

ELKO COUNTY PERSONNEL POLICIES MANUAL

ELKO COUNTY IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER



ELKO COUNTY PERSONNEL POLICIES

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EMPLOYEE ACKNOWLEDGEMENT RECEIPT

These policies are guides to help you learn more about the County, your responsibilities, benefits, and privileges you enjoy, during your employment.

Not all of the details of every guideline could be included here. If you have a question which is not answered or explained, please discuss it with your supervisor.

The County reserves the right to change, correct, modify, or revoke any policies with appropriate notice. In all employment decisions, the County reserves the right to take such action as it deems appropriate given the specific circumstances relating to those decisions.

This is to acknowledge that I am responsible for reviewing Elko County's Personnel Policies and the Elko County Employee Benefit Summary Plan Description located on Elko County's website @ www.elkocountynv.net. By signing this Receipt of Notice Form, I agree to follow all County policies.

I understand that it is my responsibility to maintain an updated version of these policies. If I have questions concerning this information, I will bring it to the attention of my Supervisor, Department Head, or Human Resources.

These policies are in no way to be interpreted as a contract between the County and any of its employees.

This acknowledgement includes all policies with special emphasis on work place violence, zero tolerance of drugs and alcohol as well as safety policies.

Employee Name (please print)

Employee Signature

Date

This form must be returned immediately to Human Resources Department.

ALCOHOL & DRUG-FREE WORKPLACE POLICY ACKNOWLEDGEMENT STATEMENT

I have read all of the policy and understand its contents.

I agree to comply with all the material contained and any updates forthcoming.

Employee Name: _____
(Please Print Name)

Employee Signature: _____

Date Signed: _____

GENERAL SAFETY RULES EMPLOYEE SIGNATURE FORM

Exhibit H outlines safety practices; however, several topics require specific training. The Safety Committee will adopt a training schedule which is reflective of the types of hazardous duties which may be performed by County Employees.

Remember, rules of safety are developed for one reason, to protect you from injuries. Please sign your name to show that you have read and understand the above.

Employees Signature _____ Date _____

Print Name _____

POLICY AND BENEFIT INFORMATION

Elko County's Personnel Policy Manual and Benefit Information are located online @ www.elkocountynv.net and will not be distributed unless specifically requested.

Any specified departmental policies will take precedent over the general policy if there is a discrepancy or conflict, or if the general policies are silent. The Sheriff's Department and Law Enforcement policies and procedures would be an example of this situation.

For certain classifications of employees, portions of the policy are not applicable and do not dictate a 100% distribution. To review all of the policies for Elko County and Law Enforcement, please log onto Elko County's website @ www.elkocountynv.net or contact the Human Resources Department.

The attached index summarizes the most current policy revisions. By signing the "Receipt of Notice" form, you agree to follow all current policies as on file in Human Resources. If you are missing a policy, please log onto the Elko County website @ www.elkocountynv.net . If you have a question, contact your Supervisor or the Human Resources Department.

INTRODUCTION - GENERAL INFORMATION PROVISIONS

1.1 PURPOSE

These policies are established to carry out Elko County's personnel resolutions, personnel ordinances, or intent of the Elko County Commission to adopt uniform personnel practices that will enable each employee to make his or her fullest contribution to the programs and services of Elko County.

1.2 SCOPE

In cases where the application of these policies would conflict with a Collective Bargaining Contract(s) that is in effect between a recognized employee Contract(s) shall govern. In all other cases, these policies shall govern. Nothing in these policies is intended to supersede applicable state or federal laws or administrative regulations related to personnel matters.

Elko County reserves the right to change these personnel policies at any time. Nothing contained in these policies is intended to confer any property right in continued employment or imply a contract of employment.

All employees of Elko County are expected to read and familiarize themselves with the contents of these policies. After receiving and reviewing these policies, each employee is expected to sign an acknowledgement form (*reference: Employer Personnel Policies – Acknowledgment and Receipt*). The employee should return the signed acknowledgement form to Human Resources for inclusion into his or her personnel file. Employees who fail to comply with these policies may be subject to disciplinary action, up to and including termination.

All changes, revisions, additions and notices of deletions to these policies will be made available to all employees via the Elko County website. Upon request, hard copies will be made available in Human Resources.

