

**THE LAGRANGE TOWNSHIP  
BOARD OF TRUSTEES  
LORAIN COUNTY, OHIO  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**2020**

**THIS DOCUMENT IS NOT A CONTRACT**

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<b>CHAPTER 1</b>	<b>INTRODUCTION</b>	
1.1	Introduction.....	2
1.2	Objectives .....	3
1.3	Equal Employment Opportunity .....	4
1.4	Management Rights .....	4
1.5	Definitions.....	5
1.6	Amendments .....	8
1.7	Dissemination of PPM .....	8
<b>CHAPTER 2</b>	<b>HIRING AND SELECTION</b>	
2.1	Position Vacancies and Announcement.....	10
2.2	Evaluation of Applicants.....	10
2.3	Immigration Reform and Control .....	11
2.4	Employment of Relatives.....	11
<b>CHAPTER 3</b>	<b>EMPLOYMENT</b>	
3.1	Employment by LaGrange Township.....	13
3.2	Probationary Period .....	13
3.3	Performance Evaluation.....	15
3.4	Medical Examinations (Current Employees).....	15
3.5	Disability and Accommodation (Current Employees).....	16
<b>CHAPTER 4</b>	<b>COMPENSATION AND BENEFITS</b>	
4.1	Employee Compensation .....	18
4.2	Overtime .....	18
4.3	Expense Reimbursement.....	20
4.4	Retirement Plan.....	20
4.5	Workers' Compensation .....	21
4.6	Insurance .....	22
4.7	Health Insurance Coverage Following Separation .....	22

---

**TABLE OF CONTENTS**

**CHAPTER 5            ABSENCES AND LEAVES**

5.1	Holidays .....	25
5.2	Vacation Leave .....	25
5.3	Sick Leave.....	27
5.4	Leave of Absence Without Pay.....	28
5.5	Court Leave.....	29
5.6	Bereavement Leave.....	30
5.7	Military Leave.....	30
5.8	Disability Leave/Separation.....	31

**CHAPTER 6            EMPLOYEE CONDUCT**

6.1	Hours of Work, Lunch Periods, and Breaks .....	34
6.2	Attendance .....	34
6.3	Use of Township Tools, Vehicles, and Equipment.....	35
6.4	Outside Employment .....	35
6.5	Dress and Appearance.....	36
6.6	Prohibition of Sexual Harassment & Other Forms of Discriminatory Harassment .....	37
6.7	Commercial Driver's License .....	40
6.8	Drug/Alcohol Testing .....	40
6.9	Drug Free Work Place .....	41
6.10	Contact with the News Media and Township Residents .....	42
6.11	Health and Safety .....	42
6.12	Ethics.....	43
6.13	Personnel Files: Maintenance and Inspection.....	45
6.14	Training.....	46
6.15	Pager Use .....	46
6.16	Cell Phone Policy.....	47
6.17	Credit Card Policy.....	48
6.18	Concealed Weapons.....	52
6.19	Workplace Violence.....	52
6.20	Use of Employer Information and Computers.....	55
6.21	Social Media .....	58
6.22	Identity Theft Policy .....	59
6.23	Fraud Reporting .....	63
6.24	Disciplinary Principles and Procedures .....	64

**CHAPTER 7            EMPLOYMENT SEPARATION**

7.1	Voluntary Employment Separation.....	66
7.2	Reduction in Force.....	66

**CHAPTER 8            FORMS**

Form A	Acknowledgment of Review of PPM .....	68
Form B	Notice of Outside Employment .....	69
Form C	Request for Travel Authorization .....	70
Form D	Vacation Request .....	71
Form E	Request for Leave .....	72
Form F	Application for Use of Sick Leave.....	73
Form G	Medical Practitioner’s Statement.....	75
Form H1	Report of Incident and Injury Form .....	77
Form H2	Employee Report of Incident and Back Injury .....	78
Form H3	Physician’s First Report of Occupational Injury or Illness.....	79
Form H4	Modified Duty—Attending Physician Statement .....	81
Form H5	Industrial Injury Fact Sheet.....	82
Form H6	Statement of Witness to Accident.....	83
Form H7	Physician’s Update Form.....	84
Form I	Discriminatory/Sexual Harassment Complaint Form.....	85
Form J	Acknowledgment of Receipt of Pager .....	86
Form K	Fraud Reporting Acknowledgement Form .....	87

---

## ALPHABETICAL INDEX

Amendments.....	8	Identity Theft Policy.....	59
Attendance.....	34	Immigration Reform And Control.....	11
Bereavement Leave.....	30	Insurance.....	22
Cell Phone Policy.....	47	Introduction.....	2
Commercial Driver’s License.....	40	Leave of Absence Without Pay.....	28
Concealed Weapons.....	52	Management Rights.....	4
Contact with the News Media.....	42	Medical Examination (Current Employees).....	15
Court Leave.....	29	Military Leave.....	30
Credit Card Policy.....	48	Objectives.....	3
Definitions.....	5	Outside Employment.....	35
Disability Accommodation (Current Employees) ...	16	Overtime.....	18
Disability Leave/Separation.....	31	Pager Use.....	46
Disciplinary Principles and Procedures.....	64	Performance Evaluation.....	15
Dissemination of Personnel Policy Manual.....	8	Personnel Files: Maintenance/Inspection.....	45
Dress and Appearance.....	36	Position Vacancies and Announcement.....	10
Drug Free Workplace.....	41	Probationary Period.....	13
Drug/Alcohol Testing.....	40	Prohibition SexualDiscriminatory Harassment.....	37
Employee Compensation.....	18	Reduction In Force.....	66
Employment by Lagrange Township.....	13	Retirement Plan.....	20
Employment of Relatives.....	11	Sick Leave.....	27
Equal Employment Opportunity.....	4	Social Media.....	58
Ethics.....	43	Training.....	46
Evaluation of Applicants.....	10	Use of Employer Information & Computers.....	55
Expense Reimbursement.....	20	Use of Township Tools, Vehicles & Equipment.....	35
Fraud Reporting.....	63	Vacation Leave.....	25
Health and Safety.....	42	Voluntary Employment Separation.....	66
Health Insurance Coverage Following Separation ..	22	Workers’ Compensation.....	21
Holidays.....	25	Workplace Violence.....	52
Hours Of Work, Lunch Periods, And Breaks.....	34		

**CHAPTER ONE**  
**INTRODUCTION**

**INTRODUCTION****SECTION 1.1**

- A. Policies are defined as the basic rules which guide administrative action in accomplishing an organization's objectives. Clearly defined policies which are consistently and fairly administered are essential to the success of any organization.
- B. The policies contained in this manual apply to all employees, contractual employees, and officials, except in those instances where the Ohio Revised Code specifically permits dissimilar treatment for certain classes or probationary employees (e.g., appointment, compensation, separation, etc.). The Board of Trustees has the power of appointment to positions within the work force, regardless of subsequent actions by others. None of these policies establish tenure rights or contractual rights for employees that are not required by law.
- C. This manual is presented for informational purposes only. The provisions contained herein can be changed at any time by the Employer with or without notice. This manual is not an expressed or implied employment contract. No representative of the Employer has the authority to enter into an agreement with an employee that is contrary to the foregoing.
- D. To the extent any of these policies are in conflict with the provisions of a collective bargaining agreement or confer benefits not granted by a collective bargaining agreement, that policy shall not apply to employees covered by the collective bargaining agreement.
- E. In the event there is a conflict between the policies in this manual and any applicable law, the applicable law will prevail. Questions regarding the interpretation and application of these policies shall be directed to the supervisor in writing.
- F. These policies supersede any previous (written or unwritten) conflicting policies. Also, some previous policies may have been deliberately omitted because the Employer intends that they no longer be in effect. If anyone is not certain whether a previous policy is still in effect, he or she may contact the supervisor for clarification.
- G. If any section or part of this manual or any amendment is invalidated by operation of law or by order of a court of competent jurisdiction, or compliance with or enforcement of any article or section of this manual is restrained by a court, the remainder of this manual and any amendments shall not be affected and shall remain in full force and effect, unless the context of the manual as a whole indicates that another section should be invalidated as well to conform with the employer's intent.

**OBJECTIVES**

**SECTION 1.2**

- A. The Township recognizes that a personnel system which recruits and retains competent, dependable personnel is indispensable to effective government.
  
- B. The policies and procedures set forth in this manual are designed to:
  - 1. Promote high morale and foster good working relationships among employees of the Township by providing uniform personnel policies, equal opportunities for advancement, and consideration of employee needs;
  - 2. Enhance the attractiveness of a career with the Township and encourage each of its employees to give his or her best effort to LaGrange Township and the public;
  - 3. Encourage courteous and dependable service to the public;
  - 4. Provide fair and equal opportunity for qualified persons to enter and progress in public service based on merit and fitness as determined through objective and practical personnel management methods; and
  - 5. Ensure that all Township operations are conducted in an ethical and legal manner so to promote its reputation as an efficient, progressive body in the community and the state.

LaGrange Township does not offer tenured or guaranteed employment. Unless LaGrange Township has otherwise expressly agreed in writing or the employee is subject to O.R.C. 505.49, employment is at will and may be terminated by the employee or by the Township at any time, including after the probationary period. Nonetheless, all employees and applicants for employment will be recruited, hired, promoted, transferred, demoted, laid off, terminated, suspended, evaluated, or otherwise dealt with in a fair and equitable manner based solely upon merit, fitness, and such occupational qualifications as each individual might possess. No personnel decisions shall be based unlawfully upon race, color, religion, sex, national origin, age, disability, political affiliation, military status, veteran’s status, genetic information, or other non-job related criteria. The Township shall not discriminate on the basis of a disability unless the disability renders the individual unable to satisfactorily perform the essential functions of the job.



**EQUAL EMPLOYMENT OPPORTUNITY**

**SECTION 1.3**

All employees and applicants for employment will be recruited, hired, promoted, transferred, demoted, laid off, terminated, suspended, evaluated, or otherwise dealt with in a fair and equitable manner based solely upon merit, fitness, and such occupational qualifications as each individual might possess. No personnel decisions shall be based unlawfully upon race, color, religion, sex, national origin, age, disability, political affiliation, military status, veteran’s status, genetic information, or other non-job related criteria. The Township shall not discriminate on the basis of a disability unless the disability renders the individual unable to satisfactorily perform the essential functions of the job.

**MANAGEMENT RIGHTS**

**SECTION 1.4**

- A. LaGrange Township shall have the exclusive right to administer through Township Trustees and supervising authorities the business of the Township in addition to all other functions and responsibilities which are required by law. Specifically, the Township’s exclusive management rights include, but are not limited to the following:
  - 1. To manage and direct its employees, including the right to select, hire, promote, transfer, assign, evaluate, layoff and recall, or to reprimand, suspend, discharge, or discipline for just cause to maintain order among employees.
  - 2. To promulgate and enforce policies and procedures, employment rules and regulations, and to otherwise exercise the prerogatives of management.
  - 3. To manage and determine the location, type, and number of physical facilities, equipment, programs, and the work to be performed.
  - 4. To determine the Township’s goals, objectives, programs, and services.
  - 5. To determine the size, composition, and duties of the work force and the number of shifts required; to establish work schedules; to establish hours of work; to establish, modify, consolidate, or abolish jobs (or classifications); and to determine staffing patterns, including but not limited to, the assignments of employees, duties to be performed, qualifications required, and areas worked.
  - 6. To relieve employees from duty due to the lack of work, lack of funds, or for other legitimate reasons which improve the economy or efficiency of the Township.

7. To determine when a job vacancy exists and the standards of quality and performance to be maintained.
8. To determine the necessity to schedule overtime and the amount required thereof.
9. To maintain the security of records and other pertinent information.
10. To determine the budgets.
11. To maintain and improve the efficiency and effectiveness of the Township's operation.
12. To determine and implement necessary actions in emergency situations.

**DEFINITIONS****SECTION 1.5**

For the purpose of this manual, the following words or phrases shall be defined as outlined below. The only exceptions shall be when a specific word or phrase is redefined for the purpose of a particular policy.

Active Service: Being present and able to perform the duties to which an employee has been assigned, which includes but is not limited to, vacation leave, sick leave, and personal leave.

Anniversary Date: The date one (1) year from the original employment date and each date one (1) year in length thereafter.

Break in Service: Termination of employment for more than thirty (30) days for any reason other than layoff or approved leave.

Continuous Service: The uninterrupted service of an employee with the Township.

Day: Calendar day unless specified otherwise.

Demotion: A change in the rank of personnel from a position in one class to a position in another class having a lower minimum starting salary and with less discretion and/or responsibility.

Dishonesty: The disposition to lie, cheat, or defraud; untrustworthiness; lack of integrity.

Employee: A person holding a position subject to appointment, removal, promotion, or reduction by the Township.

Examinations: Methods used to determine eligibility of applicants for employment. Examinations may include but are not limited to written, oral, or physical performance tests, ratings of training and experience, or any combination of these.

Excused Absence: Absence from work with the approval of the Township Trustees, department head, or supervisor.

Exempt Employee: An employee who is exempt from the overtime provisions of the Fair Labor Standards Act.

FLSA: Fair Labor Standards Act.

Full-time: An employee who typically works at least forty (40) hours per week, or in the case of Firefighters, more than fifteen hundred (1,500) hours per year, and is eligible for Township benefits.

Grievance: Any complaint concerning the interpretation or application of any lawfully adopted personnel resolution or of the related personnel policies governing personnel practices, working conditions, or decisions relative to any disciplinary action, dismissal, demotion, or charge or discrimination or sexual harassment. Non-grievable subjects include the negotiation of wages, salaries, or benefits; any work activity accepted as a condition of employment; and those subjects covered in existing resolutions, personnel policies, or procedures. Any question as to whether a matter is grievable or non-grievable will be decided by the Township Trustees.

Incompetency: Being incapable of performing job duties due to loss of license, certification, continuing education, or mental or physical capacity required to maintain employment.

Insubordination: Refusal to obey or perform an order or directive that a supervisory employee is authorized to give.

Job Description: A narrative statement that summarizes the nature of a job including essential functions, other specific job responsibilities, qualifications, knowledge, skills, and abilities.

Layoff: Separation from employment due to lack of work, lack of funds, abolishment of position(s), or other changes in duties or organization, in accordance with established policy.

Malfeasance: A wrongful or unlawful act.

Misfeasance: A lawful act performed in a wrongful manner.

Neglect: To omit or fail to comply with an order that can be done. The absence of care or attention in the doing. An omission of a given act. A designed refusal or unwillingness to perform one's duty.

Non-Exempt Employee: An employee who is covered under the overtime provisions of the Fair Labor Standards Act.

Nonfeasance: The non-performance of an act which ought to be performed, omission to perform a required duty at all, or total neglect of duty.

Documented Verbal Warning: The discussion a supervisor holds with an employee in which the supervisor disciplines the employee for his or her conduct and impresses upon him or her the need for improvement. This method of discipline can eliminate misunderstandings immediately and set and maintain desired standards of conduct and performance. A notation of the date, time, and reason for an oral reprimand shall be kept in the employee's personnel file.

Part-time Employee: An employee whose regular hours of duty are less than forty (40) hours per week for a particular department.

