

**HARRISON COUNTY** 

## **EMPLOYEE PERSONNEL POLICIES AND PROCEDURES**

Congratulations on being selected for employment with Harrison County. The constitutional officials and staff welcome you in serving the citizens of Harrison County in your new position. In most situations the County Commission is considered a joint employer with the other constitutional officials, which includes the Assessor, Circuit Clerk, County Clerk, Prosecuting Attorney and Sheriff. Our mission is to serve the citizens of Harrison County in a manner that is in keeping with the highest traditions of public service.

The purpose of this handbook is to provide general guidelines to employees of the rules and operating procedures which the Harrison County Commission and other constitutional officials believe will be useful to all such employees. This policy replaces and supersedes all previous instructions, policies and amendments issued by Harrison County Commissioners.

# HARRISON COUNTY EMPLOYEE PERSONNEL POLICIES AND PROCEDURES HANDBOOK

## **TABLE OF CONTENTS**

Page 1	Welcome - Cover Page
Page 2-3	
	Appendix – Harrison County Forms
rage 4	Reference & Schedule of Adoption & Revisions
	Notice of At-Will Employment
Page 5-6	Introduction – Signature County Commission
Page 7	
	Equal Opportunity Policy
0	Workplace Harassment Policy
Page 8	Workplace Harassment Policy – Continued
	Sexual Harassment Policy
Page 9	Sexual Harassment Policy – Continued
	Drug Free Workplace Policy
Page 10	
	General Conduct
	Confidential Information
	Privacy at Workplace
	Political Activity – Hatch Act Notification
Page 11	Political Activity – Hatch Act Notification – Continued
	Conflicts of Interest
	Gifts & Gratuities
Page 12	Gifts & Gratuities - Continued
	Criminal Conduct
	Safety & Health - Workers' Compensation
Page 13	Driving & Vehicle Policy – Use of Equipment
	Driver Responsibilities
Page 14	Driver Responsibilities – Continued
	Vehicles & Authorized Passengers
Page 15	Maintenance Safety – Personal Protective Equipment
	Recruitment, Hiring and Employment Applications
	Notice of Vacancies
	Ethics in Employment
Page 16	Anti-Nepotism Policy
	Advice and Consent
	Employment Testing
	Verification of Work Eligibility – Background Investigations
Page 17	Background Investigations - Continued
	Orientation
	Employment Classifications
Page 18	<b>Employment Classifications - Continued</b>
	Probation Period
	Employee Performance Evaluation

Page 10	Employee Performance Evaluation - Continued
rage 19	Compensation Policies
	Pay Schedule
	Payroll Deduction
Page 20	Reporting Hours Worked
. 460 = 0	Work Periods
	Normal Business Hours
	Meal Periods
Page 21	Overtime Compensation
	Expense Reimbursement & Travel Policy
Page 22	Employee Benefits (Health, Dental & Life Insurance)
	Credit Union
	Direct Deposit
Page 23	Deferred Compensation Plan
	Social Security
	Pension/Retirement Plan
	Workers' Compensation
Page 24	Unemployment Compensation
	Education & Training
	Work Leave Time
	Inclement Weather or Unique Situations
	Holidays
Page 25	
	Annual or Vacation Leave
Day 26	Sick Leave for Full Time Employee
Page 26	Sick Leave for Full-Time Employees – Continued  Bereavement Leave
Dago 27	Medical Leave of Absence
Page 27	Military Leave
	Jury Duty – Court Witness Duty
Page 28	Family Medical Leave Act (FMLA) & West Virginia Parental Leave Act (PLA)
1 age 20	Employee Personnel Records
	Employee Conduct - Work Standards
Page 29	
	Attendance
	Appearance
	Supplies
	Communications & Telecommunications
	Telephone Usage
Page 30	Use of Computer Resources
	Smoking/Use of Tobacco Products
Page 31	Employee Discipline – General Discipline Policy
Page 32	Employee Discipline – General Discipline Policy – Continued
	Separation from Employment
_	Taxable Fringe Benefits Policy
-	Employee Acknowledgement
Page 35	Constitutional Official Acknowledgement

## Appendix

## **Harrison County Forms**

A1	Application for Employment
A2	Demographic Information on Applicants
A3	Expense Report – Request for Reimbursement
A4	Leave Request Form
A5	Deleted
A6	Performance Review Form – Exempt (Salaried) Position
A7	Performance Review Form – Non-Exempt (Hourly) Position
A8	Request to Attend Meting
A9	Deleted with Revision 1
A9LE	Deleted with Revision 1
A9SEC	Deleted with Revision 1
A10	Sample Time and Attendance Record
A10LE	Deleted with Revision 1
A10SEC	Deleted with Revision 1
A11	Workers' Compensation – Report of Injury

## **Reference and Schedule of Adoption and Revisions**

Original Adoption:	June 26, 2014
Revision 1	August 14, 2014
Revision 2	January 8, 2015
Revision 3	March 20, 2015 & July 16, 2015
Revision 4	July 28, 2016

## **NOTICE TO EMPLOYEES**

This Employee Handbook of Personnel Guidelines is not intended to create any contractual rights in favor of the employee. Nor does this Employee Handbook of Personnel Guidelines alter the "AT WILL" nature of the employment relationship between Harrison County and its employees, which means that the employee may resign at any time and the employer may discharge an employee at any time with or without cause.

## **Introduction and Purpose of Handbook**

This handbook provides a summary of the employment policies of the County. This handbook is designed to acquaint you with the terms of your employment. The policies will inform you of the benefits and responsibilities of employment. It is neither an employment contract nor a promise of specific treatment, but is rather a general reference to inform and assist you as a County employee by setting forth general County policies. The County has developed these policies for the purpose of promoting fair and consistent practices by department heads, constitutional officials and employees.

It is the policy of the County that all personnel actions are conducted in a manner that provides equal opportunity to all employees and prospective employees. Every effort is taken to ensure that employees and prospective employees are treated fairly and their civil rights protected. The County's employment practices/policies will apply equally to all employees, unless exempted by law, contract or the terms of a policy. Where state or federal laws or regulations supersede County policies, employees are instructed to observe the requirement of such state and federal laws. Employees who are governed by a civil service commission or are regulated in accordance with the West Virginia Code provisions pertaining to civil service coverage are exempt from some of the provisions of this document. In addition, certain employees, including but not limited to the County Administrator, Departmental Managers, Departmental Supervisors and Assistant Prosecuting Attorneys are exempt from overtime provisions of the Fair Labor Standards Act (FLSA).

This handbook does not contain all the information you will need during the course of your employment and may not be applicable in every situation. Each constitutional officer, with review of the County Commission for compliance with local, state and federal procedures, regulations and statutes, may publish, as an addendum to this handbook, those policies and procedures which are in consonance or agreement with those outlined in this handbook, but are unique to the individual office. In addition, employees working in specifically covered jobs such as law enforcement or other agencies should use the handbook supplement supplied to them by their department head. You will undoubtedly receive additional information through various written notices (Standard Operating Procedures) as well as orally.

Obviously, no handbook can anticipate every circumstance or question which can arise in our government offices, but we will strive to use common sense and good judgment for any and all circumstances that do arise. The Harrison County Commission reserves the right to interpret, modify, revise or supplement any policies, benefits and/or portions of this handbook from time to time as is deemed appropriate. An opportunity for discussion with constitutional officials will be scheduled prior to the decision by the Harrison County Commission unless circumstances would prevent adequate notice and scheduling of a meeting. Any changes thereto supersede any prior written, verbal or implied policies.

The Harrison County Commission encourages open communication between the employee and their department head or constitutional official and also the employee and the Commission. Employees are encouraged to talk openly with their supervisors with any concerns they feel need addressed with respect to their particular working conditions.

We hope all employees will have successful employment with the County. All employees should understand, however, job security can never be guaranteed and depends upon a variety of circumstances. This handbook will help you better understand your responsibilities and benefits as an employee of the County, but it is not in any way a guarantee of indefinite employment or job security for any particular length of time; nor is it a guarantee of any particular level of benefits.

Once again, congratulations on being selected to work for the citizens of Harrison County.

Ronald R. Watson

Bernie L. Fazzini

**Harrison County Commissioner** 

Joseph M. Minard

Harrison County Commissioner

Harrison County Commissioner

July 28, 2016

Date

#### **GENERAL INFORMATION**

## At Will Employment

Since 1913, West Virginia has recognized the employment at will doctrine. Each and every County employee, except those under the protection of Civil Service (such as Deputy Sheriffs), is an at will employee. This handbook, personnel policies and the terms of employment do not change the employee's at will status. Violations of current policy standards are subject to immediate discipline actions up to and including termination.

Since employees of the County are employed "at will", dismissal can take place at any time, and for any or no reason, with or without notice. Discipline or dismissal may result from such policy violations including, but not limited to, insubordination, dangerous behavior or horseplay, felony or misdemeanor conviction, neglect of duty, drug or alcohol use, theft or unauthorized use of County resources, falsification of documents, incompetence, or other actions that violate policies or disrupt the workplace as set forth below.

The County will attempt to ensure that employee terminations are not made in an arbitrary or capricious manner. However, this handbook and personnel policies referenced do not constitute or imply a contract, agreement, promise or guarantee of employment or continued employment. The County Commission also reserves the right to change these policies at any time and without prior notice to employees.

#### **Equal Employment Opportunity**

#### **Purpose:**

It is the policy of the County to provide equal opportunity in employment to all employees and applicants for employment and to prohibit unlawful discrimination in employment because of age, race, color, creed, religion, gender, national origin, disability, military or veteran status or any other classification protected under applicable law.

#### Policy:

This policy applies to all terms, conditions, and privileges of employment. Discrimination in employment will not be tolerated. In addition, the County will not tolerate retaliation against an employee for having opposed discrimination, having made a complaint of discrimination, having advised of allegedly discriminatory conduct, or having participated in any manner in an investigation or proceeding regarding an allegation of discrimination. Employees are prohibited from engaging in any discrimination or retaliation.

## **Workplace Harassment**

#### **Purpose:**

It is the policy of Harrison County to provide all employees and volunteers with a workplace that is safe, comfortable and free of harassment. It is our policy to prohibit all forms of harassment at work, including harassment based on age, race, color, creed, religion, gender, sexual orientation, national origin, disability, military or veteran status, or any other classification protected under applicable law. All employees are responsible for complying with this policy against Workplace Harassment.

#### Policy:

Any employee who engages in harassment on the basis of age, race, color, creed, religion, gender, sexual orientation, national origin, disability, or military or veteran status; who permits employees under his/her supervision to engage in such harassment; or who retaliates or permits retaliation against an employee who reports such harassment is guilty of misconduct and shall be subject to remedial action, which may include the imposition of discipline up to and including termination of employment.

Harassment is defined as behavior which has the purpose or effect of creating an intimidating, hostile or offensive working environment, or has the purpose or effect of unreasonably interfering with an individual's work performance, or otherwise adversely affects an individual's employment opportunities. Harassment on the basis of protected classifications includes slurs, jokes and other verbal or physical conduct relating to an individual's age, race, color, creed, religion, gender, sexual orientation, national origin, disability, or military or veteran status, or being a member of any other protected classification. The use of racial or ethnic jokes or derogatory remarks will not be tolerated, will be investigated, and disciplinary action will be taken, if warranted.

## **Sexual Harassment**

Sexual harassment is prohibited and includes any unwelcome sexual advance, requests for sexual favor and other verbal or physical conduct of a sexual nature when:

- 1. Submission to such conduct is made, either explicitly or implicitly, as a term or condition of employment;
- 2. Submission to or rejection of such conduct is used as a factor in any employment decision affecting any individual; or
- 3. Such conduct has the purpose or effect of unreasonably interfering with any employee's work performance or creating an intimidating, hostile or offensive working environment.

This policy prohibits sexual advances, requests for sex (with or without related threats and promises of favors or other benefits), or other verbal or physical sexual conduct which could have a harmful effect on any employee's work performance or which creates a hostile or offensive work environment.

Examples of sexual harassment include but are not limited to:

- Obscene or sexually suggestive comments about a person's body;
- Off color language or dirty jokes of a sexual nature;
- Slurs, threats, repeated commands or other offensive verbal or physical conduct relating to a person's sex or sexual orientation;
- Offensive or unwelcome sexual flirtations, advances or propositions communicated verbally, by touch or in writing;
- Use of sexually degrading words to describe a person or a group of people; any display of sexually
  explicit photographs, drawings, greeting cards, articles, books, magazines or other printed items or
  emails or websites; or
- Repeated unwelcome or unnecessary touching of any part of another's body.

Sexual and other forms of harassment are strictly prohibited, whether committed by employees (management or non-management), vendors, citizens, or volunteers. Under this policy, supervisors, department heads or constitutional officials cannot threaten or imply that giving into or rejecting sexual advances will influence any decision regarding your employment.

Any form of harassment, including sexual, by an employee will result in disciplinary action up to and including termination of employment, and may lead to personal legal and financial liability. You are encouraged to report your complaint if you believe you have been subjected to any form of harassment at work or during a work related activity. Complaints of sexual and other forms of harassment at work will be promptly and carefully investigated. Under this policy, your supervisor, department head or constitutional official cannot retaliate or try to harm you in any way if you choose to file a harassment complaint.

#### Procedure:

If you have concerns about being harassed or have been harassed at work by anyone, including supervisors, department heads, constitutional officials, co-employees, guests, citizens, volunteers or visitors, you should immediately bring those concerns to your supervisor's/department head's or constitutional official's attention and report the incident in writing to the Harrison County Commission.

Complaints will be promptly, thoroughly and fairly investigated. Disciplinary and corrective actions will be taken depending upon the circumstances and as appropriate. Such concerns involving a constitutional official, including the Prosecuting Attorney, should be brought to the County Commissioners and if involving a member of the County Commission, then the matter should be brought to the Harrison County Prosecuting Attorney.

Every employee has an obligation to report any discriminatory conduct which he/she believes has occurred or is occurring, whether such conduct is directed toward that employee or another. If any employee or applicant for employment believes he/she has been discriminated against or believes he/she has observed or is aware of any discrimination, such employee or applicant should immediately report this information. If the discriminatory act is alleged to have been undertaken, ratified or condoned by the employee's department head, constitutional official or County Commissioner then such report shall be made to the Prosecuting Attorney. An investigation will be conducted and remedial action will be taken as appropriate. Furthermore, any type of retaliation for reporting discrimination will be investigated and disciplinary action will be taken, if warranted.

Every employee who does not comply with this policy will be subject to disciplinary action, up to and including termination of employment by the County Commission or appropriate constitutional official.

#### **Drug-Free Workplace Policy**

## **Purpose:**

The County has implemented a Drug-Free Workplace Policy, as it is committed to the principle of keeping illegal drug use out of the workplace and society in general. The use of alcohol and illegal substances endangers fellow workers and public.

## Policy:

Accordingly, Harrison County has implemented this policy in accordance with the Drug-Free Workplace Act of 1988 to help ensure and maintain a drug-free, safe and secure working environment. For the purpose of this policy, the definition of "drug" includes alcoholic beverages, inhalants, and any illegal or controlled substances. It is also a violation of policy for an employee to illegally use prescription drugs or to report to work under the influence of illegal or controlled substances and/or alcohol. This policy includes the prohibition of, possession or distribution of any controlled substance or alcoholic beverages at work, or while in a position representing the county or while conducting county business. An employee and/or constitutional official that would consume an alcoholic beverage during a county related social function would not be in violation of this policy. An example of such an activity would be a reception or hospitality time at a county related function.

The unlawful manufacture, distribution, dispensation, possession or use of a drug on county property or in county vehicles is absolutely prohibited. This policy does not apply to lawful possession, storage or transportation of any drug by law enforcement and/or court personnel.

Violations of this policy will result in disciplinary action, up to and including termination of employment, and notification of appropriate law enforcement agencies.

In accordance with the Drug-Free Workplace Act and as a condition of employment, county employees must comply with this policy and notify Harrison County officials within five (5) days of a conviction for any criminal drug violation occurring in the workplace or involving county property or county vehicles. Failure to do so will result in disciplinary action, up to and including termination of employment. Harrison County, as required by the Act, will report such within ten (10) days of learning of the conviction to the appropriate state and federal agencies.

#### **Drug and Alcohol Testing**

Drug and alcohol testing for county employees may include pre-employment testing, post-accident testing and testing upon reasonable suspicion of being under the influence during the performance of work functions. Employees operating county vehicles or deemed to be in safety sensitive positions may also be subject to random alcohol and drug testing.

Drug testing will be paid for by the County Commission and dual samples will be drawn. Any positive test will result in a second confirmatory test of the sample. Any confirmed second positive test will result in immediate suspension without pay. The employee will then be discharged unless the employee can demonstrate within fourteen (14) days that the positive test is the result of a lawfully prescribed substance taken in compliance with that prescription.

#### **General Conduct Guidelines**

Conduct that interferes with operation, discredits the County or is offensive or dangerous to others in the workplace is grounds for discipline, whether such conduct is expressly prohibited by or in violation of any applicable rule, policy or directive. Every employee is required to conduct himself/herself in accordance with that general principle and with all rules, policies and directives, as well as, with all other standards of conduct which a reasonable person would know is expected of someone in the workplace. Any noncompliance or violation is grounds for discipline. Tasks are to be performed efficiently and safely. All employees are expected to comply with attendance requirements and every directive from the County or from any authorized department head or constitutional official including any written memo, posting or other advisement to employees. All employees are expected to treat visitors, employees, department heads, constitutional officials and others in the workplace with the utmost courtesy and respect. We hope this attitude and policy will establish a trust within county offices both for employees and our visitors.