1.3 ADMINISTRATIVE DIRECTIVE

The Elko County Manager shall have the authority and the duty to develop and promulgate administrative directives, interpretive memoranda, and other administrative procedures to execute these policies and to implement the County's personnel program on a consistent basis.

1.4 CHANGE OF ADDRESS

It is the responsibility of each employee to keep Human Resources informed, in writing, of current address, telephone number, change of name and any other information relating to employment status.

1.5 FAILURE TO RECEIVE NOTICES

Written communications to employees considered to be ***routine*** in nature shall be delivered by regular mail to the current address on record or via email or inter-office mail. Written communications to employees identified as ***significant, important and/or time-sensitive*** shall be hand-delivered or sent by certified mail, return receipt required, to the current address on record. The County is not

responsible in the event mail is not received. It is the employee's responsibility to respond to all County communications, including those mailed and/or emailed to the address on record.

Potential employment candidates are responsible to comply with all phases of the selection process within the specified time. Failure to respond for any reason, including failure to receive written notice, may have an adverse effect on an individual's employment status and/or result in disqualification from the selection and hiring process.

1.6 PERSONNEL FILES

1.6.1 GUIDELINES (CONTENTS OF PERSONNEL FILE)

The contents of each employee's personnel file may include, at a minimum, the following:

Job description

Position's exempt/non-exempt status

Job application/resume

Job offer letter

Employment contract/any agreement between the employee and the County

Signed acknowledgments including receipt of the County's policies and procedures

Credit card, long distance calling card and related agreements

Emergency contact information

Authorizations for release of information signed by employee

Salary history record including rates of pay and other forms of compensation

General Correspondence

Employment history of positions held including promotion(s), demotion(s), transfer(s), layoff(s) and termination(s)

Training/education records including college transcripts

Performance evaluations

Performance improvement plan, letters of instruction and reports of coaching/counseling session

Documentation of oral reprimand(s), written reprimand(s), disciplinary notice(s) and document(s)

Letters of recognition(s), commendation(s), congratulation(s)

Separation checklists

Exit interview (unless confidentiality was guaranteed)

The personnel file should NOT include any of the following:

Grievances or the responses thereto

I-9 immigration form and supporting documents

Any document which describes a medical or psychological condition of the employee or any other individual. (Medical and related documents must be kept in a separate, locked file to which access is strictly limited to those in a business "need-to-know" position.)

Investigation reports and supporting documents

Employment examination results (written and/or oral testing)

Employment interview questionnaires and supporting materials (including documentation of remarks by oral examiners)

Employee group insurance, PERS, or any other physical or insurance information

Affirmative Action Information

1.6.2 MAINTENANCE OF PERSONNEL FILES

Human Resources shall maintain a master personnel file for each employee. At the time of hire, each new employee will complete all government-required documentation, all County required documentation and when applicable, documentation pertaining to such matters as benefit plans enrollment and beneficiary designations.

Where required, the employee is responsible for providing a copy of his/her driver's license or other required license or certificate. Additionally, an employee must notify his/her supervisor or manager of any suspension, restriction or revocation of his/her driver's license, permit, or other license or certification required for the performance of his/her assigned job.

1.6.3 EMPLOYEE ACCESS

An employee may view the contents of his/her personnel file upon request. All inspections must be conducted in the presence of the employee's Supervisor, Department Head or the Human Resources Director. An employee may request copies of any or all documents in his/her file, but may not remove any documents from the file. Human Resources will provide only one (1) set of copies to the employee without charge per year. If the employee needs additional copies, he/she will be required to pay 25 cents per page.

1.6.4 NEGATIVE INFORMATION

The County shall not put negative or derogatory material in an employee's personnel file unless the employee has had a reasonable opportunity to review the material beforehand. The County will require the employee to

sign such material to acknowledge they have reviewed and not necessarily agree. If the employee refuses to sign such material, Human Resources may place it in the employee's file with a dated notation that the employee refused to sign such material after having been given an opportunity to do so. Whenever possible, another supervisor or manager should be used as a witness to the employee's refusal and should co-sign the entry along with the originating supervisor.

1.6.5 EMPLOYEE INFORMATION SUBMITTED

Statements by an employee submitted in rebuttal to adverse material placed in his/her personnel file will be included in the employee's personnel file. The County may place other information submitted by the employee in the personnel file if the County finds that such information is relevant to the employee's work history.