Pay Period: The period of time during which the payroll is accumulated, as determined by the Board of Trustees.

Performance Review: A method of evaluating each employee on a periodic basis as to his/her performance on the job.

Permanent Employee: An employee who has completed the applicable probationary period and occupies an authorized position involving full-time pay and benefits.

Probationary Period: The period of time at the beginning of an original appointment, hiring, or promotion. This period may vary according to collective bargaining agreements or departments. During this period an employee may be terminated or reduced to a lower classification at the sole discretion of the Board of Trustees or its designee.

Promotion: A change in rank of an employee from a position in one class to a position in another class having a higher minimum salary and carrying a greater scope of discretion and responsibility.

Recall: The re-employment of personnel previously separated from employment with the Township as a result of a layoff.

Regular Employee: An employee who has completed his or her probationary period in a satisfactory manner and works a full and normal forty (40) hour work week.

Resignation: The voluntary separation from the Township by the employee.

Seasonal Appointment: An appointment where an employee works a certain season or period of the year performing work limited to that season or period.

Seniority: The length of continuous employment with the Township.

Suspension: Relieving an employee from duty without pay as a disciplinary measure aimed at improving the employee’s conduct.

Temporary: An employee employed to work a defined period of time not to exceed six (6) months duration and who is not eligible for Township benefits.

Township: LaGrange Township, Lorain County, Ohio.

Transfer: A lateral move from one position to another having the same salary range and same level of responsibility within the classified service.

Vacancy: A position duly created and existent but not occupied by an individual.

Volunteer: An individual who is assisting the Township in a non-pay status, or who receives only on-call or call-out pay, and who is not eligible for Township benefits.

Written Reprimand: A written record of disciplinary action.

**AMENDMENTS** **SECTION 1.6**

These policies and procedures may be amended or modified as needed. Where the amendment or modification is necessitated by new or modified state or federal laws or regulations, it shall be the responsibility of the Township Trustees to effect the change and disseminate copies to all manual holders. Such amendment or modification shall be made by Resolution of the LaGrange Township Trustees. Board-approved changes shall be disseminated by the Township Trustees to all manual holders.

**DISSEMINATION OF PERSONNEL POLICY MANUAL** **SECTION 1.7**

All employees shall be issued a copy of these policies, and each office shall keep a copy available for review by employees.

**CHAPTER TWO**  
**HIRING AND SELECTION**

**POSITION VACANCIES AND ANNOUNCEMENT**

**SECTION 2.1**

The Township shall normally post for ten (10) work days vacancies which occur or are imminent within the Township, except in those cases where an employee is eligible for reinstatement from layoff to the vacant position.

During the posting period, any employee wishing to be considered for the vacant position shall submit a written notice of interest to the Township Trustees or their designee. The Township is not obligated to consider any applications submitted after the close of the posting period.

Vacancies in positions above the entry level shall be filled, insofar as practicable, by the promotion of current qualified employees. If no current employee is deemed to be qualified for the vacant position, the job shall be filled through the selection of a qualified outside candidate. Appointments to vacant positions shall be made based solely on the applicant's knowledge, skills, abilities, educational background, performance evaluations, and other job-related qualifications.

Any appointment made to a position vacated by a disability separation will be on an interim basis, and such appointed employee must be made fully aware of its interim nature.

All applications shall be kept in active status for a period of six (6) months from the date filled. After this period, the application will be placed in an inactive file unless the applicant re-files by updating the information on the original application. All applications filed with the Township shall be kept for a minimum of three (3) years from the date filed.

**EVALUATION OF APPLICANTS**

**SECTION 2.2**

The Township Trustees or their designee shall evaluate all applicants for the position to be filled. Applicants must submit to various job-related screening procedures as deemed appropriate by the Township Trustees or their designee, such as reference checks, interviews, background checks, performance tests, and/or other job-related screening procedures.

The Township Trustees or their designee may also require a selected applicant to pass an appropriate examination as a condition of employment to determine whether the applicant can physically and/or mentally perform the essential functions of the job, with reasonable accommodation where necessary. Pre-employment tests to determine current use of illegal drugs that may affect the applicant's ability to perform the duties of the job in question may be conducted before a conditional offer of employment.

If the Township Trustees or their designee require a physical or psychological examination of applicants for hire or promotion, the Township Trustees or their designee will only require

such examination after selecting the preferred applicant or applicants for appointment or promotion.

**IMMIGRATION REFORM AND CONTROL**

**SECTION 2.3**

In accordance with the provisions of the Immigration Reform and Control Act of 1986, the Township has adopted the policy set forth below.

LaGrange Township shall not knowingly hire, recruit, or continue to employ any alien hired after November 6, 1986, without substantiating and documenting that alien's eligibility in accordance with provisions established by this policy.

The Township has established an employment verification system and shall retain appropriate records establishing that each employee of the Township, hired after November 6, 1986, is lawfully authorized to work in the United States as either a U.S. citizen or as a "properly documented alien."

As a condition of continued employment, the Township Trustees or designee(s) shall verify both the identity and the employment eligibility of newly hired employees for employment.

It is the intention of the Township not to discriminate in hiring on the basis of national origin and citizenship status except as otherwise provided by law. The Township will not discriminate against any person insofar as that person has completed a declaration stating that he or she intends to declare U.S. citizenship within six (6) months of eligibility for naturalization.

**EMPLOYMENT OF RELATIVES**

**SECTION 2.4**

The Township shall not hire or otherwise employ any member of the immediate family of current LaGrange Township Trustees. For the purpose of this policy, immediate family shall be defined as husband, wife, child, parent, brother, and sister. Nothing in this policy shall prohibit the employment of such immediate family members of any other Township employee. This policy does not apply to volunteers.



**CHAPTER THREE**  
**EMPLOYMENT**

**EMPLOYMENT BY LAGRANGE TOWNSHIP**

**SECTION 3.1**

- A. The LaGrange Township Board of Trustees appoints, employs, fixes compensation for, disciplines, and establishes the policies and procedures and other conditions of employment for employees of Township departments.
- B. Employment by the LaGrange Township Board of Trustees is subject to the laws of the State of Ohio, policies established by the Board of Trustees, and the requirement that employees recognize said laws and agree to abide by these laws and policies as a condition of employment.
- C. Employees are required to perform assigned duties in a responsible manner during the working hours designated by the Township Trustees or department head/supervisor.
- D. The Board of Trustees retains the right to enact any additional policies or work rules as deemed appropriate within its jurisdiction.
- E. Departmental head/supervisor is a fiduciary/administrative position. A person filling one of these positions is appointed based on the Board of Trustee’s special trust and confidence in his or her judgment and leadership abilities. The incumbent is an at-will employee and the term of employment is at the sole discretion of the Board of Trustees. The incumbent is prohibited from forming, joining, assisting, or participating in any employee organization pursuant to ORC 4117.01(C)(9).
- F. Employees hired by the Township under a seasonal appointment are hired with the understanding that their period of employment is for a short, limited duration of time and that there is not expectation and/or accumulation of benefits during such time with the Township.

**PROBATIONARY PERIOD**

**SECTION 3.2**

- A. New Employees
  - 1. Individuals hired by the Township as full-time employees shall be required to successfully complete a probationary period of one (1) year beginning on the date of hire. If an employee is granted a leave of absence or is removed from active pay status for any period of time during the probationary period, the time of such leave is not counted as a part of the probationary period.
  - 2. A probationary employee may be dismissed at any time during the probationary period, with or without cause and without right of appeal.

3. Upon completion of an employee's probationary period, the employee's continued service is retroactive to his or her date of hire.
- B. Promoted Employees
1. Employees promoted into a higher level position shall be required to successfully complete a probationary period of six (6) months beginning on the date of promotion.
  2. If performance is unsatisfactory during the probationary period, the employee shall be returned to his or her former position classification and rate of pay. If that position is no longer available, the employee will be assigned the next available position he or she is capable of holding. Such action shall not be considered disciplinary or eliminate the employee from consideration for later advancement. No probationary period is required following such action.
  3. An employee promoted to departmental head/supervisor is an at-will employee and does not serve a probationary period.
- C. For the probationary period to be of value, it is important that the Township have the cooperation of each department head/supervisor in seeing that the probationary employee receives adequate on-the-job training and is made aware of any aspect of his or her work that may need improvement. Completion of the probationary period does not give any employee tenure that is not required by law and personnel remain employed at-will.
- D. Pay status during an employee's probationary period will be at least the rate of pay for the position or classification appointed or promoted to for the duration of the probationary period.
- E. All probationary employees shall be reviewed by the department head/ supervisor at three (3) month intervals from the date the probationary period commenced. The department head/supervisor shall forward the review and recommendation(s) to the Board of Trustees to retain or discharge the employee from the current position.
- F. In the event of a layoff, temporary employees, probationary employees, and permanent part-time employees shall be laid off before any permanent employee in the classification to which the probationary employee is assigned.
- G. If an employee is rehired after termination, voluntary resignation, or retirement, he or she will be rehired as a probationary employee.

**PERFORMANCE EVALUATION****SECTION 3.3**

- A. A written performance evaluation provides supervisors with an effective mechanism to measure and communicate levels of job performance to employees. It provides the employee with documented, constructive feedback concerning current job performance. Documented performance evaluation serves as a basis for important management decisions regarding training needs, job assignments, promotion and retention, and compensation of employees.
- B. Each Township employee shall be evaluated annually after completion of his or her probationary period. Such annual evaluation will be completed during the month of the department's annual review by the department head/supervisor. Special evaluations may be made if authorized by a department head/supervisor. Special evaluations will not be used to determine order of layoff. A probationary evaluation will be conducted prior to the ending date of the employee's probationary period.
- C. Each employee will be provided a copy of his or her performance evaluation. The department head/supervisor will discuss the report with the employee, and counsel the employee regarding any improvement in performance which appears desirable or necessary.
- D. Each employee will be required to sign his or her performance evaluation to certify that he or she has read it. If an employee disagrees with his or her performance evaluation, the employee may prepare a written response within seven (7) days following presentation of their evaluation, which will be kept in the employee's personnel file.

**MEDICAL EXAMINATION (CURRENT EMPLOYEES)****SECTION 3.4**

A medical (physical or psychological) examination may be required by the Township Trustees to ensure that a current employee is physically and mentally able to perform the essential functions of his or her job. The Township may select the licensed practitioner and shall pay the cost of the examination.

Incumbents of specified positions may be required to submit to regularly scheduled medical exams during their period of employment with the Township. The Township shall pay the cost of such examinations.

**DISABILITY AND ACCOMMODATION (CURRENT EMPLOYEES) SECTION 3.5**

- A. The Township will provide reasonable accommodation to enable a qualified applicant to perform the essential functions of the job which he or she is seeking, and to enable a current qualified employee with a disability to perform the essential functions of a job currently held.
  
- B. Modifications or adjustments may be required in the work environment, in the manner or circumstances in which the job is customarily performed, or in employment policies. The Township’s goal is to allow a qualified employee with a disability to enjoy the benefits and privileges of employment, equal to those enjoyed by similarly situated non-disabled employees.
  
- C. The Township is not required to make an accommodation that would impose an undue hardship on the Township. The Americans with Disabilities Act defines an undue hardship as an action that requires significant difficulty or expense. Each accommodation request will be handled on a case-by-case basis.

**CHAPTER FOUR**  
**COMPENSATION AND BENEFITS**

**EMPLOYEE COMPENSATION**

**SECTION 4.1**

- A. LaGrange Township Board of Trustees adopts a pay plan for the compensation of Township employees. The purpose of the pay plan is to maintain a just and fair relationship among the wages paid for the various types of work performed in the Township, and to provide for a fair and equitable relationship to the rates for similar jobs in the community.
- B. Unless otherwise specified, employees will be paid bi-weekly. Should the normal payday fall on a holiday, payday will be the previous business day. A lost paycheck should be reported to the Clerk immediately. Pay advances are not permitted.
- C. All employees must sign their time sheets and the department head/supervisor must sign department payroll sheets.
- D. Applicable federal, state, and local income taxes, as well as retirement deductions, are withheld from each paycheck.
- E. Employees are required, when applicable, to complete withholding statements upon initial employment or if there is a change in dependent status. Employees may be required to complete a federal withholding statement yearly.

**OVERTIME**

**SECTION 4.2**

- A. All overtime must be approved by the appropriate department supervisor, evidenced by the supervisor initialing the employee's overtime ledger. Scheduled overtime which is subsequently cancelled shall not entitle the employee to any overtime compensation. Unauthorized overtime will not be allowed or approved for any type of payment.
- B. In the event a FLSA non-exempt employee is required to be in active work status of more than a standard work week of forty (40) hours (other than those Fire & Rescue Department employees on any altered work period), he or she shall be entitled to overtime compensation at one and one-half (1 1/2) times his or her regular hourly rate of pay for all hours in active work status in excess of a standard work week of forty (40) hours.
- C. For purposes of this policy active work status includes time actually worked and approved vacation leave.
- D. Employees who work overtime are required to report the overtime worked on their time sheets immediately upon conclusion of the overtime.

- E. The Board of Trustees, in its discretion, may allow compensatory time under the following procedure:
1. At the conclusion of an overtime period worked, the employee may elect whether to be paid overtime or accumulate compensatory time by indicating the employee's request on an application form provided by the Township's Fiscal Officer. This form will be signed by the employee's supervisor and submitted to the Township Fiscal Officer with the payroll at the conclusion of the work period in which the overtime is worked.
  2. The hours requested for the compensatory bank shall be calculated at the rate of one and one-half (1 1/2) hours of compensatory time for each overtime hour worked.
  3. The Board of Trustees reserves the right to approve any compensatory time requests made by any employee.
  4. If two (2) or more employees request compensatory time off at the same time on the same day, length of service may be factored in at the discretion of the Board of Trustees to award such time.
  5. If compensatory time is requested, the time must be utilized by the end of the first full pay period in December at a time approved in advance by the Employer.
  6. Employees shall receive payment at the rate at which the time was accrued or the employee's rate of pay at the time it is paid out, whichever is higher, for any compensatory time accrued but unused by the end of the first full pay period in December. Any unused compensatory may not be rolled into the new year.
  7. Payment for accrued but unused compensatory time shall be made in the pay period including December 31 of the year in which the compensatory time was accrued.
  8. Compensatory time shall not be considered hours worked for the purpose of calculating overtime.
- F. The Employer may exempt certain positions under its authority from receiving cash payments for overtime pursuant to the Fair Labor Standards Act and the Ohio Revised Code. The positions affected by this exemption and the employees holding these positions should be notified in writing of their exempt status; however, this policy is not intended to establish notice as a prerequisite.



**EXPENSE REIMBURSEMENT**

**SECTION 4.3**

A. Employees of the Township will receive reimbursement for expenses incurred while traveling on official Township business. Employees are eligible for expense reimbursement only when travel has been authorized by the Township Trustees. Expenses shall be reimbursed in the following manner.

1. Mileage, Parking, and Tolls

- a. Employees using private vehicles for business travel shall be reimbursed for actual miles, while on official Township business, at the rate approved annually by the Township Trustees. Employees using a private vehicle for travel must show that the vehicle has appropriate and proper insurance.
- b. Charges incurred for parking at the destination, and any highway tolls, are reimbursable at the actual amount. Receipts for parking costs and highway tolls are required.

