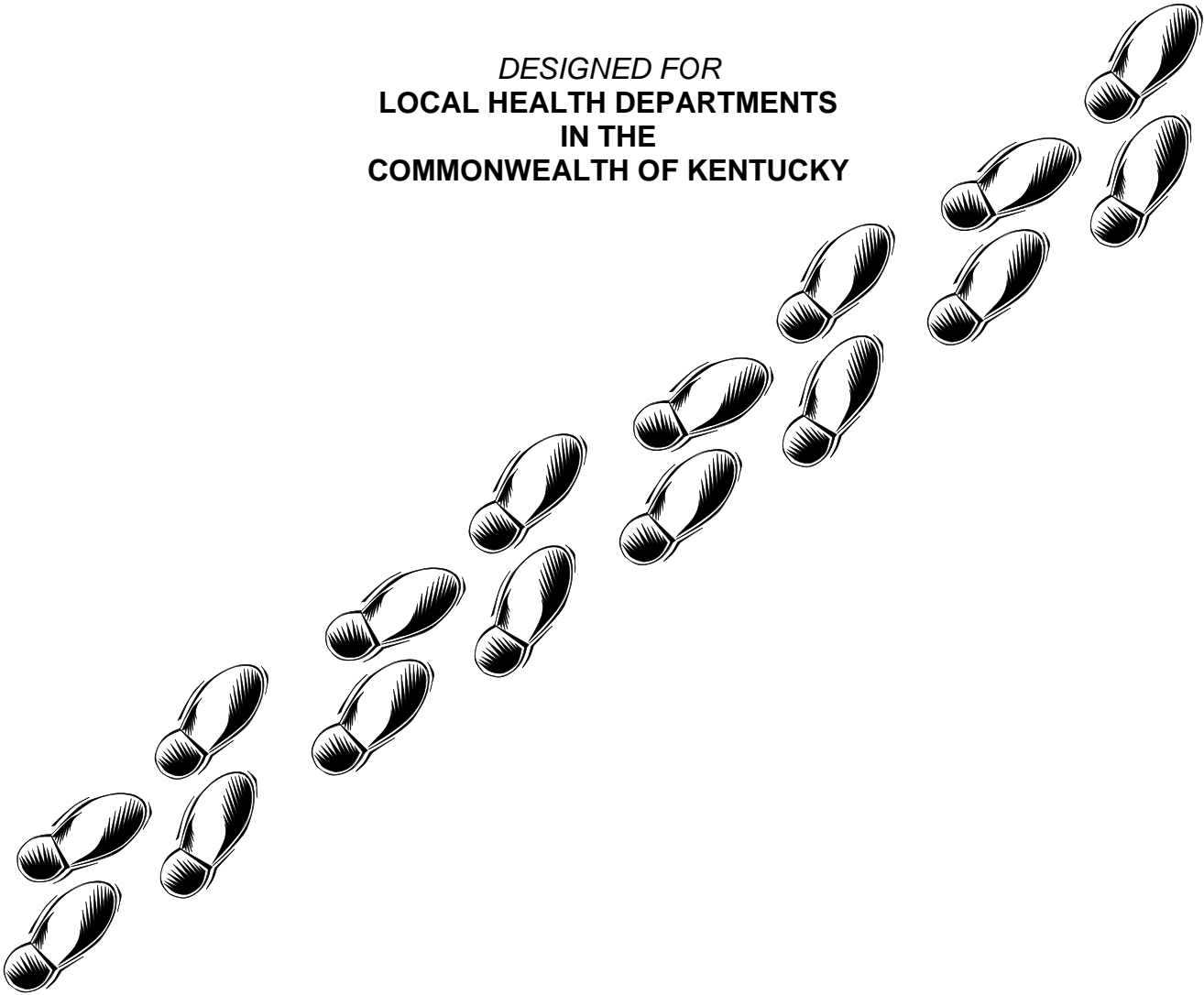


A WALK IN MY FOOTSTEPS: A TEMPLATE FOR EMPLOYEE ORIENTATION

DESIGNED FOR
LOCAL HEALTH DEPARTMENTS
IN THE
COMMONWEALTH OF KENTUCKY



Sample Cover Page

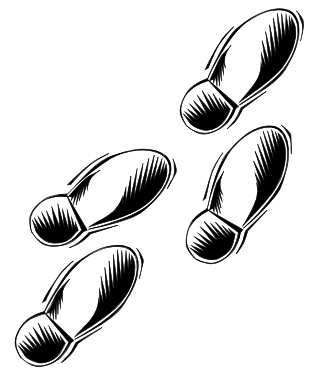
**{Insert Local Health Department Name}
Employee Orientation Program
And
Public Health Shadowing**



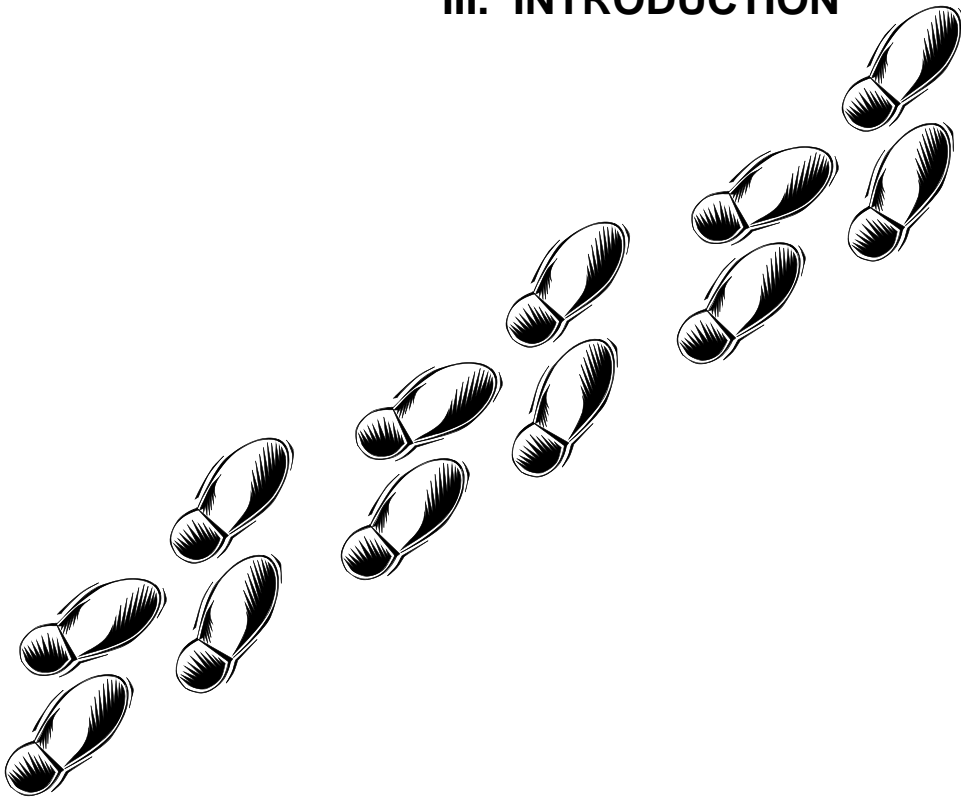
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III. INTRODUCTION





III.A. Welcome Letter

{Insert Welcome Letter Here}

Sample Welcome Letter

Dear Health Department Staff Member:

It is with great pleasure that I welcome you as a new employee to {insert local health department name}. I am pleased that you have accepted our offer. I know this is the beginning of a mutually advantageous association.

To help make your first days with us a little easier, we have prepared an orientation packet to compliment our orientation program. Your orientation will include a tour of the health department, information about our services, benefits provided to our employees, and other relevant information about your employment with us.

Orientation will be an on-going learning process and we encourage you to ask questions freely. We look forward to getting to know you and having you as part of our team.

Welcome aboard!

Sincerely,

{insert local health department director name}

{insert local health department director title}



III. B. Definition of Public Health

{Insert Definition of Public Health Here}

The following are various definitions of Public Health:

Public Health

Activities that society undertakes to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, and counter threats to the health of the public.

--Bernard J. Turnock--from *Public Health: What It Is and How It Works*, 1997 Aspen Publishers, Inc., Gaithersburg, Maryland

Public Health

Fulfilling society's interest in assuring conditions in which people can be healthy.

--Institute of Medicine--from *The Future of Public Health*, 1988 National Academy Press, Washington, D.C.

Public Health

The science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and for the development of the social machinery to insure everyone a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity.

--C.E.A. Winslow, 1920--from Bernard J. Turnock's *Public Health: What It Is and How It Works*, 1997 Aspen Publishers, Inc., Gaithersburg, Maryland



III.C. Kentucky Cabinet for Health Services

Vision Statement

Be the leader in promoting and achieving the nation's highest level of health and wellness for all Kentuckians.

Mission Statement

The Cabinet for Health Services will, through proactive leadership, promote and safeguard the health and wellness of all Kentuckians.

Goals and Objectives

Goal 1: Maximize resources to support the Cabinet's mission.

- Objective 1.1:** Improve use and management of current resources
- Objective 1.2:** Pursue funding opportunities.
- Objective 1.3:** Increase understanding and awareness of budget process and priorities for all staff as well as customers/stakeholders/policy makers/general public

Goal 2: Achieve a health status and quality of life above the national norm.

- Objective 2.1:** Increase awareness and use of "Healthy Kentuckians 2010" as a significant guiding document for determining the Cabinet's priorities.
- Objective 2.2:** Provide active leadership in achieving the health goals of the Governor's Early Childhood Development Initiatives (ECDI).
- Objective 2.3:** Design and implement an accessible, seamless, community-based health care system.
- Objective 2.4:** Increase access to prevention and treatment services for the uninsured and underinsured.

Goal 3: Enhance service delivery systems that are customer focused and promote high quality health outcomes.

- Objective 3.1** Increase involvement of internal and external customers.
- Objective 3.2** Develop and implement a comprehensive plan for implementing a Continuous Quality Improvement (CQI) process in all CHS programs.
- Objective 3.3** Revise CQI process annually to improve customer focus and quality.

Goal 4: Empower our workforce to be agents for continuous improvement.

- Objective 4.1** Foster and retain a skilled workforce.
- Objective 4.2** Create a Cabinet culture of excellence.
- Objective 4.3** Enhance the current recruitment process.

Goal 5: Achieve a secure, integrated information technology system.

- Objective 5.1** Transition to a secure shared services model for information as allowed by state and federal law.
- Objective 5.2** Increase Cabinet's capacity to participate in e-government.



III.D. Local Health Department

Vision Statement

{Insert Vision Statement Here}

Sample Vision Statement

We believe that all students can learn and be successful. We believe that teachers are good role models who provide a variety of strategies to ensure student success. We believe that every child deserves rich educational and career guidance in order to develop self-knowledge, which is necessary to make sound educational and career decisions. We believe all children inherently want to do well and we must all share the responsibility for helping them reach their potential.

Effective vision statements need not be long but must clearly describe the agency's intentions. A few key words will go a long way. In three sentences or less, you should plainly illustrate what you believe the organization will look like in the short term, five years or less. The following questions will help build an effective vision statement:

- What type of organization is this?
- What market does it serve?
- What is the geographical scope?
- What are the key goods and services?
- Who are the target customers?
- How big will the organization be?
- How many employees will there be?

Mission Statement

{Insert Mission Statement Here}

Sample Mission Statement

The YMCA of San Francisco, based in Judeo-Christian heritage, seeks to enhance the lives of all people through programs designed to develop spirit, mind and body.

Mission Statements are intended to focus attention on essentials, and to summarize the specific core competencies and/or capabilities of the business. They also help to concentrate your own and your employee's efforts on the desired focal points (running faster does not help if you're headed in the wrong direction). Following are some formulation tips:

The mission statement should be narrow enough to give direction and guidance to everyone in the business.

Large enough to allow the business to grow and realize its potential.

Must be realistic, achievable and brief.

And, it should capture the essence of an organization without being so vague that it could apply to every other organization.

Goals and Objectives

{Insert Goals and Objectives Here}

Goals and objectives stem from the identification of basic issues and problems. Goals represent value statements articulated in the light of identified issues and problems. Objectives are a series of specific statements identifying measurable actions to be achieved. Both of these form the foundation of the process from which strategies, policies, and subsequent administrative and legislative actions are created to guide decision-making.

Sample Goals and Objectives

Goal 1

Develop, revitalize, and improve existing neighborhood parks and playgrounds to provide close-to-home recreational spaces for all citizens.

Objectives

Replace facilities as needed, including playgrounds, picnic stations, litter receptacles, benches, and lighting, and signage.

Add new facilities appropriate to the location of each park including multipurpose courts, trails, playgrounds, practice fields, benches, picnic facilities including shelters, parking, lighting, and signage.

Remember:

Goals are broad; objectives are narrow.

Goals are general intentions; objectives are precise.

Goals are intangible; objectives are tangible.

Goals are abstract; objectives are concrete.

Goals can't be validated as is; objectives can be validated.



III.E. Contact List

It is important that all employees be accessible and have access to other employees to ensure seamless communication. Additionally, employees should have a resource guide for useful Internet sites.

