	\$		\$	\$
----	----	--	----	----

Lodging: _____ nights @ \$ _____ per room

\$	\$		\$	\$
----	----	--	----	----

(\$90.00 allocated per night)

Meals: Breakfast _____ days (\$10.00 allocated per day)	\$	\$		\$	\$
Lunch _____ days (\$15.00 allocated per day)	\$	\$		\$	\$
Dinner _____ days (\$25.00 allocated per day)	\$	\$		\$	\$

(These meal allocations include tax and a tip)

Estimated Departure Time for Travel _____ a.m. / p.m.
Estimated Time Ending Travel _____ a.m. / p.m.

Registration Fees:

\$	\$		\$	\$
----	----	--	----	----

Miscellaneous (give detail): _____

\$	\$		\$	\$
----	----	--	----	----

TOTAL:

\$	\$		\$	\$
----	----	--	----	----

SECTION D.

AFTER EXPENSES ARE INCURRED

I certify this is a true accounting of my actual expenses and request reimbursement as noted.

\$	\$		\$	\$
----	----	--	----	----

Employee Signature: _____

Department Head Signature: _____

Finance Department Review: _____

**CITY OF HAYS EMPLOYEE'S REPORT
FOR EXPOSURE TO BLOOD AND OTHER
POTENTIALLY INFECTIOUS MATERIAL**

DATE: _____

NAME OF EMPLOYEE EXPOSED: _____

SOCIAL SECURITY #: _____

DATE AND TIME OF EXPOSURE: _____

LOCATION OF EXPOSURE: _____

Describe in detail the exposure, including all circumstances and conditions relative to the exposure and, if possible, the identification and status of the source individual.

DIAGNOSIS: (if a doctor was seen) _____

DATE OF FOLLOW-UP EXAM: _____

NAME OF MEDICAL FACILITY: _____

EXPOSURE DURATION (hours): _____

DECONTAMINATION PROCESS: _____

NAMES OF WITNESSES: _____

Signature

IF MORE SPACE IS NEEDED, PLEASE USE REVERSE SIDE.

CITY OF HAYS EMPLOYEES FLEXIBLE BENEFIT PLAN
 PLAN YEAR-ENDING ____/____/____

Plan Ref#: 2058

Last Name (Please Print)	First Name	Middle Initial	Social Security Number
---------------------------------	-------------------	-----------------------	-------------------------------

You must provide insurance EOB's, hospital or doctor bills or other evidence from independent third parties that the Medical Expenses were incurred. You must provide bills from your dependent care provider or other evidence that the Expenses were incurred (**canceled checks and/or credit card receipts will not be accepted**). Be sure to provide all information requested by this Form. If the Form is incomplete, it will be returned to you. Please date and sign the Form, then send it along with your supporting documentation.

MEDICAL FLEXIBLE SPENDING ACCOUNT
(List each receipt separately. Use additional forms if necessary.)

Patient's Name & Relationship to Participant (A)	Provider's Name (B)	Description of Service (C)	Dates Service Provided (D)	Requested Amount of Reimbursement (E)
1.				
2.				
3.				
4.				
TOTAL				\$

I certify that the above expenses were for **services provided during the current Plan Year**. I have not been reimbursed previously for these expenses under the Medical Expense Reimbursement component of the Plan. These expenses have not been reimbursed or are not reimbursable under the major medical plan or any other health plan, such as my Spouse's plan. I also certify that these expenses are for myself, spouse or a dependent that will be named on my income tax return. A copy of a billing or receipt showing the date-of-service is required to be attached for each expense. These are reimbursable medical expenses as defined by Internal Revenue Code Section 213 and 105, and **do not include cosmetic surgeries, vitamins and/or herbals (unless prescribed for a specific medical condition), prescription drugs purchased outside of the U.S., insurance premiums or services that were not prescribed by a licensed physician or dentist. Only expenses due for the current plan year will be allowed to be reimbursed for orthodontic and maternity expenses. Prepayment for maternity or orthodontic expenses can only be reimbursed if the contract states payments are nonrefundable. I understand that the bill for the services performed does not have to be paid before requesting reimbursement; except for orthodontic and pre-natal care; however, the services do need to have been provided by the date of this request, unless orthodontic or pre-natal. Expenses must also occur prior to termination of employment.**

Please indicate that each receipt includes:

Date of Service (within the plan year)	Amount of Expense
Nature of Service defined by explanation or code	Name of Service Provider

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Name of Dependent and relationship to Participant (A)	Provider's Name (B)	Provider's ID# (C)	Dates Service Provided (D)	Requested Amount of Reimbursement (E)
1.				
2.				
3.				
4.				
TOTAL				\$

I certify that the above expenses were incurred during the current Plan Year and are reimbursable Dependent Care Assistance Program expenses as defined below. A billing or receipt showing the date range of services is attached for each expense. I hereby accept full responsibility for all information given my Employer in connection with this claim. I certify that none of these claims, if reimbursed, will be claimed as a deduction on my income tax returns. Any employment-related expense for household and dependent care services necessary for gainful employment is reimbursable under the Dependent Care Assistance Program. The expenses listed are for my Dependent as defined in the Plan. I have not been reimbursed previously for these expenses under the Dependent Care FSA. These expenses have not been reimbursed or are not reimbursable under any other plan. This expense must be incurred while (1) the Employee has a child under the age of 13 for which the Employee received an income tax exemption or (2) the Employee has a dependent or spouse who is physically or mentally incapable of caring for himself if the dependent spends at least eight hours each day in the taxpayer's household. In addition, employment related expenses are allowed for services outside the taxpayer's household if incurred for the care of (1) or (2) above.