2. Meals

Reasonable expenses incurred for meals while on official Township business will be reimbursed for the actual amount within any parameters established by the Board of Trustees.

3. Overnight Trips

Reasonable expenses covering the actual cost of a motel room will be reimbursed in full when an employee travels out of the Township on official Township business, and such travel requires an overnight stay. Motel expenses will be reimbursed only with prior written authorization of the Township Trustees.

**RETIREMENT PLAN**

**SECTION 4.4**

Township employees (except those in the Fire Department) are required by law to participate in the Ohio Public Employees Retirement System (PERS). Eligible employees are required to contribute a percentage of their gross pay, as determined by the Retirement Board. Such amount is then deducted each pay period. This amount is more than matched by a contribution from the Township. The Township's contribution is also determined by the Retirement Board.

Full-time firefighters are required by law to participate in the Police and Firemen’s Disability and Pension Fund. Employee and Employer contribution amounts are determined by the Pension Fund Board.

These plans are independent of the Federal Social Security System. Information on these retirement plans may be obtained by contacting the Township Trustees. If an employee has any further questions regarding the benefits available under these plans, he or she may contact the following:

Ohio Public Employees Retirement System  
277 East Town Street  
Columbus, Ohio 43215  
(614) 466-2085

Ohio Police and Firemen’s Disability  
and Pension Fund  
230 East Town Street  
Columbus, Ohio 43215  
(614) 228-2975

**WORKERS’ COMPENSATION** **SECTION 4.5**

- A. Should an employee be injured during the course of employment with the Township, he or she shall report the incident to the department head and complete an Injury Form (Section 8). This report shall be completed, regardless of the seriousness of the injury or whether medical attention is required. Should the employee be unable to complete the report, the department head shall complete the form. Such report shall be forwarded to the Township Trustees no later than forty-eight (48) hours after the accident. An employee injured in a work-related accident may be required to see a physician. (See Section C below regarding immediate reporting of serious accidents.)
- B. Should an employee’s injury require medical attention, a Workers’ Compensation claim form shall be completed by the attending physician. The completed report should be forwarded to the Ohio Bureau of Workers’ Compensation through the department head.
- C. In the event of serious injury, the department head shall be notified immediately so that, if necessary, an investigation may be initiated.
- D. The department head must be advised and continually updated if an employee continues to be absent due to a work-related injury. Employees are responsible for providing their expected date of return to work (if known).
- E. Any documents received from the injured employee, his or her physician, hospital, or the state regarding a Workers’ Compensation claim must be immediately forwarded to the department head.

- F. Employees who are injured in the line of duty and must leave work before completing their work day period shall be paid at their regular rate of pay, for the balance of time left in their scheduled work day.
- G. An employee returning from leave may be required to provide a physician's certification of his or her ability to return to work.

**INSURANCE**

**SECTION 4.6**

The Township will make available health and hospitalization insurance to all full-time employees, and other employees in accordance with applicable law.

The determination of carriers and/or method of providing insurance rests with the Board of Township Trustees. Employees will be notified of any change in carriers or methods of providing insurance. The Township is not liable for the rejection of any employee from coverage or any restrictions placed on the employee by the provider. Employees are responsible for any premium payments that may be set by the Township.

**HEALTH INSURANCE COVERAGE FOLLOWING SEPARATION SECTION 4.7**

- A. The Township Trustees or designee shall see that a separated employee is informed of his or her rights under COBRA to continue coverage under the health insurance group after cessation from payroll through the assumption of premium costs by the employee. The employee's spouse and/or dependents may also be eligible. The following is general information on how COBRA works.
- B. The eighteen (18) month continuation option applies to employees and their dependents when coverage would otherwise end due to:
  - 1. Reduction in work hours;
  - 2. Voluntary termination;
  - 3. Layoff for economic reasons; and
  - 4. Discharge for misconduct (other than gross misconduct).
- C. The continuation period may be extended to a maximum of thirty-six (36) months for the situations outlined below where there is a second qualifying event:
  - 1. Children of current employees who lose eligibility because of age;

2. Surviving spouses and children of deceased employees; and
  3. Separated, divorced, or Medicare ineligible spouses and children of current employees.
- D. Persons eligible for such continuation of group coverage have sixty (60) days from the date of coverage would otherwise end, or the date they are notified of the continuation option, whichever is later, to elect such coverage. Individuals who choose to continue group coverage will be required to pay the monthly premium.
- E. Coverage may be extended from eighteen (18) to twenty-nine (29) months for those persons deemed to be disabled under the Social Security Act at the time of separation. The beneficiary must notify the Township Trustees of the qualification during the first eighteen (18) months.
- F. Such continued coverage will end if:
1. The group terminates all health plans offered to employees;
  2. An individual covered under this provision becomes eligible for another health plan due to reemployment, marriage, or attainment of Medicare eligibility; and
  3. Premium is not paid.
- G. The notice does not change any other terms of the group coverage.
- H. The employee, spouse, and/or dependents will be responsible for the total premium payment; and the Township reserves the right to add a two percent (2%) charge for administrative costs.
- I. Questions and/or requests for more information should be referred to the Township Trustees or designee.

**CHAPTER FIVE**  
**ABSENCES AND LEAVES**

**HOLIDAYS** **SECTION 5.1**

A. Employees in full-time service with the Township shall be entitled to the following holidays at full pay:

New Year’s Day	January 1
Martin Luther King Day	Third Monday in January
President’s Day	Third Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4th
Labor Day	First Monday in September
Columbus Day	Second Monday in October
Veteran’s Day	November 11th
Thanksgiving Day	Fourth Thursday in November
Christmas Day	December 25th

B. An employee must work a full shift the day before and after a holiday to receive holiday pay.

C. Holiday pay will be given while an employee is on sick leave or vacation, in which case the employee’s absence will not be charged to his or her sick leave or vacation time.

D. Holiday pay will not be given while an employee is on an unpaid leave of absence or disciplinary suspension.

E. If a holiday occurs on a Saturday, it will be observed on the preceding Friday. If a holiday occurs on a Sunday, it will be observed on the following Monday.

F. An employee required to work on one of the above listed holiday may schedule paid time off for the holiday worked on an alternative date at the discretion of the Trustees.

G. Pursuant to subsection F above, and in the event that an employee has a balance of unused holidays at the end of the year, payment for said unused holidays shall be made in the pay period including December 31 of the year in which the holiday occurred.

**VACATION LEAVE** **SECTION 5.2**

A. Vacation leave for Township employees shall be as follows:

- 1. All regular full-time Township employees shall be credited with vacation days after six (6) months of service to the Township according to the following scheduled:

After one (1) year - ten (10) years:	ten (10) work days
After ten (10) years - twenty-five (25) years:	fifteen (15) work days
Twenty-five (25) years and over:	twenty (20) work days

- B. Vacation scheduling will be based on Township seniority and departmental procedure. Such scheduling shall not impede the operating efficiency of the Township.
- C. Part-time, seasonal, and temporary employees are not entitled to vacation.
- D. One (1) year of service shall be computed on the basis of the completion of one (1) year of work in active pay status. Vacation time shall be credited on an employee's anniversary date. Vacation leave is not earned when the employee is in a no pay status.
- E. Vacation leave shall be taken by an employee during the calendar year in which it is credited and prior to the commencement of the next calendar year. Vacation leave shall not be carried over from one year to the next.
- F. In the event that an employee has accrued but unused vacation leave remaining at the end of the year, the accrued but unused vacation leave will be cashed out and paid in the pay period including December 31 of the year in which vacation leave was accrued.
- G. Vacation leave will only be granted in units of work days and at the supervisor's discretion. The employee shall request vacation in advance to facilitate scheduling. Vacation authorization may be revoked by the Employer in case of emergency.
- H. An employee is entitled to compensation, at his or her current rate of pay, for the prorated portion of any earned but unused vacation leave for the calendar year to his or her credit at the time of retirement. An employee separating from the Township for any other reason shall not receive a prorated vacation payout.
- I. Employees who encounter sickness while on vacation may be required to furnish a doctor's certificate for any time which is to be converted from vacation to sick leave.
- J. For purposes of calculating vacation leave, only years of continuous service in employment with LaGrange Township will be factored.

**SICK LEAVE**

**SECTION 5.3**

- A. After one hundred eighty (180) days from the date of employment, regular full-time employees of the Township earn sick leave at the rate of 4.6 hours per bi-weekly pay.
- B. In general, when sick leave is used it shall be deducted from the employee’s credited sick leave, charged on the basis of a minimum of one-half (1/2) hour for every one-half (1/2) hour of absence.
- C. Sick leave shall be granted to an employee for the following reasons:
  - 1. Illness or injury of the employee or a member of the employee’s immediate family, requiring the employee’s presence at home or at a hospital. In the case where a member of the immediate family is not living in the same household, the department head may permit the use of sick leave when he or she determines it is justified, but such cases shall be carefully investigated.
  - 2. Medical, dental, or optical examinations or treatment of the employee or a member of the employee’s immediate family where the employee’s presence is necessary, when an appointment cannot be made during non-working hours. Every effort must be made to schedule such visits during the employee’s time off.
  - 3. When, through exposure to a contagious disease, either the health of the employee would be jeopardized or the employee’s presence on the job would jeopardize the health of other employees.
- D. For purposes of sick leave, immediate family shall include: spouse, mother, father, brother, sister, child, legal guardian or other person who stands in place of a parent (in loco parentis).
- E. Procedures
  - 1. An employee who is unable to report to work will notify his or her department head/supervisor or other designated official at least thirty (30) minutes prior to the time he or she is scheduled for work the first day of absence, unless emergency conditions make it impossible. Failure to provide such notification may result in denial of an application for sick leave. Subsequent notification beyond the first day of absence will be governed by the nature of the circumstances and the requirements established by the department head/supervisor.



2. To receive sick leave benefits, the employee will complete and sign the appropriate forms.
  3. If medical attention is required, the employee shall submit a certificate from a licensed physician stating the nature of the illness. Absences before or after a holiday shall require a physician's certificate in order to receive holiday pay.
  4. An employee who requests sick leave to care for an immediate family member shall submit a certificate from a licensed physician indicating that the employee's presence is necessary to care for the immediate family member.
- F. LaGrange Township will not recognize sick leave from another political jurisdiction when an employee is appointed to Township employment, except as required by law.
- G. Sick leave benefits shall only be paid for approved applications and normally scheduled work hours.
- H. Sick leave shall not be considered hours worked for the purpose of calculating overtime.
- I. An employee who is unable to return to work upon exhaustion of sick leave may be entitled to a leave of absence without pay in accordance with Section 5.4.
- J. Upon retirement, an employee may receive payment for one-quarter (1/4) of up to six hundred forty (640) hours of accumulated sick leave (a maximum of one hundred sixty [160] hours of sick leave paid).

**LEAVE OF ABSENCE WITHOUT PAY****SECTION 5.4**

- A. An employee requesting a leave of absence without pay must complete the Request for Leave Form, and when applicable, provide an explanation of the leave. He or she shall then submit it to their department head/supervisor. The leave request should be supplemented with a physician's certificate when applicable. Authorization of a leave of absence without pay is a matter of administrative discretion, and each request will be decided on its own merits. Such requests that involve less than five (5) days may be approved by a department head/supervisor. All others must be approved by the Board of Trustees.
- B. The maximum duration of a leave of absence without pay shall not exceed six (6) months.

- C. If a leave of absence is granted for a specific purpose and it is found that the leave is not actually being used for such purpose, the Township will cancel the leave and direct the employee to return to work by giving written notice to the employee. Failure to return to work shall be cause for discharge of the employee from Township service.
- D. An employee who fails to return to duty following the completion of a leave of absence, without explanation to the Township, will be considered to be on unauthorized absence without leave, and will be considered to have resigned from employment.
- E. Upon return from an approved leave of absence without pay, the employee will be placed in his original position, or a position of equivalent level and pay, if available.
- F. An employee will not accumulate sick leave, vacation leave, holidays, or service time during a leave of absence without pay.
- G. Leaves of absence without pay shall be considered judiciously and at the discretion of the Board of Trustees (or department head/supervisor if less than one [1] week). An employee's service record and the circumstances necessitating the request shall be carefully examined.

**COURT LEAVE****SECTION 5.5**

- A. An employee necessarily absent from regularly scheduled work duties because he or she has been subpoenaed to serve jury duty or subpoenaed according to law to appear as a material witness for any court of the United States, State of Ohio, or political subdivision, will receive his regular salary or wage in full for such time, not to exceed two (2) weeks, from the Township. In such case, all monies received as compensation for court service shall be turned over to the Township. A copy of the subpoena/summons must be provided to the Township.
- B. An employee relieved from jury duty or other obligation shall report back to work in a timely fashion if a reasonable amount of time (i.e., two [2] hours or more) remains during his or her scheduled work day.
- C. When it is necessary for an employee to appear in court or attend a hearing that is of a personal nature during the employee's regular scheduled hours of work, the employee shall not be paid court leave; however, the employee may use accrued vacation leave, compensatory time, or unpaid leave. Such absences must be scheduled in advance with the department head/supervisor, and must be requested with a completed Absence Form with a copy of the subpoena in advance of the court appearance.

**BEREAVEMENT LEAVE****SECTION 5.6**

- A. All full-time employees are eligible for bereavement leave upon the occasion of the death of an immediate family member. Bereavement leave shall include the day of the funeral and up to two (2) days, not to exceed three (3) days or twenty-four (24) hours of compensation. Bereavement leave shall generally be taken as three (3) consecutive days; however, with approval of the Township Trustees, alternative arrangements may be made. Such bereavement leave shall be deducted from the employee's accumulated sick leave.
- B. Eligible employees may receive bereavement leave for up to one (1) day or eight (8) hours for the death of a relative that is not an immediate family member. Such bereavement leave shall be deducted from the employee's accumulated sick leave, and must be used for the day of the funeral. If no sick leave is available, an employee may use vacation time.
- C. Immediate family member is defined in Section 5.3 (D). Other relatives included for the purpose of paragraph "B" above are aunt, uncle, nephew, niece, grandparent, grandchild, father-in-law, mother-in-law, brother-in-law, and sister-in-law.
- D. Bereavement leave shall not be considered hours worked for the purpose of calculating overtime.

**MILITARY LEAVE****SECTION 5.7**

- A. Military leave is governed by Chapter 5923.05 of the Ohio Revised Code and the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). In general, any Township employee (other than elected officials and appointed officials serving fixed terms) with more than ninety (90) days tenure who voluntarily or involuntarily enters any of the Armed Services of the United States shall be granted a military leave of absence without pay. If not accepted for active duty, the employee shall be reinstated to his or her former position, or a similar position, without loss of seniority or status, or reduction in pay.
- B. An employee who completes his or her active duty obligation (without voluntarily re-enlisting or extending that obligation) is entitled to his or her previous position with the Township provided he/she apply for reemployment within the timeframes below:
- For service of less than thirty-one (31) days, the service member must return at the beginning of the next regularly scheduled work period on the first full day after release from service, taking into account safe travel home plus an eight-hour rest period.