#### **Confidential Information**

No present or former employee of the County may knowingly and improperly disclose any confidential information acquired by him/her in the course of his or her official duties nor use such information to further his/her personal interests or the interest of another person. Employees should be aware that there is expectation of privacy.

#### Privacy at the Work Place

An employee's use of county equipment and/or facilities is permissive and not by right, thus employees have no expectation of privacy involving their employment with Harrison County. In compliance with any applicable law or regulation, the County reserves the right to monitor the work space, office correspondence, email correspondence, telephone usage, internet usage and/or history of sites viewed.

## **Political Activity and Hatch Act Notification**

Employees are protected from any requirement, whether real or implied, to contribute time or money to any person or political party. Solicitation of employees by a constitutional official and/or supervisor for political party campaign contributions, promoting fund-raising drives and even encouraging subordinates to contribute to community non-profit organizations are prohibited activities. County employees, while working for the county, with the exception of constitutional officials, are not allowed to participate in political activities during normal working hours. No county property, such as equipment, buildings or vehicles, can be used to display campaign materials and county property may not be used for any other political activity. Violators will be subject to disciplinary procedures, up to and including termination of employment.

It is declared that high moral and ethical standards among county employees are essential to the conduct of free government; that the county believes that a code of ethics for the guidance of county employees will help them avoid conflicts between their personal interests and their public responsibilities, will improve standards of public service and will promote and strengthen the faith and confidence of the citizens of Harrison County in their public employees.

The provisions of this section apply to all county employees, whether full or part time, in county government and its respective boards, agencies, departments and commissions.

A county employee may not knowingly or intentionally use his/her office or the prestige of his/her office/department for his/her own private gain or benefit or that of another person. The performance of usual and customary constituent services, without compensation, does not constitute the use of prestige of that office/department for private gain.

Employees that receive any compensation from and/or administer federal grant funds must comply with the requirements and restrictions of the "Hatch Act". Employees considering participating and filing as a partisan candidate during an election are encouraged to review those statutory guidelines.

#### **Conflict of Interest**

The County believes that the holding of public employment is a public trust. Independence and impartiality of county employees are essential for the maintenance of the confidence of our citizens in the operation of a democratic government. The decisions and action of county employees must be made free from undue influence, favoritism or threat, at every level of government. County employees who exercise the powers of their office or employment for personal gain beyond the lawful compensation or emoluments of their position or who seek to benefit narrow economic or political interests at the expense of the public at large undermine public confidence in the integrity of a democratic government and will not be tolerated in Harrison County. Therefore, county employees may not enter into dealings or financial interests in contract and services performed by the county. This includes deriving any direct or indirect profit resulting from the sale, service, contracting or purchases made on behalf of the county. Even the appearance of a conflict of interest must be avoided.

## **Gifts and Gratuities**

County employees may not accept financial benefits that would reasonably tend to influence decisions or encourage that employee to disclose confidential county business. County employees and officers are not allowed to receive gifts or gratuities in any personal or professional capacity that could even create the impression that the giver was seeking favor or trying to influence an opinion or a judgment from the employee or official. Any offers of money, gifts, services, benefits, favors or other possible conflicts should be discussed with department heads, constitutional officials and/or legal counsel before acceptance.

**Gifts** (by definition) No county employee may solicit any gift. No employee may knowingly accept any gift, directly or indirectly, from any person whom the employee knows or has reason to know:

- Is doing or seeking to do business of any kind with his/her department;
- Is engaged in activities which are regulated or controlled by his/her department;
- Has financial interests which may be substantially and materially affected, in a manner distinguishable from the public generally, by the performance or nonperformance of his/her official duties.

Notwithstanding the provisions of this subsection, a county employee may accept a nominal gift as described below, and there shall be a presumption that the receipt of such gift does not impair the impartiality and independent judgment of the person:

- Meals and beverages purchaser must be in attendance during the meal;
- Ceremonial gifts or awards which have insignificant monetary value;
- Unsolicited gifts of nominal value or trivial items of informational value;
- Reasonable expenses of food, travel and lodging of the employee for a meeting at which the employee participates in a panel or speaking engagement at the meeting;
- Gifts of tickets or free admission extended to a county employee to attend a charitable, cultural or
  political event, if the purpose of such gift or admission is a courtesy or ceremony customarily
  extended to the office. An employee or constitutional official may not accept any tickets for an
  athletic event.
- Gifts that are purely private and personal in nature, and;
- Gifts from relatives by blood or marriage, or a member of the same household.

Employees and constitutional officials are subject to the provisions of the West Virginia Ethics Act, which includes an annual monetary limit or value, currently \$25.00, for gifts from any one source.

## **Criminal Conduct**

Employees will not engage in any criminal conduct. Activity of this nature will result in disciplinary action, up to and including termination of employment. Any employee accused of criminal conduct may be placed on administrative leave with or without pay at the discretion of the constitutional official while the accusation is investigated.

## Safety & Health - Workers' Compensation

The County requires employees to conduct job tasks safely to protect themselves and others at work. Every accident or injury is required to be reported to a department head or constitutional official immediately. All on-the-job injuries must be reported to the County Commission Office by the injured employee and his/her supervisory department head as soon as practicable to allow our insurance carrier to be notified. The department head or constitutional official will file a written report with the County Commission Office which includes date, time and place of accident, first report of injury, results of any required alcohol/drug test and any other information about the incident, as appropriate.

In the case of injury requiring medical attention, employees should seek care at the nearest medical facility. Employees must file the appropriate workers' compensation documentation with the Harrison County Commission Office to ensure the proper notification is completed. If any work time is missed as a result of such injury, upon return to work, a physician's statement of medical condition and release to return to work must be submitted to the department head/supervisor, with a copy going to the County Commission Office. No employee may return to work without first providing a properly filled out and executed release.

If an employee is disabled temporarily (currently defined as four or more consecutive days) by an on-the-job accident, he/she is eligible for worker's compensation and will not be charged with any vacation or sick leave time while away from his/her position. An employee may utilize any available leave time for a workplace injury absence of less than four consecutive days. If a workplace injury requires long term medical attention, the injured employee will work with the department head or constitutional official to decide on their return to work, light duty job opportunities and eligibility for continuing employment. All workers compensation claims are submitted to the County's carrier (West Virginia Counties Risk Pool) for coverage of occupational injury, occupational illness or death occurring in the course of employment. This coverage is provided by the Harrison County Commission.

## **Driving and Vehicle Policy – Use of Equipment and Property**

Employees are provided adequate tools and equipment to safely perform their job. It is the responsibility of the employee to use them safely and to cooperate in the maintenance of equipment owned by the county.

Any employee operating a county vehicle or a personal vehicle for conducting county business is required to have a current state driver's license. Should an employee lose or not have a current driver's license, receive a violation for DUI, DWI or any violation that results in a charge or loss of points on their license and be asked to or required to operate any vehicle for conducting county business, said employee shall advise his or her supervisor/department head of the issue and shall not, under any circumstances, operate a vehicle for county business until authorized. If operation of a county vehicle is necessary for the performance of an employee's job for the county and said employee has temporarily lost his/her driver's license, every attempt will be made to assign employee to another job, if the loss is promptly reported to the Constitutional Officer or their designee.

If an employee receives any warning, violation or has an accident involving a county vehicle or a personal vehicle while conducting county business the situation must be reported immediately to the appropriate law enforcement agency, to the employee's department head or constitutional official of the employee's department and to the County Commission office. The employee shall provide a written narrative of the accident, warning or violation to the department head or constitutional official with a copy to the County Commission office. Failure to adhere to this policy by reporting any accident, warning or violation will result in disciplinary action, up to and including termination of employment.

An employee may be subject to a drug and/or sobriety test based upon reasonable suspicion of drug and/or alcohol use. If such test is required by the County, the cost will be paid by the County Commission.

All employees who will be driving county vehicles or driving personal vehicles on county related business may require a Motor Vehicle Records (MVR) check prior to first operating the vehicles. Each constitutional official and department head shall submit a list each January (updated throughout the year as necessary) of employees authorized to operate a county owned vehicle or a personal vehicle on county business to the Office of the County Commission. The Office of the County Commission may then request a MVR.

Only drivers who meet the following criteria will be allowed to operate a county vehicle and/or operate a personal vehicle for county related business:

- Possess a valid WV Driver's License with a copy on file with the constitutional official or designee
- Be at least eighteen (18) years of age
- Possess a Commercial Driver's License if driving a vehicle requiring such a license
- Provide proof of insurance for the personally owned vehicle at any time if required by the Harrison County Commission with a copy on file with the constitutional official or designee
- Be placed on the county driver's list by their supervisor, department head or constitutional official by contacting the County Commission Office

## **Driver Responsibilities:**

- Shall comply with all applicable state and local driving laws, parking regulations, and all county safety policies and rules. All drivers and passengers shall wear seat belts at all times the vehicle is in motion.
- Shall be held personally responsible and liable for any parking tickets received while driving a
  vehicle on county business. Parking fines received on county vehicles shall be paid or otherwise
  resolved promptly by the driver. Drivers shall notify their supervisor within 24 hours of receiving a
  citation on a county vehicle.

- 3. Shall be held personally responsible and liable for any failure to comply with the rules of the road for drivers while driving a vehicle on county business. Drivers shall notify their supervisor within 24 hours if in receipt of a citation or being arrested for failure to comply with the rules of the road.
- 4. In the event of an accident while on county business, drivers shall, as soon as possible, file an accident report with the Harrison County Commission.
- 5. A driver whose license has been suspended or revoked shall immediately notify the department head.
- 6. Drivers shall ensure that any passenger riding in a County vehicle or in any other vehicle while on county business are authorized to be in that vehicle by the County Commission.
- 7. If an employee of the county encounters a stranded motorist, please be aware:
  - a. there is no obligation to stop or render assistance (on-duty law enforcement personnel will have certain obligations),
  - b. you should consider all objective circumstances regarding your own personal safety and safety of any passenger in your vehicle before choosing to stop,
  - c. the only authorized action the County gives is to help connect the motorist with the appropriate roadside assistance.
- 8. Drivers of county vehicles or vehicles used for county business shall not drive or operate such vehicles when required to take any medication that impairs their ability to safely operate a moving vehicle.
- 9. When operating a vehicle on county business, driving is the first responsibility. If a call must be made or taken while driving on county time or conducting county business, only a hands-free device shall be used.
- 10. Employees shall not use any tobacco products while operating a county vehicle.

#### Vehicles:

- County Supplied Vehicles: The County provides vehicles for use by some departments. These
  vehicles are for qualified drivers only to conduct official County business and to maintain the ability
  to respond to County business outside of normal work hours when the employee's position
  requires such use of the vehicle or equipment contained. County vehicles are not to be used for
  personal business.
- 2. Privately owned Motor Vehicles: The County allows for use of privately owned vehicles to conduct official County business. A privately owned vehicle used for County business must be a conventional, four-wheel vehicle, and be in safe mechanical condition. The driver of a privately owned vehicle used to conduct County business must be insured against liability in an amount not less than the minimum requirements of the State of West Virginia. The driver's insurance is primary with respect to bodily injury and property damage. The vehicle owner is responsible for any comprehensive and collision coverage the owner may elect to carry. Mileage reimbursement for the use of privately owned vehicles for official County business is considered full payment for its use, including depreciation, insurance, maintenance and operating costs.
- 3. Out of Town Rental Vehicles: This is a rare occurrence but travelers are required to apply the criteria of common sense, propriety, and relationship to business purpose, to the use of rental vehicles for County business.

#### **Authorized Passengers:**

Only authorized passengers are allowed to ride in county owned vehicles. Authorized passengers are:

- County employees conducting business or other passenger(s) in extenuating circumstances
- Officers and agents representing the county
- Approved volunteers acting on behalf of the county
- Vendors or contractors working on behalf of the county
- Participants in official county business and programs
- Representatives or other government agencies working with the county
- Other persons with prior written approval of the County Commission

#### **Maintenance - Safety**

It shall be the responsibility of the supervisor to ensure and provide needed safety equipment. To insure proper health and safety, employees shall be responsible for using proper personal protective equipment (PPE) in accordance with the needs of the task being completed. If unavailable, employee shall request such PPE in writing to his or her immediate supervisor.

Should a situation arise that an employee is not sure whether the use of safety equipment is necessary, he or she shall consult with the appropriate department head or constitutional official immediately before proceeding with the specified task.

Employees will be expected to ensure the safe and proper use of PPE as well as be responsible for the proper care and maintenance of the PPE. PPE will be provided by the county and will be replaced on an as need basis as determined by the County Commission upon notification by the maintenance department.

Any time any county employee works in one of these capacities, he or she shall be expected to follow this policy. Failure to comply with this policy may result in disciplinary action, up to and including termination of employment.

#### **Recruiting, Hiring and Employment**

## **Applications**

Applications for employment should not be taken unless there is an immediate vacancy to be filled. In the event it is necessary to solicit employment applications to fill a vacancy the constitutional officer is free to, but not required to, utilize existing applications on file for expediency in filling position. If applications on file are not within six (6) months from the date of vacancy, then the position shall be posted and/or advertised as outlined below. Retention of any application not submitted for a specific vacancy will not constitute application for any specifically advertised position and will not require further action by any constitutional official or county administrative person.

#### **Notice of Vacancies**

All vacancies for the County will be announced in the following manner:

A the discretion of the constitutional official, all vacancies, job postings and positions for full time employment may be posted on the courthouse bulletin boards on the first and basement floors for a period of not less than five (5) days and may be advertised in newspapers for a period of no less than three (3) days and on the Harrison County Courthouse website. Notice shall contain a brief description of the position, minimum requirements, and a deadline for accepting applications. Mailings to local employment agencies and national or internet listings may also be used. The employment application solicitation process may also include a recruiting effort which may extend beyond the county when deemed necessary to obtain applications from individuals with necessary technical skills or other specialized qualifications.

#### **Ethics in Employment**

No person will be employed by the County when that employment would result in a violation of the ethics in government provisions found in state and/or federal statutes. Any such appointment may be voided by the County Commission if not done voluntarily by the hiring department, employee or candidate.

## **Anti-Nepotism Policy**

The Harrison County Commission has determined that it will be in its best interest to avoid conflicts of interest between work-related and family-related obligations, avoid favoritism or the appearance of favoritism, and avoid family conflicts from affecting the workplace.

Relatives of Harrison County employees may be considered when hiring an applicant. Relatives will not be hired if any of the following job relations or situations would result:

- 1. The supervisor is related to a direct subordinate.
- 2. The person interviewing the applicant is a relative.
- 3. The person recommending salary increases or promotions is a relative.
- 4. The person considered for hiring is in the same department as their relative and absence by both would create a staffing difficulty.
- 5. No person will be hired to any position within a department when that individual's spouse is already serving in any position within the same department as an employee of the County.

No person will be hired if such hiring would result in a direct or indirect supervision conflict due to a relationship between the prospective employee and a supervisor, which falls within any of the relationships, described in the two paragraphs above. No constitutional officer may appoint or select for employment a blood relative to any position within the same department.

## **Advice and Consent**

The department head or constitutional official must complete the proper process for advertising a position and complete the selection process deriving the best candidate for the position based solely on the applicant's qualification for the position. In accordance with WV Code § 7-7-7, the department head or constitutional official must obtain the advice and consent of the County Commission prior to extending an offer of conditional employment and/or hiring the qualified applicant. The department head or constitutional official must submit proper documentation, including the "Payroll Change Notice", to the County Commission for approval. Such documentation will then be forwarded to the Payroll Department by the County Commission. Upon the County Commission's approval, the qualified applicant may be offered the position by the department head or constitutional official.

### **Employment Testing**

Any tests for job applicants will be limited to skills or performance testing, to determine the level of competence or ability to perform certain tasks associated with the job being sought. An applicant will be disqualified from consideration for employment in a position if he or she does not meet the job qualifications for that position. Reasonable accommodations will be made for any applicant testing per appropriate state and/or federal statutes.

## Verification of Work Eligibility – Background Investigations

The Harrison County Commission relies upon the accuracy of information contained within the employment application, as well as the accuracy of other data presented throughout the hiring process and during employment. Any misrepresentation, falsification, or material omission in any of this information can result in the exclusion of the individual from further consideration of employment or, if the person has been hired, may result in the termination of employment. The employing department is responsible for verifying the applicant's employment experience, education, and skills before presenting the employment recommendation to the County Commission.

Background investigations will be performed on the successful applicant and employment is conditional until receipt of any and all information from such investigation. The employment application contains certain authorizations or releases and if an applicant refuses to sign the same he or she may be disqualified as a candidate. Any offer of employment and/or employment is conditional until a satisfactory background investigation has been completed.

Each new employee must, at least three days prior to employment if at all possible, complete and sign an INS Form I-9, and show proof of identity and eligibility. The new applicant must have also completed a W-4 form, insurance forms, insurance information about dependents, the employee acknowledgement from Employees Handbook and any other necessary employee benefit forms. Finally, if the prospective employee has not provided proof of citizenship or legal work status three (3) days prior to employment, they may be disqualified. It is the responsibility of each employee to promptly notify their supervisor, department head and bookkeeping/payroll clerk (County Clerk's Office) of any changes in personnel data. This includes: personal mailing addresses, telephone number, names of dependents, individuals to be contacted in event of an emergency and/or educational accomplishments. All statements should be accurate and current at all times.

#### Orientation

The County Clerk's office provides a general orientation about the benefits offered by the county and a copy of this handbook. It is the responsibility of the employee to read and gain an understanding of the handbook, work rules and comply with them. The employee will acknowledge receipt of the handbook and provide that acknowledgment form to the Harrison County Commission office. Periodic updates will be sent and receipt will also be acknowledged by signature of the employee with such acknowledgement provided to the Harrison County Commission office.