Participants will be responsible for any tax due for reimbursements not approved by the Internal Revenue Service.

Signature of Participant _____

Date _____

City of Hays – 457 Deferred Compensation Plan

Retirement will probably be the biggest expense you'll ever face.

Fortunately, as a Public Sector employee, you're already building retirement income through your pension. Personal savings are an important part of your retirement too – participating in a 457 Deferred Compensation plan today can help you reach your financial goals.

We are pleased to sponsor The City of Hays 457 Deferred Compensation Plan, offered through our provider, The Hartford Life Insurance Company. Retirement Plan Advisors (RPA), a federally registered investment advisory firm represents The Hartford in providing participant financial education, investment advice and enrollment services; our representatives are Kent Taylor and Jill Woods.

Kent and Jill are investment advisor representatives and will be able to meet with you individually to offer advice and recommendations. Whether you're enrolling in a retirement savings plan for the first time, or you are a seasoned investor seeking an account review, Kent and Jill can help you. Remember, it's a good idea to review your account and investment strategies with a professional every year to ensure that you're on target to meet your financial goals.

To learn more, enroll in the program, or to schedule an appointment, please contact Kent at: 316-210-5049 or by email at ktaylor@retirementplanadvisors.com and Jill at 913-558-1138 or by email at jwoods@retirementplanadvisors.com

457 Deferred Compensation Plan Overview

A 457 deferred compensation plan is an arrangement that allows you, on a voluntary basis, to conveniently defer a portion of your salary through payroll deduction to be invested for payment to you at a later date. Because deductions are made on a pre-tax basis, no state or federal tax will be withheld now on the portion you elect to defer: both contributions and earnings grow tax-deferred until withdrawal.

You may enroll in the program by contributing as little as \$10 per paycheck, or as much as 100% of your compensation up to \$15,500 in 2008. Your taxable income is reduced by the amount you choose to defer. For example, if your annual salary is \$24,000 and you defer \$2,000, your annual taxable income is shown as \$22,000 on your W-2 form. This program helps you save on taxes today, and helps you save for your future retirement.

You may increase or decrease your deferral at will and you may make changes to your investment options as well.

Withdrawals generally are made at retirement, disability, termination of employment or approved unforeseen hardship. Distributions are taxed as ordinary income, and there is no 10% early withdrawal tax penalty, regardless of age, on funds released from the 457 deferred compensation program.



About ICMA-RC

For over 36 years, ICMA-RC has partnered with people like you—public employees—to help build retirement security. We are an independent not-for-profit financial services organization that provides retirement products and services including the Vantagepoint Funds, and a full range of other investment options to more than 860,000 public sector employees, in over 8,000 plans.

Download ICMA-RC's [Corporate Fact Sheet](#) in PDF format.

We Build Retirement Security

We have a single focus—helping public employees build retirement security.

Our relationship with you is unique in the marketplace—we provide retirement savings solutions *exclusively* to local and state government employees. Being focused solely on your needs, the needs of the public sector, offers us unparalleled insight in the industry. We understand your unique needs—in fact, many of our employees have previously worked in local government.



Our History

In 1972, the ICMA Retirement Corporation (ICMA-RC) was created by the public sector for the public sector. Established by the International City/County Management Association (ICMA) with the assistance of Ford Foundation grant, ICMA-RC provided a portable retirement plan, enabling accumulated retirement assets to be transferred between employers.

Over 35 Years of Building Retirement Security

In 2007, ICMA-RC celebrated its 35th Anniversary. For a more detailed look into ICMA-RC's history, please [click here](#).

Learn More about ICMA-RC

- If you are a member of the media and would like more information about our company, please visit our [Pressroom](#).

- Find out about our efforts in the [community](#).
- Discover more about ICMA-RC's Products and Services. View our [Products & Services](#) section.
- For more about ICMA-RC's corporate structure and brands, see [ICMA-RC Governance and Structure](#).

If you are interested in learning more about making ICMA-RC your plan provider, please [click here](#).

Learn More . . .

- [Invest Smart for Your Retirement](#)
- [Governance and Structure](#)
- [Corporate Profile](#)

Have a question?