- For service of more than thirty (30) days but less than one hundred eighty-one (181) days, the service member must submit an application for reemployment within fourteen (14) days of release from service.
- For service of more than one hundred eighty (180) days, an application for reemployment must be submitted within ninety (90) days of release from service.

If temporary physical disability precludes the employee from performing the job duties, he or she shall be allowed up to two (2) years from the date of completed service to return to work or apply for reemployment.

- C. An employee who returns to a previous position in accordance with this policy shall receive credit for military service in areas affecting status, rank, rating, increments, qualifications, etc., as though he or she had continued his or her employment with the Township.
- D. Section 5923.05 of the Ohio Revised Code, requires that Ohio National Guard, Ohio Military Reserve, Ohio Naval Militia, and all U.S. Armed Forces reserve component members be authorized up to twenty-two (22) working days leave (one hundred seventy-six [176] hours) with pay per calendar year for training purposes. Employees shall be required to submit a copy of Active Duty for Training Orders with such requests for leave.

**DISABILITY LEAVE/SEPARATION****SECTION 5.8**

This section outlines the conditions under which disability separation may be granted and procedures for administering its use. It is intended to outline the procedures to be followed after determining that no reasonable accommodation can be made.

A. Personal Leave

A physically or mentally incapacitated employee who has exhausted his or her accumulated sick leave, vacation leave, compensatory time, and family and medical leave, and for whom voluntary reduction or reasonable accommodation is not practicable, may request up to six (6) months of personal leave without pay only if he or she can present evidence as to the probable date on which he or she will be able to return to the same or similar position and perform the essential functions with or without accommodation. Such request should be in writing, with supporting evidence from a licensed and qualified physician attached.

**B. Disability Separation Procedures**

A disability separation may be granted when a reasonable accommodation cannot be made, an employee has exhausted his or her accumulated sick leave, vacation leave, and any authorized personal leave, and is:

1. Hospitalized or institutionalized, or on a period of convalescence following hospitalization or institutionalization as authorized by a physician at the hospital or institution; or
2. Is declared by a licensed medical practitioner as physically or mentally incapable of performing the essential functions of his or her position, with or without accommodation.

**C. Reinstatement Procedures**

Reinstatement rights following disability separation extend for one (1) year from the date such leave (including personal leave for medical reasons) is granted. Reinstatement may be granted upon submission by the employee of a written request for reinstatement, and a statement from the employee's physician stating the employee is fully capable of performing the duties of the position with or without reasonable accommodation. Such employee may be reinstated to the same or similar position within thirty (30) days after making written application. The Township may require an additional examination to determine if the employee is able to perform the essential functions of the position, with or without accommodation. The examination shall be conducted by a physician designated by the Township; the cost shall be paid by the Township. If continuing disability precludes reinstatement, the employee may wish to apply for disability retirement.

An employee who does not return from disability separation, formally resign, or take disability retirement, shall be permanently separated from employment with the Township.

**CHAPTER SIX**  
**EMPLOYEE CONDUCT**

**HOURS OF WORK, LUNCH PERIODS, AND BREAKS****SECTION 6.1**

Township employees shall normally work forty (40) hours per week. However, due to the nature of Township operations, the various departments are permitted to establish their own shifts and hours of operation.

The length and timing of an employee's lunch period shall be determined by the appropriate department head/supervisor. Lunch periods of at least thirty (30) minutes shall generally not be considered as time worked and shall be excluded from compensable time. Exceptions exist, however, when an employee is required to remain on duty throughout his or her lunch period, or his or her lunch period is interrupted by a call to duty.

The length and timing of employee breaks shall be determined by the appropriate department head/supervisor.

**ATTENDANCE****SECTION 6.2**

- A. The Township shall establish daily work schedules and maintain daily employee attendance records. An employee is expected to report to work when scheduled, remain at work during scheduled hours and not leave work until the end of the scheduled work day without trustee approval.

Absences may only be excused as defined in this manual. Absences without proper authorization and approval will result in corrective action.

- B. Any employee who is absent from work shall be responsible for notifying his supervisor when he is off and when he will report back to work in accordance with the policies contained in this manual. Any employee who fails to comply with this rule will be subject to corrective action. In addition, no employee will be retained on the payroll whose absence from work is unreported for three (3) consecutive working days.
- C. If an employee leaves the work area before the end of the regular work period, the employee must indicate the time of departure even though the employee may return to work before the regular quitting time. If the employee returns, the employee must indicate the actual time of his return. An employee shall advise and obtain permission from his department head/supervisor if he or she wishes to leave before the end of any regular work period. It is the employee's responsibility to advise the department head/supervisor of the reason for any absence. It is the supervisor's responsibility to report such information in writing when submitting time cards to the Township Clerk.

D. Tardiness

Each employee will be at his place of work and ready to work at the beginning of the employee’s shift. Each employee shall work until the end of the employee’s shift. Tardiness, whether or not it results in a reduction in pay, will be a matter for corrective action. If an emergency is likely to cause tardiness, employees shall telephone the department head/supervisor, if available, or a Township Trustee otherwise, to give expected time of arrival for work.

E. Any employee unable to complete his or her work day because of an on-the-job injury will be paid for the balance of the regular work day.

**USE OF TOWNSHIP TOOLS, VEHICLES & EQUIPMENT** **SECTION 6.3**

When tools, supplies, and equipment needed to perform job duties are provided by the Township, it is the responsibility of each employee to properly use and maintain the provided tools and equipment. It is the responsibility of each department head/supervisor to ensure that tools and equipment are properly used and maintained. Township property may only be used for authorized Township business.

Misuse, neglect, theft, and abuse of tools, supplies, or equipment is prohibited. Such conduct involving tools, supplies, or equipment may result in corrective action.

Use of Township motor vehicles shall be strictly controlled and restricted to Township purposes only. Employees who operate Township vehicles or other motorized equipment are required to have a proper and valid motor vehicle operator’s license, or, if applicable, commercial driver’s license with appropriate endorsements. The Employer shall not use or permit the use of a Township vehicle for any purpose other than official business. Employees shall not permit family members or friends to ride in Township owned vehicles, unless specifically authorized.

Any employee who operates a Township-owned vehicle must exercise caution and responsibility and adhere to sound safety regulations. Traffic fines or arrests for illegal or improper use of a Township vehicle are the sole responsibility of the employee. Reckless or destructive operation of Township vehicles is grounds for corrective action.

**OUTSIDE EMPLOYMENT** **SECTION 6.4**

Under no circumstances shall an employee have other employment which conflicts with the policies, objectives, and operations of LaGrange Township. In addition, an employee shall not become indebted to a second employer whose interests might be in conflict with those of the Township.



An “employment conflict,” as set forth in this policy, exists when a second job impairs the employee’s ability to perform the duties of his or her position with the Township. Full-time employment with the Township shall be considered the employee’s primary occupation, taking precedence over all other occupations.

Prior to accepting “outside” employment (or becoming self-employed), an employee shall notify his or her department head/supervisor, in writing, of his or her intention to be employed in a secondary job. The department head/supervisor shall confer with the employee to determine whether the secondary job presents a conflict with Township policies, objectives, interests, and/or operations.

“Outside” employment, or “moonlighting,” shall be a concern to the Township only if it adversely affects job performance, or conflicts with any Township operation or interest.

Two (2) common employment conflicts which may arise are:

1. Time Conflict: when the working hours required of a “secondary” job directly conflict with the scheduled working hours, or when the demands of a “secondary” job prohibit adequate rest, thereby adversely affecting an employee’s job performance, or the hours of the secondary job impede/prevent the employee from working overtime.
2. Interest Conflict: when an employee engages in “outside” employment which tends to compromise his or her judgment, actions, and/or job performance.

If, in the opinion of the Employer, outside employment is adversely affecting an employee’s job performance, he or she may be asked to refrain from such activities as a condition of continued employment. Any conflict, policy infraction, or other specific offense which is the direct result of an employee’s participation in outside employment shall result in discipline consistent with the policies set forth in the manual.

**DRESS AND APPEARANCE****SECTION 6.5**

Any employee required to wear a uniform as part of his/her duties shall be provided such uniform by the Township. The Township reserves the right to prescribe appropriate dress and appearance standards which are in the best interest of Township service. The Township’s general policy requires that clothing and overall appearance of employees be in good taste. Employees who work around machinery and equipment must observe sound safety regulations, including the use of appropriate articles of clothing (e.g., shoes, goggles, hard hats, etc.).

The Township departments reserve the right to require employees to adhere to more stringent dress and appearance requirements as may be necessary for the performance of the functions of that department.

**PROHIBITION OF SEXUAL HARASSMENT AND OTHER FORMS OF DISCRIMINATORY HARASSMENT SECTION 6.6**

- A. It is the policy of LaGrange Township that all employees should be able to enjoy a work environment and a job site free from all forms of discrimination, including gender-based discrimination due to sexual harassment. The Township prohibits discriminatory harassment of employees at all levels by any person, in any form. The Township will take preventative and immediate remedial steps to stop discriminatory harassment from occurring.
- B. Discriminatory harassment is a form of misconduct that undermines the integrity of the employment relationship. No employee should be subjected to any type of harassing conduct based upon the employee's race, color, sex, religion, national origin, age, disability, military status, genetic information, or protected activity.
- C. Sexual Harassment Defined
1. Sexual harassment is specifically prohibited. Sexual harassment refers to behavior which is not welcome, which is personally offensive, which debilitates morale, and which therefore interferes with work effectiveness.
  2. Sexual harassment, whether committed by supervisory or non-supervisory personnel, is a form of sex discrimination. Sexual harassment, as defined by the Equal Employment Opportunity Commission, includes three situations in which unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or visual conduct based on sex (gender) constitutes sexual harassment:
    - a. When submission to the conduct is an explicit or implicit condition of employment;
    - b. When submission to or rejection of the conduct is used as the basis for an employment decision; or
    - c. When such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.
- D. It is the policy of LaGrange Township to discipline, up to and including discharge, any employee found to have engaged in any type of discriminatory treatment, including sexual harassment.

**E. Responsibility**

1. It is the responsibility of all employees to aid the employer in maintaining a work environment free from discrimination, including sexual harassment. Therefore, it is the responsibility of each employee, including supervisors and managers, to immediately report any instances of discriminatory harassment to the proper authority. Any employee who observes any conduct that may constitute discriminatory harassment of a co-worker, but fails to report same, may be subject to disciplinary action.
2. Each supervisor and/or department head has the responsibility to ensure that all employees who report to the supervisor/department head are aware of the policy against discriminatory harassment, that they are aware of the complaint and reporting procedures, and that they are aware of the consequences of engaging in discriminatory harassment.
3. Each supervisor and/or department head has the responsibility to maintain the job site free from discriminatory harassment. Department heads shall ensure that their supervisors are sufficiently trained in recognizing discriminatory harassment, the complaint and reporting procedures, the proper methods of investigating complaints of discriminatory harassment, and the disciplinary procedure regarding discriminatory harassment.

**F. Complaint Procedure**

1. Employees who believe they have witnessed or have been the subject of discriminatory harassment should report the alleged act immediately. All information disclosed shall be held in strictest confidence to the extent allowed by law, and otherwise will only be revealed on a need-to-know basis in order to investigate and resolve the matter.

Step 1: Employees who believe they have been the subject of discriminatory harassment should report the alleged act immediately to their immediate supervisor. If the immediate supervisor is the subject of the complaint, the employee should report the matter to a member of the Board of Township Trustees.

Step 2: The individual alleging the harassment will be asked to complete a written statement outlining the nature of the complaint. The employee should be prepared to provide the following information:

- a. the employee's name;

- b. the name of the person or persons alleged to have committed the harassment;
- c. the specific nature of the harassment, how long it has gone on, and any employment action (demotion, failure to promote, dismissal, refusal to hire, transfer, etc.) taken against the employee as a result of the harassment, or any other threats made against the employee as a result of the harassment;
- d. potential witnesses to the harassment; and
- e. whether the employee has previously reported such harassment and to whom.

The complaint will be investigated even if the individual alleging harassment refuses to fill out a written statement.

Step 3: An investigation will be conducted by an impartial party designated by the immediate supervisor or other appropriate management personnel or other person designated by the Township Trustees. Investigation of a complaint will normally include conferring with the parties involved and any named or apparent witnesses. All employees shall, to the extent possible, be protected from coercion, intimidation, retaliation, interference, or discrimination for filing a complaint or assisting in an investigation.

Step 4: If the investigation reveals that the complaint is valid, prompt remedial action designed to stop the harassment immediately and to prevent its recurrence will be taken. Any employee who is found, after appropriate investigation, to have engaged in harassment shall be subject to disciplinary action, up to and including termination.

2. Determining whether a particular action or incident is a purely personal, social relationship without a discriminatory employment effect, requires an investigation of all facts in the matter. Given the nature of this type of discrimination, it is also recognized that false accusations of sexual harassment can have serious effects upon innocent individuals. Disciplinary action may also be taken against any employee who refuses to cooperate in the investigation of a complaint of discriminatory harassment, or who knowingly files a false complaint of discriminatory harassment.

**COMMERCIAL DRIVER'S LICENSE****SECTION 6.7**

Certain Township positions require a Commercial Driver's License (CDL) to be obtained and retained as a condition of employment.

As of January 1, 1996, Department of Transportation, Federal Highway Administration rules on "Controlled Substances and Alcohol Use and Testing" (49 CFR 382) shall apply to all CDL holders. The procedures for testing are contained in Department of Transportation Workplace Drug and Alcohol Testing Programs (49 CFR Part 40). The Employer will provide to all affected employees the required awareness training and information regarding the required testing, including random, mandated by the rules.

All drug/alcohol testing required by the rules shall be paid for by the Employer (but not for pre-employment testing). Any employee sent for testing based on reasonable suspicion of alcohol or drug use shall be placed on paid administrative leave while awaiting the test results.

**DRUG/ALCOHOL TESTING****SECTION 6.8**

Drug/alcohol testing of employees who are not subject to the Department of Transportation, Federal Highway Administration rules on "Controlled Substances and Alcohol Use and Testing" shall only be conducted upon reasonable suspicion. Reasonable suspicion that an employee used or is using a controlled substance or alcohol may be based upon, but not limited to:

- A. Observable indicators, such as direct observation of drug or alcohol use or possession and/or the physical symptoms of being under the influence of a drug or alcohol;
- B. A pattern of abnormal conduct or erratic behavior, including abnormal leave patterns;
- C. Arrest or conviction for a drug or alcohol-related offense, or the identification of an employee as the focus of a criminal investigation into illegal drug or alcohol possession, use, or trafficking;
- D. Evidence that an employee has tampered with a previous drug test;
- E. Facts or circumstances developed in the course of an authorized investigation of an accident of unsafe working practice.

The procedures for testing shall be the same as for those employees covered by the above mentioned rules, including the right of the employee to request confirmatory testing of the split sample by the same laboratory or by a second certified laboratory.

Any positive test will result in the employee being relieved from duty. In the case of a positive test result, the employee shall seek professional help for a drug/alcohol related problem. If the treatment requires that the employee not work for a specific period of time, the employee will be considered on sick leave. This leave may be conditional upon receipt of reports that the employee is cooperating and making reasonable progress in the treatment program. In addition, this leave is conditioned upon the employee entering an appropriate treatment program as soon as possible.