Sample Resource Directory

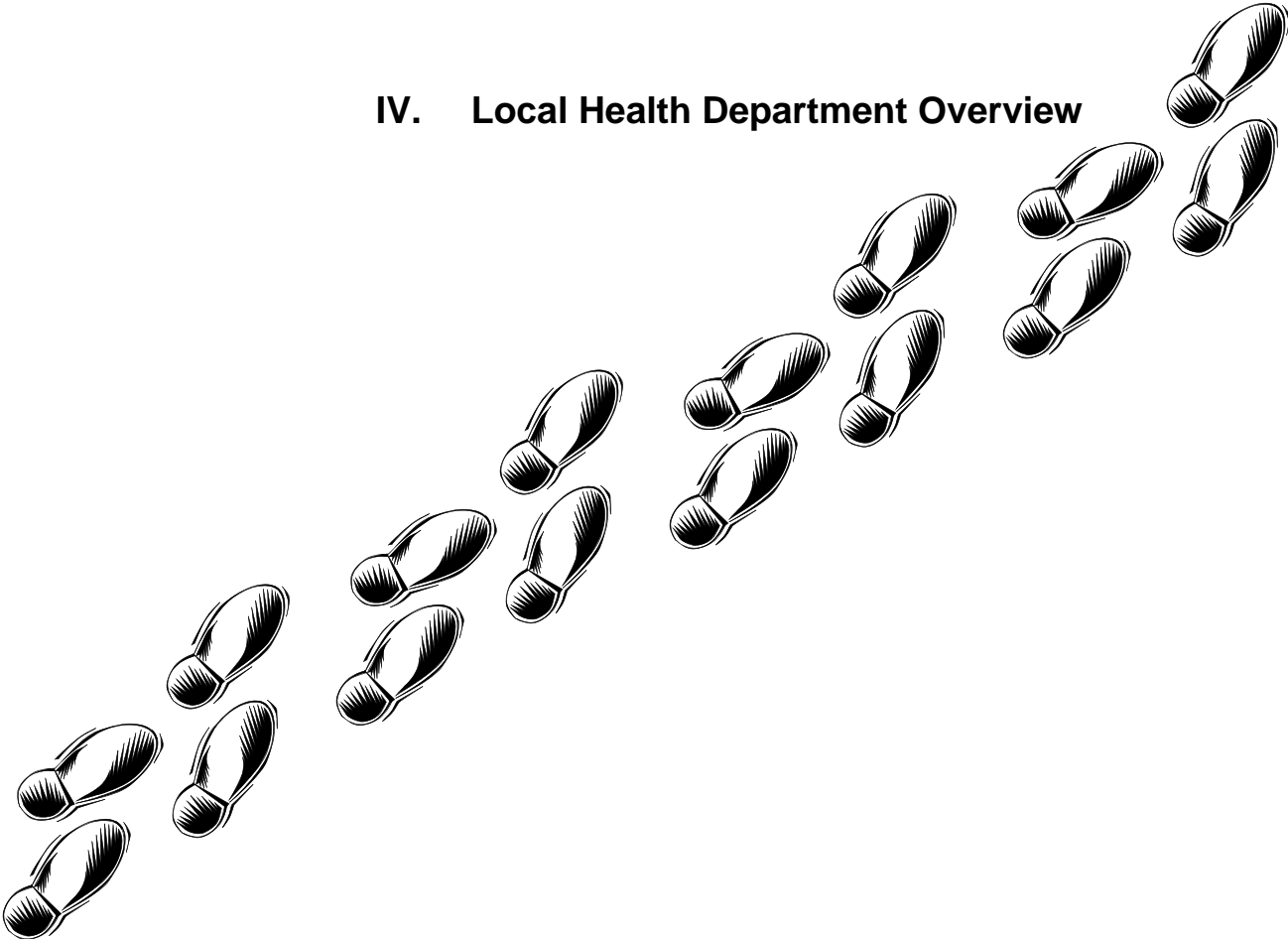
Resource Directory

<u>Area</u>	<u>Contact</u>	<u>Phone Number</u>
Health Department Director	Director's Name	
Clinic Services Branch	Branch Supervisor	
Clinic Services Secretary	Secretary Name	
<i>List all programs in Clinic Services</i>	<i>list a contact for each program</i>	
Program A	Program A Contact	
Program B	Program B Contact	
Program C	Program C Contact	
Environmental Health Services	Branch Supervisor	
Environ. Health Services Secretary	Secretary Name	
<i>List all programs in Environ. Health</i>	<i>list a contact for each program</i>	
Program A	Program A Contact	
Program B	Program B Contact	
Program C	Program C Contact	
Personnel Services Branch	Branch Supervisor	
<i>List all programs in Personnel Svs.</i>	<i>list a contact for each program</i>	
Program A	Program A Contact	
Program B	Program B Contact	
Program C	Program C Contact	

Internet Addresses of Interest

1. Local Health Department Internet Address
2. Kentucky Department for Public Health Internet Address
(<http://publichealth.state.ky.us>)
3. Kentucky Cabinet for Health Services
(<http://chs.state.ky.us>)
4. Department for Health and Human Services
(www.dhhs.gov)

IV. Local Health Department Overview





IV.A. Board of Health

{Insert Description of Board of Health}

Provide a full description of the Board of Health, its purpose and its makeup. Include term limits for board members, if applicable. Provide this information for both the District Board of Health and the Local Board of Health, if applicable.

Sample Description of the Board of Health

The Board of Health is charged with protecting and promoting public health by establishing objectives for:

1. Disease prevention and health promotion;
2. Specific health and safety needs of the community; and
3. Resources of the agency

Also, the Board of Health is responsible for:

1. Assuring financial controls and program evaluation measures are in place;
2. Interviewing, hiring and evaluating the performance of the agency director.

The Board of Health is made up of 12 members:

1. County Judge/Executive and fiscal court appointee;
2. 3 qualified, licensed practicing physicians;
3. 1 each of the following: qualified, licensed, and practicing dentist, registered nurse, civil or sanitary engineer, optometrist, veterinarian
4. 1 licensed pharmacist, and
5. 1 consumer layperson.

All appointments shall be for a period of two years, except for the county judge/executive who serves ex officio.

Taken From KRS 212:020



IV.B. Map of Local Health Department

{Insert a map of the health department building}

A Map of the local health department should accurately depict the layout of the health department. This map should also:

- Clearly mark all exits from the building
- Provide an accurate location for all fire extinguishers
- Clearly mark all areas designated “shelter areas” in cases of severe weather
- Mark location of eye wash in case of chemical contact



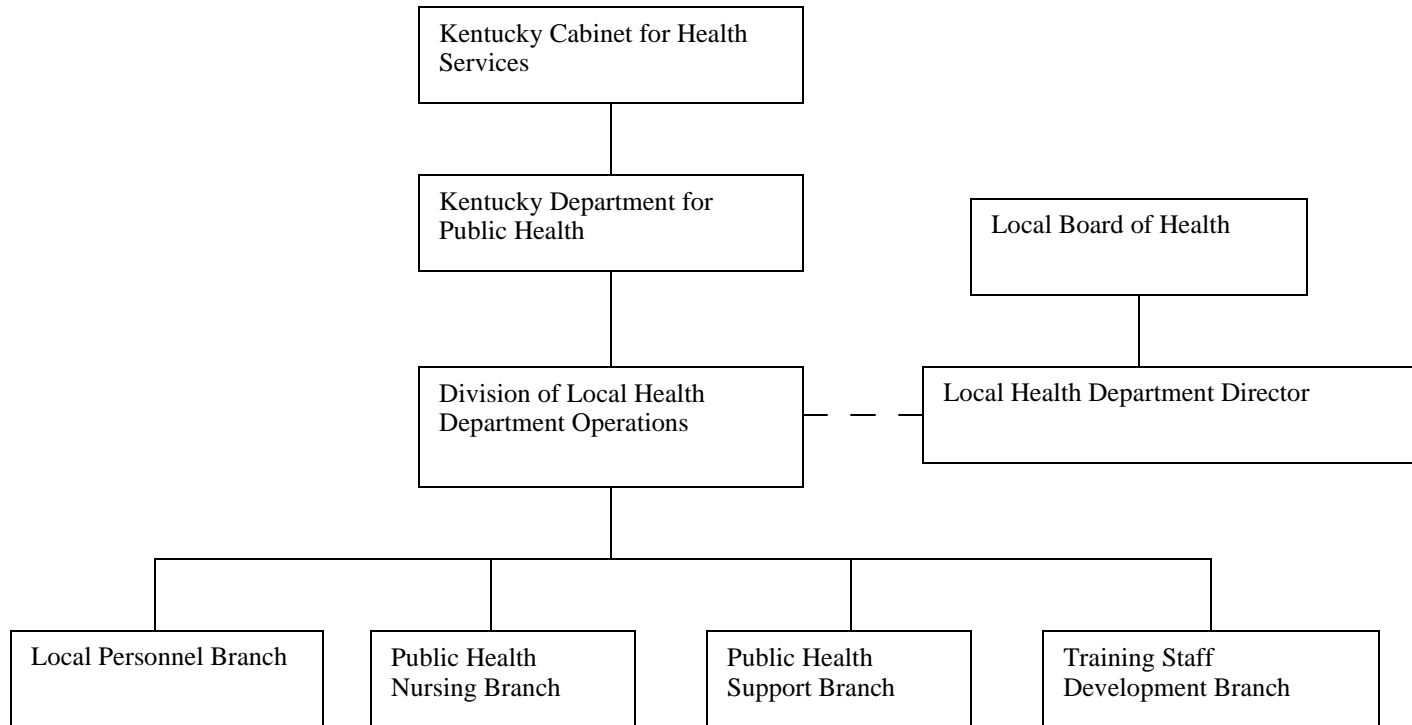
IV.C. Structure and Organization of Local Health Department

An organizational structure creates an opportunity to understand the supervision, operation and responsibilities within the local health department. Also, this structure provides a visual configuration to assist in recognizing lines of communication. The purpose of this structure is to foster working relationships between the service divisions.

It is important to provide a visual depiction of the organization and its structure so that employees have basic knowledge of the delineation within the local health department.

Organizational Chart 1 demonstrates the local health department's relationship to the Kentucky Cabinet for Health Services, Department for Public Health. The second organization chart demonstrates the organizational structure within the local health department.

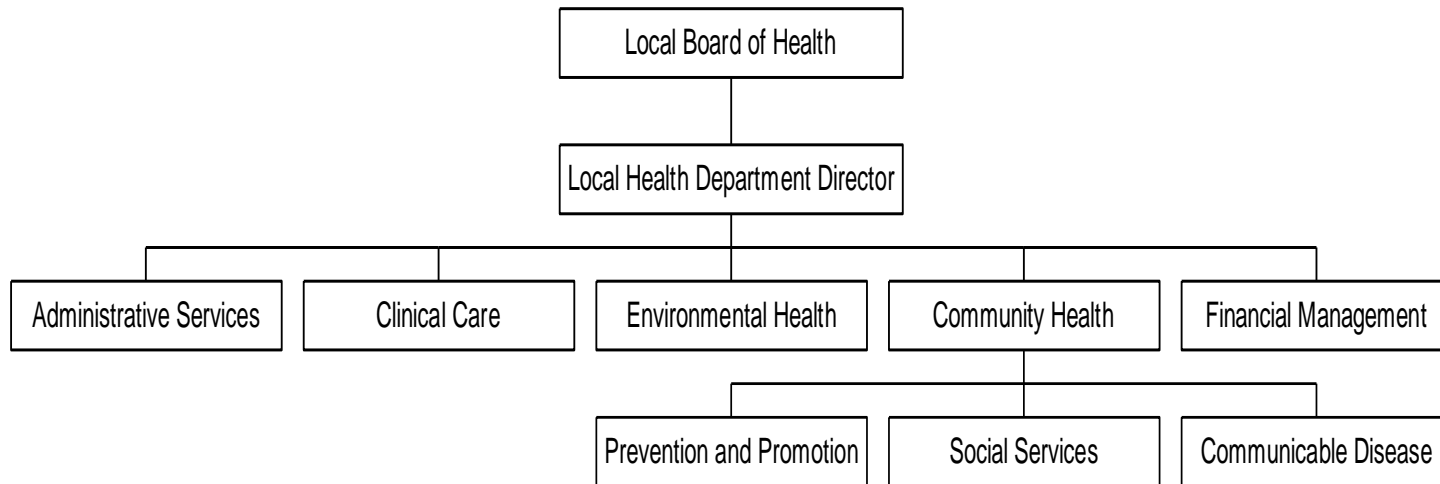
{Insert Organizational Chart Here}



{Insert Health Department Organizational Chart Here}

Sample of an Organizational Chart

Insert Name of Local Health Department Here





IV.D. Function and Purpose of Each Section/Branch of the Local Health Department

In addition to providing a visual depiction, it is equally as important to provide a brief narrative about each section/branch of the local health department, including the purpose of the section/branch and a list of services offered by each.

{Insert Description of Each Section/Branch of the Local Health Department}

Sample Function and Purpose of Each Section/Branch

Clinical Services Branch

The purpose of the Clinical Services Branch is to prevent disease in the community by providing preventive care services to community members.

The following services are available:

Well Child Services

Well Child/EPSTD (Early Periodic Screening Diagnosis & Treatment) services provide complete physical exams and developmental testing for children birth through twenty years of age whom quality.

Women, Infants, and Children (WIC)

WIC is a nutritional supplemental food program for at-risk, pregnant, breast-feeding or post-partum women, as well as infants and children up to five years of age who qualify.

Immunization Services

A trained physician, nurse, or nurse practitioner administers immunizations to infants, children, adults and international travelers.

STD/HIV Services (Sexually Transmitted Disease/Human Immunodeficiency Virus)

A trained physician, nurse, or nurse practitioner provides screening, examination, diagnosis, treatment, control and referral for any person requesting STD/HIV services.

Family Planning Services

Trained physicians, mid-level practitioners and nurses provide individuals the information and means to exercise personal choice in determining the number and spacing of their children. Services include annual pap smears, breast and pelvic exams, all medically approved contraceptive methods, sterilizations, counseling and referrals to private physicians, as needed.

Taken from Barren River District Health Department

Sample Purpose and Function of each Section/Branch

Environmental Health Branch

The purpose of the Environmental Health Branch is to ensure the health and safety of the public through:

1. Issuance of permits;
2. Performing inspections of public facilities, including restaurants public pools;
3. Performing inspections of on-site sewage disposal systems.

The following services are among those provided:

Food Inspection

Trained food inspectors examine facilities including restaurants, retail markets, bed and breakfasts, nursing homes, hospitals, school kitchens, day care kitchens, vending machines, and temporary food concessions such as food booths at local festivals.

Public Facilities Inspections

Trained inspectors examine facilities including hotels, tattoo studios, schools, youth camps, public swimming pools, and septic tank cleaners for general sanitation and cleanliness and proper operation of restroom facilities.

Onsite Sewage

Trained inspectors, upon receipt of an application for site evaluation, performs the evaluation, issues a permit for the construction of a sewage disposal system and inspects the system once it is installed.

Taken from Barren River District Health Department

Sample Purpose and Function of Each Section/Branch

Administrative Services Branch

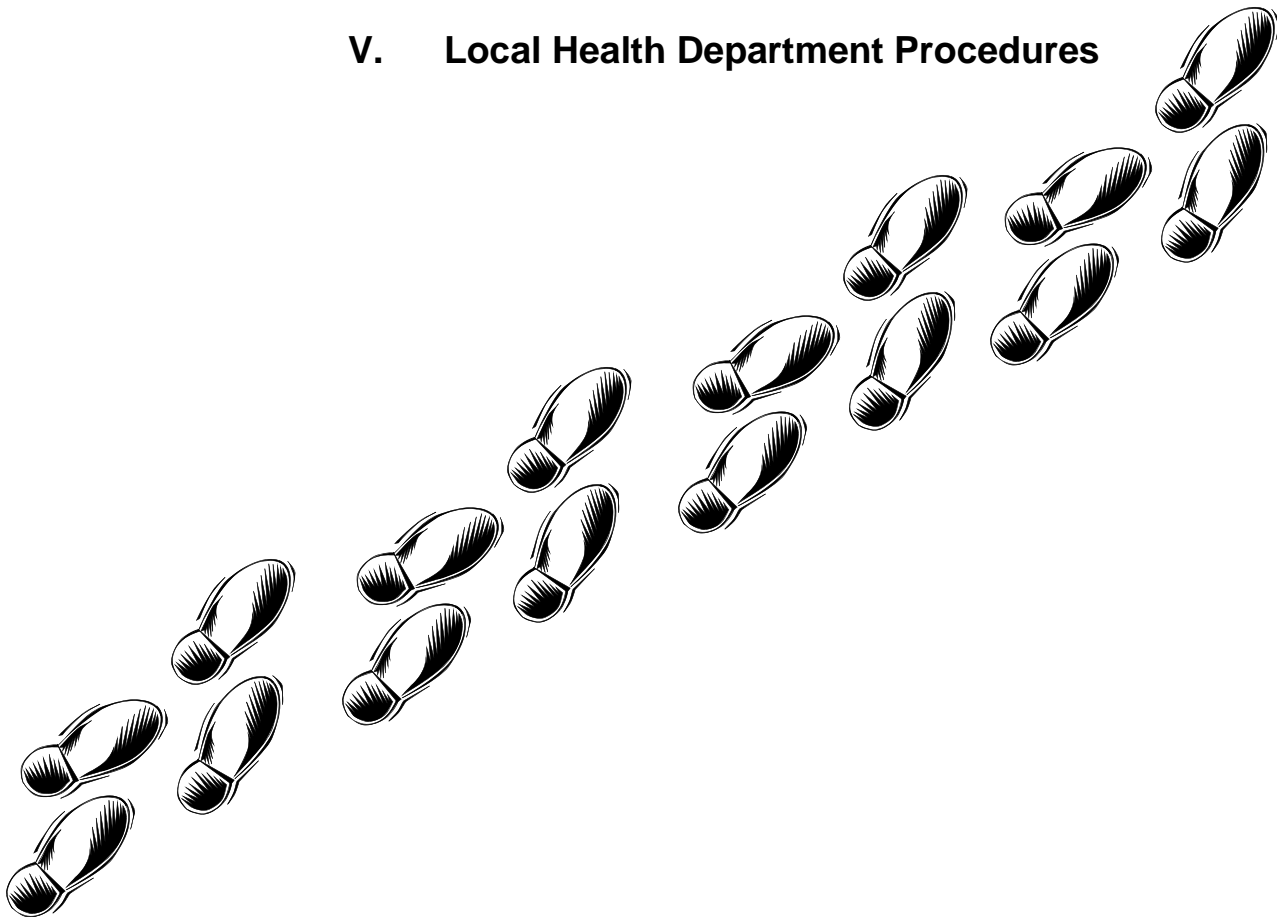
The purpose of the Administrative Services Branch is to make certain that the overall operation of the health department functions in an effective and efficient manner.