- [Call us toll-free](#)
- [Send us an email](#)

Related Topics

- [Learn about the Vantagepoint Scholarship](#)
- [ICMA-RC's Products and Services](#)
- [Browse ICMA-RC's The Vantagepoint Newsletter](#)
- [Read about the Vantagepoint Funds](#)

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[Important Legal Information](#), [Privacy Policy Notice](#), and [Overview of Disaster Recovery and Business Continuity Plans](#)



457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT FORM INSTRUCTIONS

Before you complete this form, please read the accompanying literature in the *457 Enrollment Kit* so you understand the plan's provisions.

After you enroll, and your account at ICMA-RC has been established, you can make future changes to your account such as address changes and/or fund transfers using Account Access (www.icmarc.org) or VantageLine (800-669-7400).

IMPORTANT NOTE: Please do not delay in submitting this form to your employer. If we do not have your form by the time we receive your first deferral, we will be unable to invest your retirement plan assets, and they will be returned to your employer.

You will receive a Welcome Letter from ICMA-RC confirming that your enrollment is complete. You will also receive quarterly statements for your account. Please review these carefully and notify ICMA-RC immediately of any errors.

1. PARTICIPANT INFORMATION

Please complete this section carefully. The employer plan number is available from your employer or ICMA-RC Investor Services at 800-669-7400.

2. BENEFICIARY DESIGNATION

Print beneficiaries' names and Social Security Numbers and designate their relationship to you and the percentage to be received.

Beneficiary percentages are invalid if your request omits percentages or includes percentages that do not equal 100% or were expressed with fractions.

To update your beneficiary information, please use the *Employee Information Change Form*. You can download a PDF of the form by accessing our Web site at www.icmarc.org/forms. Please note that beneficiary information cannot be provided over the telephone.

The IRS has certain rules governing disbursement of funds to beneficiaries. These rules are outlined in your employer's plan and in ICMA-RC's Participant and Beneficiary Withdrawal Packets.

If none of your primary beneficiaries are living upon your death, your assets will be distributed to your estate unless you have designated a contingent beneficiary.

Note: If a Social Security Number is not provided for beneficiaries, and/or ICMA-RC cannot locate the named beneficiaries, the account balance will be paid to your estate.

SPECIAL CERTIFICATION FOR PARTICIPANTS IN COMMUNITY PROPERTY STATES

If you are married and live in a Community Property state, you must generally name your spouse as your beneficiary unless your spouse waives this right. ICMA-RC cannot be responsible for an employee's failure to properly designate a beneficiary in accordance with state law requirements and the employee's failure to provide the certification required by this enrollment process. Please be advised that failure to meet state law requirements with respect to your beneficiary designation may result in your beneficiary designation being invalid, and the payment of benefits to someone other than your designated beneficiary. If you choose to name a beneficiary that is not your spouse, you and your spouse will need to complete the *Community Property Spousal Waiver Form*. Contact 800-669-7400 for more information and to request the waiver form.

3. AMOUNT OF DEFERRAL

IRS regulations allow you to defer the lesser of (1) a dollar limit in effect for that year, or (2) the full 100% of your gross income after subtracting any Section 414(h) picked-up contributions (mandatory employee contributions to 401 qualified retirement plans made with pre-tax dollars). If you are age 50 or older, you may make additional annual catch-up contributions of a dollar limit in effect for that year. In addition, the "Pre-Retirement" catch-up provision allows eligible participants to contribute additional amounts during the three years prior to the calendar year of their declared normal retirement age. For the applicable dollar limits, please log on to www.icmarc.org or contact Investor Services at 800-669-7400. A participant may increase, decrease, and/or start, stop, and restart contributions by executing appropriate forms and will be effective, if practical, the first pay period of the calendar month commencing after the date the amendment is executed.

4. ALLOCATION OF CONTRIBUTIONS

Your contributions can be invested in one or more funds available to your plan (your employer may place restrictions on investment in certain funds). Use whole percentages for your allocations (e.g., 50 percent, **NOT** 33 $\frac{1}{3}$ percent). Do not use fixed dollar amounts. Please read *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus for full descriptions of the funds. **If no allocation instructions are provided, the percentages do not total 100%, or the allocation instructions are invalid, assets will be allocated to the default investment selected by your employer until additional instructions are received from you.** Review the *Notice Regarding Default Investments* included in the *457 Enrollment Kit* for more information.

PLEASE NOTE: This will affect contributions only. To specify the allocation for any rollover contribution from another eligible retirement plan, please complete a *Trustee-to-Trustee Transfer to ICMA-RC Form*.

For more information regarding the Securities Investor Protector Corporation (SIPC), including the SIPC brochure, please contact SIPC at www.sipc.org or (202) 371-8300.

5 & 6. AUTHORIZED SIGNATURES

Once you have completed this form, sign it and submit it to your employer for approval.

Note that by signing this form you acknowledge that you agree to the following:

I have received and read the current VantageTrust Company's *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus. I understand that ICMA-RC has established required procedures for Internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmations. In the event I choose to transfer funds by Internet or telephone, I agree that neither the VantageTrust Company, ICMA-RC, ICMA-RC Services, LLC, nor Vantagepoint Transfer Agents, LLC, will be liable for any loss, cost, or expense for acting upon any Internet or telephone instructions believed by it to be genuine and in accordance with the required procedures.