Within forty-five (45) calendar days of entering the treatment program the employee must provide satisfactory medical evidence that he or she has completed the program and is fit to return to work and must pass another drug/alcohol screen. This time limit can be extended only based on medical or scientific evidence that a longer time is justified. However, no period longer than six (6) months total from the date of the original positive test result will be permitted. Failure to meet these conditions will result in the termination of employment. Accrued sick leave up to a maximum of forty-five (45) calendar days and accrued vacation may be used for this leave. Otherwise, this leave will be unpaid.

Any employee who has returned to work is subject to retesting, and if he or she fails the retest, shall be discharged.

The provisions of this policy shall not require the Employer to offer a rehabilitation/detoxification opportunity to any employee more than once.

**DRUG FREE WORKPLACE****SECTION 6.9**

It is the policy of LaGrange Township to maintain a safe and productive workplace free of drugs and those individuals who use drugs.

- A. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance by any employee which takes place in whole or in part in the workplace is strictly prohibited and will result in criminal prosecution and employee discipline which may include termination from employment.
- B. Any employee convicted of any federal or state criminal drug statute must notify the Township Trustees of that fact within five (5) calendar days of the conviction.
- C. Any employee who reports for duty in an altered or impaired condition which is the result of the illegal use of controlled substances will be subject to disciplinary action. Any decision to take disciplinary action may be held in abeyance pending the completion by the employee of a drug rehabilitation program.
- D. Any employee convicted of a drug offense, who fails to report the conviction as required by the above, will be:

1. Terminated from employment.
2. Held civilly liable for any loss of federal funds resulting from the failure to report the conviction.

E. Notice Upon Hiring

1. As a condition precedent to hiring, all prospective employees will receive a copy of the employer’s Drug Free Workplace statement and policy; and will be required to sign a receipt which will become a permanent part of the employee’s personnel file.
2. In addition, all prospective employees will be required to acknowledge that compliance with the employer’s Drug Free Workplace policies is a condition of employment.

F. Current Distribution of Drug Free Workplace Policy

All current employees will receive a copy of the Employer’s Drug Free Workplace statement and policy and will be required to sign a receipt for it, which will become a permanent part of the employee’s personnel file.

**CONTACT WITH THE NEWS MEDIA  
AND TOWNSHIP RESIDENTS**

**SECTION 6.10**

Any employee contacted by the news media (radio, television, newspaper) or a Township resident regarding a story related to Township operations should request that the member of the news media or resident contact the appropriate department head/supervisor to discuss the matter. This policy is designed to avoid duplication, ensure accuracy, and to protect employees from breaches of confidentiality. This policy is intended to be helpful to both employees and the media.

**HEALTH AND SAFETY**

**SECTION 6.11**

It is the goal of LaGrange Township to provide all employees with a safe and healthful work environment. LaGrange Township Trustees and department heads/supervisors believe that safety must always be foremost in the minds of Township employees. LaGrange Township Trustees and department heads/supervisors do not believe that health and safety practices and procedures should be sacrificed in order to complete a task faster or more inexpensively.

The responsibility of all Township employees is to follow safe work procedures, know and comply with applicable regulations, report injury or illness immediately, report unsafe acts and conditions, and participate in any Township sponsored health and safety meetings, programs, or committees.

Any employee questions regarding health and safety should be directed to the employee's department head/supervisor.

**ETHICS****SECTION 6.12****A. Personal Conduct**

1. Township employees are expected to maintain the highest possible ethical and moral standards and to perform their duties within the laws of the State of Ohio, and rules, codes of ethics, and standard procedures as may be set forth by the Township. Conduct that interferes with normal operations, brings discredit to the Township, is illegal, or is offensive to the public or fellow employees will not be tolerated. Such conduct includes, but is not limited to:
  - a. Engagement in any transaction, business, or any other interest which is in conflict with the proper discharge of official Township duties.
  - b. Disclosure of confidential information, without proper authorization, regarding the property, government, or affairs of the Township.
  - c. Use of confidential information or influence of official Township position to advance personal, financial, or other private interests.
  - d. Acceptance of any gift, in the form of service, loan, item, or promise from any person, firm, or organization, which maintains an interest in any business dealings with the Township.
  - e. Acceptance of any gift, in the form of service, loan, item, or promise from any person, firm, or organization that may tend to influence a Township employee in the proper discharge of official Township duties.
  - f. Engaging in any matter which represents a conflict of interest with the Township, or undermines the integrity of the LaGrange Township Trustees.
  - g. Failure to impartially perform one's duties, enforce the law, or to provide service to the public.



2. No employee shall use any electronic recording system to record public or inter-office telephone conversations or any other discussions without the proper expressed permission of the person being recorded.

B. Political Activity

Certain specific political activities are legally permitted or prohibited to all employees, including employees on authorized leave of absence from their positions.

All employees are encouraged to exercise their constitutional rights to vote. References in this policy to politics and political activity refer to partisan activities, campaigns, and elections involving primaries, partisan ballots, or partisan candidates. The following are examples of permissible and prohibited activity, but the lists are not necessarily all-inclusive:

1. Activities Prohibited to all Employees

- a. Soliciting a contribution from any person while the soliciting employee is performing his or her official duties.
- b. Soliciting a contribution while the soliciting employee is in those areas of a public building where official business is transacted or conducted.
- c. Soliciting a contribution from a public employee while that employee is performing his or her official duties.
- d. Soliciting a contribution from a public employee while that employee is in those areas of a public building where public business is transacted.
- e. Coercing, intimidating, or causing harm to another person or threatening to do so, because that person makes or does not make a contribution to a candidate, campaign committee, political party, legislative campaign fund, or political action committee.

2. Activities Permitted for all Employees

- a. Registering and voting.
- b. Expressing opinions, either orally or in writing, but not political campaigning.
- c. Voluntarily financially contributing to political candidates or organizations.

- d. Circulating non-partisan petitions or petitions stating views on legislation.
- e. Attending political rallies. Employees may attend political rallies that are open to the general public.
- f. Signing nominating petitions in support of individuals.
- g. Displaying political pictures in the employee's home or on the employee's property.
- h. Wearing political badges or buttons, or displaying political stickers on private vehicles.

**PERSONNEL FILES: MAINTENANCE/INSPECTION****SECTION 6.13**

- A. The Township shall maintain official personnel files for all Township employees. Such files shall include, but may not be limited to, individual data, payroll information, work item schedules, records of additions or deductions paid, application forms, and records pertaining to hiring, promotion, demotion, transfer, layoff, or termination. Personnel file access is governed by R.C. 149.43 and R.C. Chapter 1347.
- B. Nothing herein shall prevent the dissemination of impersonal statistical information.
- C. An employee shall have a right of reasonable inspection of his or her official personnel file. However, an employee must make a formal written public records request. Any self-help by an employee to his /her personnel file may be subject to discipline.
- D. Employees must advise the Township of any change in: name, address, marital status, telephone number, number of exemptions for tax purposes, beneficiaries, citizenship, selective service classification, association with any government military service organization, or change in any required licensure/certification status that is required as a condition for employment.
- E. Nothing in this policy shall prohibit the Township from maintaining two (2) sets of files on each employee, one for strictly Township use and one for non-confidential information accessible to the public. The public-accessible file may contain documents with confidential information, provided the documents are redacted to keep such information confidential. The Ohio Public Records Law, R.C. 149.43, requires that the public must have access to any records that are not either specifically

listed as confidential under that law, or records prohibited for release by some other state or federal law.

**TRAINING** **SECTION 6.14**

- A. The department heads/supervisors shall ensure that both probationary and non-probationary employees receive sufficient training to effectively perform their jobs to the prescribed performance levels. The department heads/supervisors shall periodically examine current and proposed training programs to ensure the programs relevance to both the employee and the Township training needs.

Employees may be required to attend job related training programs, courses, workshops, seminars, etc. If such training is required by department heads/supervisors, the expenses incurred shall be paid by the Township. The Township, however, need not pay for such training when it is taken voluntarily by the employee and not required by department heads/supervisors or the Township.

Time spent in attendance at lectures, meetings, training programs, and similar activities that are required by the Employer shall be considered as time worked and will be considered compensable.

In all other instances pertaining to training, compensability shall be determined in accordance with the Fair Labor Standards Act.

- B. EMS, EMT, and Fire personnel must comply with all state regulations regarding training and eligibility for such positions. These requirements are mandatory for all EMS, EMT, and Fire positions.

Should state regulations be amended, all EMS, EMT, and Fire personnel shall have a reasonable amount of time to comply. The Township Trustees shall have the discretion, on a case-by-case basis, to assist EMS, EMT, and Fire personnel in complying with the amended regulations.

Applicants for EMS, EMT, and Fire positions must meet minimum state imposed requirements in order to be considered. Such employee shall have one (1) year to meet all state requirements for continued employment. Any employee failing to meet such requirements will not be considered qualified and may be terminated without recourse.

**PAGER USE** **SECTION 6.15**

The Township may provide certain employees with pagers or other communication devices to perform job duties. (Within this policy, the term “pager” shall include all provided communication equipment.) It is the responsibility of each employee to properly use and

maintain the provided pager. Any provided pager shall only be used for authorized Township business.

Misuse, neglect, theft, and/or abuse of pagers is prohibited, and actions involving misuse of pagers may result in corrective action.

A. Lost Pager Fee

If an employee's pager is lost or stolen, the employee is liable for the resultant lost pager fee.

B. Repairs

In the event of any malfunction of the pager, the employee may return the pager to the Employer who will repair or replace any defective parts which fail to function properly under normal use. If any replacement or repair fees arise from misuse, tampering, unauthorized repair, or modifications, the Employer may choose to hold the employee responsible for the costs of the previously mentioned repairs.

C. Optional Features

The Township prohibits employees from obtaining any optional features or additional services that are not expressly permitted by the Township (e.g., voice mail, etc.). Any addition of optional features must be approved by the employee's department head and the Township Trustees.

**CELL PHONE POLICY****SECTION 6.16**

The LaGrange Township Board of Trustees provides employees with certain electronic and telecommunication equipment for use outside of the Employer's premises in the performance of their duties. Because the nature of the property lends itself to personal use, strict substantiation requirements are in place per Internal Revenue Code 280F. Employees are required to account for business and personal use.

It is the policy of the Township to authorize only those calls that pertain to Township business, as necessary for the operation of the Township, and may involve communications that may not reasonably be handled over the radio. Business use is excludable from the wages of the employee as a working condition fringe benefit. Personal use must be paid back to the Township. If substantiation requirements are not met, all use is included as income for the employee.

The employee must keep records of business and personal use in order to determine whether the value of any of the use is considered income for the employee. This may be compared with the copy of the bill received from the vendor.

Personal use can be itemized and payment made to the Township for using the cell phone. Any personal calls using the cell phone shall be reimbursed to the Township on a monthly basis, at a rate of ten cents (\$.10) per minute. Payment shall be made to LaGrange Township.

In order to protect the privacy of LaGrange Township residents, employees working EMS are prohibited from carrying a personal cell phone that has the capability of taking pictures.

<b>CREDIT CARD POLICY</b>	<b>SECTION 6.17</b>
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A. Purpose

The purpose of this policy is to establish the procedure and protocol for the use of LaGrange Township business credit cards and other vendor supplied lines of credit, in accordance with Ohio Revised Code Section 505.64. In accordance with O.R.C. §505.64, the name “LaGrange Township” shall appear on all credit cards to be used by any employee or officer of the Township.

B. Definitions

1. “Credit card account” shall include any bank-issued credit card account, store-issued credit card account, financial institution-issued credit card account, financial depository-issued credit card account, affinity credit card account, or any other card account allowing the holder to purchase goods or services on credit or otherwise transact with the account, and any debit or gift card account related to the receipt of grant moneys.
2. The term “credit card account” expressly excludes any procurement card account, gasoline, or telephone credit card account, or any other card account where merchant category codes are in place as a system of control for the account’s use; in other words, an account that can be used only to pay for certain types of goods or services.

C. Types of Expenses for Which a Credit Card Account May Be Used

A credit card opened by the Township shall be used for the following purposes:

- Meals
- Gas and oil
- Repair and maintenance of the Township’s assets (e.g. buildings, vehicles, tools, equipment, etc.)
- Professional development (shall include classes, seminars, conferences and lodging)

- Internet
- Telephone
- Software
- Equipment
- Other purposes as approved by the Township

D. Procedure for Opening a New Credit Card Account

In order to open a new credit card account, a written request must be made to the Fiscal Officer. The request shall be reviewed by the Fiscal Officer and must be approved by the Fiscal Officer and the Board. Once approved, the Fiscal Officer shall open the account under his or her name as the custodian of the account.

E. Eligibility to Use Card

The Board and/or the Fiscal Officer shall identify those employees whose day-to-day responsibilities require access to the Township's credit card. Before receiving authorization to carry or use the Township's credit card, authorized employees must complete an employee acknowledgement of this policy annually.

F. Procedure for Issuance of Card to Employee for Use

The Township will use record logs to track the use of the Township's credit card, where an employee authorized to use a credit card for approved purposes shall sign a form checking out and checking in the credit card. The form shall at a minimum document the following:

- The name of the employee;
- The name of the card signed out;
- The purpose for which the card is to be used;
- The date and time the card was signed out;
- The date and time the card was signed back in; and
- The signature of the employee.

The Trustees, Head Roadman, Fire Chief, and Fiscal Officer shall maintain possession of their credit cards until such time as they separate from employment or the cards are otherwise recalled. The Fiscal Officer monthly shall present to the Board credit card account transaction details from the previous month. The Board shall review the credit card account transaction detail and the Chairperson of the Board shall sign an attestation stating the Board reviewed the credit card account transaction detail.

For all others, the applicable credit card shall be returned no later than the end of the following business day.

G. Procedure for Managing Credit Card Account

Generally, the Fiscal Officer shall retain day-to-day control over all credit cards with the exception of those issued to the Trustees, Head Roadman, Fire Chief, and Fiscal Officer. The credit card(s) shall otherwise be kept in the possession of the Fiscal Officer.

Any authorized employee using a Township credit card shall sign the card out and return the card at a reasonable time, generally no later than the close of the following business day. Exceptions shall be made as deemed necessary by the Fiscal Officer or Board, and documented in writing.

Generally, all credit cards shall be paid in full by the due date to avoid interest charges.

H. Maximum Amount of Credit

The maximum amount of credit on any one card shall be no more than twelve thousand dollars (\$12,000.00). In addition, the Township shall have no more than twenty-two thousand dollars (\$22,000.00) in available credit between all credit card accounts open at any one time.

I. Procedure for Re-issuing, Cancelling or Reporting Lost Cards

Employees must surrender all Township credit cards upon their separation of employment from the Township or when requested by the Board or Fiscal Officer.

In the event a card is to be re-issued, the procedure set forth in Paragraph F shall be utilized.

In the event the card is lost or stolen, the employee who has signed out the credit card must notify the Fiscal Officer as soon as reasonably possible. The employee is to assist the Fiscal Officer in identifying and resolving any charges made to the account.