The following are among the services provided:

1. Liaison with the Kentucky Department for Public Health and other state-level offices
2. Personnel oversight (advertising vacant positions, selection and hiring of employees, and employee orientation)
3. Compliance with all applicable state and federal regulations
4. Staff training and development
5. Payroll
6. Financial responsibilities

Taken from Barren River District Health Department

V. Local Health Department Procedures





V.A. Benefits

{Insert Benefits Information Here}

Workers Compensation

Employees who are receiving workers' compensation benefits can use accumulated sick leave to maintain full salary.

Taken from KAR 8:120. Leave provisions applicable to employees of local health departments

Annual Leave

Full-Time Employees

A full-time employee shall earn annual leave credit based on the following table:

Years of Service	Annual Leave Hours Earned Per Pay Period/Per Year of 26 Pay Periods
0 to 5 Years	3.5 hours per pay period/91.0 hours per year
5 to 10 Years	4.4 hours per pay period/114.4 hours per year
10 to 15 Years	5.2 hours per pay period/135.2 hours per year
15 to 20 Years	6.1 hours per pay period/158.6 hours per year
20 Years or More	7.0 hours per pay period/182 hours per year

Part-Time Employees

A part-time 100-hour employee shall earn annual leave credit based on the following table:

Years of Service	Annual Leave Hours Earned Per Pay Period/Per Year of 26 Pay Periods
0 to 5 Years	2.1 hours per pay period/54.6 hours per year
5 to 10 Years	2.6 hours per pay period/67.6 hours per year
10 to 15 Years	3.1 hours per pay period/80.6 hours per year
15 to 20 Years	3.6 hours per pay period/93.6 hours per year
20 Years or More	4.2 hours per pay period/109.2 hours per year

Taken from 902 KAR 8:120. Leave provisions applicable to employees of local health departments

Sick Leave

Full-Time Employees

A full-time employee shall earn sick leave at a rate of 3.5 hours per pay period. Full-time employees who complete 10 years of service shall receive an additional 75 hours of sick leave.

Part-Time Employees

A part-time 100-hour employee shall earn sick leave at a rate of 2.1 hours per pay period. Part-time employees who complete 10 years of service shall receive an additional 45 hours of sick leave.

Taken from 902 KAR 8:120. Leave provisions applicable to employees of local health departments

Sharing Sick Leave

This program allows an employee to donate sick leave to other employees who have exhausted their leave balance because of an illness.

Recipient Eligibility:

- Must meet the definition of “employee.”
- The employee or a member of his immediate family suffers from a medically certified illness, injury, impairment, or physical or psychiatric condition which has caused, or is likely to cause, the employee to go on for at least ten (10) consecutive working days.
- The employee’s need for absence and use of leave are certified by a licensed practitioner.
- The employee has exhausted his accumulated sick leave, annual leave, and compensatory leave balances.

Donor Eligibility:

- Must have a balance of 75 sick hours after donation.

Taken from 902 KAR 8:120. Leave provisions applicable to employees of local health departments

The recipient must complete the Application for Sick Leave Sharing and submit it to the personnel administrator along with a medical certification from a licensed practitioner indicating the reason he/she will be unable to perform the duties and responsibilities of his/her position for 10 or more consecutive working days. The date of application is the date the request is made. No time will be applied prior to the date of application.

The personnel administrator will review the application, medical statement and other documents for completeness and accuracy, and determine whether the recipient meets the requirements of the program. If a determination is made that the employee is not eligible, the application and a letter of explanation will be sent to the employee. If the recipient meets all requirements, the personnel administrator will obtain the health department directors approval on the Application for Sick Leave Sharing. The approved application will be maintained in a separate employee medical file within the Personnel Office, with a copy sent to the employee. As the recipient accrues leave time of his/her own, that leave time must be used prior to any time donated to them.

Employees interested in donating time to the recipient must complete the Sick Leave Donation Form and submit it to the personnel administrator for approval. The personnel administrator will review the form for completeness and accuracy, and determine if the donor meets the criteria for donation.

Upon approval of the Sick Leave Donation Form, the personnel administrator will make the necessary adjustments to both the donor’s and recipients leave balances.

Upon the recipient’s return to work, he/she must notify the personnel administrator in writing. The recipient may retain the donated leave upon return to work only if the recipient has a physician’s statement documenting the need for continuing/follow-up treatment relating to the condition will be necessary. When the recipient returns to work and the donated leave is no longer needed for the qualifying condition, the excess leave shall be returned to donors in the reverse order of donation (last donor’s leave is returned first).

Employees are not required to exhaust their leave prior to submitting an Application for Sick Leave Sharing. Also, the employee is not required to have already been off for 10 consecutive working days, but must have a situation where it is likely to cause an absence for at least 10 consecutive days.

Taken from Procedures #CHS-19041

Sick Leave Application

{Insert Sick Leave Application Here}

Sample Sick Leave Application

Application for Sick Leave Sharing

- ORIGINAL REQUEST
- AMENDED REQUEST

Last Name _____ First Name _____

Department _____ Social Security #: ____ - ____ - ____

Amount of Sick Leave Needed: _____

Please provide a reason for requesting transferred leave. Include a brief description of the nature of the medical emergency, its severity and anticipated duration. *If this is an amended request, please provide a reason for requesting an extension.*

Please attach a certification from one or more physicians of the medical reason that the employee will be unable to perform the duties and responsibilities of his/her position for ten (10) or more consecutive working days. *If this is an amended request, please attach a statement from one or more physicians identifying the reason for an extension.*

Signature of Recipient or Representative

Date

Signature of Supervisor

Date

The above named employee has been approved to receive donated sick leave in accordance with the provisions of 902 KAR 8:120.

Signature of Appointing Authority

Date

Sick Leave Donation Form
{Insert Sick Leave Donation Form Here}

Sample Sick Leave Donation Form

Sick Leave Donation Form

Donor Information

Last Name: _____ First Name: _____

Department: _____ Social Security #: ____ - ____ - ____

Amount of Donation to be Credited to Recipient: _____ hours
(Employee must have 75 hours remaining after donation)

Recipient Information

Last Name: _____ First Name: _____

Department: _____ Social Security #: ____ - ____ - ____

I hereby certify that this donation is given without expectation or promise for any purpose other than authorized by 902 KAR 8:120.

Signature of Donor

Date

This is to certify that, under the provisions of 902 KAR 8:120, the employee above has a sufficient sick leave balance to donate the hours indicated.

Signature of Appointing Authority

Date

TO BE COMPLETED BY PAYROLL OFFICER

Company Number: _____ Department Name: _____

Recipient's current sick leave balance:

_____ hours + _____ hours donation = Recipient's New Sick Leave Balance

Signature of Payroll Officer

Date

One copy must be maintained in the Donor's personnel file and one copy must be maintained in the Recipient's personnel file.

Family and Medical Leave

The Family and Medical Leave Act (FMLA) was enacted on August 5, 1993 and is intended to balance the demands of the workplace with the needs of families, to promote the stability and economic security of families, and to promote national interests in preserving family integrity. The Act allows eligible employees to take up to 12 weeks of unpaid job-protected leave in a calendar year, for the following reasons:

- For the birth or placement of a child for adoption or foster care. Federal regulations state that a combined total of twelve weeks shall be granted to an eligible husband and wife who work for the same employer.
- To care for an immediate family member (spouse, child or parent or someone of similarly close blood or legal relationship who has resided with the employee for not less than thirty (30) days prior to the first day of family medical leave with a serious health condition;
- To take medical leave when the employee is unable to work because of a serious health condition.

An employee shall be entitled to a maximum of twelve (12) weeks of accumulated or annual or sick leave, unpaid family and medical leave, or a combination thereof, for the birth, placement, or adoption of a child.

FMLA leave may be taken intermittently whenever medically necessary to care for a seriously ill family member, or because the employee is seriously ill and unable to work. When the intermittent leave is needed to care for an immediate family member or the employee's own illness, and is for planned medical treatment, the employee must try to schedule treatment so as not to unduly disrupt the employer's operation.

An employee of FMLA leave is also entitled to have state paid medical and life insurance coverage maintained while on leave as if the employee continued to work instead of taking leave. If the employee was paying all or part of the premium payments prior to leave, the employee would continue to pay his or her share during the leave period. The premiums shall be due at the same time the premiums would be made if by payroll deduction. An employee shall be granted a thirty (30)-calendar day grace period to make any employee contributions for life and health insurance benefits. If the employee does not make the contributions within the thirty (30) day grace period, health benefits cease as a result of nonpayment of premiums by the employee after the grace period, upon the employee's return to work for thirty (30) calendar days, the employer must restore the employee to coverage and benefits that are equivalent to those the employee would have had if leave had not been taken if the premium payment or coverage had not been cancelled, including family or dependent coverage.

Generally, an employee has the right to return to the same position or equivalent position with equivalent pay, benefits and working conditions at the conclusion of leave. The taking of FMLA leave cannot result in the loss of any benefit that accrued prior to the start of leave.

An employee is required to submit certification from a health care provider to substantiate that the leave is due to the serious health condition of the employee or the employee's immediate family member. Failure to comply with these requirements may result in a delay in the start of FMLA leave. The employee must present a fitness for duty statement when returning to work when the absence was caused by the employee's serious health condition.

Application for Family Leave
{Insert Application for Family Leave Here}

Sample Application for Family Leave

Application for Family Leave

Last Name: _____ First Name: _____

Social Security #: ____-____-____

Home Address: _____

Home Phone: () _____ Work Phone: () _____

Agency: _____

Agency Address: _____

Regular Hours Worked per Week: _____ Hours

Purpose of Family Leave: _____

*** Attach**

REQUIRED supporting documentation.

Anticipated duration of leave: From _____ to _____ For a total of _____ work days.

In requesting family leave, I certify that all information on this application is true and that I will abide by the regulations governing family leave.

Employee Signature Date

For Agency Use Only:

Family Leave Approved From _____ to _____

Family Leave Denied

Family Leave balance as of this date _____ Date Family Leave Letter sent _____

Signature of Appointing Authority Date

Court Leave

An employee is entitled to time off without loss of pay or time for each day the employee is subpoenaed by a court to serve as a juror or as a witness for a defendant. If the employee is relieved from court duty, the employee is expected to return to work.

Taken from 902KAR 8:120. Leave provisions applicable to employees of local health departments

Military Leave

An employee who is an active member of the United States Army Reserve, the United States Air Force Reserve, the United States Naval Reserve, the United States Marine Corps Reserve, the United States Coast Guard Reserve, the United States Public Health Service Reserve, or the Kentucky National Guard is entitled to time off from work without the loss of pay or time to serve under military orders for up to 75 hours in any given calendar year.

An employee entering military duty is entitled to a leave of absence without pay for a period of active duty not to exceed six (6) years. Employees can request accumulated annual leave and compensatory leave be paid in lump sum once placed on leave.

Taken from 902KAR 8:120. Leave provisions applicable to employees of local health departments

Voting Leave

An employee is entitled to a total of four (4) hours for the purpose of voting.

Overtime

Overtime in excess of forty (40) hours in any workweek approved by the health department director or employee's supervisor shall be paid at a rate of one and one-half (1 ½) times the hourly rate at which the employee is employed.

Taken from 902KAR 1:060. Overtime pay requirements

Compensatory Time

Employees will receive compensatory time at a rate of one hour for each hour the employee is authorized to work between 37.5 and 40 hours in a workweek.

In lieu of overtime pay, employees may request compensatory time at the rate of one and one-half (1 ½) hours for each hour the employee is authorized to work in excess of forty (40) hours in a workweek.

Taken from KRS 337.285 Time and a half for employment in excess of forty hours – Compensatory time.



V.B. HIV/AIDS

AIDS is the *Acquired Immune Deficiency Syndrome* – a serious illness which makes the body unable to fight infection. A person with AIDS is susceptible to certain infections and cancers. When a person with AIDS cannot fight off infections, this person becomes ill. Most people with AIDS will die as a result of their infection. AIDS is caused by a virus called *Human Immunodeficiency Virus*, or HIV. Early diagnosis of HIV infection is important! If you have been told you have HIV, you should get prompt medical treatment. In many cases, early treatment can enhance a person's ability to remain healthy as long as possible. Your doctor will help you determine the best treatment for you. Free anonymous and confidential testing and counseling is available at every health department in Kentucky. After being infected with HIV, it takes between two weeks and six months before the test can detect the antibodies to the virus.

HIV can be spread by:

- Sexual contact (oral, anal, or vaginal intercourse) with an infected person when blood, semen or cervical/vaginal secretions are exchanged.
- Sharing contaminated syringes, needles, cotton, cookers, and other IDU equipment with someone who is infected.
- Receiving contaminated blood or blood products (very unlikely now because blood used in transfusions has been tested for HIV antibodies since March, 1985).
- An infected mother passing HIV to her unborn child before or during childbirth, and through breast-feeding. The risk of infection to the baby can be reduced by 2/3 by treating the pregnant women and the newborn with the anti-retroviral drug Zidovudine (AZT, ZDV).
- Receipt of transplant or infected tissue/organs or artificial insemination from an infected donor.
- A needle stick or sharps injury in a health care setting involving an infected person. Infections sometimes can be prevented by taking post-exposure prophylaxis anti-retroviral drugs. Strict adherence to universal precautions is the best way to prevent exposures.

You cannot get HIV through casual contact such as:

- Sharing food, utensils, or plates.
- Touching someone who is infected with HIV.
- Hugging or shaking hands.
- Donating blood (this has NEVER been a risk for contracting HIV).
- Using public rest rooms.
- Being bitten by mosquitoes or any other insect

Prevention:

- Do not share needles or syringes with anyone.
- Do not have sexual intercourse except with a monogamous partner whom you know is not infected. If you choose to have sex with anyone else, use latex condoms (rubbers), female condoms or dental dams every time you have sex.
- Educate yourself and others about HIV infection and AIDS.