An authorizing signature does not represent an obligation to use the telephone transfer feature available on VantageLine.

Welcome to ICMA-RC!



457 DEFERRED COMPENSATION PLAN AMOUNT OF DEFERRAL CHANGE FORM

To the Employer: ICMA-RC provides this form for your convenience. You do NOT have to use it if you prefer your own internal method for employees to request changes in their payroll deduction amount.

To the Employee: Use this form to make changes in the amount of your deferral to your ICMA-RC 457 Deferred Compensation Plan.

Once you have completed this form, please submit it **directly to your employer** for payroll deduction updates.

You should have already established an ICMA-RC deferred compensation plan account. **If not, please be sure to complete the 457 Deferred Compensation Plan Employee Enrollment Form** and promptly return it to your employer. The enrollment form must be completed and submitted **before** deferrals can start.

Annual Deferral Limit: IRS regulations allow you to defer the lesser of (1) 100% of your gross compensation less any mandatory pre-tax ("picked-up") employee 401 plan contributions, or (2) a dollar limit in effect for that year. This limit includes any employer contributions made on your behalf. Only future compensation may be deferred.

Year	Annual Deferral Limit
2008	\$15,500
2009*	\$16,500

Catch-Up Provision: As you near retirement, you may make additional contributions under the "Pre-Retirement" catch-up provision (up to double the amount of the annual deferral limit in effect for that year) **OR** the "Age 50" catch-up provision. Note: The "Pre-Retirement" catch-up provision and "Age 50" catch-up provision cannot be combined in the same plan year. Please read ICMA-RC's *457 Deferred Compensation Plan Catch-Up Provision Packet* for more information.

Year	Additional "Pre-Retirement" Catch-Up Limit
2008	\$15,500
2009*	\$16,500

Year	Additional "Age 50" Catch-Up Limit
2008	\$5,000
2009*	\$5,500

**After 2009, the annual deferral and catch-up limits will increase in \$500 increments to correspond with inflation rate increases (the limits will not necessarily increase every year).*

Employee Name: _____ Employee ID or SSN: _____

Employer Plan Number: _____ Employer Name: _____

I authorize my employer to defer _____% or \$ _____ from my pay each pay period to be contributed to my ICMA-RC account. Change to be effective on ____/____/____.
month / day / year

Please indicate which type(s) of deferrals are included in the above amount:

- Normal annual deferral
- Catch-up contributions: Please indicate **ONE** of the following types of catch-up rules you are using:
 - "Pre-Retirement" provision
 - "Age 50" provision

Employee Signature

Date

Employer Signature

Date

Note: Please do not forward a copy of this form to ICMA-RC. This form is for employer use only.



EMPLOYEE INFORMATION CHANGE FORM - PAGE 2 OF 2

Employer Plan Number

Social Security Number

Name (Please Print)

4. BENEFICIARY DESIGNATION CHANGE (continued)

B. Contingent Beneficiary(ies) – will receive your assets if there is no primary beneficiary(ies) living at the time of your death.

Complete this section **ONLY** if you want to change or add a contingent beneficiary. If you do not complete this section, no changes will be made to your existing contingent beneficiary designation.

The changes you indicate here will apply only to the plan indicated in Section 1. If you have multiple plans with ICMA-RC, please complete a separate form for each plan.

The contingent beneficiary information you indicate here will supersede previously submitted information and will be used by ICMA-RC to determine the contingent beneficiary(ies) entitled to all or a portion of your plan account.

Name	Date of Birth	Relationship to You*	Social Security Number (for tax-reporting purposes)	% of Benefit
_____	___/___/___	_____	___ - ___ - _____	_____
_____	___/___/___	_____	___ - ___ - _____	_____
_____	___/___/___	_____	___ - ___ - _____	_____
				Total: 100%

* The beneficiary relationship options are spouse, non-spouse, trust, and charity.

5. SPOUSAL CONSENT

SPOUSAL CONSENT APPLIES TO 401 PLANS ONLY OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.

Most 401 plans require that if you are married, your spouse is the primary beneficiary for 100 percent of the account unless your spouse waives this right. If you are married and you do not designate your spouse as your primary beneficiary for 100 percent of the account, your spouse must sign the Spousal Consent portion of this form in the presence of a plan representative or a notary public. Please read the form instructions for additional information.