An open credit card account may be cancelled by the Board or Fiscal Officer.

J. Periodic Review of Cards/Authorization

The Board of Trustees and the compliance officer, if one exists, must review the following on a quarterly basis:

- The number of cards issued;
- The number of active cards issued;
- The expiration dates of each card; and

- The credit limit of each account.

K. General Policy and Penalty for Misuse

The Township credit card is issued solely for the purpose of conducting Township business and is not to be used for any unauthorized or personal expenses (including the use of credit card points). Personal and/or unauthorized usage of the Township credit card shall be immediate grounds for revocation of the credit card. The use of a credit card account for expenses beyond those authorized by the legislative authority and/or this policy constitutes misuse of a credit card account, which may result in discipline up to and including termination of employment. An officer or employee of the Township or a public servant, as defined under section 2921.01 of the Revised Code, who knowingly misuses a credit card account held by the Township violates section 2913.21 of the Revised Code. The use of a Township credit card to purchase goods or services does not waive the Township purchasing procedures.

L. Expense Itemization/Documentation

The Township recognizes that credit cards provide convenience to employees in acquiring goods and services for the Township. The Township also recognizes the additional risk inherent with credit card usage. Therefore, whenever a vendor will accept a Township purchase order, a purchase order should be used in lieu of the Township credit card.

For individual expenditures, the expense must fall within pre-approved budgets. Itemized receipts must be turned in to the Fiscal Officer within two (2) business days. If an employee is out of town during the expenditure, signed receipts should be turned in within two (2) business days of returning to work. Receipts may be submitted via email or in person.

In the rare event an employee misplaces or loses a receipt, a Missing Receipt Form must be fully completed and submitted within two (2) business days. This form must be signed by the employee's Department Head and/or supervisor.

The employee may be liable in person and upon any official bond the officer or employee has given to the political subdivision to reimburse the treasury the amount for which the officer or employee does not provide itemized receipts in accordance with the credit card policy.

M. Disclosure of Credit Card Rewards

The Fiscal Officer shall provide an annual report to the legislative authority detailing all rewards received based on the use of the municipal corporation's credit card account.



**CONCEALED WEAPONS****SECTION 6.18**

LaGrange Township, through the promulgation of this policy, hereby notifies its employees that carrying a concealed weapon is not part of any employee's job responsibility and that such activity does not arise "in the scope of employment." Any employee who carries, uses, brandishes, or displays a weapon while on duty will not be defended or indemnified.

Accordingly, the Township specifically prohibits the following activities:

1. Carrying a weapon or firearm while on duty, whether or not licensed to do so.
2. Possessing a weapon or firearm on any parking area owned, leased, or controlled by the Township, unless contained in a locked compartment within a vehicle.
3. Displaying a weapon or firearm while on duty. Should an employee display a weapon or firearm, whether in a Township facility or on the parking lot, such action will be considered a threat and prosecuted to the fullest extent of the law. Additionally, the employee will be subject to discipline for violation of this policy.
4. Carrying or displaying a weapon or firearm, on or off-duty in an unlawful manner.
5. Displaying an empty handgun holster while on duty.

Any violation of this policy, either specifically or generally, will lead to disciplinary action, up to and including discharge.

For the purposes of this policy, "weapon" includes, but is not limited to, a firearm (including unloaded or inoperable, sawed off firearms, starter pistols, zip guns, etc.), knife, club, brass knuckles, martial arts weapon, or stun gun, as well as dangerous ordnance, incendiary or explosive devices or chemicals, fireworks, or similar items. A small folding penknife is permitted.

**WORKPLACE VIOLENCE****SECTION 6.19**

- A. The safety and security of employees, clients, contractors, and the general public are of vital importance to LaGrange Township Trustees. Therefore, threats, threatening behavior, or acts of violence made by an employee or anyone else against another person's life, health, well-being, family, or property will not be tolerated. Employees found to have committed workplace violence will be subject to disciplinary action up to and including termination of employment.

- B. The purpose of this policy is to provide guidance to employees of LaGrange Township Trustees should they encounter a situation that they believe is or could result in an act of violence.
- C. The word “violence” in this policy shall mean an act or behavior that:
1. is a physical assault;
  2. a reasonable person would perceive as obsessive (e.g., intensely focused on a grudge, grievance, or romantic interest in another person and likely to result in harm or threats of harm to persons or property);
  3. consists of a communicated or reasonably perceived threat to harm another individual or in any way endanger the safety of another;
  4. would be interpreted by a reasonable person as carrying a potential for physical harm to the person;
  5. a reasonable person would perceive as intimidating or menacing;
  6. involves carrying or displaying weapons, destroying property, or throwing objects in a manner reasonably perceived to be threatening; or
  7. consists of a communicated or reasonably perceived threat to destroy property.
- D. The Trustees prohibit the following:
1. Any act or threat of violence by an employee against another person’s life, health, well-being, or property while on or off duty.
  2. Any act or threat of violence, including, but not limited to, intimidation, harassment, or coercion.
  3. Any act or threat of violence which endangers the safety of employees, clients, contractors, or the general public.
  4. Any act or threat of violence made directly or indirectly by words, gestures, or symbols.
  5. Use or possession of a weapon on the Employer’s premises, on a Township controlled site, or an area that is associated with Township employment.

- E. The possession or use of dangerous weapons is prohibited on Township property, in Township vehicles, or in any personal vehicle which is used for Township business or is parked on Township property, except as hereinafter provided.
1. A dangerous weapon is defined as:
    - a. A loaded or unloaded firearm; or
    - b. A weapon, device, electronic stun weapon, chemical substance, or other material that in the manner it is used, or could ordinarily be used, or is intended to be used, is readily capable of causing serious bodily injury.
  2. Non-law enforcement employees who possess a valid permit to carry a firearm shall be subject to all restrictions as contained in the concealed carry policy. Such employees may keep their firearm in their personal vehicle provided such vehicle is not used to conduct any Township business and provided the handgun remains in a locked compartment inside the locked car while the vehicle is on Township property.
- F. Any person who makes substantial threats, exhibits threatening behavior, or engages in violent acts on the Township's property shall be removed from the premises as quickly as safety permits and shall remain off the premises pending the outcome of an investigation. The Township will initiate an appropriate response. This response may include, but is not limited to, suspension and/or termination of any business relationship, reassignment of job duties, suspension or termination of employment, and/or criminal prosecution of the person(s) involved.
- G. It is a requirement that all employees report, in accordance with this policy, any behavior that compromises the Employer's ability to maintain a safe work environment. All reports will be investigated immediately and kept confidential, to the extent possible, except where there is a legitimate need to know. Even without an actual threat, personnel should also report any behavior they have witnessed which they regard as threatening or violent, when that behavior is job related or might be carried out on a Township controlled site, or is associated with Township employment.
- H. All incidences of suspected or potential violence should be reported to the employee's immediate supervisor or the department head. Do not take the position that the incident is too minor to report or that it does not appear to be a "real problem." Do not wait until it is too late to be proactive.

- I. Supervisor Responsibilities: Supervisors and department heads are responsible for assessing situations, making decisions on the appropriate response, and responding to reports of or knowledge of violent activities that have occurred in the workplace or that involve an employee of the Township.
- J. When any actual, potential, or suspected incident of violence is brought to the attention of a supervisor or the department head, the department head or designee shall evaluate the severity of the situation immediately and have the individual reporting the incident fill out a Workplace Violence Incident Report Form. If it is concluded that an actual act of violence has occurred or if there is a likelihood that violence could result, the department head or designee shall:
1. Discuss the situation with the employee(s) and attempt to find out what caused the situation.
  2. Determine what action is to be taken to prevent the situation from occurring again. Such actions may include but not be limited to:
    - a. assigning a different employee to the area or job.
    - b. talking with the disgruntled client or employee(s).
    - c. discussing the incident and offer suggestions for appropriate actions.
    - d. referring the affected employee(s) to professional help or counseling.
    - e. disciplining the employee(s), up to and including termination of employment.
- K. All employees who apply for, obtain, or are the subject of a restraining order which lists department locations as being protected areas, must provide to their department head a copy of the petition and declarations used to seek the order, a copy of any temporary protective or restraining order which is granted, and a copy of any protective or restraining order which is made permanent.

**USE OF EMPLOYER INFORMATION & COMPUTERS****SECTION 6.20**

- A. All information obtained by employees in the course of their employment with the Township and all Employer data shall be considered confidential and proprietary. Such information and data, regardless of the form in which it is stored, shall not be shared with anyone other than those individuals who have a need for such

information or data in order to complete their assigned tasks for the Township or authorized agencies.

- B. The use of LaGrange Township automation systems, including computers, fax machines, and all forms of Internet/Intranet access is for Township business and is to be used for authorized purposes only. Brief and occasional personal use of the electronic mail system or the Internet is acceptable as long as it is not excessive or inappropriate, occurs during personal time (lunch), and does not result in expense to the Township or a disruption in Township business.

Use is defined as “excessive” if it interferes with normal job functions, responsiveness, or the ability to perform daily job activities. Township automation systems are Township resources and are provided as local government communications tools. Electronic communication should not be used to solicit or sell products, distract coworkers, or disrupt the workplace.

Use of Township computers, networks, and Internet access is a privilege granted by the Board of Township Trustees and may be revoked at any time for inappropriate conduct including, but not limited to:

1. Sending chain letters;
2. Engaging in private or personal business activities;
3. Misrepresenting oneself or the Township;
4. Engaging in unlawful or malicious activities;
5. Using abusive, profane, threatening, racist, sexist, or otherwise objectionable language in either public or private messages;
6. Sending, receiving, or accessing pornographic and/or obscene materials;
7. Becoming involved in partisan politics;
8. Causing congestion, disruption, disablement, alteration, or impairment of Township networks or systems;
9. Deliberately propagating any virus, worm, Trojan horse, trap-door program code, or other code or file designed to disrupt, disable, impair, or otherwise harm either the Township’s networks or systems or those of any other individual or entity;

10. Infringing in any way on the copyrights or trademark rights of others;
11. Defeating or attempting to defeat security restrictions on Township systems and applications.

The purchase and repairs of any computers, network equipment, and software shall be approved in advance by the Board of Trustees. No computer equipment, software, or any devices shall be connected to the Township's network without prior approval.

Using Township automation systems to create, view, transmit, or receive racist, sexist, threatening, or otherwise objectionable or illegal material is strictly prohibited. "Material" is defined as any visual, textual, or auditory entity. The Township's electronic mail system must not be used to violate the laws and regulations of the United States or any other nation or any state, city, township, province, or other local jurisdiction in any way. Use of Township resources for illegal activity can lead to disciplinary action, up to and including dismissal and criminal prosecution.

Any employee who attempts to disable, defeat, or circumvent Township security measures is subject to disciplinary action, up to and including dismissal.

Employees are individually liable for any and all damages incurred as a result of violating Township security policy, copyright, and licensing agreements.

Unless specifically granted in this policy, any non-business use of the Township's automation systems is expressly forbidden.

- C. Ownership and Access of Electronic Mail and Computer Files: The Township owns the rights to all data and files in any computer, network, or other information system connected to the Township's server. The Township reserves the right to monitor computer and e-mail usage, both as it occurs and in the form of account histories and their content. The Township has the right to inspect any and all files stored in any areas of the network or on any types of computer storage media in order to assure compliance with this policy and state and federal laws. The Township will comply with reasonable requests from law enforcement and regulatory agencies for logs, diaries, archives, or files on individual computer and e-mail activities. The Township also reserves the right to monitor electronic mail messages and their content. Employees must be aware that the electronic mail messages sent and received using Township equipment are not private and are subject to viewing, downloading, inspection, release, and archiving by Township officials at all times. No employee may access another employee's computer, computer files, or electronic mail messages without prior authorization from either the employee or an appropriate Township official.

- D. The Township has licensed the use of certain commercial software application programs for business purposes. Third parties retain the ownership and distribution rights to such software. No employee may create, use, or distribute copies of such software that are not in compliance with the license agreements for the software. Violation of this policy can lead to disciplinary action, up to and including dismissal.
- E. Confidentiality of Electronic Mail: As noted above, electronic mail is subject at all times to monitoring, and the release of specific information is subject to applicable state and federal laws and Township rules, policies, and procedures on confidentiality. Existing rules, policies, and procedures governing the sharing of confidential information also apply to the sharing of information via commercial software. Since there is the possibility that any message could be shared with or without your permission or knowledge, the best rule to follow in the use of electronic mail for non-work-related information is to decide if you would post the information on the office bulletin board with your signature. All electronic mail is subject to the Ohio public records laws.
- F. Any employee who has a question regarding the use of Employer-owned computers or software programs, or the use of confidential/proprietary information or data maintained by the Township, should request clarification of the Employer's policy before risking a possible violation.
- G. Information or data maintained by the Township which is determined to be a public record may only be accessed through an appropriate public records request and shall not be revealed, discussed, or obtained by employees through any other means except as necessary in the performance of the employee's job duties for the Township.

**SOCIAL MEDIA****SECTION 6.21**

- A. The purpose behind this policy is to make an employee aware of an employee's privacy rights and prohibited conduct with respect to an employee's actions and its impact on the Township. Moreover, this policy is intended to ensure efficient use of employee time and to minimize any distraction from an employee's assigned tasks and duties.
- B. All employees will be subject to and held accountable for any conduct outlined in this Social Networking Policy.
- C. An employee's use of such technology constitutes consent to being monitored by the Township.

- D. Social Networking refers to the use of websites such as but not limited to Facebook, Myspace, Twitter, and LinkedIn. For purposes of this policy, blogs and other internet forums of communication will be referenced. Nothing in this policy is meant to prohibit access to any website or blog which may be work-related.
- E. On Duty Conduct: While at work, an employee may only access social networking websites, blogs, and/or other internet forums of communication when it does not interfere with productivity. This includes access from a personal cellular device (e.g., Blackberry device, Smartphone, iPhone, etc.) during hours open to the public. Employees found to have violated this policy may be subject to discipline up to and including termination.
- F. On/Off Duty Conduct: An employee enjoys no expectation of privacy to information posted into cyberspace even while off duty. This includes anything posted to a social networking website, blog, or other similar internet forum of communication. Although information may be posted to a “private” webpage, the employee should be aware this information can still be accessed by the public and other sources in a number of ways. Because of this, an employee needs to use “common-sense” when posting comments, photos, opinions, or any other information related to his or her employment. By no means is this policy meant to infringe upon an individual’s First Amendment rights. However, anything that reflects negatively on the Township or its mission may be used as grounds for discipline up to and including termination.
- G. Confidential Information: An employee shall not disclose any confidential or proprietary information on any social networking website, blog, or other internet forum of communication. Employees found to have violated this policy may be subject to discipline up to and including termination.
- H. Any questions regarding this policy should be directed to the Trustees or Fiscal Officer.

**IDENTITY THEFT POLICY****SECTION 6.22**

- A. Intent. LaGrange Township adopts this policy to help protect employees, customers, contractors of, and citizens served by, LaGrange Township from damages related to the loss or misuse of personally identifying information. This policy is in furtherance of the Fair and Accurate Credit Transactions Act of 2003 and the Federal Trade Commission’s rules regarding the prevention of identity theft. This policy establishes guidelines and procedures for detecting, preventing, and mitigating identity theft.
- B. Scope. This policy applies to the creation, modification, and access to identifying information of any customer who is provided goods or services by LaGrange



Township and is billed later, and any other persons who are required to furnish personal information to LaGrange Township who are reasonably considered at risk of identity theft.