You should be tested if you:

- Have had sex with someone who has HIV.
- Have had sex with someone who has or has had any sexually transmitted disease (STD).
- Have shared needles or syringes with someone who has HIV.
- Have had multiple sex partners or you have had sex with someone who has had multiple partners.
- Have had sex through prostitution (male or female).
- Have had sex with injecting drug users.
- Had a blood transfusion between 1978 and 1985.
- Are a woman who is pregnant or desires to be pregnant and who wishes to reduce the chance of your baby getting HIV from you, should you be infected



V.C. Probationary Period

{Insert Probationary Period Information Here}

Sample Probationary Period Information

New employees and employees receiving a promotion shall serve a probationary period of at least thirteen pay periods.

Taken from 902KAR 8:080. Initial appointment, probationary period, layoffs, performance evaluation



V.D. Employee Performance Appraisal

{Insert Employee Performance Appraisal Procedures Here}

Sample Employee Performance Appraisal Procedures

The health department director or an employee’s supervisor shall conduct an employee performance appraisal annually. Performance appraisals shall also be conducted prior to the end of an employee’s probationary period.

Taken from 902 KAR 8:080. Initial appointment, probationary period, layoffs, performance evaluation

Sample Employee Performance Appraisal Form

The following form models after the Employee Performance Appraisal Form for Local Health Departments of Kentucky; CH-40 April 1, 1993.

**EMPLOYEE PERFORMANCE APPRAISAL
LOCAL HEALTH DEPARTMENTS OF KENTUCKY**

PART I

Employee's Name – Last, First, Middle		Social Security Number	Position Title
Agency			Work Station
Period of Appraisal	Type of Appraisal		Date Due
From: _____	To: _____	<input type="checkbox"/> Annual <input type="checkbox"/> Probationary	<input type="checkbox"/> Other _____ _____

Instructions: An evaluation must be completed at least annually on each employee and is required prior to completion of a Probationary Period or the denial of an Annual increment.

- | | |
|---|--|
| 1. Complete all items in Part I. | 4. Discuss with employee in conference. |
| 2. Complete Parts II-IV. | 5. Allow employee review, comment and signature. |
| 3. Record overall evaluation in Part VII;
Sign and date appropriately. | 6. As appropriate, make changes and complete signatures. |
| | 7. Place a copy in the employee's file and send a copy to the Merit System Office. |

(See Parts II-IV on the back)

PART V: Remarks by supervisor. Give brief narrative of evaluation of employee. List recommendations and suggestions. Briefly state performance GOALS for next evaluation period.

PART VI (optional) Remarks by employee. Indicate your work objectives and goals for the next evaluation period. You may comment in this section or submit additional comments if you do not concur with evaluation.

PART VIII Overall Evaluation of Employee:

- Inadequate
 Below Requirements
 Meets Requirements
 Exceeds Requirements
 Outstanding

- PART VII: Recommendation**
 Employee should receive increment
 Employee should not receive increment
 Employee should receive permanent status
 Employee should not receive permanent status

Employee's Signature: I hereby certify that this rating has been discussed with me by my supervisor
 I Concur
 I Do Not Concur

Supervisor's Signature	Title	Date
Reviewer's Signature	Title	Date

Employee's Name _____

PERFORMANCE ELEMENTS

PART II – TO BE COMPLETED ON ALL EMPLOYEES

	Inadequate	Below Requirements	Meets Requirements	Exceeds Requirements	Outstanding	Not Applicable
1. Completes work assignments						
2. Does routine work without specific instructions						
3. Remembers office or agency procedures and operates according to them						
4. Meets deadlines when they exist						
5. Listens to and accepts instructions						
6. Shifts to new tasks when priorities change						
7. Does work accurately and quickly						
8. Checks work for accuracy						
9. Files or keeps records accurately						
10. Is interested in and concerned about work						
11. Gets along with co-workers to accomplish job tasks						
12. Discusses assignments and problems with superior						
13. Deals tactfully with the public on the telephone or in person						
14. Uses sick leave appropriately						
15. Expresses ideas well in writing						
16. Expresses ideas well orally						
17. Possesses the technical knowledge/skill to handle assignments						
18. Is faithful and punctual in attendance						
19. Looks for opportunities to develop greater skills in the job						
20. Meets or exceeds expectations of quantity of work						
21. Meets or exceeds quality of work demanded by program goals and objectives						
22. Approaches assignments in a positive manner						
23. Exercises care in the use of equipment and supplies						
24. Establishes priorities in work assignments in order to efficiently accomplish job tasks						
25. Is willing to work overtime when job duties demand it						

PART III – TO BE COMPLETED ONLY FOR EMPLOYEES WHO CURRENTLY HOLD SUPERVISORY POSITIONS

1. Plans and organizes to accomplish work goals						
2. Trains and instructs subordinates						
3. Evaluates subordinates objectively on the basis of work performance						
4. Coordinates distribution of workloads for maximum efficiency						
5. Exercises appropriate management control to accomplish work						
6. Demonstrates leadership in problem solving, policy statements and procedural recommendations						
7. Exercises appropriate management control to accomplish work						
8. Exercises courtesy in dealing with employees, other superiors and the public						
9. Understands the value of team work and approaches problems with that understanding						
10. Disciplines in a consistent and constructive manner						
11. Exercises innovative methods to solve problems						
12. Analyzes the cause of problems effectively						
13. Possesses sound technical judgment as evidenced by effective solutions to work problems						
14. Demonstrates administrative or managerial professionalism in handling of work, people and issues						
15. Exercises sufficient tenacity to accomplish work goals within the prescribed limits of time and resources						

PART IV						
VI. NUMBER OF ELEMENTS CHECKED						

Final rating is based upon overall evaluation with appropriate weight given to the most significant performance elements.



V.E. Confidentiality Agreement

{Insert Employee Confidentiality/Security Agreement Here}

Sample Employee Confidentiality/Security Agreement

{Insert Health Department Name Here} Employee Confidentiality/Security Agreement

This Confidentiality/Security Agreement is established in accordance with the following statutes and regulations. KRS 194.060; KRS 214.420; KRS 434.840 thru 434.860. Unlawful Access to Computer; Public Law 91.572, federal Health Insurance Portability and Accountability Act of 1996(HIPAA), and accompanying Regulations; and the Privacy Act of 1974.

I understand all information pertaining to personal facts and circumstances obtained by health department staff shall be confidential. Any information that can be linked to a specific person through the patient's name, patient-identifying number, which is or contains his/her Social Security number, his/her address, or telephone number is deemed confidential. Further, I understand that information that would lead to identification of an individual must also be protected as Patient Health Information (PHI). Such information may be in the form of a person's personnel record, medical record, excerpts from the medical record, computer generated reports, computer disks, computer screens, copies of computer screens and conversations which identify the patient. All such information shall be safeguarded against access/use by unauthorized persons, and shall be stored out of sight when not in use.

I understand that patients I see and patient specific information I learn from conversations or observations as an employee of the local health department is confidential. I will not disclose information about specific individuals without the individual's written consent, except in accordance with written standards or as provided by law. I also understand information may only be disclosed in statistical summarization or another form(s) that does not identify specific individuals. I understand that information provided to external agencies must have the same protections and that persons receiving such information must be aware of governing statutes and regulation.

I understand that all USER ID/Passwords to access computer data are issued on an individual basis. I further understand that I am solely responsible for all information obtained, through system access, using my unique identification. At no time will I allow use of my USER ID/Password by another person, except in case of emergency.

I will _____ or will not _____ have access to information, records, or reports concerning persons provided services for Sexually Transmitted Diseases. I understand that data concerning these patients are not to be shared with anyone who is not assigned to STD activities.

I understand that accessing or releasing confidential information and/or causing confidential information and/or records to be accessed on individuals, clients, relatives, etc., outside the scope of my assigned job duties would constitute a violation of this agreement and could result in disciplinary action taken against me, up to and including dismissal. I further understand that negligent or willful violation of the provisions of HIPAA may subject me to civil or criminal penalties.

I also understand that this agreement is considered part of the employee evaluation process, will be reviewed at least annually, and will be filed in my personnel record. Furthermore, I understand that disclosure or intentional release of personal information against an individual's wishes may also subject me to civil liability, fines, and/or incarceration and that I will be prosecuted for any violation of these laws for which I am responsible.

I have read this agreement, understand it, and agree to comply with its terms. In addition, it is my responsibility to report violations of this agreement by any employee to my supervisor. I acknowledge I have had an opportunity to ask questions and I understand this information. I further agree it is my responsibility to assure the confidentiality of all information, which has been issued to me in confidence even after my employment with the local health department ceases.

Employee's Signature

Date

Supervisor's Signature

Date

Taken from Administrative Reference for Local Health Departments



V.F. Health Insurance Portability and Accountability Act

{Insert Health Insurance Portability and Accountability Act Information}

Sample Health Insurance Portability and Accountability Act Information

Agency Responsibility

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the following six (6) areas: transaction standards, electronic signatures, code sets, security, health identifiers, and privacy. The basic requirements of the privacy regulation apply to protect health information and individually identifiable health information, whether said information is oral or recorded in any form or medium – electronic or paper. A HIPAA Privacy Notice must be posted in plain view in the health department and copies shall be made available for patient and public access.

The {Insert Health Department Name} must establish HIPAA policies and procedures to achieve a compliance date of April 14, 2003. The procedures must assure that all employees, students, volunteers, and business partners comply with HIPAA requirements.

Agency and Employee Responsibility

ALL employees must sign a confidentiality agreement that mandates HIPAA compliance as part of the condition of employment. The appointing authority shall take immediate disciplinary action against any employee who violates HIPAA.

Taken from Administrative Reference for Local Health Departments



V.G. Internet Use and E-mail Use

{Insert Internet Use and E-mail Use Here}

Sample Internet Use and E-mail Use Procedure

INTERNET AND ELECTRONIC MAIL

In compliance with the laws of the Commonwealth of Kentucky and pursuant to the policy set forth by the Governor's Office for Technology, Policy Number GOT-060, employees of the {Insert Health Department Name} are provided with and encouraged to utilize both Internet services and Electronic Mail (E-mail) services in the performance of their job duties in order to provide service of the highest quality to the citizens of the Commonwealth, to discover new ways to use resources to enhance service, and to promote staff development.

Supervisors should determine the appropriateness of each employee's use of the Internet and E-mail for professional activities and career development during normal working hours and ensure that no employee violates the privilege of using these resources. Supervisors are encouraged to identify Internet and E-mail training needs and resources to improve job performance, to support staff attendance at training sessions and to permit the use of time during normal working hours for maintaining skills as appropriate.

This procedure applies when the Commonwealth's Internet and E-Mail resources are being used by employees, regardless of the time of day, location or method of access.

Monitoring tools are in place to monitor employees' use of E-mail and the Internet. Employees shall have no expectation of privacy associated with E-mail transmissions and the information they publish/store on the Internet using the Commonwealth's resources.

Employee compliance is expected and the intentional, inappropriate use of the Internet and/or e-mail resources may result in disciplinary action pursuant to KRS 18A, up to and including dismissal.

AGENCY RESPONSIBILITIES

Per GOT-060, each agency is responsible for the following:

E-mail should be used for "appropriate business use" only. This policy recognizes the specific definition of appropriate business use may differ among agencies based on their mission and functions. Therefore, each agency should define appropriate business use and make certain employees are informed. Agencies who choose to use E-mail to transmit highly sensitive or confidential information should be aware of the potential risks of sending unsecured transmissions. E-mails of this nature should, at a minimum, contain a confidentiality statement.

Agencies are responsible for the content of their published information and for the actions of their employees. The Governor's Office for Technology policy on Electronic Mail as Public Record should be observed.

Any commercial use of Internet connections by agencies must be approved by GOT to make certain it does not violate the terms of GOT's agreement with the Commonwealth's Internet provider. No reselling of access is allowed.

Agencies shall not accept commercial banner ads nor vendor-hosted website advertising for which the agency receives compensation. As a general practice, state agencies should avoid endorsing or promoting a specific product or company from agency websites, however the placement of accessibility and certification logos is acceptable.

EMPLOYEE RESPONSIBILITIES

Health Department employees have an obligation to adhere to the following:

Use access to the Internet and E-mail in a responsible and informed way, conforming to network etiquette, customs, courtesies and any or all applicable laws or regulations.

Each employee must include a confidentiality statement on all E-mail transmittals; i.e., *NOTICE OF CONFIDENTIALITY: This e-mail, including any attachments, is intended only for the use of the individual or entity to which it is addressed and may contain confidential information that is legally privileged and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are notified that any review, use, disclosure, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please contact the sender by reply e-mail and destroy all copies of the original message.*

Respond promptly to open-records requests for access to electronic records via the records custodian.

Regularly transfer official records to an organized, secure and accessible filing system.

Observe copyright restrictions and regulations.

Be aware that conduct and information published could reflect on the reputation of the Commonwealth; and therefore, professionalism in all communications is of the utmost importance.

Represent themselves, the health department or any other state agency accurately and honestly through electronic information or service content.

UNACCEPTABLE USES

Use of the Commonwealth of Kentucky Internet and E-mail resources is a privilege that may be revoked at any time for inappropriate conduct. Any abuse of acceptable use policies may result in revocation of access and disciplinary action up to and including dismissal. The following examples of inappropriate conduct include, but are not limited to:

Use of the Internet and/or E-mail for personal gain or personal business activities as defined in a commercial sense such as buying or selling of commodities or services with a profit motive.

Excessive personal use of the Internet and/or E-mail.

Engaging in illegal activities or using the Internet for any illegal purposes, including initiating or receiving communications that violate any laws or regulations, including KRS 434.840-434.860 (Unlawful Access to a Computer) and KRS 512.020 (Criminal Damage to Property Law). Illegal activities or illegal purposes also include malicious use, spreading of viruses, and hacking. Hacking means gaining or attempting to gain unauthorized access to any computers, computer networks, databases, data or electronically stored information.

Transmitting statements, language, images or other materials that are reasonably likely to be perceived as offensive or disparaging of others based on race, national origin, sex, sexual orientation, age, disability, religious or political beliefs.

Use of abusive or objectionable language in either public or private messages.

Knowingly and/or repeatedly visiting pornographic and/or illegal sites or disseminating, soliciting or storing sexually oriented messages or images.

Misrepresenting, obscuring, suppressing, or replacing a user's identity on the Internet or electronic mail. This includes the use of false or misleading subject headers and presentation of information in the distribution of electronic mail.

Sending or forwarding chain letters.

Developing or maintaining a personal web page on or from a Commonwealth device.

Distributing or forwarding unsolicited, commercial E-mails.

Soliciting money for religious or political causes, or advocating religious or political opinions.

Using official dissemination tools to distribute personal information, including but not limited to distributing any information that constitutes an unwarranted invasion of personal privacy as defined in the Kentucky Open Records Act, KRS 61.870.

Copying, disseminating or printing copyrighted materials (including articles, images, games or other software) in violation of copyright laws.

Other non-business related activities that will cause congestion, disruption of networks or systems including but not limited to, Internet games, online gaming, unnecessary List serve subscriptions and E-mail attachments, and chat rooms, such as Internet Relay Chat (IRC), I SeeK You (ICQ), AOL Instant Messenger and similar computer conferencing chat rooms on the Internet.