Spousal Consent to Name a Non-Spousal Primary Beneficiary(ies):

By signing below, I hereby voluntarily consent to the beneficiary designation made by my spouse and waive my designation as sole primary beneficiary. I understand that (1) the effect of this designation is to cause some or all of my spouse's death benefit to be paid to someone other than me; (2) each beneficiary designation is not valid unless I consent to it; and (3) my consent (signature) must be witnessed by either my spouse's plan representative or a notary public. **Please note that if you live in a community property state, the spousal consent must be witnessed by a notary public.**

Signature of Participant's Spouse

_____/_____/_____
Month Day Year

Print Name of Participant's Spouse

SPOUSAL CONSENT IS REQUIRED TO BE WITNESSED BY:

Employer's Plan Representative

OR

Notary Public

Signature of Spouse witnessed this _____ day
of _____ (month), 20 _____

Subscribed and sworn before me this _____ day
of _____ (month), 20 _____

Employer Representative's Signature

Notary Public's Signature

Print Name of Employer Representative

Notary Public SEAL _____

My commission

expires _____

6. AUTHORIZATION

Participant Signature

Date

Employer Signature (if required)

Date

PLEASE KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS



EMPLOYEE INFORMATION CHANGE FORM INSTRUCTIONS

For address changes, investment allocation changes, or fund transfers, use Account Access (www.icmarc.org) or call 800-669-7400. If you wish to make a change to your payroll deduction, please use the *457 Deferred Compensation Plan Amount of Deferral Change Form* or *401 Plan Contribution Amount Change Form*, depending upon your retirement plan type, or see your employer to obtain the appropriate form for your plan.

IMPORTANT BENEFICIARY INFORMATION

Print the name, date of birth, relationship to you, Social Security number, and percentage to be received for each of your beneficiaries. **The beneficiary relationship options are spouse, non-spouse, trust, and charity.** If this form is not signed, the beneficiary designation will not be valid. If a valid form is not on file at the time of your death, benefits will be paid as outlined in your employer's plan document.

Beneficiary percentages are invalid if your request omits percentages, includes percentages that do not equal 100 percent, or were expressed with fractions (e.g., 33 1/3 percent).

Primary Beneficiary(ies): You may designate one or more people to receive the assets in your account upon your death.

Contingent Beneficiary(ies): If none of your primary beneficiary(ies) are living upon your death, your assets will be distributed to your contingent beneficiary(ies). You may specify one or more people as contingent beneficiary(ies).

More than three beneficiaries – To designate additional beneficiaries, (1) write "see attached sheet" on the primary and/or contingent beneficiary line(s) under "Name" and (2) attach and sign a separate piece of paper with your name, plan number, Social Security number, and additional beneficiary information.

Note: If a Social Security number is not provided for your beneficiary(ies) and ICMA-RC cannot locate the named beneficiary(ies), the account balance will be paid as outlined in your employer's plan document (normally, to your estate).

The IRS has certain rules governing the distribution of funds to beneficiaries. These rules are outlined in your employer's plan document and in ICMA-RC's Participant and Beneficiary Withdrawal Packets.

SPECIAL CERTIFICATION FOR PARTICIPANTS IN COMMUNITY PROPERTY STATES

If you live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), you must generally name your spouse as beneficiary unless your spouse waives this right. The Spousal Consent portion of the form can be used to provide your spouse's consent to the waiver; however, the spousal consent must be witnessed by a notary public. ICMA-RC cannot be responsible for an employee's failure to properly designate a beneficiary in accordance with state law requirements and the employee's failure to provide the certification required by this process. Please be advised that failure to meet state law requirements with respect to your beneficiary designation may result in your beneficiary designation being invalid, and the payment of benefits to someone other than your intended beneficiary(ies).

IMPORTANT INSTRUCTIONS FOR 401 PLANS ONLY

If you are married, most 401 plans require your spouse to be the primary beneficiary for 100 percent of the account unless your spouse waives this right. If you choose to designate a primary beneficiary(ies) other than your spouse, your spouse must consent to this waiver by completing Section 5.

Some 401 plans may allow you to designate any person(s) as primary beneficiary(ies) without spousal consent. If this is the case, community property state requirements still apply if you reside in such a state. If you are unsure which provision applies to you, check with your employer or ICMA-RC's Investor Services at 800-669-7400.

SPOUSAL CONSENT

Your spouse's signature must be witnessed by either your employer's plan representative or a notary public. **Please note that if you live in a community property state, the form must be witnessed by a notary public.**

This section does not need to be completed if you are single or your spouse is your primary beneficiary who will receive 100 percent of your account balance.

AUTHORIZATION

Once you have completed this form, sign it and submit both pages to ICMA-RC. If this request requires your employer's approval, please have your employer sign the completed form before submitting it to ICMA-RC. If this form is faxed (202-682-6439) to ICMA-RC, **please do not mail the original.**



Preferred Health Systems

Preferred Health Systems Insurance Co.
 Claims Department
 P. O. Box 48170
 Wichita, KS 67201

REIMBURSEMENT CLAIM FORM

Questions? Call 316-609-2390 or 1-800-660-8114
 Fax: 316-609-2347

IMPORTANT INSTRUCTIONS

When should you use this form?

- 1) If you have received covered services from a Non-Contracting Provider or emergency medical services outside of the service area that you have been required to pay cash for.
- 2) If you have purchased covered medical supplies or vision hardware.