C. Definitions. When used in this policy, the following terms have the meanings set forth opposite their name, unless the context clearly requires that the term be given a different meaning:

1. Covered Account. The term “covered account” means an account that LaGrange Township offers or maintains, primarily for personal, family, or household purposes, that involves or is designed to permit multiple payments of transactions. A utility account is a “covered account.” The term “covered account” also includes other accounts offered or maintained by LaGrange Township for which there is a reasonably foreseeable risk to LaGrange Township, its customers, or citizens from identity theft.
2. Identity Theft. The term “identity theft” means a fraud committed or attempted using the identifying information of another person without that person’s authority.
3. Identifying Information. The term “identifying information” means any name or number that may be used, alone or in conjunction with any other information, to identify a specific person, including any name, social security number, date of birth, official state or government-issued driver’s license or identification number, alien registration number, government passport number, or employer or taxpayer identification number. Additional examples of “identifying information” are set forth in 16 CFR §603.2(b).

Other examples of identifying information may include, but shall not be limited to:

- business identification numbers
- telephone number
- checking account numbers and routing number
- other account numbers.

4. Red Flag. The term “red flag” means a pattern, practice, or specific activity that indicates the possible existence of identity theft.
5. Certain terms used, but not otherwise defined herein, shall have the meanings given to them in the FTC’s Identity Theft Rules (16 CFR Part 681) or the Fair Credit Reporting Act of 1970 (15 U.S.C. §1681 et seq.), as amended by the Fair and Accurate Credit Transaction Act of 2003.

- D. Security of Information. Each employee and contractor performing work for LaGrange Township will comply with the following:
1. File cabinets, desk drawers, overhead cabinets, and any other storage space containing documents with personally identifying information will be locked when not in use.
  2. Storage rooms and record retention areas containing documents with personally identifying information will be locked at the end of each workday or when unsupervised.
  3. Desks, workstations, work areas, printers and fax machines, and common shared work areas will be cleared of all documents containing personally identifying information when not in use.
  4. Whiteboards, dry-erase boards, writing tablets, etc., containing personally identifying information in common shared areas will be erased or removed when not in use.
  5. When documents containing personally identifying information are approved for disposal, they will be placed inside a locked shred bin or immediately shredded using a mechanical cross cut or Department of Defense (DOD)-approved shredding device. Locked shred bins are labeled “confidential paper shredding” and may only be destroyed in accordance with LaGrange Township’s records retention policy and Ohio’s Public Records Laws.
  6. Access to personally identifying information maintained on computers should be protected by the use of difficult to detect passwords.
  7. Access to personally identifying information will be limited to only those employees who have a business reason to use such information.
- E. Contact Information. The senior management person responsible for administration of LaGrange Township’s identity theft prevention program shall be the LaGrange Township Board of Trustees.
- F. Risk Assessment. LaGrange Township has identified the following type of accounts as potentially at risk from identity theft:
1. zoning records
  2. vendor accounts
  3. personnel files

G. Detection (Red Flags). LaGrange Township has identified the following red flags to detect any attempts of identity theft and/or potential fraud. LaGrange Township hereby determines that the following are the relevant red flags given the relative size of LaGrange Township and the limited nature and scope of the services that LaGrange Township provides. These are not intended to be all-inclusive, and other suspicious activity shall be investigated as necessary.

- Identification documents appear to be altered or forged
- Photo and physical description do not match appearance of individual
- Other information is inconsistent with information provided by individual
- Other information provided by individual is inconsistent with information on file
- Application appears altered, forged, or destroyed and reassembled
- Information provided is associated with known fraudulent activity (e.g., address or phone number provided is same as that of a fraudulent application)
- Information commonly associated with fraudulent activity is provided by applicant (e.g., address that is a mail drop or prison, non-working phone number, or associated with answering service/pager)
- SS#, address, or telephone # is the same as that of other customer
- Individual fails to provide all information requested
- Notification is received indicating unauthorized charges or transactions in connection with the account
- Recent and significant increase in the volume of inquiries
- Receive information from reliable outside source of potential fraud regarding the individual
- Personal identifying information is inconsistent when compared against data from reliable external or internal information sources
- Personal identifying information is not consistent with other information provided by the individual; age on identification does not appear to coincide with social security number range or appearance of individual
- Customer fails to make the first payment or makes an initial payment, but no subsequent payments
- Mail sent to individual is returned repeatedly as undeliverable
- Personal information provided is inconsistent with information on file for the customer
- Applicant cannot provide information requested beyond what could commonly be found in a purse or wallet
- If payment is by checking account and check is returned because of closed account or insufficient funds
- Identity theft is reported or discovered

- H. Response. Any employee who suspects fraud or detects a red flag indicating possible identity theft shall implement the following response as applicable. All detections or suspicious red flags shall be reported to LaGrange Township.
  - Ask applicant for additional documentation
  - Notify internal manager: Any employee who becomes aware of a suspected or actual fraudulent use of a customer or potential customer’s identity must notify the LaGrange Township Board of Trustees.
  - Notify law enforcement: The employee should notify Lorain County Sheriff’s Office of any attempted or actual identity theft
  - Do not open or modify the account
  - Monitor the account for evidence of identity theft
  - Reopen the account with a new account number
  - Close the account
  - Do not attempt to collect against the account
  - Determine that no response is warranted under the particular circumstances
  - Collect all related documentation regarding the identify theft attempt and write a brief description of the incident or situation
  - Notify the actual customer that fraud has been attempted
  
- I. Training. All employees handling customer’s, vendor’s, or citizen’s personally identifiable information shall receive appropriate training and effective oversight to ensure compliance with policies and procedures designed to detect, prevent, and mitigate the risk of identity theft.

<b>FRAUD REPORTING</b>	<b>SECTION 6.23</b>
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A. Fraud Reporting. The Ohio Auditor of State’s office maintains a system for the reporting of fraud, including misuse of public money by any official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll free number, the auditor of state’s website, or through the United States mail.

Auditor of State’s fraud contact information:

Telephone: 1-866-FRAUD OH (1-866-372-8364)

US Mail: Ohio Auditor of State’s Office  
 Special Investigations Unit  
 88 East Broad Street  
 P.O. Box 1140  
 Columbus, OH 43215

Web: [www.ohioauditor.gov](http://www.ohioauditor.gov)

Each new employee shall sign an acknowledgement confirming receipt of this policy within thirty (30) days after beginning employment.

**DISCIPLINARY PRINCIPLES AND PROCEDURES****SECTION 6.24**

The Employer believes that certain basic principles, set forth below, must consistently be applied in order to effectively and fairly correct unsatisfactory job behavior.

As outlined in Section 3.1 of this manual, LaGrange Township does not offer tenured or guaranteed employment. Unless LaGrange Township has otherwise expressly agreed in writing or the employee is subject to O.R.C. 505.49, your employment is at will and may be terminated by you or by the Township at any time, including after the probationary period.

At-will employees are subject to disciplinary action for any lawful reason. Examples of behavior and conduct that employees can expect to be disciplined for include, but are not limited to:

- Incompetency
- Inefficiency
- Dishonesty
- Drunkenness
- Immoral conduct
- Insubordination
- Discourteous treatment of the public
- Neglect of duty
- Violation of any LaGrange Township policy or work rule
- Failure of good behavior
- Acts of misfeasance, malfeasance, or nonfeasance
- Conviction of a felony

Forms of disciplinary action that may be taken are documented verbal warnings, written reprimands, suspensions (with or without pay), and terminations.

Although not required for at-will employees, the Township Trustees believe that it is good policy to allow all employees facing disciplinary action the opportunity to respond to said allegations. As noted above, all employees subject to O.R.C. 505.49 shall be afforded due process as outlined within the Ohio Revised Code.

**CHAPTER SEVEN**  
**EMPLOYMENT SEPARATION**

**VOLUNTARY EMPLOYMENT SEPARATION****SECTION 7.1**

Employees who voluntarily terminate their employment shall give fourteen (14) days notice to their department head/supervisor. Failure to give such notice may affect any future re-employment with the Township. The Township Trustees may make the notice date the final day of work, with wages paid through the final notice date. The department head/supervisor shall conduct an exit interview with the terminating employee.

Upon leaving employment with the Township, all township property (e.g., cell phones, uniforms, keys, etc.) must be returned to the Township. Failure to return Township property may result in a departing employee's final paycheck being reduced by the value of the unreturned Township Property.

**REDUCTION IN FORCE****SECTION 7.2**

- A. When the Township determines that a layoff or reduction in employment is necessary, employees shall be notified no less than fourteen (14) work days before the effective date.
- B. No regular full-time employee will be laid off if a temporary or probationary employee is still employed. The Township shall follow a systematic procedure to determine the order of layoff. Such procedure shall take into consideration Township and resident needs, employment status, continuous service, and employee evaluations.
- C. Employees who are laid off shall be placed on a recall list for a period of one (1) year. If there is a recall, employees who are still on the recall list shall be recalled, in inverse order of their layoff. Any recalled employee must meet the position qualifications in existence at the time of recall.
- D. Notice of recall shall be sent to the employee by certified mail. The Township shall be deemed to have fulfilled its obligations by mailing the recall notice by certified mail, return receipt requested, to the last mailing address provided by the employee.
- E. The laid off employee shall have seven (7) calendar days following the date of receipt of the certified mail recall notice to notify the Township of his or her intention to return to work, and must return to work as directed by the Township. An employee failing to notify the Township of his or her intention to return within seven (7) days, or failing to report for duty as directed, shall be removed from the recall list and deemed to have resigned.

**CHAPTER EIGHT**

**FORMS**



**ACKNOWLEDGE OF REVIEW OF  
OF PERSONNEL POLICY MANUAL**

**FORM A**

Please sign below and return this acknowledgment slip to your supervisor for inclusion in your personnel file.

**ACKNOWLEDGMENT**

I have reviewed a copy of the LaGrange Township Personnel Policy Manual, which outlines my responsibilities as an employee of the Township. It is my obligation to familiarize myself with the information in these directives. I understand that I am governed by these directives immediately.

Since the information in these directives is subject to change by action of the Employer, it is understood that I will be notified of changes through the usual channels of dissemination.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**NOTICE OF OUTSIDE EMPLOYMENT** **FORM B**

Name \_\_\_\_\_ Date \_\_\_\_\_

Job Title/Department \_\_\_\_\_

Prospective Off-Duty Company/Employer:

Address \_\_\_\_\_ Business Phone \_\_\_\_\_

\_\_\_\_\_ Hours Per Week \_\_\_\_\_

\_\_\_\_\_

Anticipated Start Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Termination Date (If Known) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Nature of Work to be Performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that my outside employment is with the above-named company/employer and not with LaGrange Township, Lorain County, Ohio; however, my primary employment responsibility is to LaGrange Township, Lorain County, Ohio.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**REQUEST FOR TRAVEL AUTHORIZATION** **FORM C**

Date of Request \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I (We) Request the Permission of the Employer for \_\_\_\_\_

(*Name of Employee*) to Travel to \_\_\_\_\_ (*Place of*

*Destination*) on \_\_\_\_\_ (*Date of Travel*) for the Purpose of \_\_\_\_\_

\_\_\_\_\_ (*Purpose of Travel*), and to Claim the Following Anticipated

Expenses Which are Expected to Include: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Expenses are not Anticipated to Exceed: \$ \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**ADMINISTRATIVE ACTION**

Approved

Disapproved

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Date

VACATION REQUEST FORM D

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Job Title/Department \_\_\_\_\_ Date of Hire \_\_\_\_\_

I Request Vacation Leave for the Following Days:

Day(s) Requested Off \_\_\_\_\_

Number of Vacation Hours to be Used: \_\_\_\_\_ Hours

If Requesting Less Than One Full Day, Please Specify the Exact Time Requested:

From: \_\_\_\_\_ a.m./p.m. To: \_\_\_\_\_ a.m./p.m.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

ADMINISTRATIVE ACTION

\_\_\_\_\_ Number of Vacation Hours/Days Available

- checkbox All Choices Approved
checkbox All Choices Disapproved
checkbox Partial Approval
Partial Dates/Hours Approved \_\_\_\_\_

Reason for Partial Approval or Disapproval \_\_\_\_\_

Employer Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

**REQUEST FOR LEAVE**

**FORM E**

*SECTION I (TO BE COMPLETED BY EMPLOYEE REQUESTING LEAVE)*

Name \_\_\_\_\_ Date of Request \_\_\_\_\_  
Job Title/Department \_\_\_\_\_

*Please check the type of leave requested, complete the appropriate blanks, and provide the requested documentation.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Court Leave<br>_____ | <input type="checkbox"/> Leave of Absence<br><input type="checkbox"/> Personal (Unpaid)<br><input type="checkbox"/> Education/Training<br>Specialized Experience | <input type="checkbox"/> Other Leave ( <i>Please Explain</i> )<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |
|   | <input type="checkbox"/> Disability Leave<br>( <i>Attach Supporting<br/>Documentation</i> )  |  |
|   | <input type="checkbox"/> Military Leave  |  |
|   | <input type="checkbox"/> Family Medical Leave  |  |

My Leave Will Extend From \_\_\_\_\_ To \_\_\_\_\_  
Date (Month/Year) Date

I understand that the provisions and regulations governing the use of, and return from, my leave is outlined in the LaGrange Township Personnel Policy Manual.

\_\_\_\_\_  
Employee Signature Date

**ADMINISTRATIVE ACTION**

*SECTION II (TO BE COMPLETED BY SUPERVISOR AND EMPLOYER)*

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Recommended     | <input type="checkbox"/> Approved    |
| <input type="checkbox"/> Not Recommended | <input type="checkbox"/> Disapproved |

\_\_\_\_\_  
Supervisor Signature Date

\_\_\_\_\_  
Employer Representative Signature Date

APPLICATION FOR USE OF SICK LEAVE FORM F

Name Last First MI Date/Time of Call

Reason for Absence

- Medical, Dental, or Optical Appointment
Personal Illness
Personal Injury
Illness or Injury in Immediate Family
Death in the Family
Family Medical Leave
Family Medical Leave
Family Medical Leave

Signature of Employee's Immediate Supervisor Date

Reason for Request of Sick Leave (Completed by Employee Upon Return From Absence)

Medical, Dental, or Optical Appointment
Name of Physician Date/Time of Appointment

Personal Illness—State Exact Nature of Illness (If Medical Attention is Required, Attach a Certificate from a Licensed Physician Stating the Nature of the Illness)

Personal Injury—State Exact Nature of Injury

Where did the injury occur?
When did the injury occur?
Will the injury affect your ability to perform any of your required duties?
Yes No

Illness or Injury in Immediate Family—State Exact Nature of Illness or Injury to Family Member and Your Relationship to the Family Member

**APPLICATION FOR USE OF SICK LEAVE  
(CONTINUED)**

**FORM F**

Briefly state why it is necessary for your to attend to this family member

\_\_\_\_\_  
\_\_\_\_\_

Did you take this family member to a medical practitioner or a hospital?