Taken from CHS Procedures 19009



V.H. Conduct

{Insert Code of Conduct Procedures Here}

Sample Conduct Procedures

Employees are encouraged to review and understand the standards of continued employment at {Insert Health Department Name} and behavior, which may call for disciplinary action as defined in the Merit System Administrative Regulations. A copy of the Merit System Administrative Regulations can be obtained from the Personnel Department for your review.

Examples of conduct that may result in disciplinary action include, but are not limited to the following:

- *Inefficient or incompetent performance of duties or neglect of duty
- *Willful or careless abuse, misappropriation, or damage to agency property, agency funds, or property of others
- *Making false, vicious, or malicious statements about an employee, client, the agency, or its services
- *Habitual improper use of sick leave and other leave privileges
- *Making unwelcome sexual advances, requests or favors and/or displaying verbal/physical conduct of a sexual nature
- *Violation of professional and/or technical practices or ethics; failure to maintain current license, certification or other qualifications as required by law
- *Gross misconduct or conduct unbecoming an employee; fighting or attempting to threaten or harm others
- *Falsifying records, including medical records incident reports, time and travel sheets, applications, or any other official document
- *Participation in an action or actions that would seriously disrupt or disturb the normal operations of the agency
- *Abuse of clients, co-workers, or the public
- *Insubordination, refusal to carry out reasonable and proper assignments from authorized supervisors
- *Possession or use of alcohol or illegal drugs, or unauthorized disposal of drugs
- *Abusive break time

- *Sleeping on duty, failure to remain alert during working hours
- *Releasing confidential information to an unauthorized party

Prohibited political activity

Conviction of a felony

- *Damage of agency property
- *Unauthorized absence or absence for any period from work without notifying supervisor

The {Insert Health Department Name} believes in a progressive process for disciplinary action based on the individual problem being addressed. Documentation of efforts to correct a problem will be maintained in an employee's file. The Director has the authority to initiate the disciplinary process up to and including dismissal.

The following steps shall be taken prior to a suspension, demotion or dismissal:

1. Written notice to the employee which shall state:

- Specific reason for action including the date, time, and place of action or activity
- Statutory, regulatory, or agency policy violation
- Notification of intent to demote, suspend or dismiss
- Name of parties involved
- Employee's right to appear personally and/or with counsel to reply to the Director

2. Employees have five (5) working days from the date of receiving the notification to request to appear before the Director to reply to the notification of the action to be taken.

3. The Director will schedule the requested appearance within six (6) working days of receipt of the request.

4. Employees will be notified in writing no later than five (5) working days after meeting with the Director, of the Director's decision.

5. Notification to the employee of demotion, suspension, or dismissal by the Director shall be provided in writing fourteen (14) days prior to the effective date of the action. Information included will be:

- The professional statutory, regulation, or agency policy involved
- Specific date, time, and place of action or activity on which the disciplinary action is based
- Names of parties involved

An explanation of Rights of Appeal to the Local Health Personnel Advisory Council no later than fifteen (15) days after the effective date of the action.



V.I. Dress Code

{Insert Dress Code Here}

Sample Dress Code

All staff of the {Insert Health Department Name} represents the agency in their work activities. The community's perception of the agency may be decided by an employee's actions and attire within the facility and out in public while representing the health department.

All employees are expected to wear neat, clean and appropriate clothing while working. Work attire should have a positive effect on our patients and should contribute to the positive image of the {Insert Health Department Name}. Wearing apparel that contains commercial messages or advertising is not permitted. The following guidelines should be followed:

TOPS:

Halter, tube, tank, strapless or revealing tops showing midriff or cleavage are not permitted.

Tee shirts without advertisement may be worn.

Sundresses **worn with a jacket** may be worn.

Scrub tops, scrub jackets or lab coats for direct service staff may be worn.

Lab coats or scrub jackets (not white) may be worn by support staff.

SLACKS:

Sweat suits, jogging suits, spandex, leggings or other form-fitting pants are not permitted.

Denim blue jeans are only permitted on dress down days. Denim jeans may not be torn or have fringe.

Direct service staff may wear scrub pants.

SKIRTS:

Skirts must be knee length or longer (no mini-skirts). Knee length or longer skirts or denim skirts may be worn.

SHORTS:

Shorts may be worn for designated events as approved by the Director. For summertime events khaki shorts (upon approval of length) and WCHD shirt is appropriate attire.

FOOTWEAR:

Athletic shoes may be worn. Shoes without a heel strap are not recommended when rendering a service and may be prohibited.

ACCESSORIES:

Jewelry should be limited to small items, which will not interfere with work activities. Employee identification pins must be worn at all times.

Dress down days will be approved and announced by the Director. Currently the last Friday of each week is designated dress down day. Other days may be announced by administration.

Environmental Dress: Due to the nature of their work, field attire may include denim jeans and tee shirts. Jeans with holes or patches are not permitted. Denim jeans may not be worn for attendance at training or conference sessions unless the nature of the training requires it.

DRESS CODE FOR STAFF TRAINING / CONFERENCES

All staff members of the WCHD represent the entire agency when attending staff training programs or conferences. With that in mind extra attention should be given to attire worn while attending functions outside the health department. An employee identification pin may be worn. Questions regarding dress while out of the office may be directed to Administration.

Taken from Woodford County Health Department



V.J. Drug-Free Workplace

Recipients of Federal Funds Requirements

In 1988, the United States Congress enacted the Anti-Drug Abuse Act (P.L. 100-690), which requires recipients of federal funds to certify that they have met requirements designed to promote a drug-free workplace. In compliance with this Act, local health department employees are notified that:

The unlawful manufacture, distribution, dispensation, possession or use of any controlled substance is strictly prohibited in the workplace and any employee found to be in violation will be subject to disciplinary action by the Appointing Authority for misconduct which may include sanctions up to and including dismissal from state service, in accordance with administrative regulation.

Drug-Free Awareness Programs/Health Insurance Coverage

Each agency will continue to improve drug-free awareness programs through cooperation with state agencies to eradicate the dangers that drugs in the workplace create for employees. State supported health insurance provides coverage for employees referred to or seeking treatment for drug and alcohol related problems.

Reporting Convictions

Employees are notified that compliance with drug-free workplace requirements is a condition of continued employment with an agency. Each employee is obligated to report any conviction he/she receives as a result of a violation of any criminal drug statute violation occurring in the workplace within five (5) days of such conviction. Failure to report a conviction may result in disciplinary action. Such a report is to be made to the employee's Appointing Authority and is required by federal law and the agency is obligated to report such conviction to the federal grantor within ten (10) days after it receives notice.

Violation Penalties

Employees found to be in violation of drug-free workplace requirements may face disciplinary action up to and including dismissal or may be required to satisfactorily participate in a drug abuse assistance or treatment program.

Employees who have questions concerning this directive are encouraged to contact their supervisor or appointing authority.

Administrative Reference for Local Health Departments

{Insert Drug-Free Workplace Procedures Here}

Sample of Drug-Free Workplace Anti-Drug Abuse Act

DRUG-FREE WORKPLACE ACT REQUIREMENTS

1. Local health departments shall publish and distribute to all employees (including contracted employees) a policy statement indicating that the manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and that any employee who is convicted of a criminal drug statute violation in the workplace will be reprimanded and will be required to enroll in an approved drug abuse/rehabilitation program. These agency actions shall occur within 30 calendar days of notification of an employee's criminal drug conviction. The publication shall also specify that employees shall abide by the policy statement as a condition of continued employment and that employees shall notify the Director/Administrator in writing of any criminal drug statute conviction in the workplace no later than five (5) calendar days after the conviction.

2. Local health departments shall post the policy statement in a conspicuous place that will be seen by all employees.

3. Local health departments shall establish an ongoing drug-free awareness program, which includes:

Distributing pamphlets and literature to all employees on the dangers of drug abuse in the workplace.

Distributing the policy statement on an annual basis to all employees.

Specifying in the policy statement the local resources available for drug abuse counseling and rehabilitation.

4. Local health departments shall annually submit in conjunction with annual service projections/budget an assurance/certification to the Director of the Division of Local Health Department Operations, Department for Public Health, indicating their compliance with Public Law 100-690, the Drug-Free Workplace Act of 1988.

The web site is: www.dol.gov/asp/programs/drugs/said.htm.

Local health departments shall notify the federal grant agency(ies) in writing of such a conviction within 10 calendar days after receiving notice from an employee or otherwise receiving notice from law enforcement authorities.



V.K. Violence in the Workplace

No Tolerance Policy

The {Insert local health department name} does not tolerate any actions that threaten its employees. Management personnel will deal with any such action immediately. This includes verbal and physical harassment, verbal and physical threats and any actions that may cause others to feel unsafe in the workplace.

Employee's Responsibility for Reporting

All employees are responsible for reporting to management any threatening actions whenever they occur.

Responsibility of Management

Management personnel will investigate the situation and take appropriate action, which may include a directive to vacate the premises. The appointing authority may place the employee on leave using accumulated leave credit or immediately suspend the employee without pay.

If an incident of violence occurs at the workplace, it is important that the agency provides employees in that work setting with psychological care within 24-48 hours.

Taken from Administrative Reference for Local Health Departments

{Insert Violence in the Workplace Procedures Here}

Sample of Violence in the Workplace Procedure

Policy

The purpose of this policy is to set forth {insert Health Department Name} desire to create and maintain an environment free from disruptive, threatening, and violent behavior. {Insert Health Department Name} will not tolerate inappropriate or intimidating behavior within the workplace.

Procedure

The {Insert Health Department Name} will respond appropriately to every reported incidence of disruptive, threatening, or violent behavior.

I. Definitions

Examples of inappropriate behavior by staff members include but are not limited to:

Behavior that distracts, interferes with, or prevents normal work functions or activities. This behavior includes but is not limited to yelling, using profanity or vulgarity, verbally abusing others, making inappropriate demands for time and attention; making unreasonable demands for action (demanding

an immediate appointment or a response to a complain on the spot) or refusing a reasonable request for identification.

Behavior that includes physical actions short of actual contact/injury (e.g., moving closer aggressively), oral or written threats to a person or property, whether in person, over the telephone or through other means of communication.

Behavior that includes physical assault, with or without weapons; behavior that a reasonable person would interpret as being violent, (e.g., throwing things, pounding on a desk or door, or destroying property); and specific threats to inflict physical harm.

Behavior which creates incidents that are stressful or traumatic that interfere with an individual's or group of individuals' ability to effectively function in his/her educational or work environment.

II. Reporting

When appropriate, complaints under this policy may be reported to the immediate supervisor, appointing authority. All reports or complaints under this policy will be investigated and include confidentiality where appropriate. Once an investigation is complete, a recommendation on how to handle the complaint will be submitted to the appropriate area for disposition. Some behaviors may also be prohibited under criminal law, and where appropriate, the {Insert Health Department Name} will report such cases to the proper authorities.

III. Employee Assistance Program (EAP)

Counseling for staff may be available through the EAP or other resources available to the {Insert Health Department Name} for both the victim and any others within the health department community affected by a violent or traumatic incident.

IV. Protective Orders

Employees of the {Insert Health Department Name} who have obtained a protective order should supply a copy of the order to the appointing authority or supervisor. Other parties may also be informed when deemed necessary for the safety of the employees.

V. Discipline/Corrective Steps

Staff who violate this policy may be subject to discipline up to and including dismissal. Staff should refer to 902 KAR 8:100 for clarification.

VI. General

All employees of the {Insert Health Department Name} are responsible for maintaining a safe work environment and participating in investigations as necessary. Reasonable action will be taken to ensure that persons involved in an investigation, or in providing information during an investigation do not suffer any form of retaliation because of their good faith participation. Steps to avoid retaliation may include placing a party to the investigation on administrative leave or other reasonable action. Additional steps may be taken to address workplace safety issues.

Useful Contacts

National Domestic Violence Hotline	1-800-799-7233
Kentucky Association of Sexual Assault Program	1-800-656-HOPE

Taken from Administrative Reference for Local Health Departments and Procedures #CHS-19039



V.L. Sexual Harassment in the Workplace

{Insert Sexual Harassment in the Workplace Procedure Here}

Sample Sexual Harassment Procedure

Sexual harassment is a form of sexual discrimination prohibited by federal law in Section VII, of the Civil Rights Act of 1964 (43 USC 2000e) and 29 CFR 1604.11. As an employer and a recipient of federal assistance, the {Insert Health Department Name Here} is required to maintain an employment and program atmosphere free from sexual harassment and to respond promptly and effectively to complaints of sexual harassment.

Sexual harassment is a form of misconduct that undermines the integrity of the employment relationship. Employees should not be subjected to and shall not subject anyone to, unsolicited and unwelcome sexual overtures or conduct, either verbal or physical, in the workplace. Sexual harassment refers to behavior that is not welcome, that is personally offensive, that debilitates morale, and that interferes with work effectiveness or integrity. Such behavior may result in disciplinary action up to and including involuntary termination.

Prohibited Activities

Sexual harassment, whether committed by supervisory or non-supervisory personnel, is specifically prohibited as unlawful. Sexual harassment includes, but is not limited to:

1. The unwelcome touching of another person
2. The making of advances or requests for sexual favors
3. The use of sexually explicit, suggestive or abusive language
4. The making of sexually suggestive or degrading remarks about a person or about a person's body or clothing
5. The display of sexually explicit or suggestive literature, pictures, photographs or objects.

The {Insert Health Department Name}, as an employer, and its supervisors also may be responsible for the acts of non-employees, residents/patients, clients and vendors with respect to sexual harassment of health department employees in the workplace, where the employer (and its agents or supervisory employees) knows or should have known of the conduct and fails to take immediate and appropriate corrective action. The health department strictly prohibits verbal or physical conduct by any employee, which harasses, disrupts or interferes with work performance or which creates an intimidating, offensive or hostile working environment.

The {Insert Health Department Name} strictly prohibits any supervisor or employee from making submission to sexual advances a condition of employment, continued employment, evaluation, compensation, benefits, promotion or any other privilege, term or condition of employment.

Complaint Procedure

Any employee who believes he/she has been subjected to sexual harassment in the workplace has the responsibility to complain about the harassment as soon as possible. Everyone is supported by the health department in their right to freely express displeasure with any action or condition that may be construed as discriminatory, derogatory or harassing.

The complaint should first be made in writing with the employee's immediate supervisor or to the offending worker's supervisor. If the harassment involves the immediate supervisor, the complaint should be filed in writing with the immediate supervisor's supervisor. If a complaint to this level is not appropriate, the complaint should be filed with the Personnel Branch.

The official to whom the written complaint is taken shall immediately notify the Personnel Branch of the complaint. The Personnel Branch shall consult with the health department attorney. The Personnel Branch shall initiate the investigation. All information gathered in such investigations shall be held confidential to the maximum extent possible. However, the Personnel Branch cannot guarantee complete confidentiality. It should be understood by the complainant that all officials have the responsibility to investigate and resolve complaints of sexual harassment brought to their attention whether or not the complainant continues to cooperate.

The Personnel Branch shall make every effort to conclude the investigation and resolve the complaint within 45 days. If the matter cannot be finalized within 45 days, the Personnel Branch shall notify the complainant and provide an estimate of the additional period of time necessary to conclude and resolve the complaint. The complainant shall be notified of the final determination.

{Insert information about the formal grievance procedure}

A complaint made to the health department does not affect the time limitations of other complaint avenues. A complainant has 45 days to file a complaint with the United States Equal Employment Opportunity Commission and this time limit runs from the last date of the alleged unlawful harassment.