Your claim cannot be processed unless this form is complete.

- A separate claim form is required for each insured.
- Itemized receipts must be attached and include enough evidence of payment to receive reimbursement.
- Your claim will be processed in accordance with your Certificate of Coverage.
- If you received services from a Contracting Provider, they must file the claim.

ADDRESS INFORMATION

Policyholder's (Employee) name: _____
 Address: _____

 Daytime telephone number: _____
 Employer: _____

PATIENT INFORMATION

Patient's name: _____
 PHS Identification # _____ - ____
 (Please include the suffix as listed on your ID card e.g. 01, 02, 03)
 Date of Birth: ____/____/____
 Relationship: Subscriber Spouse Dependent

PAYMENT WILL BE ISSUED TO THE POLICYHOLDER

CLAIM INFORMATION

Name and address of the provider or facility: _____

Date services were rendered: _____

Diagnosis/Reason: _____

If you received medical supplies, list item(s) purchased: _____

Covered supplies are limited to the following: ostomy supplies; open wound (gauze pads, wound packing strips, ABD pads); venous access catheter; supplies used with durable medical equipment; urinary supplies limited to catheters and bags; tracheostomy supplies; diabetic supplies and inhaler supplies.

If you purchased vision hardware, please mark what type of items you received:

Lenses: Single Bifocal Lenticular
 Seamless/Progressive
 Contacts
 Frames

Is this your first pair of glasses/contacts after cataract surgery? Yes No

Is the patient covered under any other group health insurance plan? Yes No
 If yes and the other insurance company has processed your claim, please attach their explanation of benefits to this claim form in addition to any itemized bills you may have from the provider.



Cardholder's Name (last, first, MI)	Date Of Birth	Gender M F	Cardholder ID Number
<input type="checkbox"/> Check if new address Address Street _____ City/State _____ Zip Code _____ Daytime Telephone (____) _____			
Employer	Insurance Carrier	Group Number	

PLEASE SIGN AND DATE HERE: I certify that all information provided is correct and that the prescription(s) submitted are for me or members of my family who are eligible. The patient(s) listed below has (have) received the medication, and I authorize release of all information contained on this claim to Express Scripts, Inc. and my Plan Sponsor.



Cardholder's Signature

Date

Patient Information (please list information for each patient submitting claims)

1	Patient's Name	Relationship to Cardholder?(circle) Self, Spouse, Child, Domestic Partner	Gender (circle) M F	Date of Birth	Total number of receipts attached:
Pharmacy Name and Address:			Physician Name (name of prescribing Doctor) and DEA#:		

2	Patient's Name	Relationship to Cardholder?(circle) Self, Spouse, Child, Domestic Partner	Gender (circle) M F	Date of Birth	Total number of receipts attached:
Pharmacy Name and Address:			Physician Name (name of prescribing Doctor) and DEA#:		


3	Patient's Name	Relationship to Cardholder?(circle) Self, Spouse, Child, Domestic Partner	Gender (circle) M F	Date of Birth	Total number of receipts attached:
Pharmacy Name and Address:			Physician Name (name of prescribing Doctor) and DEA#:		

Does the patient reside in an **assisted living facility**? yes no Is this claim for **allergy serum**? yes no
 Does the patient have primary prescription drug coverage through another insurance carrier? yes no
 Did the patient submit this claim to the other carrier? yes no *If yes, please attach an explanation of benefits from your primary carrier.*

Prescription Information

> IMPORTANT < All prescription claims must have prescription receipts/labels which include:
 • Pharmacy Name/Address • Date Filled • Drug Name, Strength and NDC • Rx Number • Quantity • Days Supply • Price • Patient's Name
Claims received missing any of the above information may be returned or payment may be denied or delayed

Please tape receipts to separate piece of paper
 Patient history print outs from the pharmacy are also acceptable but **MUST** be signed by the Pharmacist.
 CASH REGISTER RECEIPTS ARE NOT ACCEPTABLE FOR ANY PRESCRIPTIONS. (exception--diabetic supplies, see below)

 Is claim for **DIABETIC SUPPLY**? yes no. If **Yes**, Please provide receipt stating: Pharmacy Name/Address • Date Filled • Type of Insulin and/or Type of supply • Quantity • Days Supply • Price • Patient's Name. Cash register receipts are acceptable but **Pharmacist Signature** is required if any information is handwritten.
 Ask your pharmacist how you can purchase diabetic supplies with your prescription card

REASON FOR CLAIM SUBMISSION OR SPECIAL NOTES:

ESI USE ONLY

**PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY AND COMPLETE
FORM ON REVERSE SIDE.**

Cardholder's Information (The Cardholder is the insured member whose employer provides this benefit)

1. Print Cardholder's name (last, first, middle initial).
2. Print Cardholder's date of birth.
3. Circle the correct letter to indicate if Cardholder is male or female.
4. Print Cardholder's ID number (found on prescription drug or Health Insurance card).
5. Print Cardholder's mailing address and telephone numbers. Check box if this is a new address.
6. Indicate Cardholder's employer, insurance carrier and group number (refer to drug card).