The employee may also be given a job description by their department head or supervisor. In most cases, the particular job duty orientation and training will be given within the specific department that he or she will work.

All employees are required to report to the Payroll Department of the Office of the County Clerk on their first day of employment to complete all employment related documentation. Department heads or constitutional officials should contact the payroll office and arrange for that appointment.

#### **Employment Classifications**

Hourly Full-Time Employees / Professional / Administrative: A full-time employee's regular employment consists of thirty-five (35) to forty (40) hours per week. Regular full-time hourly employees are eligible for additional pay for approved hours worked in excess of the normal work week, excluding any paid meal time in which the employee is substantially relieved from duty. (Refer to Overtime Section of Handbook for hours worked in excess of forty) If you were hired as a full-time employee, you are eligible for all benefits outlined in this Handbook. No employee shall be employed in more than one full-time position with Harrison County. Employees in a regular full-time position shall only receive compensation such as cost of living increases, pay raises, or other benefits equal to one (1) full time regular position.

Hourly Part-Time Employees: An hourly part-time employee's employment normally consists of less than thirty-five (35) hours per week. An hourly part-time employee that works 1040 or more hours during the calendar year (averages twenty (20) or more hours a week) must be a member of the West Virginia Public Employees Retirement System (WVPERS). A part-time employee is paid an hourly rate for the number of hours worked. Hours worked in excess of forty (40) in a week will be paid at the overtime rate for that employee. A part-time employee normally working less than an average of thirty (30) hours per week is eligible for coverage by Workers' Compensation and WVPERS, but is not eligible for holiday pay, annual or vacation leave or the like, paid sick leave, paid medical insurance, or any other county benefit. As of January 2015, a part-time employee working an average of at least thirty (30) hours per week, but less than forty (40) hours per week, may be eligible for medical insurance coverage as per federal statutes.

Hourly Temporary / Seasonal Employees: Temporary employees may be hired for specific periods or for the duration of specific assignments. Temporary employees are paid an hourly rate for the number of hours worked each week and are eligible for overtime compensation for more than forty (40) hours worked in a week. A temporary/seasonal employee is covered by Workers' Compensation but is not eligible for holiday pay, annual or vacation leave, paid sick leave, paid medical insurance, retirement coverage or any other county benefit. As of January 2015, temporary/seasonal employees working more than one hundred twenty (120) days in a calendar year and average at least thirty (30) hours per week may be eligible for medical coverage as per federal statutes.

<u>Part-time Salaried Employees:</u> Due to the nature of their job duties, a part-time salaried employee is not eligible for overtime compensation unless his/her annual compensation is less than the compensation limit (currently \$23,660) that would require overtime consideration per federal statutes. Depending on the number of hours worked, a part-time salaried employee may or may not be a member of WVPERS. If working more than 1040 hours in a calendar year, he/she must be a member of WVPERS. A part-time salaried employee is covered by Workers' Compensation but is not eligible for overtime pay, holiday pay, annual or vacation leave, paid sick leave, paid medical insurance, or any other county benefit.

<u>Constitutional Officials:</u> The West Virginia Constitution and West Virginia Code prescribe the duties and responsibilities of constitutional officials. Constitutional officials that have been assigned duties and compensation by the West Virginia Constitution and West Virginia Code are eligible for benefits offered by the County.

## **Probation Period**

All new employees shall serve a minimum probationary period of six (6) months. Successful completion of a probationary period will not alter any employee's at-will status. A department head or constitutional official, with approval of the County Commission, may waive the probationary period if the new employee has previous county and/or state employment service. Such waiver shall only be valid if in writing and signed and dated by the department head or constitutional official with approval reflected in the Harrison County Commission's minutes. Employees who are covered by West Virginia Civil Service Commission statutes are subject to requirements and regulations as outlined by said statutes.

Employees who are promoted will be required to serve a probationary period upon the promotion taking effect unless a waiver is approved by the County Commission and/or the constitutional official. All current benefits of said employee will remain in force and effect during that probationary period. This period is designed to acquaint the employee with his or her new position and allow the department head or constitutional official to measure the employee's ability and aptitude for the job. If the employee's performance is inadequate, he or she may be terminated or reassigned to another position at any time during this probationary period. The department head or constitutional official may, but is not required, notify the employee in writing of the reason(s) for the action prior to the effective date of termination or reassignment.

## **Employee Performance Evaluation**

Employee evaluations must be in writing and signed by the evaluated employee, the evaluating supervisor or county official, dated and deposited in personnel files maintained by the constitutional official. The constitutional official will provide written verification, signed by the employee, that an evaluation was completed to the Office of the County Commission. Constitutional officials and/or supervisors shall review the individual employee's job description and advise the employee of related job performance expectations within the first thirty (30) days of employment. The primary purpose of the employee performance evaluation shall be to advise employees of performance expectations in the coming evaluation period, inform employees of their work performance and promote healthy communication and/or constructive criticism between employees and their department head or constitutional official. The evaluation may also be used for determining a salary increase, basis for training, promotion, demotion and/or the order of a reduction of force. The evaluation is to be conducted at least annually and preferably completed by December 31.

If the employee disagrees with any statement or recommendation in the evaluation, he or she may submit within the following five (5) working days, a written rebuttal which shall be attached to the evaluation report and filed in the employee's personnel file. All performance evaluations shall be confidential and shall be made available only to the employee, the department head or constitutional official, the County Commission, County Administrator or other parties with a legitimate need for such information upon written request and in compliance with federal and/or state law and administrative judicial process.

#### **Compensation Policy**

The County will comply with all federal and state statutes and/or regulations regarding the compensation of employees for services performed.

## Right to Change Compensation (Revision 2)

The County compensates employees in accordance with decisions by the County Commission as budgets are set. Pay for any given position is subject to the annual budgetary process and, as such, may be subject to increase, reduction, or status quo maintenance for any time period. The constitutional official and/or County Administrator may make suggestions about salary compensation and other pay system concerns, but the final decision for the overall departmental personnel budgets and other payroll procedures rests with the County Commission. (R2) The constitutional official has final authority to establish individual personnel compensation within the overall departmental personnel budget. Constitutional officials may adjust compensation, within the approved budgetary amount established by the County Commission for the current fiscal year, based upon job performance and the availability of funds to maintain a solvent budget. (R2)

## Pay Schedule (Revision 1 – Deleted and Replaced by Revision 3)

County employees will receive payroll checks on the 15<sup>th</sup> and 30<sup>th</sup> of each month. (R3) If the 15<sup>th</sup> or 30<sup>th</sup> are an authorized holiday, the pay date will be the preceding work day. (R3) The established pay periods are from the 25<sup>th</sup> of one month thru the 9<sup>th</sup> of the next month with the employee receiving the check on the 15<sup>th</sup> and from the 10<sup>th</sup> of the month thru the 24<sup>th</sup> of the month with the employee receiving the check on the 30<sup>th</sup>. (R3) Due to statutory requirements, constitutional officials will continue to be paid current thru the 15<sup>th</sup> and 30<sup>th</sup> of each month. (R3) Employees may opt to have compensation direct deposited by submitting the required written documentation to the Payroll Department in the Office of the County Clerk. Employees, department heads and constitutional officials must file the necessary documentation within the required time limits for proper payment of regular and any overtime wages to be included in the employee's check. Failure to follow the correct procedure may delay payment of the proper compensation.

The department head, constitutional official or authorized departmental employee will collect deposit notices and/or paychecks from the Payroll Department in the Office of the County Clerk. Those authorized representatives will distribute the deposit notices and/or paychecks to the departmental employees on the designated pay date unless an employee chooses to personally collect his own deposit advice or paycheck from the Office of the County Clerk. For calendar year 2016, all employees must personally appear at the Payroll Department to collect and sign for their deposit advice or pay check that will be issued 02-15-2016 and thereafter on the first pay period in February of each year. (R3) Employees will have a two (2) week time period in which to complete this requirement.

#### **Payroll Deductions**

No payroll deduction will be made from an employee's paycheck unless authorized by the employee or required by law. Employees are required to report changes in family status, address or other information that could affect amount of deductions withheld. This is done through the Payroll Department in the Office of the County Clerk. Deductions would include, but are not limited to, social security, income taxes, retirement system contributions, court-ordered child support and other deductions required by law. Additionally, deductions may be authorized for employee contributions to employer sponsored plans, such as: health insurance, dental insurance, vision insurance, supplemental life insurance and deferred compensation plans requested by the employee.

#### **Reporting Hours Worked**

It is the responsibility of all employees to properly record the time or hours that he or she has worked during a payroll period. At the end of the reporting period, the employee will sign the timesheet, a copy of an authorized version is included in the handbook, which verifies and attests to an accurate accounting of hours worked. Timesheets are to be remitted to the employee's department head or constitutional official on the last day worked within the time period. The department head or constitutional official will countersign the timesheet which approves and verifies that the hours claimed were actually worked. Any issues as to the accuracy of any timesheet shall be brought to the attention of the County Administrator and the timesheet in question should not be countersigned. The department head, constitutional official or their designee will forward approved timesheets to the Payroll Department in the Office of the County Clerk on the first business day after the end of a pay period. In addition, all departments under the supervision of the County Administrator and/or County Commission shall copy the appropriate personnel with the timesheets and related documentation. Any hours worked over forty (40) per week must have written documentation attached with explanation of the duties requiring overtime and signed by the employee and department head or constitutional officials. Approved timesheets and related documentation will be housed in the Payroll Department in the Office of the County Clerk.

Falsification of time information either for one's self or for another is an act of fraud and shall be cause for disciplinary action, up to and including termination of employment.

#### **Work Periods**

The work week for all employees will commence at 00:00 a.m. on Sunday of each week and conclude at 11:59 p.m. of the succeeding Saturday. Departmental managers under the supervision of the County Administrator and/or the County Commission shall inform his or her designee and the Office of the County Commission of all times when said departmental manager is not in the Harrison County Courthouse or their normal work location.

#### **Normal Business Hours**

Most county governmental offices are open 8:30 a.m. - 4:30 p.m. Monday through Friday with a lunch period to be scheduled at the discretion of the department head or constitutional official. Please note that an employee's normal work schedule will or may deviate from the normal operating hours so as to be classified as a full-time employee. In addition, there are instances when the courthouse or certain offices must be open other than normal regular hours as required by statute, i.e. elections. Further, certain departments, law enforcement, E911 etc., will maintain a different work schedule and work hours because of the nature of the work performed in those offices. Refer to your department for the applicable work schedule and hours.

All employees are expected to observe the designated working hours of their respective department. All full-time employees are paid for the normal work day schedule of the department. However, department heads or constitutional officials have the right to occasionally require employees to work through all or a portion of their mealtime to insure that the public is properly served.

#### **Meal Periods**

The standard and normal meal period is thirty (30) to sixty (60) minutes as scheduled at the discretion of your department head or constitutional official. On the rare occasion that a meal period would exceed the standard, approval must be obtained from the department head or constitutional official. For an individual to maintain full-time status and benefit eligibility, full-time employees must work at least a thirty-five (35) hour work week. Department heads and constitutional officials must schedule full-time employees appropriately to meet this requirement. Full-time employees, working less than a forty (40) hour work week, that are substantially relieved of duty during the meal period may receive compensation for that time. However, additional straight time compensation and/or overtime compensation is based upon actual time worked and that time would not be included in an overtime calculation.

## **Overtime Compensation**

Per the Fair Labor Standards Act (FLSA) certain employees are exempt from receiving overtime pay. Exempt employees would include the County Administrator, Department Heads, Departmental Managers or Administrators, and Assistant Prosecuting Attorneys (licensed professional legal staff) in the Office of the Prosecuting Attorney. However, depending on the task to accomplish additional hours may be required to complete the project. FLSA exempt employees that work in excess of forty (40) hours to complete tasks are not eligible for compensatory time. Other employees (FLSA Non-Exempt) are eligible for overtime compensation and must receive pay for any time worked in excess of forty (40) hours per week. Prior written approval by the appropriate constitutional official or department head is required for an employee to work scheduled overtime beyond his or her normal work schedule. In an emergency situation when approved verbally, the written approval will be generated immediately after the overtime has been worked. Departments reporting to the County Commission should comply with any additional procedures as outlined in June 26, 2007 Overtime Memorandum.

## Expense Reimbursement & Travel Policy (Revision 1)

An employee may use the purchasing card (P-Card) and/or a county credit card, provided the employee has been issued and authorized to utilize said card(s). If the employee has not been issued and authorized to utilize a card(s), then the employee will need to personally pay for any travel related expenses. All work related purchases and/or request for out-of-county travel must be pre-approved. An employee will be reimbursed for expenses incurred in completing his or her work-related assignment in accordance with the policies established by the County. Each employee is responsible for completing the appropriate reimbursement form and providing proper verification, including itemized receipts for any expense for which reimbursement is requested. The documentation must be completed by the employee requesting the reimbursement and signed by both the employee and the department head or constitutional official. Travel reimbursement requests and all required documentation, including itemized receipts, must be submitted to the Office of the County Commission within ninety (90) days from the date in which the expense was incurred. (R1) For any request over the ninety (90) day limit to be considered for approval of payment, it must be accompanied by a letter of explanation as to why the request could not be made within that time period and submitted to the County Commission for consideration. (R1) Request should be made within the current fiscal year if feasible.

Department heads or constitutional officials may impose more restrictive policies for their department. However, in all cases, any modifications and/or justifications shall be approved by the County Commission.

Mileage reimbursement standards for authorized use of private vehicles will follow rates as established by the IRS. Mileage is calculated round trip from the Harrison County Courthouse or your normal work location. Your department head or constitutional official will retain the proper forms for reimbursement of mileage. The amount of reimbursement to be paid per mile will be determined by the County Commission and may change. When the reimbursement amount for mileage changes, a memo will be sent to the department head or constitutional official stating the new reimbursement amount.

Each department head or constitutional official shall be responsible for making their own or their department's reservations subject to the current Harrison County Requisition Policy. All reservations, attendance fees, etc. may be made by using the purchasing card or a county credit card issued to the employee by his department head or constitutional official.

An employee may request reimbursement for normal and customary meal expenditures for a preapproved travel request. Expenditures incurred for food, service and any reasonable gratuity (R4) may be placed on the purchasing card or county credit card if one has been assigned to you. Under no circumstances will the county reimburse costs associated with the purchase of alcoholic beverages and/or room service fees. Meals will be paid or reimbursed if work requires an employee to travel out of the county, and effective as of January 1, 2015, meal expenses will only be reimbursed when an overnight stay is required. (R1)

#### **EMPLOYEE BENEFITS**

#### Health - Life - Dental & Vision Insurance

Employees working at least a thirty-five (35) hour work week are considered to be regular full-time employees and are eligible to participate in the health, life, dental and vision plans offered by the County. As of January 2015, a part-time employee working an average of at least thirty (30) hours per week may be eligible for medical insurance coverage as per federal statutes. Any part-time employee working less than an average of thirty (30) hours per week would not be eligible for these benefits.

Group health insurance coverage is reviewed annually by the County with coverage and cost to the employee being evaluated. As of the adoption date of this Handbook, Harrison County is a member of the Public Employees Insurance Agency (PEIA) and employees will be subject to plan requirements and limits as established by the County and/or plan administrators. As of the adoption of this handbook, the County pays 100% of the employee-only health insurance premium for the employee that has been a member with a covered employer enrolled in PEIA for at least a two (2) year period. If an employee does not have at least this two year requirement, the County pays seventy percent (70%) of the employee only premium for a two (2) year period and the employee pays the balance from the first date of coverage, subject to the provisions of the Patient Protection and Affordable Care Act. If an employee desires to have coverage for dependent(s), the employee must complete the necessary documentation. The Payroll Department in the Office of the County Clerk can advise employees as to the current contribution by the County for dependent coverage. The ratio of employee and employer cost allocation for dependent coverage will be determined by the Harrison County Commission on at least an annual basis. The Office of the County Clerk will have the current cost allocation chart for review by employees. When an employee separates from employment, insurance coverage will cease as per the plan documents and the employee will be responsible for costs as outlined in those plan documents. Pursuant to certain federal statutes (Consolidated Omnibus Reconciliation Act or COBRA), an employee may continue health coverage insurance at his or her own cost. The County and/or plan administrator will notify individuals of their options and the related costs.

Dental and vision insurance is available to regular full-time employees. The employee only premium is paid by the County for full-time regular employees. The County reviews coverage and cost allocation for the employee and employer on an annual basis and may be modified at the County Commission's sole discretion. The employee has the option of paying for coverage for his or her dependents at the current premium rate. When an employee separates from employment, coverage for the employee and his or her dependent(s) will cease as per the plan documents and the employee will be responsible for costs as outlined in those plan documents.

Life insurance, in the amount of \$10,000, for full-time regular employees is currently paid for by the County. Regular full-time employees have the option of purchasing additional insurance at the current premium rate as established by PEIA. Optional dependent life insurance is available and payable by the employee. Information on this can be acquired through the County Clerk's office. PEIA has established the month of April of each year as open enrollment for changes to health insurance. The month of May has been designated as open enrollment for dental and vision insurance.

#### Credit Union – City of Clarksburg Federal Credit Union

As an optional benefit, regular full-time employees may join the credit union and contribute a portion of their wages to their account. Information may be obtained through the Payroll Department in the Office of the County Clerk.

## **Direct Deposit**

County employees may elect to have their paychecks deposited directly into the financial institution of their choice. Forms are available from and must be filed with the payroll office.

## **Deferred Compensation Plan**

A tax deferred compensation plan (IRC section 457-b) is an optional benefit for regular full-time employees. Such employees may elect to have a portion of their pre-taxed wages deposited into this program. No matching funds will be paid by the County. Further information is available through the Payroll Department in the Office of the County Clerk.