Retaliation or Interference with Investigation

Retaliation against anyone who brings sexual harassment charges or who participates in the investigation of these charges is strictly prohibited as unlawful, 42 USC 20003-3(a). Any employee bringing a sexual harassment complaint or assisting in the investigation of such a complaint shall not be adversely affected in terms and conditions or employment, nor discriminated against in any manner because of the complaint. Examples of retaliation include, but are not limited to, transfers of employees to less desirable positions or work locations; refusal to recommend employees for deserved raises or promotions; the unjustified refusal to approve overtime or leave requests and the toleration of, harassment of employees by co-workers who do not agree with the complainant's actions.

Disciplinary Actions

Any employee who is determined to have engaged in sexual harassment as defined herein shall be subject to disciplinary action up to and including involuntary termination.

Likewise, anyone who is determined to have retaliated against a sexual harassment complainant or one who has assisted in the investigation of a charge, and anyone who is determined to have interfered with an investigation, shall be subject to disciplinary action up to and including involuntary termination.

Taken from Procedures #CHS-19019



V.M. Smoking in the Workplace

{Insert Smoking in the Workplace Procedures Here}

Sample Smoking in the Workplace Procedure

Smoke Free Building

{Insert Local Health Department Name} is designated a smoke free building. Receptacles for depositing lighted smoking material are located at both the front and rear door entrances. Please remind patients of our policy. Employees smoking on their break time are expected to put finished smoking materials in designated receptacles.

Taken from Woodford County Health Department



V.N. Safety in the Workplace

{Insert Safety in the Workplace Procedure Here}

Sample Safety in the Workplace Procedure

Safety in the Workplace

{Insert Health Department Name Here} is committed to promoting safety in the workplace for both employees and patients. It is the responsibility of all staff members to maintain a safe working environment and report any safety hazards. {Insert Health Department Name Here} has a Safety Committee which meets quarterly. Recommendations are made to the Director. Committee members welcome suggestions.

Annual mandatory staff training will be done during the month of February each year. New employees are trained individually upon initial employment. Attendance is mandatory for all staff members. The following areas are covered:

- CPR
- Fire Protection and Emergency Procedures
- Severe Weather Conditions
- Bomb Threats
- Violence in the Workplace
- Hazard Communication
- TB
- AIDS / HIV/ Blood borne Pathogens
- Civil Rights / ADA
- Confidentiality
- Fire Extinguisher Training
- Drug Free Workplace
- Crisis Response

Taken from Woodford County Health Department



V.O. OSHA

{Insert Occupational Safety and Health Administration Procedures Here}

OSHA Compliance

All local health departments shall comply with applicable Occupational Safety and Health Administration (OSHA) laws and regulations. Health departments shall be required to develop written plans in the following areas:

1. Emergency evacuation procedures and fire prevention and control procedures (site/or facility specific).
2. Bloodborne pathogens exposure control plan to include annual training of all employees and training of new employees;
3. Hazard communication plan, which identifies through material safety data sheets (MSDS) the hazards of chemicals in the workplace; precautions to reduce the likelihood of exposure; and actions to take in the event of exposure. There shall be an annual training program for employees on chemical hazards and all new employees shall receive training.
4. Written Tuberculosis Infection Control Plan, which shall include:
 - a. Conducting a TB Risk Assessment as outlined in the “Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities 1994, “ and developing a written TB Infection Control Plan based on the Risk Assessment. The Risk Assessment shall be repeated annually and the TB Control Plan revised as indicated;
 - b. Protocols for the early identification of patients with active TB;
 - c. Medical surveillance of employees for TB;
 - d. Evaluation and management of contacts, positive reactors, TB suspects and cases;
 - e. Placement of infectious patients in separate waiting and clinic rooms. If high hazard procedures are performed, e.g., sputum collection, the clinic room shall be properly ventilated;
 - f. Specialized employees training and education on TB control procedures on an annual basis and for new employees; and
 - g. Use of personal protective masks and equipment.

Taken from Administrative Reference for Local Health Departments



V.P. ADA Procedures

{Insert ADA Procedures Here}

Sample ADA Procedures

The Americans with Disabilities Act of 1990 (ADA) makes it unlawful to discriminate against a qualified individual with a disability. This Act outlaws discrimination against individuals with disabilities within State and Local Governments and regarding public accommodations, transportation and telecommunications. This area of the law is enforced by the United States Equal Employment Opportunity Commission (EEOC) and state and local civil rights enforcement agencies. The Americans with Disabilities Act of 1990 also prohibits discrimination in state and local government programs and activities, including discrimination relating to employment practices, such as recruitment, hiring, promotion, training, lay-off, pay, firing, job assignments, leave, benefits, and all

other employment related activities. This area of the law is enforced by the United States Department of Justice.

A disabled employee may request changes in the work environment or job duties in order to accommodate his/her disability. By law, local government is required to make reasonable accommodation to allow the employee to continue to work despite the disability. Reasonable accommodations may include making permanent changes in the employee's job duties or providing the employee with equipment or apparatus that will accommodate the disability. Further, it may be necessary for the employing agency to reassign the employee to a vacant position for which he/she qualifies because his/her disability will not permit the performance of the essential functions of the position currently held. The following procedures must be used in responding to a request for reasonable accommodation:

1. An employee must submit his/her request for reasonable accommodation in writing to his/her immediate supervisor. The employee must attach to this request a physician's statement, which indicates that the employee is able to return to work and indicates the accommodation(s) necessary based on the employee's limitations/restrictions. In addition, the physician's statement must indicate the nature of the disability and the approximate duration of the limitations/restrictions.
2. Upon receipt of the request for reasonable accommodation, in combination with a supporting physician's statement indicating a disability, the supervisor must review the employee's limitations along with the essential functions of the employee's job to determine if whether the employee can perform these functions of the employee's job must be documented by completing a Job Demands form. In making this determination, the supervisor may consult his/her agency ADA Coordinator, Personnel Branch Administrator and/or other sources that may be able to provide assistance.
3. In the even that a supervisor determines that the information contained in the physician's statement submitted by the employee is insufficient to determine the reasonable accommodation(s) necessary for the employee to perform the essential function(s) of his/her job, the supervisor must then consult his/her agency ADA Coordinator in regard to requiring the employee to obtain a complete physician's assessment of limitations and/or restrictions. The supervisor must provide the attending physician with a copy of the employee's job description, a copy of the completed Job Demands form and a brief summary of the overall duties of the employee in layman's terms. It is left to the discretion of the health department as to whether the assessment is to be performed by the employee's physician or the physician of the department's choice. If the assessment is performed by the employee's physician and the department determines that the information received as a result of this assessment is insufficient, the department reserves the right to obtain an assessment completed by a physician of its choice.
4. If, after reviewing the aforementioned documents, the supervisor determines that reasonable accommodation(s) can be made which would allow the employee to perform the essential functions of the job, the supervisor must initiate these accommodations, if the employee cannot perform the essential functions of the job without these accommodations. The supervisor must also forward all documentation relating to this accommodation to the agency ADA Coordinator for review. If there are accommodations other than the ones suggested by the employee, that would allow the employee to perform the essential functions of his/her job, these should be discussed with the health department director and the employee. Accommodations that allow an employee to perform the essential functions of his/her job need not necessarily be precisely those that the employee suggests; the important thing is that they facilitate job performance.
5. If it is determined by the supervisor and the agency ADA Coordinator, in consultation with the employee, that the employee is unable to perform the essential functions of his/her current job with or

without reasonable accommodation, the agency ADA Coordinator must then determine if there are vacant positions for which the employee qualifies within the employee's agency. If necessary, the supervisor and the agency ADA Coordinator must consult with the supervisor(s) responsible for the vacant position(s) in completing a Job Demands form for the vacant position(s) and in obtaining a physician's assessment verifying the employee's ability to perform the essential functions of the position(s) with or without reasonable accommodation.

6. The supervisor, agency ADA Coordinator and the health department director must then review and compare the completed Job Demands form(s) and the physician's assessment of limitations/restrictions placed upon the employee.

7. In the event that it is determined that the essential functions of a vacant position can be performed by the employee with or without reasonable accommodation, the employee must be notified that he/she will be placed in this position and appropriate action should be taken to relocate the employee.

8. If it is determined that the employee cannot perform the essential functions of the vacant position(s) with or without reasonable accommodation or if there are no vacant positions within the employing agency, the supervisor must contact the Personnel Branch Administrator for assistance. If there are no positions available, the employee will be so notified, in writing.

9. In the event that the employee's physician indicates that the employee is not fit to return to duty, the employee fails to present a physician's statement indicating that the employee is fit to return to duty following the request for such a statement, or if there are no positions available whose essential functions the employee can perform with or without reasonable accommodation, the supervisor and the agency ADA Coordinator must contact the Personnel Branch Administrator for assistance.

It is important that the process of determining whether the employee's impairment rises to the level of a disability to be accommodated, and of determining reasonable accommodations, be an interactive one, seeking the employee's input at appropriate stages of the process. All requests for reasonable accommodations along with available documentation, regardless of the outcome, must be reported to the health department's EEO Officer. The Personnel Administrator is responsible for preparing the report, with assistance from those involved in the process. An employee who is dissatisfied with the results of a request for reasonable accommodation may file a complaint with the EEO Officer, the Equal Employment Opportunity Commission, the Kentucky Commission on Human Rights, or appeal to the Kentucky Personnel Board. An employee may use a reasonable amount of time and health department resources to inquire regarding rights and responsibilities pursuant to the Americans with Disabilities Act. However, at the point that the inquiry escalates to a grievance, appeal or complaint, the employee must pursue the matter on his own time using his own resources.

Taken from Procedures CHS #19032



V.Q. Grievance Procedures

Occasionally employees are faced with situations that cannot be resolved through informal complaint processes. In such cases the employee may wish to file a formal grievance. The employee grievance procedure allows many serious matters to be resolved in-house through a formal structure designed to save employees and the health department time and unnecessary effort.

{Insert Grievance Procedure Here}

Sample Grievance Procedure

Definition of a Grievance

A grievance is a complaint filed by an employee which concerns some aspect of his/her conditions of employment over which the health department has control and which has occurred or which the employee has become aware, through the exercise of due diligence, within thirty (30) days prior to filing.

Rights

Any employee who believes that he/she has been subjected to unfair or unjust treatment concerning his/her conditions of employment may file a grievance.

Any employee utilizing the procedure is entitled to file a grievance without interference, coercion, discrimination or reprisal.

Actions Not Appropriate for Grievance Procedures

Actions which are appealable under administrative regulation 902 KAR 8:110 would not proceed through the grievance process but would be appealed directly to the Local Health Department Employment Personnel Council.

Procedures

1. A grievance is to be filed with an employee's immediate supervisor within thirty (30) days following the occurrence or the employee becoming aware, through the exercise of due diligence, of the action that is the subject of the grievance. If the action or conduct of the first line supervisor is the basis of an employee's grievance, the grievance may be filed with the second line supervisor.
2. An employee must state in writing the basis of the grievance or complaint together with the corrective action desired. If an employee wishes to submit additional information or documentation, it should be attached to the grievance.
3. Interviews to evaluate or investigate the grievance outside of normal work hours with the grievant or other employees entitles them to compensatory time/paid overtime.
4. Interviews to evaluate or investigate the grievance held with the grievant or other employees does not require the use of leave time. Grievants may have a representative present at each step of the grievance procedure.

Grievance Levels

The person with whom the grievance is filed shall, upon investigation, issue findings and a decision in writing to the employee within five (5) working days after receipt of the grievance. If the responding supervisor is unable to resolve the complaint to the satisfaction of the employee, the employee may request review of the grievance within two (2) working days of receipt of the decision to the next appropriate level.

If the supervisors are unable to resolve the grievance to the satisfaction of the employee, the employee may request review of the grievances within two (2) work days of receipt of the decision of the supervisor by the appointing authority who, upon investigation, shall issue findings and a final determination in writing to the employee within ten (10) working days after receipt of the grievance.

Unless time limits have been extended by agreement of the parties, failure of supervisory or management personnel to respond within prescribed time limits shall automatically advance the grievance to the next review level.

Any intermediate grievance level may be waived by written agreement of the parties.

The health department may utilize a grievance committee composed of employee representatives, Board of Health members or a combination. The committee would serve as the last step in the grievance procedure to make recommendations to the full Board of Health or appointing authority.

Taken from Administrative Reference for Local Health Departments



V.R. Political Activities Procedures

Employees of the {Insert Health Department Name} are encouraged to register and vote. Since it is each citizen's responsibility to be informed about the issues affecting society, the health department allows four hours of paid leave to vote during working hours.

As protection from political pressures in the job, certain restrictions have been placed upon political activities. Prohibited political activities are listed in 902 KAR 8:130.

Sample Political Activities Procedure

Discrimination and Political Activities Prohibited

No person shall be appointed or promoted to, or demoted or dismissed from, any position in the classified services, or in any way favored or discriminated against with respect to employment in the classified service because of his/her political or religious opinions or affiliations, or ethnic origin, sex, or disability. No person age forty (40) or over shall be discriminated against because of age. Favoritism or discriminatory treatment in Merit System employment, based upon age (over 40), sex, disability, race, religious affiliation or opinion, political affiliation or opinions, ethnic origin, or gender is a violation of law.

The use or promise of political influence based upon an official position, whether actual or anticipated, of favorable or retaliatory treatment of a merit system employee or position is a violation of law.

Merit system employees may not be solicited to make contributions of money or services to political parties or candidates.

Merit system employees may not be actively involved in partisan political campaigns or candidates for elective political office but may run for non-partisan office if no salary other than a per diem payment is involved.

The following guidelines are taken from Opinions of the Attorney General which interpret the political activities law.

Permitted Activities

Registration and voting: Classified employees may register and vote in any election.

Expression of opinions: All persons subject to the personnel rules have a right to privately express their opinions on all political subjects and candidates, but they may not take an active part in political management or political campaigns.

Contributions: It is lawful for classified employees to make voluntary cash contributions to political parties, candidates, or organizations. However, it is unlawful for classified employees to make contributions of goods, services, or labor.

Membership in political clubs: Classified employees may join a political club and attend its meetings but may not hold office or serve on committees of the club.

Attendance at political rallies, conventions, etc. are permitted and classified employees may participate in the selection of committeemen and committeewomen. Classified employees may vote at the lowest level of the selection process for delegates to the party conventions.

Political pictures and signs: It is lawful for classified employees to display political pictures or signs on their property.

Badges, buttons, and stickers: It is lawful for classified employees to wear political badges or buttons and voluntarily display political stickers on their private automobiles, however, no political badges, buttons or other designations may be worn while on official duty or while the employee is conducting official business for the Commonwealth.

Precinct election officers: Classified employees may serve as precinct election officers at the polls.

Constitutional amendments, referenda, etc.: Classified employees may work actively for or against constitutional amendments, referenda, or municipal ordinances in which they are interested, provided that state time and resources are not used for this purpose.

Transporting voters: Classified employees on their own time may transport friends or relatives to the polls as a civic gesture but may not transport voters to the polls as part of an organized services to a political party, faction, or candidate.