**IMPORTANT: CLAIM FORM MUST BE SIGNED
UNSIGNED CLAIM FORMS CANNOT BE PROCESSED AND WILL BE RETURNED**

Patient Information (Complete a section for each family member who is submitting prescriptions)

1. Print Patient's name.
2. Identify relationship to cardholder, gender, date of birth, and number of prescriptions submitted for each patient.
3. Print Pharmacy name and address and the prescribing Doctor and DEA number used by each patient.

Specific Claim Information

1. Answer each question by checking correct box. Use the space provided for special notes if necessary.

Prescription Information Each submission must include:

Prescription receipts/labels **or** a patient history printout from your pharmacy, **signed** by the dispensing pharmacist, which include all information listed below:

- Pharmacy name and address
- Date filled
- Drug name, strength and NDC number
- Rx Number
- Quantity
- Days Supply
- Price
- Patient's name

(Please note that Claims received missing any of the following information may be returned or payment may be denied)

It is preferable to have receipts unattached or taped to a separate piece of paper. *Please* DO NOT staple or glue.

Reason for claim submission or special notes

This section can be used for special notes or comments.

Questions? Call Express Scripts Customer Service Department at 1-800-451-6245

Please return this claim to:
Express Scripts, Inc.
P.O. Box 390873
Bloomington, MN 55439-0873
ATTN: Claims Department



Permission to Disclose Health Plan Information

Member/Participant Name*	Birth Date	Member ID number
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*Employee or family member who wants to allow others to call on their behalf

1. I authorize Preferred Plus of Kansas (PPK), Preferred Health Systems Insurance Company (PHSIC), and/or Preferred Benefits Administrator (PBA) to discuss or release information identified in paragraph 2, below, to the following individuals:

Name(s) of authorized person(s)

Relationship to above Member/participant

Name(s) of authorized person(s)

Relationship to above Member/participant

Name(s) of authorized person(s)

Relationship to above Member/participant

2. I authorize PPK, PHSIC, and/or PBA to discuss or release information necessary to process or respond to eligibility inquiries, coverage/benefit inquiries, claims inquiries, appeals, and complaints about my health insurance coverage with PPK or PHSIC or with a group health plan administered by PBA, and I acknowledge that the information released may include individually identifiable health information about me.
3. This authorization is being made at my request.
4. In signing this authorization, I understand and acknowledge the following:
- I understand that this authorization is voluntary and that I may refuse to sign it.
 - I understand that my refusal to sign this authorization will not affect my ability to obtain treatment, receive payment, or eligibility for benefits unless allowed by law.
 - I understand that I may revoke this authorization at any time by notifying PPK, PHSIC, or PBA in writing of my intent to revoke this authorization, except to the extent that action has been taken in reliance on this authorization. Any notice of termination must be sent to the HIPAA Compliance Coordinator, 8535 E. 21st St. N., Wichita, Kansas 67206.
 - I understand that, unless otherwise revoked, this authorization will expire 180 days from the date on which my coverage with PPK or PHSIC or my coverage with a group health plan administered by PBA is terminated.
 - I understand that once the disclosures authorized herein have been made, the information disclosed may be subject to re-disclosure by any recipient and no longer protected by federal privacy laws.

I, the undersigned, do hereby swear that I am the above-mentioned member or an authorized legal representative of the above-mentioned member. I have read and understand the above information.

Date

Signature of Member/Participant or Legal Representative

Printed Name of Legal Representative

Description of Legal Representative's Relationship to Member

Instructions:

❖ A separate form must be completed for each covered member (over age 18) who would like to authorize another person or persons to call on their behalf. This includes children over the age of 18 who would like their parents to be able to call on their behalf.

For example: The employee would complete a form authorizing their spouse to call us regarding the employee's information and the spouse would need to complete a separate form if they wanted the employee to call about their claims. Children on the plan over age 18 should complete a form if they want a parent to call on their behalf. **Please make additional photocopies as needed, download the form from our website at www.phsystems.com or call Member Services for additional forms.**

❖ Under "Member Name," state the person who would like other individuals to call on their behalf. Fill in the member's birth date and ID number (listing the 01, 02 etc.).

❖ Under #1, list all individuals who will need to call our company regarding the member listed at the top of the form.

❖ The member who would like others to call on their behalf must sign the form. A Legal Representative (e.g. power of attorney, guardian, etc.) may sign on behalf of a member if we have a copy of the appropriate legal documentation on file.