#### **Social Security**

The County participates in Social Security Administration programs and employees are eligible for benefits offered by those programs.

## Pension/Retirement Plan

All full-time and part-time employees that work at least 1040 hours (average of twenty (20) hours or more per week) during a calendar year must be a member of the Public Employees Retirement System (PERS) or the Deputy Sheriff's Retirement System (DSRS), whichever is appropriate. The employer and employee contribution rates are established by the governing boards of those programs. Please note that the percentages of contribution are subject to change by those boards.

Depending on an employee's date of hire, accumulated leave may be applied to credited service time or the premium cost of PEIA insurance coverage for the purpose of retirement benefits. Due to statutory provisions, please note that certain employees, depending on date of hire, are ineligible to utilize accumulated leave for any purpose related to retirement benefits. Employees of Harrison County may utilize such leave as outlined by section thirteen, article sixteen, chapter five of the Code of West Virginia, (§5-16-13) as amended and in accordance to any local county policy concerning usage of such leave. In addition to any local county policy concerning the usage of said leave, Harrison County hereby adopts the procedure and policy of the State of West Virginia as outlined in said Code. If the procedures outlined by such local county policy and the Code would appear to be in conflict, the more restrictive shall take precedence. Example: Depending on date of hire, employees of Harrison County may utilize and convert a maximum of sixty (60) days of such leave towards the premium cost of PEIA insurance coverage for the purpose of retirement benefits. Depending on date of hire, employees may utilize and convert all such leave towards credited service for the purpose of retirement benefits. Regardless of date of hire, employees may not utilize such leave for both premium cost of insurance coverage and credited service. Verification of accumulated unused leave shall be taken from approved and dated timesheets on record and filed with the County.

## **Workers' Compensation**

As required by the statutes, County employees, except for constitutional officials, are covered under workers' compensation and the County pays the premium for that program. Workers' compensation pays eligible medical expenses and wage replacement for employees injured, who became ill or were killed as a result of an occupational occurrence. The employee must notify his or her department head or constitutional official as soon as possible in the event of a work related accident. The department head or constitutional official will file a written report including date, time and place of accident, first report of injury and any other information about the incident, as appropriate. The written report is to be filed with the Office of the Harrison County Commission. In case of an injury requiring medical attention, employees should seek the nearest medical facility. Upon return to work, a physician's statement of medical condition and release to return to work must be submitted to the Office of the Harrison County Commission. In no event should the employee delay notification of an incident longer than twenty-four (24) hours. Failure to comply with this policy may result in disciplinary action, up to and including termination of employment.

#### **Unemployment Compensation**

As required by statutes, all employees, except for constitutional officials, are eligible for unemployment compensation benefits. The employee must meet the eligibility requirements as established by the State of West Virginia for unemployment compensation. The County pays the cost of this benefit.

#### **Education and Training**

When the County requires employees to participate in training programs, all training costs are paid or reimbursed by the County. The time an employee spends away from work to attend the training program is considered work time. Authorization to attend professional seminars, training, and certification courses are decided on a case-by-case basis by department heads or constitutional officials, within the constraints of the department head's or constitutional official's training and travel budget.

#### **LEAVE TIME**

#### **Work Leave Time**

Various leave time is available to employees unable to work during their normal working hours. Accrued leave time may be paid time or unpaid as available to the employee. The employee's department head or constitutional official must approve all leave time. Leave time is entered on each employee's time sheet for that period. Regular full-time county employees are eligible for paid holidays, vacation, and sick leave, as well as other types of authorized and approved leave time. Holidays are those designated days that County offices are closed to business.

Unauthorized absence time is time away from work not authorized by the appropriate department head or constitutional official. Employees will not be paid for this type of absence. Unauthorized absences may result in disciplinary action, up to and including termination.

## **Inclement Weather or Unique Situations**

The County Commission shall have the authority to close the Harrison County Courthouse and other county department offices on days when, in the Commission's opinion, inclement weather or unique situations create a need for changing normal patterns of operation. The determination of such a situation shall always be at the discretion of the County Commission or their designee and shall never be up to the employee for determination. Employees with work stations in buildings which are closed shall not attend work unless the employee is classified as an essential employee. Essential personnel are defined as operations that work seven (7) days per week, twenty-four (24) hours a day or subject to twenty-four (24) hour call. Essential personnel would be located in the E911 Communications Center, Law Enforcement Department, Maintenance Department, Departmental Managers and the County Administrator. Hourly essential personnel will not receive any additional, premium or compensatory time for hours worked during such condition, unless hours worked are in excess of forty (40) for that week. Essential personnel are expected to report to their assigned work location as directed by their supervisor. Other personnel may receive credit for up to eight (8) hours per day for a state of emergency or related condition in which the courthouse is closed. (Employees credited this time will not receive in excess of forty (40) hours for the week.) If the courthouse is open and the employee does not report to work by the scheduled time, he or she shall be required to utilize personal leave time to account for said absence. The County Commission or their designee shall have the authority to determine which personnel are required and not required to report to work during inclement weather or unique situations.

## **Holidays**

The County provides a certain number of holidays each year. Holidays include all statutory holidays (WV Code §2-2-1) and such other days as the President and/or Governor may designate. Eight (8) hours of holiday time shall be paid to regular full-time employees of the County for authorized holidays.

A holiday schedule will be distributed during or before each December to notify employees of the authorized paid holidays. In addition, regular full-time employees are eligible for one (1) "Staff Appreciation Personal Leave Day" to be scheduled during the year with the prior approval of their department head or constitutional official. If not utilized, this leave day will be lost and cannot be carried over to the next calendar year. Certain positions must work on the holidays. For positions requiring holiday hours worked, (examples: E-911 employees, maintenance employees and/or law enforcement employees) an alternate day may be taken. The alternate day off shall be an eight (8) hour day, unless the employee consistently works a longer shift. For example, an employee consistently working a ten (10) hour shift will be allowed a ten (10) hour alternate day off. The employee shall arrange and obtain written approval for the alternate day off in advance with the department head or constitutional official so that service to the public is not interrupted.

#### **Annual or Vacation Leave**

The leave accrual schedule is as follows:

- Full-time employees thru five (5) years of service will accrue 3.34 hours per pay period ten (10) days of annual leave per year with leave credit of less than one year being prorated.
- Full-time employees at the beginning of six (6) years of service thru ten (10) years of service will accrue 5.00 hours per pay period fifteen (15) days per year.
- Full-time employees at the beginning of eleven (11) years of service thru fifteen (15) years of service will accrue 6.00 hours per pay period eighteen (18) days per year.
- Full-time employees at the beginning of sixteen (16) years of service and greater will accrue 6.67 hours per pay period twenty (20) days per year.

Annual or vacation leave accumulation will begin upon most recent full-time date of hire. An employee may utilize only the amount of vacation accrued and earned. An employee's vacation leave balance shall not be allowed to go below a zero balance. However, to provide for a transition period and scheduled vacations, employees hired on or before January 1, 2013, may continue to utilize vacation leave prior to accrual, upon approval of the appropriate constitutional official, through December 31, 2016. As of January 1, 2017, no employee will be permitted to utilize vacation leave until accrued and earned. The first day of work is considered the employee's date of hire for accrual eligibility unless prior arrangements and approval are obtained from the County Commission. Such approval may be based upon a recommendation from the department head or constitutional official for the consideration and transfer of previous governmental employment.

An employee is permitted to carry over a maximum of ten (10) days of unused earned vacation from one calendar year to the next calendar year. The vacation leave period for eligible employees is the calendar year beginning January 1<sup>st</sup> and continuing through December 31<sup>st</sup>. Annual vacation leave must be taken or the leave in excess of the carryover provision will be lost. Employees may not choose to forego their vacation leave and elect to receive additional pay in lieu of such vacation leave. In the event of separation from employment an employee will receive compensation for any unused earned or accrued vacation leave.

## Sick Leave (Paid) for Full-Time Employees

It is the policy of Harrison County that sick leave is provided only for, and is intended to be used only for, absences from scheduled work due to personal illness or injury which is not a result of or related to work activities. Sick leave benefits are not to be used for purposes of engaging in various forms of leisure, social or personal time, nor is it to be used as a way to extend holidays, vacation periods, or weekends. The County's sick leave policy is established to help employees cope with the financial burden of lost time incurred due to personal illness and, to the extent of available leave, an employee may utilize available sick leave to receive compensation for a forty (40) hour work week. Available sick leave may not be utilized to receive compensation in excess of a forty (40) hour work week. An employee will not receive sick leave compensation for utilizing sick leave on a holiday in which he or she was scheduled to work. Sick leave eligibility is granted each year to be used for bona fide personal illness absences during that year or

maternity leave as hereinafter set forth. Sick leave is an employee benefit to be used when the employee is incapacitated due to illness and is not to be taken as personal leave time. Harrison County will not pay an employee for the balance of unused accumulated sick leave time upon the discontinuation of the employment relationship. When the employment relationship of an employee ends for any reason other than retirement, all sick leave credit shall be canceled as of the last day of work with the County.

Sick leave may be utilized under the following conditions:

- a) When the employee is unable to perform his or her duties because of illness or injury, which is not incurred or suffered in the course of, and resulting from employment covered by the Workers' Compensation laws.
- b) When the employee undergoes medical, dental, optical examination and/or other treatment related to a medical condition which is not due to illness or injury incurred or suffered in the course of and resulting from employment covered by the Workers' Compensation laws.
- c) When a doctor requires the employee to be absent from work because of exposure to a contagious disease that would jeopardize the health and welfare of other employees, which disease was not incurred or developed in the course of and resulting from employment covered by Workers' Compensation laws.

Sick leave may be utilized under the above conditions for the employee and/or an immediate family member defined as: spouse, child, step-child, parents, step-parents, parents-in-law, step-parents-in-law, siblings, step-siblings, son-in-law, daughter-in-law, grandparents, step-grandparents, grandchildren, step-grandparents, and other individuals in a legal guardian relationship with the employee.

Sick leave accrues at four (4) hours per pay period for regular full-time employees. An employee accumulates or earns sick leave upon the date of hire unless prior arrangements and approval are obtained from the County Commission. Such approval may be based upon a recommendation from the department head or constitutional official for the consideration and transfer of previous governmental employment. There is no limit or restriction as to number of days an employee may accumulate as sick leave. Therefore, employees earn and may accumulate sick leave from the time earned by pay period of eligibility to separation of employment.

When using sick leave for health care appointments that are non-emergency and/or regularly scheduled, employees are required to notify their department head or constitutional official at least a day in advance of the requested sick leave day and obtain their approval.

A department head or constitutional official may request that employees furnish a medical leave slip from their health care provider for sick leave taken for two (2) days or less. When the sick leave extends to three (3) successive days, a medical leave slip from employee's medical care provider is mandatory and must be attached to the employee's time sheet for each occasion on which sick leave is taken.

Again, in the event of separation from employment, no compensation will be paid for any unused earned or accrued sick leave.

#### **Bereavement Leave**

In the case of a death of an immediate family member (defined as: spouse, child, step-children, parents, step-parents, parents-in-law, step-parents-in-law, siblings, step-siblings son / daughter-in-law, grandparents, step-grandparents, grandchildren, step-grandchildren, brother / sister-in-law, aunt, uncle, and other individuals in a legal guardian relationship with the employee), a regular full-time employee is eligible for up to three (3) days of leave with pay. Bereavement leave may be utilized towards the forty (40) hour normal work week. The granting and/or usage of bereavement leave may not be utilized for hours above forty (40) per week.

#### Medical Leave of Absence - Unpaid

A medical leave of absence without pay may be granted in the event a regular full-time employee's sick leave, vacation leave and any other authorized leave is exhausted prior to the employee's ability to return to work. To be eligible for a medical leave of absence, the employee must have exhausted all of his or her accumulated sick leave and annual leave. The employee's department head or constitutional official and the County Commission must approve a medical leave of absence. An employee will not earn vacation leave or sick leave while on unpaid leave due to any authorized reason, including, but not limited do, medical reasons, FMLA status.

## **Military Leave**

It is the policy of the Harrison County Commission to adhere to all state and federal laws and regulations related to employment and reemployment rights of all uniformed service members. The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), enacted October 13, 1994 (Title 38 US Code, Chapter 43, Sections 4301-4333, Public Law 103-353), and West Virginia Code §15-1F-1, et seq., are incorporated by reference as if set forth fully herein. For reference purposes, Harrison County Commission website contains two documents which highlight state and federal rules and regulations relating to employment and reemployment rights of all uniformed service members as follows:

- 1. Military Leave Fact Sheet for Public Employees prepared by the West Virginia Division of Personnel.
- 2. A Non-Technical Resource Guide to the Uniformed Services Employment and Reemployment Rights Act (USERRA) prepared by the US Department of Labor Veterans Employment and Training Service.

## **Jury Duty**

Upon receiving a summons or subpoena to report for jury duty, an employee shall notify his or her department head or constitutional official no later than the next business day and the employee shall be excused from employment for the time required in service as a juror in any court of competent jurisdiction. Employees are to obtain documentation from the Clerk of the Court which indicates time served as a juror, and provide the same to his or her department head or constitutional official.

Employees classified as non-exempt (eligible for overtime compensation) by the Fair Labor Standards Act (FLSA) or classified as exempt (not eligible for overtime compensation) by the FLSA will receive the balance of their normal compensation, less any payments due and/or received as a member of a jury, for time required in service as a juror. Employees will be entitled to all other benefits and accrual of benefits upon responding to a summons or subpoena in which they are required to serve as a juror.

## **Court Duty - Witness**

Upon receiving a summons or subpoena to report as a witness, an employee shall notify his or her department head or constitutional official no later than the next business day and the employee shall be excused from employment for the day or days required in service as a witness in any court of competent jurisdiction. Any employee required to serve or called as a witness due to their employment by the County shall be entitled to receive any and all regular or overtime compensation. In all other circumstances, unless an employee would utilize annual or vacation leave, an employee classified as non-exempt (eligible for overtime compensation) by the Fair Labor Standards Act (FLSA) will not receive any compensation for any time during their service as a witness. An employee classified as exempt (not eligible for overtime compensation) by the FLSA will not receive any compensation for any day in which they performed no work related duties.

Employees will be entitled to all other benefits and accrual of benefits upon responding to a summons or subpoena in which they are required to serve as a witness.

## Family and Medical Leave Act (FMLA) & West Virginia Parental Leave Act (PLA) (Revision 4)

The County will provide FMLA and/or PLA leave in accordance with the law and there is no promise of benefits different than those provided under the law. The following is a brief overview of FMLA and/or PLA that does not supersede or replace the terms and conditions of the law, insurance policy, plan or other governing document. In accordance with federal or state law, the County will grant twelve (12) weeks of unpaid leave of absence for employees. FMLA and PLA will be granted utilizing the rolling method or look back method. The employer "looks back" from the date of leave request over the last twelve (12) months to determine amount of leave still available to the employee. (R4)

- 1. to care for a family member as defined in the statutes with a serious health condition,
- 2. due to a serious health condition of an employee which makes the employee unable to perform the functions of his or her job, or
- 3. due to the birth, adoption or foster placement of a child.

This leave will be granted to any employee who has been employed by the County at least twelve (12) months and has worked 1,250 hours within a twelve (12) month period.

The employee must give advance notice as defined in the statutes for foreseeable events like planned medical treatment. For medical emergencies, the employee must give notice as promptly as possible.

Upon written request for medical leave submitted to the Office of the County Commission, the County will require certification of the condition from an appropriate health care provider. Depending upon the medical need and medical certification, leave may be taken intermittently or on a reduced leave schedule. Employees on FMLA and/or PLA leave will be required to take all accrued sick, vacation leave and earned compensatory time (if any) prior to leave under the FMLA and/or PLA. An employee will not earn vacation leave or sick leave while utilizing FMLA or PLA.

Any employee providing a written request for such leave should review any additional information or questions with the County Administrator.

## **EMPLOYEE PERSONNEL RECORDS**

#### **Personnel Files**

In each employee's file certain records regarding position, pay and employee status actions will be retained. Items that may be contained in the file are written notes of explanation, employee forms for taxes, retirement application, disciplinary actions, awards received, training records, evaluations or performance reviews and any other type of employee personnel documentation. Enrollment or change forms for insurance, retirement and any payroll related forms for the employee personnel files will be maintained by the Office of the Clerk of the Harrison County Commission. All other personnel related files will be maintained by the constitutional official. Employee access to the file is by appointment with that office.

#### **EMPLOYEE CONDUCT**

## **Work Standards**

Every employee must remember that the County is a tax-supported entity. Citizens of the county should receive the best quality and highest standard of service possible. Public employees should act in a professional manner, using good judgment and courtesy at all times. Employees should avoid any type of behavior that would even appear illegal, unethical or disrespectful. Employees should carry out their work efficiently, honestly and with the intention of keeping good relationships with the public. Individual employees must be responsible to their department head or constitutional official. Work directions and measurement of performance are the responsibility of the department head or constitutional official.

#### **Timeliness**

Employees are to report for work on time and to be punctual for appointments and meetings. Furthermore, work is to be completed at the time it is due. Frequent tardiness can result in disciplinary action, up to and including termination of employment.

## **Attendance**

Notification of an absence to the department head or constitutional official should occur as soon as the employee is aware of the pending absence. If an employee is going to be absent and was unable to previously advise their department head or constitutional official, he or she must report that absence no later than within the first fifteen (15) minutes of the scheduled start time. Failure to report, other than in an emergency situation, may result in disciplinary action. Unexcused absences and/or excessive absences can lead to disciplinary action, up to and including termination of employment.