Yes  No

On-the-Job Injury (Check this box if you wish to temporarily use sick leave benefits and plan to file for workers' compensation benefits at a later date. Your supervisor will instruct you on how to file for workers' compensation.)

Death in the Family—State Name and Relationship of Family Member

Date of Death /\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ Date of Funeral\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

\_\_\_\_\_  
Number of Hours of Sick Leave Requested (Note: Sick leave must be taken in one-half [1/2] hour units, unless the Employer sets a different amount)

I do hereby certify that the statements made hereon are true and factual. I understand that payment for the sick leave may be withheld until all information I have stated on this application is verified, and until I have complied with all rules and regulations as stated on this application and in the Township's Personnel Policy Manual. Further, I understand that falsification of this application may constitute fraud, may result in a refund of benefits by me to the Township, and may be cause for discipline, up to and including dismissal.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**ADMINISTRATIVE ACTION**

\_\_\_\_\_  
Number of Accrued Hours of Sick Leave \_\_\_ Number of Hours Requested  
\_\_\_\_\_  
Balance of Sick Leave, If Leave Approved

Recommended  
 Not Recommended

Approved  
 Disapproved

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Date

MEDICAL PRACTITIONER'S STATEMENT

FORM G

EMPLOYEE AUTHORIZATION TO RELEASE INFORMATION

Employee Name (Please Print) Employee Signature /Date

I hereby authorize this medical practitioner to release the information requested below, or any other information requested by my Employer, LaGrange Township, relative to this use of sick leave, in order to qualify for sick leave benefits, FML, disability leave, etc.

STATEMENT OF THE PRACTITIONER

Name of Practitioner Phone Number

Street Address City, State, Zip Code

Type of Practice Date

Date/Time You Examined the Above-Named Employee at [ ] a.m. [ ] p.m.

State the Reason You Examined the Individual (State exact nature of illness, injury, or treatment)

Please State Your Prognosis

Can the employee perform all essential functions of his/her position? [ ] Yes [ ] No (If no, please list all essential functions the employee is unable to perform, referencing such essential functions from the position description enclosed—attach additional sheet if necessary)

May the employee return to work immediately? [ ] Yes [ ] No

If not, when do you reasonably expect him/her to return? Date



**MEDICAL PRACTITIONER'S STATEMENT  
(CONTINUED)**

**FORM G**

Have you placed this employee under any work restrictions for non-essential functions (e.g., weight lifting limitations, etc.), or does the employee require any accommodation to perform any essential functions?  Yes  No

If yes, please state restrictions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you prescribed any medications which may impair performance?  Yes  No  
If so, what are the medications, and for how long are they prescribed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the illness or injury job-related?  Yes  No  
Is this illness or injury a reoccurrence of a prior  Yes  No  
illness or injury (*answer only if reported as job-related*)

If the above-named individual was seen by you for a reported occupational disease or injury, please submit any additional information necessary to assist in the processing of a workers' compensation claim.

Note: This form may be required to justify payment to employee of sick leave benefits or for family and medical leave reasons. Statements from practitioners that refer only to being under "professional care" are unacceptable.

\_\_\_\_\_  
Actual Signature of Licensed  
Medical Practitioner

\_\_\_\_\_  
Date

**EMPLOYEE REPORT OF INCIDENT & INJURY**

**FORM H1**

**PLEASE PRINT IN INK**

**To be completed by employee**

Last Name, First Name, Middle Initial	Telephone Number	Social Security Number	Date of Birth
Home Address	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation:	
City State 9-digit Zip Code	County	Department Name:	

- Date of injury or onset of symptoms \_\_\_\_\_ Time \_\_\_\_\_  a.m.  p.m.  
 Describe what caused the injury/symptoms, what you were doing just before the incident, and what you did after the incident (if you need more space, write on the back of this form). Be specific – name any object(s) or substance(s) involved:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Did you report this incident to anyone?  Yes  No If No, why not? \_\_\_\_\_  
 If Yes, to whom did you report it? \_\_\_\_\_ Title/Position \_\_\_\_\_ When? \_\_\_\_\_  
 Did anyone else see what happened?  Yes  No If Yes, who? \_\_\_\_\_  
 (If there are any additional names, please list them on the back of this form)
- What part(s) of your body was/were affected? (BE SPECIFIC: for example, right elbow, left knee, right index finger, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 What type of injury did you experience? (BE SPECIFIC: for example, bruise, scrape, laceration, pull, etc.) \_\_\_\_\_  
 \_\_\_\_\_
- Was any first aid provided at the scene?  Yes  No If Yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 Did you seek other medical treatment?  Yes  No If Yes, when? \_\_\_\_\_  
 Where: \_\_\_\_\_ If treatment was not sought immediately, explain why not: \_\_\_\_\_  
 Last day worked: \_\_\_\_\_ Returned to work: \_\_\_\_\_ If not returned, estimated date of return \_\_\_\_\_
- Is this an aggravation of a previous injury/symptom?  Yes  No If Yes, when were you last treated for the previous injury? \_\_\_\_\_ By whom? \_\_\_\_\_  
 Have you ever had a similar injury?  Yes  No If Yes, please describe the other injury: \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL RELEASE**

*Under current workers' compensation law, the employer is entitled to a signed medical release*  
 I hereby authorize any person or persons who have in the past or will in the future medically attend, treat, or examine me, or any person who may have information of any kind which may be used to reach a decision in any claim for injury or disease arising from the injury/illness described above, to disclose such information to my employer and/or to \_\_\_\_\_  
 \_\_\_\_\_ (representative of employer). A copy of this form will serve as the original.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYEE REPORT OF INCIDENT & BACK INJURY FORM H2**

**PLEASE PRINT IN INK To be completed by employee when back injury is reported**

Last Name, First Name, Middle Initial	Telephone Number	Social Security Number	Date of Birth
Home Address	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation:	
City State 9-digit Zip Code	County	Department Name:	

1. What part of your back hurts now? \_\_\_\_\_  
 When did you first notice this back pain? Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.  
 What were you doing at that time? (Explain in detail) \_\_\_\_\_  
 \_\_\_\_\_  
 If you were lifting an object, what was it, and how heavy was it? \_\_\_\_\_  
 \_\_\_\_\_  
 What was your exact position when pain was first noticed? \_\_\_\_\_  
 What did you feel? \_\_\_\_\_  
 What was the length of time between the injury and your disability? \_\_\_\_\_
2. Did anyone see you get hurt?  Yes  No If Yes, whom? \_\_\_\_\_  
 Did you report or mention this injury to anyone?  Yes  No If Yes, who and when? \_\_\_\_\_  
 \_\_\_\_\_
3. Did you ever have a back injury before?  Yes  No If so, when? \_\_\_\_\_  
 What part of your back? \_\_\_\_\_  
 Were you treated by a doctor?  Yes  No If so, when? \_\_\_\_\_  
 Has it given you further trouble since then? \_\_\_\_\_
4. Have you ever received or filed for compensation because of a back injury?  Yes  No  
 Other injury?  Yes  No  
 If so, list Bureau of Workers' Compensation claim number(s): \_\_\_\_\_

<b>MEDICAL RELEASE</b>	
<i>Under current workers' compensation law, the employer is entitled to a signed medical release</i>	
I hereby authorize any person or persons who have in the past or will in the future medically attend, treat, or examine me, or any person who may have information of any kind which may be used to reach a decision in any claim for injury or disease arising from the injury/illness described above, to disclose such information to my employer and/or to _____ (representative of employer). A copy of this form will serve as the original.	
Employee Signature _____	Date _____





**MODIFIED DUTY—ATTENDING PHYSICIAN STATEMENT** **FORM H4**

CLAIMANT \_\_\_\_\_ CLAIM NO. \_\_\_\_\_ DOI: \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

Please complete the following items based on your estimated evaluation of this employee. Any item that you do not believe you can answer should be marked "N/A."

1. Is employee released for full duty?  Yes  No If Yes, date released: \_\_\_ / \_\_\_ / (m/d/y)
2. If No, please specify for limited duty assignment restrictions as follows:

I. In an 8-hour work day, the employee can: (Circle full capacity for each activity)

**Continuously**

**With Rests**

- |          |                         |                          |                          |
|----------|-------------------------|--------------------------|--------------------------|
| A. Sit   | 1 2 3 4 5 6 7 8 (hours) | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Stand | 1 2 3 4 5 6 7 8 (hours) | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Walk  | 1 2 3 4 5 6 7 8 (hours) | <input type="checkbox"/> | <input type="checkbox"/> |

		Never	Occasionally 0% to 33%	Frequently 34% to 66%	Continuously 67% to 100%
D.	Lift 0-10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11 – 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21 – 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	50-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Carry 0-10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	51-100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Bend at waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Squat/crouch/kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Reach above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Patient can use hands for repetitive actions such as:

**Simple grasping**

**Light pushing/pulling**

**Fine manipulating**

- |       |  |  |  |
|-------|--|--|--|
| Right | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Left  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Current diagnosis: \_\_\_\_\_

Estimated date of return to full duty: \_\_\_\_\_

Comments: \_\_\_\_\_

Physician's Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_

Telephone No. \_\_\_\_\_  
 Date \_\_\_\_\_

INDUSTRIAL INJURY SHEET

FORM H5

EMPLOYER NAME \_\_\_\_\_  
EMPLOYEE NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
DATE OF INJURY \_\_\_\_\_

1. Was an investigation completed concerning the circumstances of this injury?  Yes  No

Were there any witnesses to this injury?  Yes  No  
If Yes, witness statements should be attached.

Was the injury a result of horse play? Under the influence of drugs? Self-inflicted?  Yes  No  
If Yes, please specify on back of form.

2. Has there been any recent disciplinary action taken against this employee?  Yes  No

Has the employee missed any work previously due to similar industrial or non-industrial conditions? If Yes, when? \_\_\_\_\_  Yes  No

3. Has the employee submitted medical documentation for the injury?  Yes  No  
If so, please attach.

If known, please provide us with the name, address, and telephone number of the attending physician:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has the employee returned to work?  Yes  No

If not, what is the current estimated date of return? \_\_\_\_\_

5. With the information you have, would you recommend the claim be accepted?  Yes  No  
If No, why? \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER'S SIGNATURE \_\_\_\_\_  
TITLE \_\_\_\_\_  
DATE \_\_\_\_\_

**PLEASE ATTACH COMPLETED INCIDENT REPORTS, WITNESS STATEMENTS, AND ANY ACCUMULATED MEDICAL BILLS AND INFORMATION. ADDITIONAL COMMENTS MAY BE NOTED ON THE REVERSE SIDE OF THIS DOCUMENT.**

STATEMENT OF WITNESS TO ACCIDENT

FORM H6

I. INCIDENT IDENTIFICATION INFORMATION

Name of the employee alleging incident: \_\_\_\_\_ Shift: \_\_\_\_\_
Occupation: \_\_\_\_\_ Dept.: \_\_\_\_\_

II. WITNESS' STATEMENT

Your name has been given as a witness to an incident alleged by the above individual. Through your cooperation, information can be obtained to complete the investigation of this incident. Therefore, it will be appreciated if you will answer each of the following questions as completely as possible and promptly return your completed statement.
Your Name: \_\_\_\_\_ Your Occupation \_\_\_\_\_
Your Address: \_\_\_\_\_ Your Telephone No. \_\_\_\_\_
Did you see an accident occur involving the above employee? [ ] Yes [ ] No
If not, how did you learn about the alleged accident? \_\_\_\_\_
If you did see an accident occur, please provide:
Date of accident: \_\_\_/\_\_\_/\_\_\_ Time of accident: \_\_\_\_\_ [ ] a.m. [ ] p.m.
Description of what you observed (Please be specific): \_\_\_\_\_
Your Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

State of Ohio §
County of \_\_\_\_\_ §
Before me, a Notary Public in and for said state, personally appeared the above named who acknowledged before me that he/she did sign the foregoing instrument and that the same is his/her free act and deed.
In testimony whereof, I have hereunto affixed my name and official seal at \_\_\_\_\_, Ohio, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.
My Commission Expires \_\_\_\_\_
(SEAL) Name (printed or typed) \_\_\_\_\_
Notary Public, State of Ohio



PHYSICIAN'S UPDATE FORM

FORM H7

CLAIMANT: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_

CLAIM NO. \_\_\_\_\_  
DATE OF INJURY \_\_\_\_\_

Dear Attending Physician:

In order to assess the above claimant's need for initial/continued disability, we respectfully request the following information:

1. First date of service: \_\_\_\_\_ 2. Date of last visit \_\_\_\_\_

3. Detailed diagnosis \_\_\_\_\_  
\_\_\_\_\_

4. Objective findings \_\_\_\_\_  
\_\_\_\_\_

5. Subjective findings \_\_\_\_\_  
\_\_\_\_\_

6. Does the patient have a pre-existing condition?  Yes  No  
If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

7. Has normal recovery been delayed?  Yes  No  
If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

8. Please list all medications prescribed findings \_\_\_\_\_  
\_\_\_\_\_

9. Prognosis \_\_\_\_\_  
\_\_\_\_\_

10. Is patient capable of transitional duty employment  Yes  No  
If Yes, please review and complete the attached physical capabilities form and list date patient  
can begin: \_\_\_\_\_; If No, please list dates of disability: FROM \_\_\_\_\_  
TO \_\_\_\_\_ Actual or Estimated (please circle one)

You may find a transitional job assignment sheet provided by the employer attached to this document;  
if so, please indicate which job(s) you feel your patient can perform.

PHYSICIAN'S NAME (please print or type) \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_  
EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_

**DISCRIMINATORY/SEXUAL HARASSMENT  
COMPLAINT FORM**

**FORM I**

If claiming discriminatory sexual harassment, please provide the following information:

A. The name of the subject of the complaint: \_\_\_\_\_

B. Is the above-named person a LaGrange Township employee?     Yes   No

C. Describe the acts complained of (use reverse side or attach additional pages if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. List the date(s) of the alleged act(s): \_\_\_\_\_

E. List any known or suspected witnesses to the alleged act(s): \_\_\_\_\_  
\_\_\_\_\_

F. What remedy or resolution do you request? \_\_\_\_\_  
\_\_\_\_\_

Any employee who believes that he or she has been the subject of or witness to discriminatory harassment should immediately submit this report to his or her immediate supervisor.

If the immediate supervisor is the subject of the complaint, the employee should submit this report to a Township Trustee. If a Township Trustee is the subject of the complaint, the employee should submit this report to the Lorain County Prosecutor's Office.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**ADMINISTRATIVE USE ONLY**

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date

**ACKNOWLEDGMENT**

My signature on this form acknowledges that I have received a copy of LaGrange Township's Pager Policy. I further acknowledge that I understand and support the Township's policy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**FRAUD REPORTING ACKNOWLEDGMENT FORM** **FORM K**

ACKNOWLEDGEMENT OF RECEIPT OF AUDITOR OF STATE  
FRAUD REPORTING-SYSTEM INFORMATION

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging that the LaGrange Township Trustees provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code.

I, \_\_\_\_\_, have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date