❖ Please send completed form to:

Preferred Health Systems
Attn: Member Services
8535 E. 21st St. N.
Wichita, KS 67206
Fax: 316-609-2327

CERTIFICATION OF HEALTH CARE PROVIDER
(FAMILY AND MEDICAL LEAVE ACT OF 1993)

Date: _____

Employee name:	Patient name (If different from employee)

3. The attached sheet describes what is meant by a “**serious health condition**” under the Family and Medical Leave Act. Does the patient’s condition¹ qualify under any of the categories described? If so, please check the applicable category.
- (1)____ (2)____ (3)____ (4)____ (5)____ (6)____, or none of the above ____

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

- 5.a. State the approximate **date** the condition commenced, and the probable **duration** of the condition (and also the probable duration of the patient’s present incapacity² if different):

- b. Will it be necessary for the employee to take work only **intermittently or to work on a less than full schedule** as a result of the condition (including for treatment described in Item 6 below)?
__ YES __ NO If yes, give the probable duration:

- c. If the condition is a **chronic condition** (condition #4) or **pregnancy**, state whether the patient is presently incapacitated² and the likely duration and frequency of **episodes of incapacity**².

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

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

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

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

b. If another provider of health services (e.g., physical therapist) will provide any of these treatments, please state the nature of the treatments.

c. If a **regimen of continuing treatment** by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):

7.a. If medical leave is required for the employee's **absence from work** because of the **employee's** own condition (including absences due to pregnancy or a chronic condition), is the employee **unable to perform work** of any kind? YES NO

b. If able to perform some work, is the employee **unable to perform any one or more of the essential functions of the employee's job** (the employee or the employer should supply you with information about the essential job functions)? YES NO If yes, please list the essential functions the employee is unable to perform:

c. If neither a. nor b. applies, is it necessary for the employee to be **absent from work for treatment**? YES NO

8.a. If leave is required to **care for a family member** of the employee with a serious health condition, does the **patient require assistance** for basic medical or personal needs or safety, or for transportation? YES NO

b. If no, would the employee's presence to provide psychological comfort be beneficial to the patient or the assist in the patient's recovery? YES NO

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

(Signature of Health Care Provider)

(Type of Practice)

(Address)

(Telephone Number)

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

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

(Employee Signature)

(Date)

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

1. Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity² or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

(a) A period of incapacity² of more than three consecutive calendar days (including any subsequent treatment or period of incapacity² relating to the same condition), that also involves:

(1) Treatment³ **two or more times** by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; *or*

(2) Treatment by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment**⁴ under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to **pregnancy**, or for **prenatal care**.

4. Chronic Conditions Requiring Treatments

A **chronic condition** which

(1) Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;

(2) Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and

(3) May cause **episodic** rather than a continuing period of incapacity² (e.g., asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision

A period of **incapacity**², which is **permanent or long-term**, due to a condition for which treatment may not be effective. The employee or family member must be **under the continuing supervision of, but need not be receiving active treatment by, a health care provider**. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive **multiple treatments** (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident or other injury, **or** for a condition that **would likely result in a period of incapacity² 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).

³ Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include physical examinations, eye examinations, or dental examinations.

⁴ A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., and 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.

NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

Introduction

You are receiving this notice because you have either:

- (1) recently been employed by the City of Hays and will be eligible for group health insurance coverage after three full months of employment; or
- (2) you are currently an employee of the City of Hays and covered under the City's group health insurance plan.

This notice contains important information about your right to COBRA continuation coverage which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under federal law, you should contact the Plan Administrator.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. **Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay the monthly premiums.**

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

The employee must give notice of some qualifying events.

For the other qualifying event (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan administrator within 60 days after the qualifying event occurs. You must provide this notice to Human Resources.

How is COBRA coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage.

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage.

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan Administrator. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If you have questions.

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. This website provides addresses and telephone numbers of Regional and District EBSA offices.

Keep your Plan Administrator informed of address changes.

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Plan information can be obtained through the City of Hays Human Resources located in City Hall.

LEAVE REQUEST CITY OF HAYS

Date _____

Name _____ Department _____

I request leave with / without pay for the following:
please circle

BENEFIT	DATES	NUMBER OF HOURS
Scheduled Paid Time Off		
Unscheduled Paid Time Off		
Other (explain)		

This request must be filled out and signed by you in advance of any leave that can be anticipated. In the event of unforeseen absence, this request should be filled out at the earliest possible opportunity and turned in to your supervisor. No requests will be approved unless all pertinent information is completed.

Employee Signature _____

Approved _____ Disapproved _____

Supervisor Signature _____

Supervisor Notes:

CONFIDENTIAL

PAID TIME OFF “PTO” BANK REQUEST FORM

Employee Name _____

Position _____ Department _____

Social Security No. _____ Home Telephone # _____

Home Address _____

Number of hours requested _____

Date PTO will be or was exhausted _____

Describe the illness/injury making this request necessary _____

Additional information regarding the illness/injury including documentation from your doctor, a written recommendation from your department head, or other pertinent information should be attached. The Committee reserves the right to request additional information which may include a second medical opinion to be obtained at the employee’s expense if necessary.

NOTE: At no time shall an employee be eligible to collect worker’s compensation and simultaneously draw from the PTO Bank. All PTO must be exhausted prior to using any hours donated from the Bank.

Employee Signature (or employee’s representative) Date

This form should be submitted to the Human Resources Coordinator.