#### **Appearance**

Citizens observe employees of the County often in the course of their work. As the County's representatives, employees are asked to meet the highest standards both in the quality of their work and in presenting a professional image to the public. While there is not a formal dress code, employees are expected to maintain a neat and clean appearance, and display a pleasant disposition to citizens and colleagues. Uniforms may be required for certain positions. Employees will be responsible for keeping their uniforms clean and neat. These uniforms will be provided by the County. Each constitutional official may have a more restrictive policy such as a no jean policy.

## **Supplies**

The County operates on tax dollars. Using equipment improperly, ordering too many supplies, wasting supplies and time are all examples of inefficiency. Employees, department heads and constitutional officials are expected to be cost conscious to promote the most efficient operation of the county government. Items such as stationery, envelopes, cleaning materials, and other supplies are purchased from public funds for county operations and are not to be used for personal use. All county machines and equipment should be used properly and with reasonable care. Employees are not permitted to receive or send personal mail via any county computer network. Employees are not permitted to use metered or county-paid postage on personal mail.

#### **Communications and Telecommunications**

Any communication with the public is the responsibility of County officials or the person designated for that communication. Any non-routine or controversial questions or those out of the scope of the employee's job duties should be referred to the County Administrator with the Office of the Harrison County Commission or the appropriate constitutional official.

#### **Telephone Usage**

County telephones are to be used for County business. Calls are to be answered promptly and courteously. Employees should identify themselves and their respective department. Personal calls, authorized at the discretion of the constitutional official, should be limited both in frequency and length of the call. Long distance personal calls are not allowed, except in an emergency situation. If possible, employees should have prior approval of the department head or constitutional official for such calls. Employees using the telephone for personal long distance phone calls will be expected to reimburse the County for the toll charge.

#### **Use of Computer Resources**

All use of County provided computer resources must be appropriate and in accordance with policy. Inappropriate use may subject you to disciplinary action, up to and including termination of employment. Inappropriate use includes, for example:

- use of the systems in violation of any County policy;
- use of the systems to create, send, receive or exhibit messages, pictures or computer files which
  are fraudulent, illegal, pornographic, obscene, sexually suggestive, insulting, sexist, racist,
  discriminatory or harassing;
- use of the resources to conduct illegal activities;
- loading software which is not approved in advance by management;
- making illegal copies of licensed software;
- using software that is designed to destroy data, provide unauthorized access to the County's computer or communications equipment, or which would disrupt County's computer or communication equipment in any way;
- using the County e-mail, internet and voice mail systems for personal matters or personal business; or
- playing games or watching movies during scheduled work hours

Any message or file created, stored, and/or sent using the County's computer or communications equipment is County property. Employees should therefore have no expectation of privacy in any message stored, received or sent using County equipment except when such use is undertaken under the auspices of the Office of the Prosecuting Attorney and/or Office of the Sheriff in regard to confidentiality of any cases or matters under investigation.

#### Smoking -Tobacco Use

The County is committed to providing a safe and healthy work place and prohibits smoking and/or the use of tobacco products in all areas of all county buildings and county vehicles. The Harrison County Commission, in order to provide a safe environment and to comply with the adopted Harrison County Clean Indoor Air Regulation, has adopted and has implemented the following Smoking Policy.

Smoking and the use of tobacco products shall be prohibited in all areas of all county buildings whether owned or leased and in all county owned and/or leased vehicles. This includes common work areas, auditoriums, classrooms, conference and meeting rooms, private offices, elevators, hallways, medical facilities, cafeterias, employee lounges, stairs, restrooms and all other enclosed facilities. Smoking and/or the use of all tobacco products shall not occur within fifteen (15) feet outside any entrance, exit, or ventilation units of any county owned/leased buildings or enclosed areas where smoking is prohibited to insure that tobacco smoke does not enter the area through entrances, windows, ventilation systems or any other means. This shall include fresh air intake areas for heating, ventilation, air-conditioning (HVAC) systems. Officials and employees are to respect and be courteous to non-smokers/non-tobacco users while smoking and/or using any tobacco product in designated areas.

This policy applies to all employees, non-employees and visitors on all county owned and/or leased properties, and county owned and/or leased vehicles. The Commission shall enforce the Harrison County Clean Indoor Air Regulation as adopted by the Harrison County Board of Health that is on record in the Office of the Harrison County Clerk in Miscellaneous Record Book 34, Page 747.

Any county employee, official or department head that fails to comply with this policy will be subject to action being taken under the discipline policy provision of this handbook. This policy was adopted by the Harrison County Commission on November 10, 2008. The policy became effective November 10, 2008 and shall remain in effect until further amendment is made.

#### **EMPLOYEE DISCIPLINE**

All employees are required to comply with all applicable rules, policies, directives, and standards of conduct. Any noncompliance or violation is grounds for disciplinary action, up to and including termination of employment. Conduct that interferes with operation, discredits the County or conduct that is offensive or dangerous to others in the workplace is grounds for discipline, whether such conduct is expressly prohibited by or in violation of any applicable rule, policy or directive. Every employee is required to conduct himself or herself in accordance with that general principle and with all applicable rules, policies and directives as well as with all other standards of conduct which a reasonable person would know is expected in the workplace, whether or not such other standards are expressly set forth in any rule, directive or policy. Discipline is determined by department heads or constitutional officials. The discipline process includes steps such as a verbal or oral warning, written warning or reprimand, suspension from duty, dismissal and termination of employment. Any written warning or suspension, other than a suspension pending termination, shall include a written plan for improvement.

The following list is not all inclusive or complete, but is given as examples of some of the most common infractions found in an employment setting. The discipline set forth below is the discipline which is typically rendered. However, the level of discipline may increase or decrease as the circumstances warrant and is at the discretion of the County. Previous disciplinary history may impact the response to a violation of policy. The County may use any number of these steps in any combination or sequence and may skip steps as warranted by the circumstances.

A verbal reprimand by the supervisor, department head or constitutional official shall be documented and the note placed in the employee's personnel file.

A written reprimand shall be dated and signed by both the employee and the department head or constitutional official and shall be witnessed. A copy of which will be sent to the Harrison County Commission to review for compliance with local, state and federal procedures, regulations and statutes. Documentation will be placed in the employee's personnel file.

Suspension with or without pay for up to ten (10) working days may be used as a disciplinary tool and will be memorialized in writing, dated and signed by both the employee and the department head or constitutional official and shall be witnessed. A copy of which will be sent to the Harrison County Commission to review for compliance with local, state and federal procedures, regulations and statutes. Documentation will be placed in the employee's personnel file.

Termination of an employee will be memorialized in writing, dated and signed by the department head or constitutional official and immediately sent to the County Administrator with the Office of the Harrison County Commission at least forty-eight (48) hours before the actual termination of employment. Should an employee commit an immediately terminable offense, said employee shall be suspended without pay pending termination.

## **Guidelines on Discipline**

**Section 1.** Examples of offenses that could result in a verbal warning for the first offense, written warning for the second offense and suspension or discharge for third offense:

- a) Tardiness
- b) Unauthorized absence from job or work area
- c) Foul or abusive language
- d) Inefficiency or negligence in performance of duties
- e) Inability to work with others
- f) Violation of any work rules
- g) Horseplay

**Section 2.** Examples of offenses that could result in immediate suspension without pay or termination of employment:

- a) Careless or improper use of County property or equipment
- b) Sleeping on the job
- c) Absent from work without notification
- d) Excessive absenteeism
- e) Sexual harassment or other workplace harassment
- f) Unlawful discrimination
- g) Creating a hostile work environment
- h) Theft or misappropriation of County property
- i) Refusal to perform assigned lawful tasks
- j) Destruction of property
- k) Unauthorized possession of a firearm on County property
- Gross insubordination defined as: Failure to follow rules and regulations, willfully disobeying a lawful order, using abusive, threating and profane language

## **Section 3.** Examples of offenses that could result in immediate discharge:

- a) Embezzlement, theft or misappropriation of County property
- b) Sabotage of County operations or interests
- c) Chronic significant cash shortages
- d) Unauthorized release or disclosure of confidential information
- e) Falsification of records including time worked
- f) Assault of a fellow employee, official, individual doing business with the County or a member of the general public while at work or while representing the County
- g) Sexual harassment or other workplace harassment
- h) Violation of any criminal law or other offense involving moral turpitude
- i) Receiving or soliciting a bribe or other similar improper payment for services
- j) Intoxication or illegal use of drugs or prescriptions while on the job
- k) Reporting for work or entry upon County property while under the influence
- 1) Distribution, transfer sale, possession or consumption of alcohol, intoxicant, illegal drug or prescription not prescribed for the employee while at work or on County property
- m) Improper or illegal political activities during work time

## **Separation from Employment**

Separation of employment usually results from resignation, retirement, layoff, termination or death. If the reason is resignation, an employee is requested, but not required, to give notice in writing at least two weeks (10 working days) to his or her department head or constitutional official before the last day of work. If the separation of employment is due to retirement, a sixty (60) day notice is requested. Layoff may occur if a position is eliminated or when there is a lack of funding or work. Termination can occur for any reason; however, the County intends to work with employees, where possible, to avoid involuntary separation.

Payment of wages for separation of employment due to resignation, retirement, layoff or death will be made on the next scheduled payday. In the event of involuntary separation because of dismissal or discharge, payment will be made within the statutory requirements. When the employee is separated from employment, he or she will receive a final paycheck to be calculated on his or her work time only. Employees will not receive compensation for any accumulated but unused sick leave, or any form of severance pay.

#### **Taxable Fringe Benefits (Revision 4)**

Effective as of July 2016, the Harrison County Commission will review procedures to comply with applicable regulations established by the Internal Revenue Service (IRS) regarding the taxation of certain employee benefits. The Office of Federal State and Local Governments (FSLG) within the IRS has published a "Fringe Benefit Guide" that provides governmental entities with a basic reference guide to federal tax rules relating to employee fringe benefits and reporting. The most recent version of this IRS Publication, Publication Number 5137 dated January 2014, is available on the website for the IRS (<a href="www.irs.gov">www.irs.gov</a>) or a copy is located in the Office of the Harrison County Commission and available for review.

Many fringe benefits or items will remain classified as excluded and thus are not a taxable fringe benefit. Examples of generally excluded benefits would include the following: health or medical insurance, business travel expense reimbursements paid via an established accountable plan (please note that to be eligible for meal reimbursement an overnight stay is required), clearly marked public safety vehicles utilized for authorized commuting purposes (such vehicles may not be utilized for personal travel or use), law enforcement vehicles utilized for authorized commuting purposes (such vehicles may not be utilized for personal travel or use), Class "A" uniforms for law enforcement personnel, other law enforcement uniforms designated as "Uniform of the Day or Task" that are clearly marked, identifiable and returned to the county upon end of employment, Class A type uniforms for service of process personnel or other departments, county provided cell phones, and OSHA approved steel toe work boots or safety equipment provided by the county. Please understand this list is not all inclusive and subject to change based upon IRS regulations and rulings.

However, certain other fringe benefits or items paid for and/or provided by Harrison County Commission will be subject to reporting to the IRS and thus will become taxable to the employee and employer. Examples of certain taxable fringe benefits for Harrison County would include the following: clothing paid for by the county, including but not limited to, casual, dress or work shirts, casual, dress or work pants, ball caps, tee shirts, jackets, boots etc. purchased for law enforcement department personnel, courthouse security department personnel, staging department personnel or any other departmental personnel, any reimbursement to an employee for a gym membership or any direct payment of a gym membership for an employee, and usage of a county owned vehicle (excluding clearly marked public safety and law enforcement vehicles) utilized for authorized commuting purposes with no additional utilization for personal travel or use. Please understand this list is not all inclusive and subject to change based upon IRS regulations and rulings.

Each constitutional official and/or department manager will be responsible to document and provide notification to the bookkeeping department within the Office of the County Clerk of any taxable fringe benefits or items and to which employee received such benefits or items. Such documentation and notation would be included on the purchase requisition and invoice noting the value of the taxable fringe benefit and to which employee received the benefit or item. Usage of a county owned vehicle for authorized commuting purposes that is subject to reporting would be noted in the "Vehicle Benefit" column of an employee's timesheet. The Office of the County Clerk will maintain documentation files of taxable fringe benefits received by employees.

Questions regarding taxable fringe benefits should be directed to the County Administrator or administrative staff located in the Office of the Harrison County Commission.

## **Employee Acknowledgement**

By signing below, I acknowledge that I have received a copy of and it is my responsibility to have read and understood the policies outlined in the Harrison County Employee Personnel Policies and Procedures Handbook. I understand that this Handbook is intended only as a general reference and not a full statement of policies and procedures, a legal contract or an employment contract. Nothing contained within this Handbook alters the at-will employment doctrine of Harrison County. I understand that employees governed by civil service provisions of state or federal statutes may have additional employment benefits and/or restrictions.

I understand that the Harrison County Commission may update all or part of this Handbook with or without notice. Employees will receive a "Notice of Revision" unless circumstances warrant an immediate modification with the issuance of the "Notice of Revision" after the fact. I agree to keep this Handbook for reference during my employment and to update said Handbook whenever provided the documentation.

Employee's Signature	Date

Review contents before signing and return within ten (10) days of employment date.

## **Constitutional Official Acknowledgement of Receipt**

By signing below, I hereby acknowledge receipt of the Harrison County Employee Personnel Policies and Procedures Handbook. I understand this Handbook is intended as a general reference for employees in my office and not a full statement of policies and procedures, a legal contract or an employment contract. Nothing contained within this Handbook alters the at-will employment doctrine of Harrison County for employees located within my office. I understand that employees governed by civil service provisions of state or federal statutes may have additional employment benefits and/or restrictions. Each constitutional officer, with review of the County Commission for compliance with local, state and federal procedures, regulations and statutes, may publish, as an addendum to this handbook, those policies and procedures which are in consonance or agreement with those outlined in this handbook, but are unique to the individual office.

I understand that the Harrison County Commission may update all or part of this Handbook. Constitutional
officials will have a reasonable opportunity (ten days prior notice) to receive and discuss any "Notice of
Revision". I agree to keep this Handbook for reference during my term of office and to update said
Handbook whenever provided the documentation.

Constitutional Official's Signature	Date

## Appendix

# **Harrison County Forms**

A1	Application for Employment
A2	Demographic Information on Applicants
A3	Expense Report – Request for Reimbursement
A4	Leave Request Form
A5	Deleted
A6	Performance Review Form – Exempt (Salaried) Position
A7	Performance Review Form – Non-Exempt (Hourly) Position
A8	Request to Attend Meting
A9	Deleted with Revision 1
A9LE	Deleted with Revision 1
A9SEC	Deleted with Revision 1
A10	Sample Time & Attendance Record
A10LE	Deleted with Revision 1
A10SEC	Deleted with Revision 1
A11	Workers' Compensation – Report of Injury

# County Commission of Harrison County, West Virginia

# **Application for Employment**

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

Please mail completed application to:	OFFICE USE ONLY:
Harrison County	Date received:
Attn:	Reviewed by:
301 West Main Street Clarksburg, West Virginia 26301	

Name	Last	First	Middle	M	laiden
Present Address					
	Number	Street	City	State	Zi
How Long At Current A	Address?	Sc	cial Security # XX	XXXXXXXXXX (	(Do Not Complete)
Contact Telephone Nu	mber: ()	Ве	est Time To Contac	ct You:	
Are you under age 18?	YESNO I	f "YES", can you provid	de proof of your eli	gibility to work? _	YESN0
	orized to work in the Unite				
				to Work: (please	
			Sunday:	Monday:	
osition Applied For: _			Tuesday:	Wednes	day:
Peguaeted Wage or St	alary:		Thursday: Saturday:	Friday: _	
How Many Hours Can Employment Desired:		□PART-TIME	ONLY □FU	LL- OR PART-TIM	IE
How Many Hours Can Employment Desired:		□PART-TIME	ONLY □FU		IE
How Many Hours Can Employment Desired: When Are You Availab	□FULL-TIME ONLY le To Start Work?	□PART-TIME	ONLY □FU		
How Many Hours Can Employment Desired:	□FULL-TIME ONLY	□PART-TIME	ONLY □FU		MAJOR & DEGREE
How Many Hours Can Employment Desired: When Are You Availab	□FULL-TIME ONLY le To Start Work?	□PART-TIME	ONLY □FU	OF YEARS	MAJOR &
How Many Hours Can Employment Desired: When Are You Availab TYPE OF SCHOOL	□FULL-TIME ONLY le To Start Work?	□PART-TIME	ONLY □FU	OF YEARS	MAJOR &
How Many Hours Can Employment Desired: When Are You Availab TYPE OF SCHOOL High School	□FULL-TIME ONLY le To Start Work?	□PART-TIME	ONLY □FU	OF YEARS	MAJOR &
How Many Hours Can Employment Desired: When Are You Availab	□FULL-TIME ONLY le To Start Work?	□PART-TIME	ONLY □FU	OF YEARS	MAJOR &
How Many Hours Can Employment Desired: When Are You Availab TYPE OF SCHOOL High School	□FULL-TIME ONLY le To Start Work?	□PART-TIME	ONLY □FU	OF YEARS	MAJOR &
How Many Hours Can Employment Desired: When Are You Availab TYPE OF SCHOOL High School College	□FULL-TIME ONLY le To Start Work?	□PART-TIME	ONLY □FU	OF YEARS	MAJOR &
How Many Hours Can Employment Desired: When Are You Availab TYPE OF SCHOOL High School College Graduate / Other	□FULL-TIME ONLY le To Start Work?	LOCATION (Complete Address	NUMBER COMP	OF YEARS	MAJOR & DEGREE
How Many Hours Can Employment Desired: When Are You Availab  TYPE OF SCHOOL High School  College  Graduate / Other  Have you ever been comployment, but less to	DFULL-TIME ONLY  Ie To Start Work?  NAME OF SCHOOL  onvicted of a crime?	LOCATION (Complete Address  Yes  No (A convision of the control of	NUMBER COMP	OF YEARS PLETED  ot necessarily disqu	MAJOR & DEGREE

# PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

# **PAGE TWO**

### APPLICATION FOR EMPLOYMENT

AALIGILIS ALL	ur means of	transporta	tion to work?				
	cense #:			ate of Issue	□ Operator □ Co	mmercial (CDL)	□Chauffeur
Have you h	nad any accid	dents duri	ng the past thre	ee years?	How	many?	
Have you h	nad any movi	ng violation	ons during the	past three years?		Many?	
				Computer Skills			
Typing Personal Computer	□ Yes □ No □ Yes □ No	PC Mac	_WPM		Word Processing		
Please list	two reference	es other th	nan relatives.				
			ian rolativos.	Name			
Position _							
Company							
Address _				Address			
Telephone	( )			Telephon	e ()		
Please use this space to elaborate on any background, experience or qualification that you believe should be considered in evaluating your application for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, any disability, religious or political affiliations.					any other activiti	es you believe	
relevant. E	political affilia						
relevant. E	political affilia						
relevant. E	<u>political affilia</u>						
relevant. E	political affilia						
relevant. E	political affilia						
relevant. E	political affilia						
relevant. E	political affilia						
relevant. E	political affilia						
relevant. E	political affilia						

# PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

# PAGE THREE

### APPLICATION FOR EMPLOYMENT

	MILITARY		
Have you ever been in the armed forces?	□ Yes □ No		
Are you now a member of the National Guard?	☐ Yes ☐ No		
Specialty	Date Entered	Discharge Da	ate
Employment Please list your work experience f If you were self-employed, give fire			cent job held.
Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip Code		From	Start
Phone Number		То	Final
	Your Last Job Ti	tle	
Reason for Leaving (be specific)			
Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip Code		From	Start
Phone Number		То	Final
	Your Last Job Tit	tle	
Reason for Leaving (be specific)			
List the jobs you held, duties performed, skills used	or learned, advancements or	promotions while you w	orked at this location.

# PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

**PAGE FOUR** 

### APPLICATION FOR EMPLOYMENT

Employment Please list your work experience for the past seven years beginning with your most recent job held.

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary		
Address		From	Start		
City, State, Zip Code Phone Number		То	Final		
	Your Last Job Title				
Reason for Leaving (be specific)					
List the jobs you held, duties performed, skills used or					
Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary		
Address		From	Start		
City, State, Zip Code Phone Number		То	Final		
	Your last job title				
Reason for Leaving (be specific)					
Reason for Leaving (be specific)  List the jobs you held, duties performed, skills used or	learned, advancements or pro	omotions while you we	orked at this location		
	learned, advancements or pro	omotions while you w	orked at this location		
List the jobs you held, duties performed, skills used or  May we contact your present employer?  OO NOT ANSWER THESE QUESTIONS UNLESS YOU ABOUT THE REQUIREMENTS OF T	☐ Yes ☐ No  DU HAVE RECEIVED A JOB HE JOB FOR WHICH YOU A	DESCRIPTION OF T	HE POSTION THA		
List the jobs you held, duties performed, skills used or following the contact your present employer?	☐ Yes ☐ No  DU HAVE RECEIVED A JOB HE JOB FOR WHICH YOU A , with or without a reasonable	DESCRIPTION OF T	HE POSTION THA		

# PLEASE READ CAREFULLY

### APPLICATION FORM WAIVER

As indication that you have read and understood each section, please provide your signature in the spaces provided below.

I agree that:	
Neither the acceptance of this application nor the subsetither in the position applied for or any other position, as personnel manuals, benefit plans, policy statements and County practices, shall serve to create an actual or impremain an employee of the County, or otherwise to chabetween it and the undersigned, and that relationship capproved by the Harrison County Commission with aut Commission to affix their signature. The undersigned any time, without specified notice or reason. If employed or revise their benefits, policies and procedures and su	nd regardless of the contents of employee handbooks, nd the like as they may exist from time to time, or other blied contract of employment, or to confer any right to ange in any respect the employment-at-will relationship cannot be altered except by a written instrument thorization for the President of the Harrison County and County may end the employment relationship at d, I understand that the County may unilaterally change
Signature:	Date:
I authorize investigation of all statements contained in m or omission of facts called for is cause for dismissal at a County permission to contact schools, previous employ others and do hereby release the County from any liable Signature:	any time without any previous notice. I hereby give the yers (unless otherwise indicated), references and ility as a result of such contact.
I understand that, in connection with the routine proces request from a consumer reporting agency an investiga credit records, character, general reputation, personal c from me, the County will provide me with additional info report requested by it, as required by the Fair Credit Re	ative consumer report including information as to my characteristics and mode of living. Upon written request ormation concerning the nature and scope of any such
Signature:	Date:
I understand that, in connection with the routine proces request or conduct a criminal background request or in convicted of a crime. In addition, I understand that suc employment with the County. However, less than a full Signature:	vestigation so as to ascertain whether I have been the convictions, if any, will not necessarily disqualify my

The County Commission of Harrison County, West Virginia, is an equal employment opportunity employer and adheres to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. The opportunity for employment with Harrison County depends solely on your qualifications. Harrison County has established a drug-free and tobacco-free work environment.

# Form - DEMOGRAPHIC INFORMATION ON APPLICANTS

Vacancy Announcement No.:		
Position Title and Grade:		
Name (Last, First, Middle Initial):		
Your Privacy Is Protected		
population, consistent with Federal equal empl treated in a highly confidential manner. You applications, to the selecting official, to anyone No information taken from this form is ever pla	recruitment efforts are reaching all segments of the oyment opportunity laws. Your voluntary responses are responses are not released to the panel rating the else who can affect your application, or to the public. aced in your Personnel file. This is vital information not tit directly from you. Thank you for helping us to provide	
1. How did you learn about this position? (Che	eck One):	
Agency Internet Site recruitment	☐ Agency or other Federal government on campus.	
Private Employment Web Site.	☐ Religious organization.	
Other Internet Site.	School or college counselor or other official.	
□Poster.	☐ Job Fair - give location:	
☐Newspaper.	☐Friend or relative working for this agency.	
Magazine.	State Vocational Rehabilitation Agency.	
☐TV/Radio.	Professional organization or publication.	
☐Student association.	Other.	
☐Private Employment Office.		
☐State Employment Office.		
Federal, state, or local Job Information Center	er.	
☐Agency Human Resources Department (bulle	etin board or other announcement).	
2. Sex (Check One):		
1. Male		
2.  Female		
3. Ethnicity (Check One):		
<ol> <li>Hispanic or Latinoa person of Cub other Spanish culture or origin, regar</li> <li>Not Hispanic or Latino</li> </ol>	ean, Mexican, Puerto Rican, South or Central American, or edless of race.	

### 4. Race (Check all that apply):

1.	American Indian or Alaska Nativea person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
2.	Asiana person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
3.	Black or African Americana person having origins in any of the black racial groups of Africa.
4.	Native Hawaiian or Other Pacific Islandera person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
5.	Whitea person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### Privacy Act and Paperwork Reduction Act Statement

**Privacy Act Information:** This information is provided pursuant to Public Law 93-579 ("Privacy Act of 1974"), for individuals completing Federal records and forms that solicit personal information. The authority is Title 5 of the U.S. Code, sections 1302, 3301, 3304, and 7201. **Purpose and Routine Uses:** No individual data is ever provided to selecting officials. This form will only be seen by HR Personnel and Equal Employment Opportunity officials. Data summarizing all applicants for a position will be used to determine if we are effectively recruiting from all segments of the population, in conformance with the requirements of Federal equal employment opportunity laws. Only summary data is reported, and only in a format which can not be broken out by individual applicants. **Effects of Nondisclosure:** Providing this information is voluntary. No individual personnel selections are made based on this information.

Paperwork Reduction Act Statement: The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et. seq,) requires us to inform you that this information is being collected for planning and assessing affirmative employment program initiatives. Response to this request is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The estimated burden of completing this form is three (3) minutes, including the time for reviewing instructions. Direct comments regarding the burden estimate or any other aspect of this form to the Equal Employment Opportunity Commission, Affirmative Employment Division, Federal Sector Programs, 131 M St., NE, Washington, DC 20507 and to the Office of Management and Budget, Office of Information and Regulatory Affairs, Washington, DC 20503.

Revised: May 1, 2014

# HARRISON COUNTY WEST VIRGINIA EXPENSE REPORT

**Submit All Receipts With Report** 

Expense Date: Date: Total Grand Total Includes Travel & Miscellaneous & Personal Expenses --- Not Direct Billed Charges Charge Mileage Date: Signature of Employee Submitting Report: **GRAND TOTAL** Number of Miles Subtract Any Advance Issued Balance Due the Employee Registration Balance Due the County Approved By: Taxi / Etc. Airfare Amount Lodging Amount Name: Includes Purchasing Card, Visa, MasterCard, & Other Credit Cards Charges Notation Dinner Section Total: MEALS Lunch Explanation Explanation Breakfast Amount MISCELLANEOUS EXPENSES (Non-Travel Related) PERSONAL EXPENSES (Non-Travel Related) EXPENSES DIRECT BILLED TO THE COUNTY 10 Item Vendor Vendor From Purpose of Report: Date of Travel Date Date Date

A3 Form

Revised; May 1, 2014

# **LEAVE REQUEST FORM**

Name:	
	to absence for annual or vacation leave. Annual or vacation leave must te supervisor. If an emergency situation would arise, the employee
needs to contact his or her immediate supervisor	(2) 사용하는 100 HB (2) 12 HB (2) 12 HB (2) HB (2) 12 HB (2)
Beginning Date of Request:	Ending Date of Request:
Total Number of Hours:	
	ent, the request form should be completed prior to absence. If an eeds to contact his or her immediate supervisor and complete the form
Request is for employee Yes or No:  If no, relationship of family member:	
	hay be requested for any absence of two consecutive days or less.  fessional for any absence of three or more consecutive days.
Beginning Date of Request:	Ending Date of Request:
Total Number of Hours:	
	to absence for bereavement leave. If an emergency situation would nmediate supervisor and complete the form upon return to work.
Beginning Date of Request:	Ending Date of Request:
Total Number of Hours:	
	to absence for any other type of leave. If an emergency situation her immediate supervisor and complete the form upon return to work.
Request is for employee Yes or No:  If no, relationship of family member:	
Beginning Date of Request:	Ending Date of Request:
Total Number of Hours:	
Request form is to	be attached to the employee's timesheet
Employee's Signature:	Date:
Supervisor's Signature:	Date:
A4 Form Revised; May 1, 2014	

# HARRISON COUNTY COMMISSION PERFORMANCE REVIEW FORM Exempt Position

			<u>Perfo</u>	rman	ce Review	Form		
Nam	e:					Position:		
Depa	Department:					Date of Employment		
-	Review Period:				Date in Current Position			
Not Satisfactory	Satisfactory	Above Satisfactory	SECTION A:  Rate those factors that apply to this position. Immediate supervisor must check each appropriate factor in the proper columns. Overall rating scale for each factor 1.00 (Poor) to 5.00 (Excellent) .	Rating Scale 1-5	Department Manager has sign and date N/A Cons	Manager and reviewed with the County Assancts and reviewed with the County Assancther supervisor present during the reethis form (in this box) which indicates at stitutional Offices	Administrator. If the Department eview please have the supervisor tendance.	
			1. Observance of Work Hours		THE RESERVE OF THE PARTY OF THE	Comments for any factor noted as " Above	ve Satisfactory" (Attach additional	
		. 4.	2. Attendance	Service.	sheet if nece	ssary)		
1 10		1	3. Public Contacts	1				
			4. Employee Contacts	200				
			5. Communication with Others	200				
,			6. Knowledge of Work					
1.2%			7. Work Judgments	35.75		New Year and Territory		
			8. Planning & Organizing			Must be completed for any factor noted a	s "Not Satisfactory". (Attach	
			9. Job Skill Level		additional sh	eet if necessary)		
1.3			10. Quality of Work					
			11. Acceptable Work Volume	4				
211747 3			12. Meeting Deadlines			and the second second	A ROLL TO THE REST OF THE REST	
			13. Accepts Responsibility	1				
			14. Accepts Direction			Record specific GOALS or IMPROVEMENT		
		1.	15. Operation & Care of Equipment	150	the next revi	ew period. (Attach additional sheet if neo	essary)	
		Ä	16. Initiative & Creativity					
			17. Learning Ability					
4.			18. Work Station Appearance	The last				
1			19. Safety Practices			<b>新疆市</b> 在美国人民主义的		
			20. Accepts Change					
1			21. Effectiveness Under Stress					
			Total Section Rating Points - Add 1 through 21					
			Overall Section - Total Rating / Number of Factors or 21					
	1000		FOR EMPLOYEES WHO SUPERVISE OTHERS		SECTION E: D	o you recommend continued employmen		
			22. Work Conditions		Diana attack	Yes or		
			23. Planning and Organizing			a additional sheet if any comments or rese The last job description on file is dated:	rvations.	
-			24. Scheduling & Coordinating			tion still accurate: Yes or	No	
	7		25. Training & Instructing			development and provide an updated jo		
	7	_	26. Productivity 27. Evaluating Subordinates			OVERALL PERFORMANCE RATING	b description for approval.	
						tory" "Satisfactory" "Above Satisfactory	,n	
			28. Judgment & Decisions 29. Leadership Skills		NOL Saliside	tory Satisfactory Above Satisfactory		
			Total Section Rating Points - Add 22 through 29		Overall Perfo	rmance Rating Points		
		9200000000	Overall Section - Total Rating / Number of Factors or 8			rmance Rating Scale		
Fa	ctors		d as "Above Satisfactory" Comments may be noted in SECTION	N B.		this review represents my best judgment.		
	Fac	tors	noted as "Not Satisfactory" must be explained in SECTION C.	- 1	Signature: Title:	D	ate:	
When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.			lore		discuss performance review with County  N/A Constitutional County Administrator  D			
			ertify that I have discussed this review with my supervisor. M		ture indicate	s that I have received a copy of this review	ew and does not necessarily	
_		_	nent with the performance rating information contained herei ments: (Attach additional sheet if necessary)	in.				
				-	(Employee Sig	gnature)	(Date)	