Taken from Administrative Reference for Local Health Departments



V.S. Gift Acceptance

{Insert Gift Acceptance Procedure Here}

Sample Gift Acceptance Procedure

The following are guidelines developed by the Executive Branch Ethics Commission concerning the acceptance of gifts by state employees. *And, even though these guidelines were developed for state employees, they are applicable to all public health governmental employees.*

1. The Basic Rule: An employee, his/her spouse and dependent children are prohibited from accepting gifts totaling a value of more than \$25 in a single calendar year, or travel expenses, meals, alcoholic beverages, lodging or honoraria of any value, from any person or business that does business with, is regulated by, is seeking grants from, is involved in litigation against, or is lobbying or attempting to influence the actions of the state agency for which the employee works.

2. Gifts to an Agency: Gifts that may not be accepted by an employee also may not be accepted by a state agency. If the agency has a business, regulatory, or influential relationship with the gift giver.

Gifts Which are Permitted

The following items are exceptions to the basic rule and may be accepted by an employee, spouse, or a dependent child:

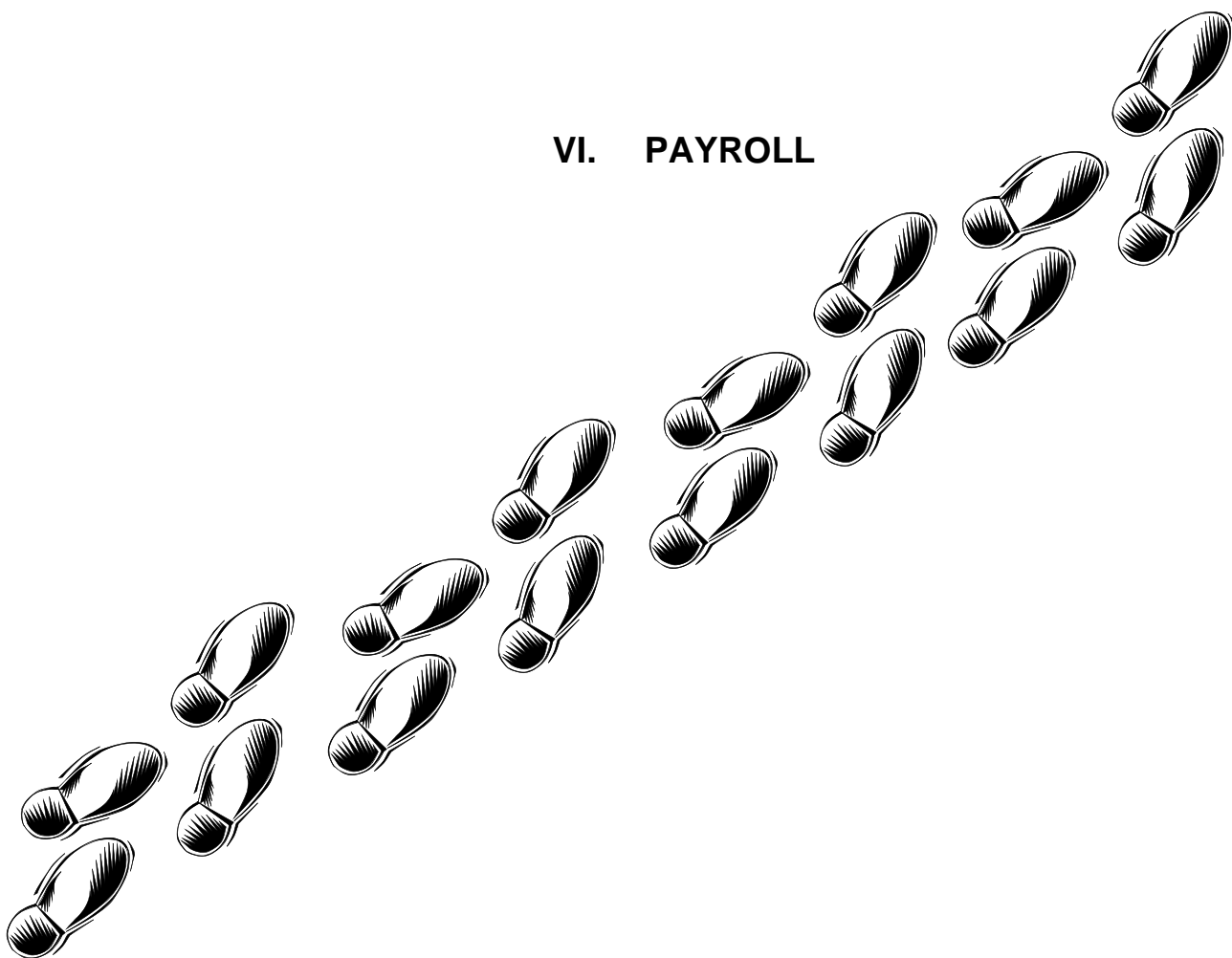
1. Coffee, soft drinks, pastries or similar refreshments;
2. Food consumed at a public event in which 25 or more individuals are in attendance if the event is also open to participants other than members of the donor's industry;
3. Meals, beverages and free admission to an event, if the employee, as part of his official duty, is a speaker or has a significant role in the program;
4. A campaign contribution to an employee's own campaign if in compliance with the campaign finance law;
5. A gift from a family member who is not acting as intermediary for a person from whom the gift would otherwise be prohibited;
6. Food, clothing and shelter in times of natural disaster or other emergency;
7. Door prizes, if open to other than state employees and members of the donor's industry and all participants have an equal chance of receiving the prize.
8. Gifts that are modest, reasonable and customary, received on special occasions such as marriage or retirement;
9. Awards of modest and reasonable value, such as plaques that are publicly presented in recognition of public or charitable service;
10. Prizes awarded based solely on skill, such as in golf or tennis tournaments, if such tournaments are open to participants other than state employees and members of the donor's industry
11. Meals at conferences or seminars which are included as part of the dues paid or the registration fee and are available to all attendees;
12. A single copy of a textbook received by an educator for review;
13. A gift or gratuity received by an employee working directly on an economic incentive package or seeking to bring tourism to the state that was not solicited by the employee and was accepted in the performance of the employee's official duty.

Gifts that Cannot Be Accepted

An employee who has received a gift that cannot be accepted shall return the item to the gift-giver or pay the gift-giver the market value of the gift. When it is not practical to return an item, the item may be donated to charity or destroyed, and the disposal should be documented in writing and included in the employee's personnel file.

Taken from Administrative Reference for Local Health Departments

VI. PAYROLL



{Insert Payroll Procedures Here}

Sample Payroll Procedure

As an employee of the {Insert Health Department Name}, you will receive your paycheck every two weeks.

If you are a new employee, you will not receive a check the first payday following your first day of work. The health department must pay its employees one pay period in arrears, so you will get your paycheck for hours worked during the previous pay period, not the current one.

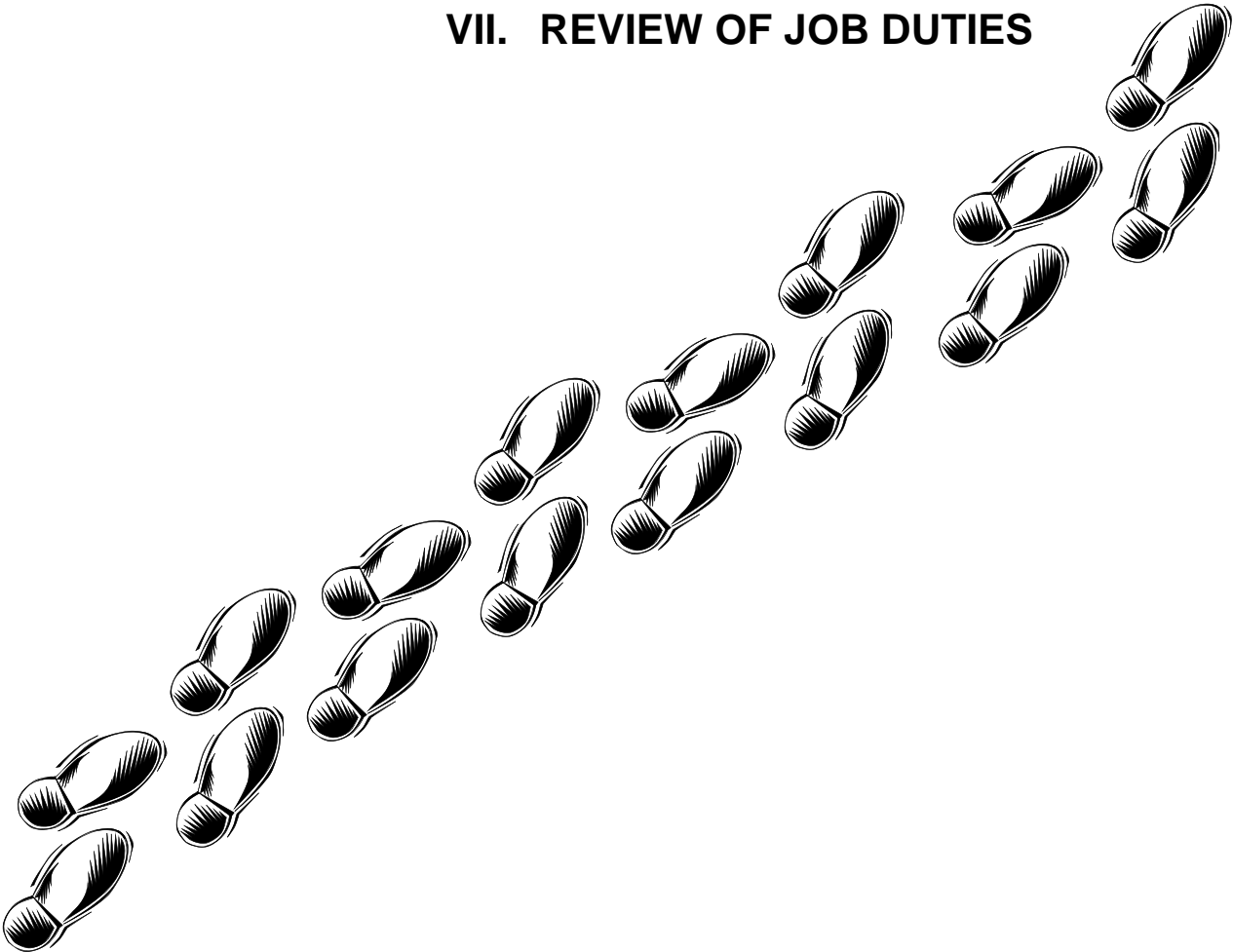
A beginning employee must work a month before receiving pay for the first pay period. After that new employees receive their paychecks when all other employees do. If you leave health department employment, you will receive your last check two weeks after you leave.

Your paycheck stub provides you with information about your hours worked, earned leave balances, and deductions. Since your paycheck stub is really an itemized receipt, you should save it as a permanent record of your earnings, deductions, leave balances, taxes and hours worked. If you dispute any of the information on your pay stub, you should contact your agency payroll officer, immediately.

Many health department employees are choosing to have their paychecks direct deposited automatically in their checking or savings account. This convenience may save you time, postage, gasoline--and the anxiety of waiting in line. Ask your payroll officer about this time saving option.

Taken from Procedures CHS # 19043

VII. REVIEW OF JOB DUTIES



{Insert Job Description Here}

Starting out right with the new employees requires some good planning and documentation. It's important to put your vision on paper and avoid any misunderstandings down the road. You will be amazed at how creating a job description really helps you to learn more about what you want for the future of your business.

Start With A Title . . .

A title and classification for the position are a must. The title will be an immediate introduction of your employer to the public and will set the tone for all interactions. Beneath the title, include important information related to the job such as status (part-time vs. full-time) and to whom the new employee will report.

Job Overview

This is a summary of the job. This section should be three to four sentences long and explain the level basic nature of the position. There is no need to get too specific here, since the details of the job will be outlined in the following sections.

Example:

An entry-level job position with the local health department providing administrative support to the environmental services section, which has five employees. Main duties include: answering telephones, scheduling appointments, giving information to callers, and general typing and filing duties.

Duties and Responsibilities

Here is where the specifics of the job are spelled out. Put down all the tasks that the new employee will be doing in the position. If someone is already acting in the role, ask him/her to keep a daily log of their tasks. Remember that the job description is the work that needs to be done now as well as the work that will need to be done as the department grows. Be flexible in writing the duties and responsibilities to accommodate the growth. In the future, this section will become a reference point for the employee. Be clear, concise and complete.

A catch-all phrase such as "Other related duties as assigned" is recommended to give additional flexibility.

Knowledge, Skills and Abilities

These are basic qualities that the new employee should possess. Such qualities include:

- Knowledge of computer software, including PowerPoint, Excel, and Word.
- Skilled at performing multiple tasks simultaneously.
- Ability to relate to people and make them feel comfortable.

Credentials and Experience

List the level of educational and professional experience that the candidate should have. Be flexible in this area so as not to disqualify potentially good employees. Allow for additional experience to make up for the lack of an educational degree. Although, in some instances, this may not be possible.

Special Requirements

Anything that may not have been covered up until this point should go here. For example:

- Frequent travel required;
- Some use of personal vehicle;
- Job include some evening and weekend hours;
- Ability to lift 15lbs or more.

Salary

For new positions, be sure to include this information. Use a salary range so that if turnover occurs, no specific amount has been set.