A6 Form Revised: May 1, 2014

# HARRISON COUNTY COMMISSION PERFORMANCE REVIEW FORM Non-Exempt Position

Date of Employment				Perfe	orman	ce Review F	Form Command Communication Com	
Section As   Sec	Nar	ne:					Position:	
Section As   Sec	Der	artme	ent:				Date of Employment	
SECTION A: Seate those factor that apoly to this position. Immediate seate those factor that apoly to this position. Immediate seate those factor that apoly to this position. Immediate seate those factor that apoly to this position. Immediate seate those factor that apoly to this position. Immediate seate those factor that apoly to this position. Immediate seate those factor that apoly to this position. Immediate seate those factor that apoly to this position. Immediate seate that seate the supervisor seater	-	-	-					
SCETION B. Comments for any factor noted as "Above Satisfactory" (Attach addition sheet if necessary)			SECTION A:		Scale	Department Manager has sign and date	re "Performance Review" (and any additional attachment) is to be completed by the epartment Manager and reviewed with the County Administrator. If the Department anager has another supervisor present during the review please have the supervisor and date this form (in this box) which indicates attendance.	
S. Public Contacts  4. Employee Communication with Others 5. Communication with Others 6. R. A. Employee Communication with Others 7. Work Judgments 8. Planning & Organizing 9. Job Skill Level 9. Job Skill Level 10. Quality of Work 11. Acceptable Work Volume 12. Meeting Deadlines 13. Acceptable Work Volume 13. Acceptable Work Volume 14. Acceptable Work Volume 15. Operation & Care of Equipment 16. Initiative & Creativity 17. Learning Ability 18. Mork Station Appearance 19. Job Skill Level 19. Jos Skill Level 19. Jos Skill Level 19. Acceptable Work Volume 19. Jacceptable Work Volume 19	-	5		1. Observance of Work Hours			Comments for any factor noted as " Above Sa	tisfactory" (Attach additional
A Employee Contacts   S. Communication with Others   S. Comm	D. C.			2. Attendance	1000			
S. Communication with Others  6. Knowledge of Work  7. Work Judgments  8. Planning & Organizing  9. Planning & Organizing  10. Quality of Work  11. Acceptable Work Volume  12. Meeting Deadlines  13. Accepts Responsibility  13. Accepts Direction  14. St. Operation & Care of Equipment  15. Initiative & Creativity  17. Learning Ability  18. Work Station Appearance  19. Steff Practices  19. Steff Practices  10. Quality of Mork  10. Quality of Mork  11. Accepts Direction  12. Meeting Deadlines  13. Accepts Responsibility  14. St. Operation & Care of Equipment  15. Initiative & Creativity  16. Initiative & Creativity  17. Learning Ability  18. Work Station Appearance  19. Steff Practices  19. Steff Practices  19. Operali Section Total Rating / Number of Factors or 21.  19. Total Section Rating Points - Add 1 through 21  19. Operali Section Total Rating / Number of Factors or 21.  19. Total Section Rating Steff Practices  19. All Accepts Responsibility  10. All Accepts Direction  10. All Accepts Direction  10. Accepts Deciding More of Points - Add 1 through 21  10. Operali Section Total Rating / Number of Factors or 21.  19. Total Section Rating Steff Practices  19. All Accepts Direction of Points - Add 1 through 21  19. Operali Section Total Rating / Number of Factors or 21.  19. Total Section Rating Steff Practices  19. All Accepts Direction of Points - Add 2 through 21  19. Operali Section Accepts of Points - Add 2 through 29  19. All Accepts Direction Steff Courtmines  19. All Accepts Direction S				3. Public Contacts				
6. Knowledge of Work   7. Work Judgments   8. Panning & Organizing   9. Job Skill Level   additional sheet if necessary)				4. Employee Contacts	1111			
To Nork Judgments   S. Planning & Organizing   SECTION C. Must be completed for any factor noted as "Not Satisfactory". (Attach additional sheet if necessary)	1			5. Communication with Others	Inches !			
SECTION C. Must be completed for any factor noted as "Not Satisfactory", (Attach additional sheet if necessary)			-	6. Knowledge of Work	1	8.71.75.3		
9. Job Skill Level   10. Quality of Work   11. Acceptable Work Volume   12. Meeting Deadlines   13. Accepts Responsibility   14. Accepts Direction   15. Accepts Responsibility   14. Accepts Direction   15. Operation & Care of Equipment   16. Initiative & Creativity   16. Initiative & Creativity   17. Learning Ability   18. Work Station Appearance   19. Safety Practices   19. Overall Section Total Rating / Number of Factors or 21   19. Safety Practices   19. Overall Section Total Rating / Number of Factors or 21   19. Safety Practices   19. Safety Practices   19. Safety Practices   19. Overall Section Total Rating / Number of Factors or 21   19. Safety Practices   19. Overall Section Total Rating / Number of Factors or 21   19. Safety Practices   19. Overall Section Total Rating / Number of Factors or 21   19. Overall Section Total Rating / Number of Factors or 21   19. Overall Section Rating Subordinates   N/A   22. Productivity   19. N/A   19. Overall Section Rating Subordinates   N/A   25. Training & Instructing   N/A   19. Overall Section Rating Subordinates   N/A   27. Evaluating Subordinates   N/A   28. Judgment & Decisions   N/A   19. Overall Section Rating Points - Add 22 through 29   19. Overall Section Rating Points - Add 22 through 29   19. Overall Section Rating Points - Add 22 through 29   19. Overall Section Rating Points - Add 22 through 29   19. Overall Section Rating Points - Overall Performance Rating Scale   19. Supervisor to discuss performance review with County Administrator   N/A - Constitutional Offices   19. Signature of County Administrator   N/A - Constitutional Offices   19. Signature indicates that I have received a copy of this review and does not necessarily indicate agreement with the performance carting information contained herein.		12		7. Work Judgments	4 7 1 16			
10. Quality of Work   1.1. Acceptable Work Volume   1.2. Meeting Deadlines   1.3. Accepts Responsibility   1.4. Accepts Responsibility   1.4. Accepts Direction   1.5. Operation & Care of Equipment   1.6. Initiative & Creativity   1.6. Initiative & Creativity   1.7. Learning Ability   1.8. Work Station Appearance   1.9. Safety Practices				8. Planning & Organizing	12.5	SECTION C: N	Must be completed for any factor noted as "No	ot Satisfactory". (Attach
11. Acceptable Work Volume 12. Meeting Deadlines 13. Accepts Reprobability 14. Accepts Direction 15. Operation & Care of Equipment 15. Operation & Care of Equipment 16. Initiative & Creativity 17. Learning Ability 18. Work Station Appearance 19. Safety Practices 19. Safety Practices 19. Safety Practices 19. Safety Practices 19. Overall Section Atlange Points - Add I through 21 10. Overall Section Atlange Month Statisfactory* 10. Variance Statisfactory* 10. Section Nation of Points - Add I through 21 10. Variance Statisfactory* 10. Accepts Change 10. Section Atlange Accordinating 10. N/A 10. Section Accepts Section Acceptable Ac			3.	9. Job Skill Level	- 1	additional she	eet if necessary)	
12. Meeting Deadlines 13. Accepts Responsibility 14. Accepts Direction 15. Operation & Care of Equipment 15. Initiative & Creativity 17. Learning Ability 18. Work Station Appearance 19. Safety Practices 19. Safety Practices 19. Carepts Change 20. Accepts Change 21. Effectiveness Under Stress 19. Total Section Rating Points - Add 1 through 21 20. Accepts Change 21. Effectiveness Under Stress 19. Total Section Rating Points - Add 1 through 21 21. POR HIND LOVES WHO SUPERVISE OTHERS 19. A 22. Planning and Organizing 19. N/A 19. 23. Planning and Organizing 19. N/A 19. 24. Scheduling & Coordinating 19. N/A 19. 25. Fradiuckity 19. N/A 27. Evaluating Subordinates 19. N/A 27. Evaluating Subordinates 19. N/A 19. Leadershyp Skills 19. N/A 19. Leadershyp Skills 19. N/A 29. Leadershyp Skills 19. Overall Section Rating Points - Add 22 through 29 20. Overall Section Total Rating / Number of Factors or 8 21. Effectiveness Under Stress 22. Effectiveness Under Stress 23. Planning and Organizing 24. N/A 25. Productivity 27. Evaluating Subordinates 28. N/A 28. ECTION E: Do you recommend continued employment? 29. Vers or No 20. Please attach additional sheet if any comments or reservations. 29. N/A 29. Leadershyp Skills 29. N/A 29. Leadershyp Skills 29. N/A 29. Leadershyp Skills 29. Overall Section Rating Points - Add 22 through 29 20. Overall Section Rating Points - Add 22 through 29 20. Overall Section Total Rating / Number of Factors or 8 21. Factors noted as "Not Satisfactory" Comments may be noted in SECTION 6. 29. Signature: 29. Title: 29. Overall Performance Rating Scale 20. Overall Performance rating Scale 20. Overall Performance review with County Administrator 20. Signature: 20. Date: 21. Effectivenessary) 20. Overall Performance rating does not necessarily and does not necessarily and does not necessarily indicate agreement with the performance rating Information contained herein. 21. MPLOYEE: I certify that I have discussed this review with my supervisor. 22. Mylor Conditions of the material Scale of the proper of this		100	-	10. Quality of Work				
13. Accepts Responsibility 14. Accepts Direction 15. Operation & Care of Equipment 15. Initiative & Creativity 17. Learning Ability 18. Work Station Appearance 19. Safety Practices 20. Accepts Change 21. Effectiveness Under Stress 17 Total Section Asting Points - Add 1 through 21 21. Effectiveness Under Stress 17 Total Section Fortal Rating Points - Add 1 through 21 22. Work Conditions 18. Accepts Stress 19. Accepts Change 19. Safety Practices 19. Accepts Change 19. Safety Practices 19. Accepts Change 19. Accepts Change 19. Accepts Change 19. Safety Practices 19. Accepts Change 19. Accepts Wind Supervise Offices 19. Accepts Wind Supervise Offices 19. Accepts Change 19. Accepts Wind Supervise Offices 19. Accepts Change 19. Accepts Change 19. Accepts Change 19. Accepts Wind Supervise Offices 19. Accepts Wind Supervise Offices 19. Accepts Change 19. Accepts C			1	11. Acceptable Work Volume	1			
14. Accepts Direction   SECTION D: Record specific GOALS or IMPROVEMENT PROGRAMS to be undertaken for the next review period. (Attach additional sheet if necessary)				12. Meeting Deadlines				
the next review period. (Attach additional sheet if necessary)  15. Operation & Care of Equipment  16. Initiative & Creativity  17. Learning Ability  18. Work Station Appearance  19. Safety Practices  20. Accepts Change  21. Effectiveness Under Stress  1 Total Section Rating Points - Add 1 through 21  Overall Section - Total Rating / Number of Factors or 21  FOR EMPLOYES WHO SUPERNISE OTHERS  N/A  22. Work Conditions  N/A  23. Planning and Organizing  N/A  24. Scheduling & Coordinating  N/A  25. Training & Instructing  N/A  27. Evaluating Substructing  N/A  28. Forductivity  N/A  N/A  29. Leadership Skills  N/A  Total Section Rating Points - Add 2 through 29  Overall Performance Rating Points  N/A  Total Section - Total Rating / Number of Factors or 8  Factors noted as "Not Satisfactory" must be explained in SECTION C.  When completed, please make a copy for your records and the employee before sending the original to the Harrison Country Commission.  SMPLOYEE: I certify that I have discussed this review with my supervisor. My signature indicates that I have received a copy of this review and does not necessarily indicate agreement with the performance rating information contained herein.  Imployee Comments: (Attach additional sheet if necessary)	- (1		74	13. Accepts Responsibility				
16. Initiative & Creativity  17. Learning Ability  18. Work Station Appearance  19. Safety Practices  20. Accepts Change  21. Effectiveness Under Stress  Total Section Rating Points - Add 1 through 21  Overall Section - Total Rating / Number of Factors or 21  FOR EMPLOYEES WHO SUPERVISE OTHERS  N/A  N/A  23. Planning and Organizing  N/A  N/A  24. Scheduling & Coordinating  N/A  N/A  25. Training & Instructing  N/A  N/A  26. Productivity  N/A  27. Evaluating Subordinates  N/A  N/A  28. Judgment & Decisions  N/A  N/A  29. Leadership Skills  N/A  N/A  29. Leadership Skills  N/A  N/A  29. Leadership Skills  N/A  Factors noted as "Above Satisfactory" Comments may be noted in SECTION B.  Factors noted as "Not Satisfactory" must be explained in SECTION B.  Factors noted as "Not Satisfactory" must be explained in SECTION B.  Signature: Title:  Date:  Signature: Title:  Date:  Mind County Administrator  Date:  Mind County Administrator  Date:  MIND Comments: Add Stifactory on this review with my supervisor. My signature indicates that I have received a copy of this review and does not necessarily indicate agreement with the performance rating information contained herein.  Imployee Comments: (Attach additional sheet if necessary)			1	14. Accepts Direction		SECTION D: R	Record specific GOALS or IMPROVEMENT PRO	GRAMS to be undertaken for
17. Learning Ability 18. Work Station Appearance 19. Safety Practices 20. Accepts Change 21. Effectiveness Under Stress 1 Total Section Rating Points - Add 1 through 21 Overall Section - Total Rating / Number of Factors or 21 FOR EMPLOYEES WHO SUPERVISE OTHERS N/A 22. Work Conditions N/A 24. Scheduling & Coordinating N/A 25. Training & Instructing N/A 26. Productivity N/A 27. Evaluating Subordinates N/A N/A 28. Judgment & Decisions N/A N/A 29. Leadership Skills N/A N/A 29. Leadership Skills N/A N/A 29. Leadership Skills N/A N/A 10. Total Section Rating Points - Add 22 through 29 Overall Section - Total Rating / Number of Factors or 8 Factors noted as "Above Satisfactory" must be explained in SECTION B. Factors noted as "Not Satisfactory" must be explained in SECTION B. Factors noted as "Not Satisfactory" must be explained in SECTION C. When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  Signature: Title: Date:  MPLOYEE: I certify that I have discussed this review with my supervisor. My signature indicates that I have received a copy of this review and does not necessarily indicate agreement with the performance rating information contained herein.  Imployee Comments: (Attach additional sheet if necessary)			4	15. Operation & Care of Equipment	5.00	the next revie	w period. (Attach additional sheet if necessa	ry)
18. Work Station Appearance 19. Safety Practices 20. Accepts Change 21. Effectiveness Under Stress 10. Overall Section Rating Points - Add 1 through 21 10. Overall Section Total Rating / Number of Factors or 21 15. FOR EMPLOYEES WHO SUPERVISE OTHERS 16. N/A 17. Polymore Stress 18. VA 24. Scheduling & Coordinating 18. VA 25. Training & Instructing 18. VA 26. Productivity 18. VA 27. Evaluating Subordinates 18. VA 28. Judgment & Decisions 18. VA 29. Leadership Skills 29. Overall Section - Total Rating / Number of Factors or 8 29. Overall Performance Rating Points 29. Overall Section - Total Rating / Number of Factors or 8 29. Very Satisfactory with the performance may be noted in SECTION B. 29. Factors noted as "Above Satisfactory" must be explained in SECTION C. 29. When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission. 20. Signature: Title: Date: 20. Supervisor: Signature of County Administrator 20. VA — Constitutional Offices 20. Signature: Indicate agreement with the performance rating information contained herein. 20. Imployee Comments: (Attach additional sheet if necessary)				16. Initiative & Creativity				
19. Safety Practices 20. Accepts Change 21. Effectiveness Under Stress Total Section Rating Points - Add 1 through 21 Overall Section Rating Points - Add 1 through 21  FOR EMPLOYEES WHO SUPERVISE OTHERS N/A N/A 22. Work Conditions N/A N/A 23. Planning and Organizing N/A N/A 24. Scheduling & Coordinating N/A N/A 25. Training & Instructing N/A N/A 26. Productivity N/A 27. Evaluating Subordinates N/A N/A 28. Judgment & Decisions N/A N/A 29. Leadership Skills N/A Total Section Rating Points - Add 22 through 29 Overall Section Rating Points - Add 22 through 29 Overall Section Rating Points - Add 22 through 29 Overall Section - Total Rating / Number of Factors or 8 Factors noted as "Not Satisfactory" must be explained in SECTION B.  Factors noted as "Not Satisfactory" must be explained in SECTION C.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  EMPLOYEE: I certify that I have discussed this review with my supervisor. My signature indicate agreement with the performance rating information contained herein.  Employee Comments: (Attach additional sheet if necessary)				17. Learning Ability		10 30 4		
20. Accepts Change 21. Effectiveness Under Stress Total Section Rating Points - Add 1 through 21 Overall Section - Total Rating / Number of Factors or 21 FOR EMPLOYEES WHO SUPERVISE OTHERS N/A 22. Work Conditions N/A N/A 23. Planning and Organizing N/A 24. Scheduling & Coordinating N/A 25. Training & Instructing N/A 26. Productivity N/A 27. Evaluating Subordinates N/A N/A 28. Judgment & Decisions N/A N/A 29. Leadership Skills N/A N/A 29. Leadership Skills N/A Total Section Rating Points - Add 22 through 29 Overall Section - Total Rating / Number of Factors or 8 Factors noted as "Not Satisfactory" Comments may be noted in SECTION B. Factors noted as "Not Satisfactory" must be explained in SECTION C.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  MPLOYEE: I certify that I have discussed this review with my supervisor. My signature indicates that I have received a copy of this review and does not necessarily indicate agreement with the performance rating information contained herein.  Imployee Comments: (Attach additional sheet if noy comments or reservations.  SECTION E: Do you recommend continued employment? Yes or No Please attach additional sheet if any comments?  SECTION E: Do you recommend continued employment?  Yes or No Please attach additional sheet if any comments?  Yes or No Please attach additional sheet if any comments?  Yes or No Please attach additional sheet if any comments?  Yes or No Please attach additional sheet if any comments?  Yes or No Please attach additional sheet if any comments?  Yes or No Please attach additional sheet if any comments?  Yes or No Please attach additional sheet if any comments?  Yes or No Please attach additional sheet if any comments?  Yes or No Please attach additional sheet if any comments?  Yes or No Please attach additional sheet if any comments?  Yes or No Please attach additional sheet if any comments?  Yes or No Please attach additional sheet if any comments?  Yes or No Please		20.20		18. Work Station Appearance				
21. Effectiveness Under Stress    Total Section Rating Points - Add 1 through 21				19. Safety Practices				
Total Section Rating Points - Add 1 through 21  Overall Section - Total Rating / Number of Factors or 21  FOR EMPLOYEES WHO SUPERVISE OTHERS  N/A  N/A  23. Planning and Organizing  N/A  N/A  24. Scheduling & Coordinating  N/A  N/A  25. Training & Instructing  N/A  N/A  27. Evaluating Subordinates  N/A  N/A  28. Judgment & Decisions  N/A  N/A  29. Leadership Skills  N/A  Total Section - Total Rating / Number of Factors or 8  Overall Section - Total Rating / Number of Factors or 8  Overall Section - Total Rating / Number of Factors or 8  Factors noted as "Above Satisfactory" Comments may be noted in SECTION B.  Factors noted as "Not Satisfactory" must be explained in SECTION C.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  MPLOYEE: I certify that I have discussed this review with my supervisor. My signature indicates that I have received a copy of this review and does not necessarily imployee Comments: (Attach additional sheet if necessary)				20. Accepts Change				
Overall Section - Total Rating / Number of Factors or 21  FOR EMPLOYEES WHO SUPERVISE OTHERS  N/A   22. Work Conditions   N/A   N/A   23. Planning and Organizing   N/A   N/A   24. Scheduling & Coordinating   N/A   N/A   25. Training & Instructing   N/A   N/A   N/A   26. Productivity   N/A   N/A   27. Evaluating Subordinates   N/A   N/A   28. Judgment & Decisions   N/A   N/A   28. Judgment & Decisions   N/A   N/A   N/A   29. Leadership Skills   N/A   N/			,	21. Effectiveness Under Stress				
SECTION E: Do you recommend continued employment?   Yes or No   N/A   23. Planning and Organizing   N/A   24. Scheduling & Coordinating   N/A   24. Scheduling & Coordinating   N/A   25. Training & Instructing   N/A   N/A   25. Training & Instructing   N/A   N/A   26. Productivity   N/A   26. Productivity   N/A   27. Evaluating Subordinates   N/A   N/A   27. Evaluating Subordinates   N/A   N/A   28. Judgment & Decisions   N/A   N/A   29. Leadership Skills   N/A   N/A   29. Leadership Skills   N/A   N/A   N/A   29. Leadership Skills   N/A				Total Section Rating Points - Add 1 through 21				
N/A		3,7		Overall Section - Total Rating / Number of Factors or 21		for the state		
N/A 23. Planning and Organizing N/A 24. Scheduling & Coordinating N/A 24. Scheduling & Coordinating N/A 24. Scheduling & Coordinating N/A 25. Training & Instructing N/A 26. Productivity N/A 26. Productivity N/A 26. Productivity N/A 27. Evaluating Subordinates N/A 28. Judgment & Decisions N/A 28. Judgment & Decisions N/A 29. Leadership Skills N/A 29. Lead						SECTION E: Do	you recommend continued employment?	
N/A 24. Scheduling & Coordinating N/A 25. Training & Instructing N/A 26. Productivity N/A 26. Productivity N/A 26. Productivity N/A 27. Evaluating Subordinates N/A 36. SECTION G: OVERALL PERFORMANCE RATING N/A 28. Judgment & Decisions N/A 28. Judgment & Decisions N/A 29. Leadership Skills N/A 29. Deverall Section Rating Points - Add 22 through 29 Overall Performance Rating Points Overall Performance Rating Scale I certify that this review represents my best judgment. Supervisor:  Factors noted as "Above Satisfactory" must be explained in SECTION B. Signature: Title: Date:  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  MPLOYEE: I certify that I have discussed this review with my supervisor. My signature indicates that I have received a copy of this review and does not necessarily indicate agreement with the performance rating information contained herein.  Indicate agreement with the performance rating information contained herein.  Imployee Comments: (Attach additional sheet if necessary)								
N/A 25. Training & Instructing N/A 26. Productivity N/A 26. Productivity N/A 27. Evaluating Subordinates N/A 27. Evaluating Subordinates N/A 28. Judgment & Decisions N/A 29. Leadership Skills N/A 29.								ons.
N/A 26. Productivity N/A 27. Evaluating Subordinates N/A 28. Judgment & Decisions N/A 29. Leadership Skills N/A 29. Leader		_						
N/A 27. Evaluating Subordinates N/A 28. Judgment & Decisions N/A 29. Leadership Skills N/A 29. Leadership Skills N/A 29. Leadership Skills N/A Overall Performance Rating Points - Add 22 through 29 Overall Performance Rating Points Overall Performance Rating Scale Overall Performance Rating Scale I Certify that this review represents my best judgment. Supervisor:  Factors noted as "Not Satisfactory" must be explained in SECTION C.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  When Completed is the Harrison County Commission.  When completed is the Harrison County Commission.  Signature of County Administrator N/A Constitutional Offices Signature of County Administrator Date: Signature of County Administrator	2.19		1		,			
N/A 28. Judgment & Decisions N/A 29. Leadership Skills N/A 29. Leadership Skills N/A Total Section Rating Points - Add 22 through 29 Overall Performance Rating Points Overall Section - Total Rating / Number of Factors or 8 Overall Performance Rating Points Overall Section - Total Rating / Number of Factors or 8 Overall Performance Rating Scale I certify that this review represents my best judgment. Supervisor:  Factors noted as "Not Satisfactory" must be explained in SECTION C.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  When completed, please make a copy for your records and the employee before sending the original to								scription for approval.
N/A 29. Leadership Skills N/A  Total Section Rating Points - Add 22 through 29 Overall Performance Rating Points Overall Section - Total Rating / Number of Factors or 8 Overall Performance Rating Scale  Factors noted as "Above Satisfactory" Comments may be noted in SECTION B.  Factors noted as "Not Satisfactory" must be explained in SECTION C.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  Supervisor:  Supervisor to discuss performance review with County Administrator N/A Constitutional Offices Signature of County Administrator Date:  Signature of County Administrator Date:  Signature of County Administrator Date:  County Administr						No. 19 Page 10		
Total Section Rating Points - Add 22 through 29 Overall Section - Total Rating / Number of Factors or 8  Factors noted as "Above Satisfactory" Comments may be noted in SECTION B.  Factors noted as "Not Satisfactory" must be explained in SECTION C.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  Supervisor to discuss performance review with County Administrator  N/A Constitutional Offices  Signature of County Administrator  Date:  Supervisor to discuss performance review with County Administrator  N/A Constitutional Offices  Signature of County Administrator  Date:  Date:  Supervisor to discuss performance review with County Administrator  N/A Constitutional Offices  Signature of County Administrator  Date:  Date:  MPLOYEE: I certify that I have discussed this review with my supervisor. My signature indicates that I have received a copy of this review and does not necessarily indicate agreement with the performance rating information contained herein.  Employee Comments: (Attach additional sheet if necessary)	12.0					"Not Satisfacto	ory" "Satisfactory" "Above Satisfactory"	
Overall Section - Total Rating / Number of Factors or 8  Factors noted as "Above Satisfactory" Comments may be noted in SECTION B.  Factors noted as "Not Satisfactory" must be explained in SECTION C.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  Supervisor:  Signature:  Title:  Date:  Supervisor to discuss performance review with County Administrator  N/A Constitutional Offices  Signature of County Administrator  Date:  Signature of County Administrator  Date:  MPLOYEE: I certify that I have discussed this review with my supervisor. My signature indicates that I have received a copy of this review and does not necessarily indicate agreement with the performance rating information contained herein.  Signature indicates that I have received a copy of this review and does not necessarily indicate agreements: (Attach additional sheet if necessary)		N/A			N/A	0 110 (	201 211	
Factors noted as "Above Satisfactory" Comments may be noted in SECTION B.  Factors noted as "Not Satisfactory" must be explained in SECTION C.  When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  MPLOYEE: I certify that I have discussed this review with my supervisor. My signature indicates that I have received a copy of this review and does not necessarily indicate agreement with the performance rating information contained herein.  I certify that this review represents my best judgment.  Supervisor:  Title:  Date:  Supervisor to discuss performance review with County Administrator  N/A Constitutional Offices  Signature of County Administrator  Date:  My signature indicates that I have received a copy of this review and does not necessarily indicate agreement with the performance rating information contained herein.  Imployee Comments: (Attach additional sheet if necessary)			2011/10/10					
When completed, please make a copy for your records and the employee before sending the original to the Harrison County Commission.  Supervisor to discuss performance review with County Administrator  N/A Constitutional Offices  Signature of County Administrator  Date:  MPLOYEE: I certify that I have discussed this review with my supervisor. My signature indicates that I have received a copy of this review and does not necessarily indicate agreement with the performance rating information contained herein.  Simployee Comments: (Attach additional sheet if necessary)	Fa	ctors			N B.	I certify that th		
sending the original to the Harrison County Commission.  N/A Constitutional Offices  Signature of County Administrator  Date:  MPLOYEE: I certify that I have discussed this review with my supervisor. My signature indicates that I have received a copy of this review and does not necessarily indicate agreement with the performance rating information contained herein.  Employee Comments: (Attach additional sheet if necessary)		Fac	tors	noted as "Not Satisfactory" must be explained in SECTION C.			Date:	
MPLOYEE: I certify that I have discussed this review with my supervisor. My signature indicates that I have received a copy of this review and does not necessarily indicate agreement with the performance rating information contained herein.  Employee Comments: (Attach additional sheet if necessary)	Wh	en cor			eiore		N/A Constitutional Offices	inistrator
Indicate agreement with the performance rating information contained herein.  Imployee Comments: (Attach additional sheet if necessary)	MP	OYEE	: I ce	ertify that I have discussed this review with my supervisor. A				nd does not necessarily
imployee Comments: (Attach additional sheet if necessary)							,	
(Employee Signature) (Date)	Distance of the last							
						(Employee Sigr	nature)	(Date)