{INSERT LOCAL HEALTH DEPT NAME HERE}

NEW EMPLOYEE ORIENTATION CHECKLIST

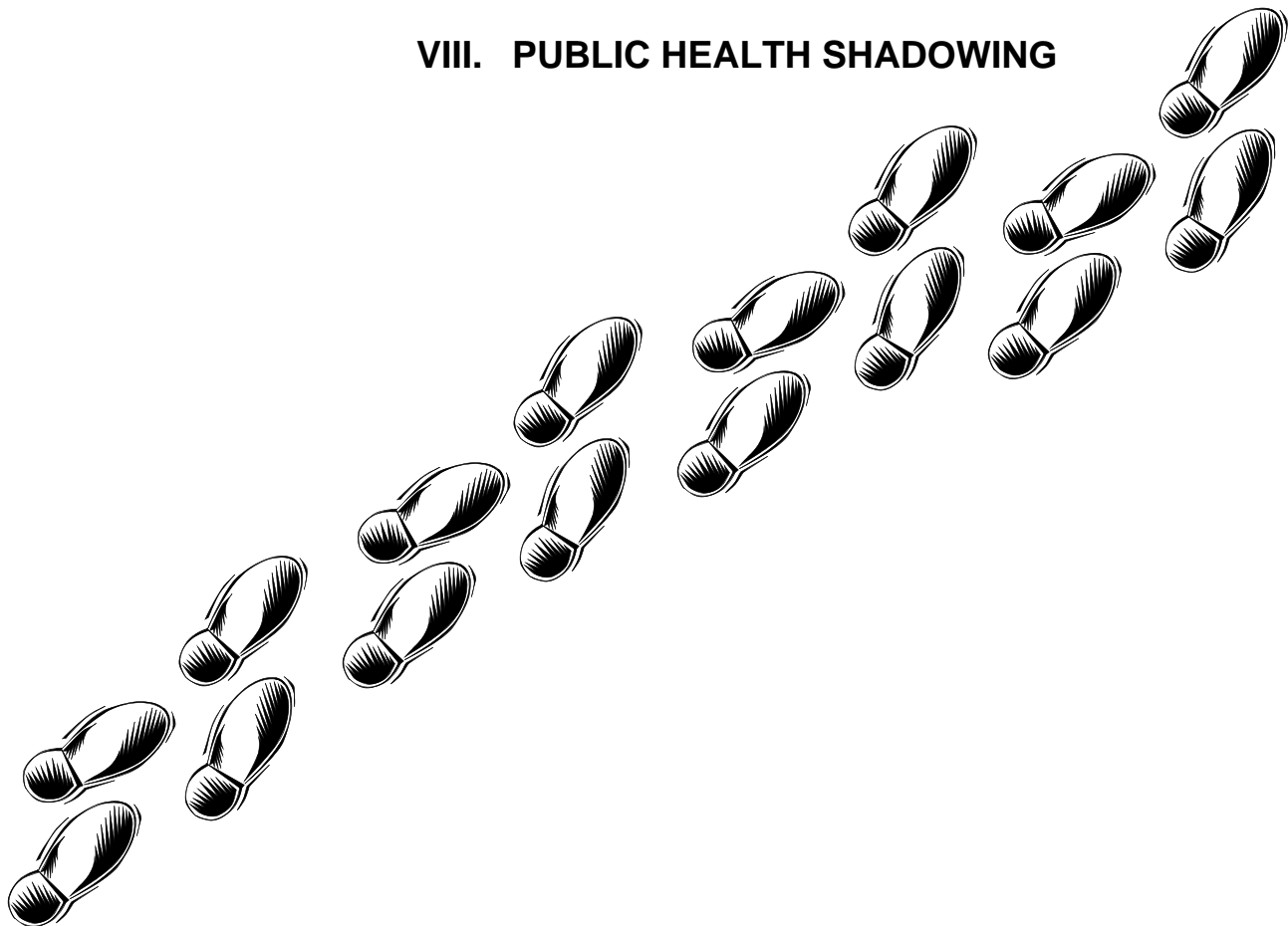
EMPLOYEE NAME (please print) _____	
Type of Action: <input type="checkbox"/> Appointment <input type="checkbox"/> Transfer In <input type="checkbox"/> Interim <input type="checkbox"/> Re-Employ	
<p>Personnel Information</p> <input type="checkbox"/> Definition of Public Health <input type="checkbox"/> CHS Vision, Mission Statements <input type="checkbox"/> Local Health Department Vision, Mission Statements and Goals and Objectives <input type="checkbox"/> Contact List <input type="checkbox"/> Board of Health <input type="checkbox"/> Map of Health Department <input type="checkbox"/> Organizational Charts of the Health Dept. <input type="checkbox"/> Function and Purpose of the Sections of the Health Department <input type="checkbox"/> Benefits <input type="checkbox"/> Sick Leave <input type="checkbox"/> Annual Leave <input type="checkbox"/> Family Medical Leave <input type="checkbox"/> Probation <input type="checkbox"/> Employee Performance Appraisal <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Confidentiality Agreement <input type="checkbox"/> HIPAA <input type="checkbox"/> Internet Use and E-mail Use <input type="checkbox"/> Conduct <input type="checkbox"/> Dress Code <input type="checkbox"/> KEAP <input type="checkbox"/> Drug-Free Workplace <input type="checkbox"/> Violence in the Workplace <input type="checkbox"/> Smoking in the Workplace <input type="checkbox"/> Safety in the Workplace <input type="checkbox"/> OSHA <input type="checkbox"/> Political Activities Guidelines <input type="checkbox"/> Gifts Acceptance Guidelines <input type="checkbox"/> Sexual Harassment Statement <input type="checkbox"/> ADA Procedure <input type="checkbox"/> Grievance Procedure	<p>Payroll Information</p> <input type="checkbox"/> W-4 <input type="checkbox"/> K-4 <input type="checkbox"/> Health Insurance Application <input type="checkbox"/> Life Insurance Application & Beneficiary Form <input type="checkbox"/> Dental Insurance Option Info <input type="checkbox"/> Deferred Compensation Option Info <input type="checkbox"/> Retirement Forms (2001 & 2035) <input type="checkbox"/> Employment Eligibility Verification <input type="checkbox"/> Overtime Compensation Form <input type="checkbox"/> City Tax Form <input type="checkbox"/> Pay Dates <input type="checkbox"/> Time Sheet Instructions
<p>All information checked on this page has been shared with me.</p> <p>_____</p> <p>Employee signature</p>	<p>Employee social security number</p> <p>_____ - _____ - _____</p>

{INSERT LOCAL HEALTH DEPT NAME HERE}

NEW EMPLOYEE ORIENTATION CHECKLIST

<p>EMPLOYEE NAME (please print)</p> <hr/>	
<p>Discussions With Supervisor</p> <p><input type="checkbox"/> FLSA Status</p> <p><input type="checkbox"/> Review Position Description</p> <p><input type="checkbox"/> Orientation to Performance Evaluations</p> <p><input type="checkbox"/> Job Responsibilities/Performance Plan</p> <p><input type="checkbox"/> Increment Date/Probationary Period</p> <p><input type="checkbox"/> Organizational Structure</p> <p><input type="checkbox"/> Identify Levels of Supervision</p> <p><input type="checkbox"/> Introduce to Time Keeper</p> <p><input type="checkbox"/> Flex Time Information</p> <p><input type="checkbox"/> Tour of Building</p> <p><input type="checkbox"/> Smoking Rooms/Restrooms</p> <p><input type="checkbox"/> Break Areas</p> <p><input type="checkbox"/> Emergency Exits/Tornado/Fire</p> <p>Explain Use Of:</p> <p><input type="checkbox"/> Telephone</p> <p><input type="checkbox"/> Copy/Fax Machine</p> <p><input type="checkbox"/> Computers</p> <p>Explain Procedures for:</p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Supply Requisitions</p> <p>Explain Office Procedures for:</p> <p><input type="checkbox"/> Calling In</p> <p><input type="checkbox"/> Requesting Time Off</p> <p><input type="checkbox"/> Resignation Notice</p>	<p>RETURN THIS COMPLETED FORM TO YOUR PERSONNEL ADMINISTRATOR.</p> <p>ADMINISTRATOR NAME</p> <p>LOCATION</p> <p>PHONE NUMBER</p>
<p>All items checked in this section have been shared with this employee.</p> <hr/> <p>Supervisor signature</p>	

VIII. PUBLIC HEALTH SHADOWING



VIII. Public Health Shadowing

Job shadowing is simply the process of a person spending time with another employee or group of employees and observing them in the day-to-day activities of their jobs. Studies on mentoring and perceiving models have shown a dramatic increase in the levels of understanding when persons not directly trained in a particular area are able to spend time observing persons in that area. This can be of significant value to the administration of any given organization in terms of increased job satisfaction, decreased tensions between departments, and potential interdepartmental referrals (when applicable). Typically, several hours to a day or more should be allowed for each session. Formal goals and learning objectives do not necessarily need to be formulated. However, it may be beneficial to provide a rough guide to the employees being observed of how to spend time and areas to concentrate on during the shadowing session. What is essential for this program to be effective is that an opportunity for discussion and questions about the various functions of different departments is created during and/or after the shadowing experience.

The underlining goals of this program are:

- To improve the employee's understanding of the overall functions of the department as a public health institution
- To give the employee insight to how their tasks effect and are affected by other departments in the agency
- To increase the professional success, job satisfaction, and productivity of employees in the local health department
- To foster the employee's development of "systems thinking" where they gain an understanding of how the work of different departments affects the work or mission of the organization overall
- To promote cohesion and a spirit of mutual cooperation, trust, and respect among local health department employees
- To help strengthen the individual agency and the field of public health through the professional growth and retention of local health department employees.

In addition to these philosophical goals the job-shadowing program is a great way for the new employee to meet the staff, become acclimated to their surroundings, and gain perspective on how everyone fits into the bigger picture.

The objection may be made that a job-shadowing program occupies valuable time of both the new and veteran employees of the agency. However, this process generates valuable learning experiences, improves the effectiveness of the individual employees, promotes cohesiveness within the agency as a whole, and improves the ability of the health department to function as a unit.

Creating a job-shadowing program need not require excessive additional administrative time. Coordination of this program may best be assigned to the Personnel/Human Resource department. It simply requires the maintaining of a simple scheduling system (a calendar will do), a departmental contact list for shadowing, and the appropriate evaluation forms. A sample procedure will be included with both the New Hire Experience and the Existing Employee Experience.



VIII.A. The New Hire Experience

The majority of new employee orientations will naturally be focused on training and teaching the new employee the various aspects of their new position and job responsibilities. One of the major intents of this training manual is to educate the employee not only about the specific tasks of their job descriptions, but to expose them to the entire field of public health and to teach them about how their organization functions as a whole.

Soon after the employee's start date, opportunities should be created to let the new hire participate in shadowing sessions. The training of the organizational structure of the local health department and the general overview of public health should precede the interdepartmental shadowing experience. Consideration should be taken each new staff member as to when the shadowing occurs. If the new employee has no experience in the area to which they are hired, a shadowing experience to learn how the departments are interrelated may not be as meaningful until after they have spent some time learning their particular new job. On the other hand, if the new employee has considerable experience in the area to which they are hired, the shadowing may be valuable early in their orientation.

{Insert an Orientation Schedule}

Sample Orientation Schedule

Day One: Organization Overview

- Welcome letter

- What is public Health?

- Orientation Packets including employee handbook, required forms

Day Two: Local Health Department Orientation

- Vision, Mission, Purpose

- Organizational Structure

- Services offered/Departments including the function and purpose of each

Required training – OSHA/TB/HIPAA

Days 3-5: Departmental orientation

NOTE: Assignment of shadowing experiences shall be at the discretion of the departmental supervisor.

*If an employee has no experience in the area to which they have been hired, a shadowing experience to illustrate interdepartmental relationships might be better scheduled after 3-4 weeks of departmental orientation.

*If an employee has experience in the area to which they have been hired, shadowing experiences may be appropriate to begin weekly weeks 2-5.

*The supervisor shall, taking into consideration the employee's job description and responsibilities, determine the most appropriate shadowing experiences.

{Insert Shadowing Procedure}

Sample Shadowing Procedure

1. The new hire's supervisor shall contact the Shadowing Coordinator regarding the time and areas requested for the Shadowing experience.
2. The Shadowing Coordinator shall contact the supervisor, or designee, of the requested area and arrange for the shadowing experience.
3. The Shadowing Coordinator shall then contact the new hire's supervisor with the experience information.
4. The Shadowing Coordinator shall then send a letter to the new hire confirming the dates, times and locations of the Shadowing Experiences. With this letter shall be included a Shadowing Experience Tracking form and an evaluation form for each experience.
5. Finally, the Shadowing Coordinator shall then send the trainer a letter confirming the dates, times and locations of the experience.
6. Upon completion of the shadowing experience, the new hire has 48 working hours to complete the tracking form and evaluation sheet and return it to the Shadowing Coordinator.
7. The Shadowing Coordinator shall develop a performance improvement schedule and forms to rate the Shadowing component on an organizational as well as departmental basis. The results shall be reported to each department quarterly.

(Key point: The purpose of the performance improvement activities is to provide the organization tangible data regarding the success of their program. Performance improvement activities, as outlined by accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations and regulatory bodies such as state licensure, serve to identify areas to concentrate improvement efforts on not to necessarily to discontinue programs that don't meet a specific standard.)
8. The Shadowing Coordinator shall submit a copy of the Training Tracking form to the new hire's supervisor to include in their orientation packets.

{ Insert Performance Improvement Tool(s) }

Sample Performance Improvement Tool
Shadowing Evaluation

Date																			
1. Appropriateness and content																			
2. Trainers ability to teach their job																			
3. Overall experience																			
Total																			
Average																			

 **VIII.B. The Existing Employee Experience**

Not only is job shadowing beneficial to the new hire, it is also beneficial to the veteran employee seeking to improve their understanding of total agency operation. In addition, supervisors may use job shadowing as a means of conflict resolution when interdepartmental tensions rise. Again, this should not require any extensive amounts of administrative time and can easily be handled by the same person coordinating the new hire experiences.

{Insert Existing Employee Process}

Sample Existing Employee Process

1. A veteran employee may submit a request to their supervisor to participate in the shadowing experience. This request need not be a specific form. It may just be a verbal request. The veteran employee may have specific departments in mind which they work regularly with, or they may defer to the supervisor’s judgement in determining which experiences may best enhance their knowledge and understanding.
2. A supervisor may choose to have an existing employee participate in the shadowing experience in an effort to decrease interdepartmental tensions when they realize that excessive complaints and frustrations are the result of poor understanding of another department’s function.
3. In either case one (1) or two (2) the supervisor contacts the Shadowing Coordinator to request the shadowing experience. The Shadowing Coordinator will then contact the designated person within the requested department to arrange the experience.
4. Upon making the arrangements, the Shadowing Coordinator shall send a letter to the employee and his/her supervisor outlining the date(s) and location(s) of the experience. With that letter, the coordinator will include a Shadowing Experience Tracking form as well as a copy of the Shadowing Evaluation form.

5. Upon completion of the arrangements, the coordinator shall send the designated trainer a letter outlining the date(s) and location(s) of the experience.
6. Upon completion of the shadowing experience, the shadower has 48 working hours to complete the tracking form and evaluation form and return it to the coordinator.
7. Upon receipt of the evaluation the coordinator shall enter the information on a similar Performance Improvement grid as provided in the New Hire Experience section.
8. The Shadowing Coordinator shall submit a copy of the Shadowing Experience Tracking form to the shadower's supervisor to be included in their personnel folder for future reference.



VIII.C. Shadowing Experience Tracking Form

Sample Shadowing Experience Tracking Form

Trainee Name: _____ Date(s) of session: _____ Employee ID Number: _____ Shadowed Trainer's Name & Department: _____

The following items are to be completed by the "Shadowed trainer" and returned to the human resources department.

General Learning Objectives and Training Check List:

- Goals and philosophy of department explained to and understood by trainee
- All program areas and functions of the department explained to trainee
- Types of clients, patients, or population served by the department described to trainee
- Shadowing trainee given tour of work area and introduced to all employees

Program Specific Learning Objectives and Training Check List:

Please list two to five program specific learning objectives for the shadowing session. The subjects covered should give a good overview of functions that are unique to your department and the role that your department serves in the Health Department or the community. Consideration should be given to areas that may have a relationship between your department and the department of the employee that is shadowing you. For example, nurses and environmentalist may work together in investigating a food borne illness or rabies control in response to an animal attack. Home visitors may refer their clients to other services provided by the health department such as clinical services and environmental services.

- _____
- _____
- _____
- _____
- _____

Briefly describe or list activities or experiences both in the office and the field that were observed during shadowing session. You may also use this space to make comments about the training session.

Trainee Signature _____ Date _____

Trainer Signature _____ Date _____



VIII.D. Employee Evaluation

Sample Employee Evaluation

Employee Shadowing Evaluation

Name _____ Date _____

Job Classification _____

Department & Employee shadowed _____

Dates and times of the shadowing experience _____

Please rate the following items on a scale of 1 to 5. A rating of 5 represents "Excellent".
A rating of 1 represents "Poor".

The appropriateness and content of your shadowing experience

5 4 3 2 1

The person's you shadowed ability to teach you about their job

5 4 3 2 1

The overall experience from this shadowing session

5 4 3 2 1

Briefly describe your activities during the shadowing experience. _____

Please describe opportunities for cooperation between your department and the one
you observed _____

General comments and/or suggestions _____