A7 Form Revised: May 1, 2014

# **Harrison County Commission**

# Request to Attend Meeting

Name	
Department	
Destination	
Travel Dates	
Reason	
Total Estimated Cost	\$
Transportation	\$
Air	\$
Private Vehicle:	
Mileage X .56	\$
Rental Car	\$
Lodging	\$
Registration	\$
Meals (Estimated)	\$
Incidentals	\$
Employee Signature:	Date:
Approving Authority:(County Commission or Constitutional Officia	
County Commission Action  Authorized travel within the approved budget by and for other constitutional offices does not	( ) Approve ( ) Disapprove
require County Commission approval	Date:

A8 Form

Revised: May 1, 2014

TIME & ATTENDANCE RECORD	CE RECORD			Pay Period Beginning Date:	ing Date:			Pay Peri	Pay Period Ending Date:	ate:		
Employee Name:						Employee Signature:	ature:				Date:	
Department:						Supervisor's Approval:	pproval:				Date:	
Date Day of Week	eek Time In	Time Out	Hours	Comment - Notation	Vehicle Benefit	Date	Day of Week	Time In	Time Out	Hours	Comment - Notation	Vehicle
Absence Codes:	S = Sick Lea	S = Sick Leave V= Vacation Leave DOD - Day Off Duty LWP = Leave Without Pay C = Compensatory Leave - N	Leave DOD - D	=	= Personal Leav n Agreement o	re MIL= Military Lea n File - Approved b	H= Holiday PL= Personal Leave MIL= Military Leave J= Jury Duty BL= Bereavement Leave FMLA= Family Medical Leave Without Pay Jst Have Written Agreement on File - Approved by Constitutional Official and County Commission. Staff for County Commission are not el	reavement Leave	FMLA = Fam ission. Staff for	nily Medical Le	eave Without Pay mission are not eligible.	
Total Regular	Total Regular Hours to be Paid:	į.		*		Regular Hours:	Hours Worked (Up To 4 Leave Hours, Bereavem	O Per Week), Varent Leave Hours	cation Hours, S	ick Leave Hou	Hours Worked (Up To 40 Per Week), Vacation Hours, Sick Leave Hours, Holiday Hours, Personal Leave Hours, Bereavement Leave Hours, Certain Military Leave Hours, Certain Court Related Hours	l ours
Total Overtime	Total Overtime Hours to be Paid:	.,				Overtime Hours:	More Than 40 Hours Worked Per Week - the Correct Overtime Calculation is Paid	orked Per Week alculation is Paid		vious Timeshe	Review Previous Timesheet if Work Week is Split to Verify	Verify
Total Veh	Total Vehicle Benefit Days:	E				Vehicle Benefit:	Certain employees assigned a con	gned county own	ned vehicles m	ust report con	Certain employees assigned county owned vehicles must report commuting information to payroll. If you are assigned a county owned vehicle infesse and a use of infactors on in the amendiate blow	roll.
Total Vehicle	Total Vehicle Benefit Taxable Wages:	Wages:		- \$			Deputy Sheriff and eme	ergency service p	ersonnel are	excluded from	in you are assigned a county owned variable, prease note usage (prace yes or no) in the appropria Deputy Sheriff and emergency service personnel are excluded from this vehicle use reporting.	
Reason for Overtime & Other Notations:	r Notations:											
Sick Leave - Hours at End of Previous Period:	Previous Period:						Vacation Leave - Hours at End of Previous Period:	ours at End of	Previous Pe	riod:		
Sick Leave - Hours Earned This Pay Period:	ils Pay Period:			4.00			Vacation Leave - Hours Earned This Pay Period: **	ours Earned T	his Pay Peri	* : po		
Sick Leave - Hours at End of This Pay Period:	This Pay Period:						Vacation Leave - Hours At End of This Pay Period:	ours At End o	f This Pay Perior	eriod:		
								** Hours Ea	irned Per Pa	y Period Ba	** Hours Earned Per Pay Period Based On Full-Time Service	ice
Personal Leave Hours Taken for the Year: (Maximum of 8 hours per calendar year)	for the Year:							Employmer 6 Years of S	Employment Date thru 5 Years of Service: 6 Years of Service:	5 Years of	Service:	3.34
* Hours Include One Hour Paid Duty Free Meal Time For Each Work Day Unless Noted Otherwise	/ Free Meal Time For	Each Work Day L	Jnless Noted O	therwise				11 Years of 16 Years of	11 Years of Service thru 15 Years of Service: 16 Years of Service and Greater:	15 Years o	of Service:	6.67
		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.										

<sup>\*</sup> Hours Include One Hour Paid Duty Free Meal Time For Each Work Day Unless Noted Otherwise A10 Form Revised: March 20, 2015

Form OIC-WC-1

Signature:

# West Virginia Workers' Compensation Employees' and Physicians' Report of Occupational Injury or Disease

PLEASE PRINT OR TYPE

Section I Harrison County Commission Employee's Cla	im Information WVCoRP
Insurer: 301 West Main St. – Clarksburg, WV 26301	Third-Party Administrator: 1315 Franklin Rd. SW Roanoke, VA
1. Name: (Last): (First):	(M.I): <b>24016</b>
2. Address:	3. Telephone: ( ) -
City: State:	Zip: 4. Social Security No.:
5. Date of Birth:/ 6. Sex: M	F 7. Marital Status:
8. Date of Injury or Last Exposure:/ Time:	a.m. p.m. 9. Time You Began Work on Date of
10. Date You Stopped Working Due to Injury:/	Injury: a.m. p.m.
11. Have You Retired?	If "yes," what was the date you retired:/
12. Employer's Name:	Supervisor's Name:
Address:	
City: State:	Zip: Telephone: ( ) -
13. Job Title/Description:	
14. Body Part(s) Injured:	
15. Describe How Your Injury Occurred (Specify the cause, what you were	e doing, and equipment/objects involved):
16. Did Injury Occur on Employer's Property?  Yes  No Addr	ess where injury occurred:
17. Please Identify Any Witnesses to Your Injury:	
facts or make false statements in order to obtain or increase benefits to which I am no surgeon, practitioner or other healthcare provider, any hospital, including Veterans insurance company, any law enforcement or military agency, any government bene organization to release to each other, any medical or other information, including ben the diagnosis, treatment and/or counseling for HIV/AIDS, psychological conditions, Photostat of this authorization shall be as valid as the original.	e law provides for severe penalties if I knowingly and with fraudulent intent withhold t entitled. By signing this application, I hereby authorize any physician, chiropractor, 'Administration or governmental hospital, and medical service organization, any fit agency including the Social Security Administration, or any other institution or efits paid or payable, pertinent to this injury or disease, except information relative to and/or alcohol or substance abuse, for which I must give specific authorization. A
Employee's Signature:	Date: / /
Section II All Information Must Be Complete	
1. Name of Physician/Hospital:	2. FEIN/Social Security No.:
3. Address:	7'
City: State:	Zip: Telephone: ( ) -
4. Date of Initial Treatment:/	5. Date Patient May Return to Work:/
6. Have you advised the patient to remain off work 4 or more days?  ☐ Yes. Indicate dates: from to ☐ No. If "no," is the patient capable of ☐ Full Duty ☐ Modified Duty limitations/restrictions:	If the patient is capable of returning to modified duty, specify any
7. Condition is a direct result of: Occupational Injury?	☐ Occupational Disease? ☐ Non-Occupational Condition?
8. Did this injury aggravate a prior injury/disease?	es, explain:
9. Description of injury or occupational disease:	
10. Body part(s) injured:	11. ICD9-CM Diagnosis Code(s) in order of severity:
12. Name of physician referred to:	13. If the patient was hospitalized, where?
certify a false report or statement, withhold material fact or statement or knowingly a signing this form. I acknowledge I have been informed of my responsibilities under	best of my knowledge. I am aware the law provides for severe penalties if I knowingly id or abet anyone attempting to secure benefits to which he or she is not entitled. In the West Virginia's Workers' Compensation Law and agree to abide by such in the statements or billing may result in prosecution under state and federal law. I further tentative.



# Workers' Compensation Temporary Prescription ID Card

# >> To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 800,945,5951.

## Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERA SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 800.945.5951.

# To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard daim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at 883,786,9640.

### Pharmacy Processing Steps

Step 1: Enter bin number 003858

Step 2: Enter processor control A4

Step 3: Enter the group number as it appears above

Step 4: Enter the injured worker's nine-digit ID number

Step 5: Enter the injured worker's first and last name

Step 6: Enter the injured worker's date of injury (enter in DOI field in the format YYYYMMDD)

### **Express Scripts**

ID #:

Your BSN is your temporary ID number, present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury:

MM.DD.YYYY

Group #: M5L2012

Employee Date of Birth:

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you. it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

>>> To the Supervisor: Please fill in the information requested for the injured worker.

Employee Information

First	М	Last	
	Street Address o	r PO Box	
City		Stale	ZIP
Employer Name			



# **Participating Retail Network Pharmacies**

ACCREDO HEALTH GROUP

BECKLEY ART PHARMACY

BLOOM PHARMACY

BOARDWATER DRUG BY

WAGS

CAREPOINT PARTNERS

CONTINUUMCARE

PHARMACY

COSTCO

CRITICAL CARE SYSTEMS

CVS

DULLES URGENT CARE

CENTER

EMERGENCY PHYS

IMMEDIATE CARE

ER PHYSICIANS IMMEDIATE

CARE

**EXTENDED CARE ASSOCIATES** 

FARM FRESH PHARMACY

FOOD LION PHARMACY

GIANT DISCOUNT DRUG

GIANT EAGLE

GIANT PHARMACY

HARRIS TETTER PHARMACY

HOME CARE PHARMACY

JEFFERSON URGENT CARE

KAISER PERMANENTE PHCY

KMART PHARMACY

KROGER PHARMACY

MARTINS PHARMACY

MARTIN'S PHARMACY

NEIGHBORCARE PHARMACY

PATIENT FIRST

PHARMERICA

PROGRESS PHARMACY

SERVICES

RICHMOND SOUTHSIDE

TRIMNI CNTR

RICHMOND TREATMENT

CENTER

RITE AID

RX SERVICE

SAFEWAY PHARMACY

SAMS

SAM'S CLUB

SHOPPERS PHARMACY

SHOPPERS PHARMACY #978

STERLING AUTOMATED

REFILL CNTR

TARGET PHARMACY

UKROP'S PHARMACY

WALGREEN'S

WAL MART

WEGMANS FOOD MARKETS

WEGMANS PHARMACY

WEISPHARMACY

WILLIAMSONS PHARMACY