1.6.6 VERIFICATION OF EMPLOYMENT

Upon a request for verification of employment, the Human Resources Department will provide only dates of employment, base salary and job titles. The County will not give out an employee's address or telephone number without proper authority. All employment verifications will be done by the Human Resources Department or a paid professional agency. Any additional information will require a written release signed by the employee, a court order or a subpoena.

Identification of Confidential Information

The following types of personnel information and employment records concerning current employees, former employees and applicants for employment the County maintains are confidential as follows:

1. All information related to an employment application including, but not limited to, letters of reference, résumés or his/her status as an applicant for employment.
2. All information the County received or compiled concerning the qualifications of an applicant or an employee including, but not limited to, reports by employers, law enforcement officials or other individuals concerning the hiring, promotion, performance, conduct or background of applicants or employees.
3. Information in an employee's file or record of employment which relates to his or her:
 - a. Performance;
 - b. Conduct, including any proposed or imposed disciplinary action taken;
 - c. Race, ethnic identity or affiliation, age, gender, marital status, number and names of dependents, military/veteran status, living

arrangements, membership in any organization, sexual orientation, national origin, disability, date of birth or social security number;

- d. Past or present home address, telephone number, post office box or relatives; and
 - e. All information concerning the voluntary or involuntary termination of an employee, other than the dates of actual employment.
- 4. The name of an employee's/former employee's designated beneficiary.
 - 5. All medical information concerning an employee or applicant including, but not limited to:
 - a. Pre-employment and post-employment medical and psychological examinations;
 - b. Disability and documentation relating to reasonable accommodation requested or granted;
 - c. Drug testing;
 - d. Genetic information;
 - e. Pregnancy, doctor's certification and other communication; and
 - f. Any other medical information that an employee or applicant has voluntarily provided or the County has requested.
 - 6. All confidential medical information shall be kept in benefit files segregated from other personnel and employment records. Access to such files shall be strictly limited to those with a demonstrable business need-to-know. This would include:
 - a. Supervisors and managers, regarding necessary restrictions and accommodations in the employee's duties;
 - b. First-aid and safety personnel;
 - c. Government officials investigating compliance with the ADA, on request;
 - d. State Workers' Compensation office officials; and
 - e. Insurance company employees when the company requires medical examination to provide health or life insurance (29 C.F.R. §1630.14(c)(1)).
 - 7. Notations on attendance sheets that an employee took sick leave are not a confidential record.
 - 8. All information contained in a confidential investigative file. The Human Resources Department shall keep all confidential investigative documentation in files separate from other personnel and employment

records with access limited to only those with a demonstrable business need-to-know.

1.6.7 ACCESS TO CONFIDENTIAL INFORMATION

1. Access to confidential records is restricted to the following unless specifically provided in a separate policy:
 - a. The names of members of an evaluation panel shall not be released, nor shall tests that are governed by confidentiality agreements be released. Access to the materials for an examination and information relating to an applicant that is relevant to a decision to hire that person. Employees with a business need-to-know in order to fulfill the responsibilities assigned by the County;
 - b. The County's manager/administrator, Human Resources director/manager or his/her designee;
 - c. Persons authorized pursuant to any state or federal law or court order (i.e., governmental/legal/auditing/investigating agencies);
 - d. Counsel retained by or on behalf of the County; and
 - e. Any other parties with whom the County has a contractual relationship in order to enable the County to respond accurately and fully to any lawsuit, complaint, grievance, or other statutory appeal filed by or on behalf of an employee or former employee against the County.
2. Access to an employee's personnel-related confidential file containing those items listed above is limited to:
 - a. The employee;
 - b. The employee's representative when he/she presents a current signed authorization from the employee;
 - c. The employee's manager/supervisor, with a need-to-know, or as needed for a reasonable accommodation and human resources;
 - d. Persons authorized pursuant to any state or federal law or court order;
 - e. Counsel retained by or on behalf of the County;
 - f. Employer's workers' compensation carrier in order to address a claim filed for workers' compensation; and
 - g. Any other parties with whom the County has a contractual relationship in order to enable the County to respond accurately and fully to any lawsuit, complaint, grievance, or other statutory appeal filed by or on behalf of an employee or former employee against the County.

1.6.8 DISPOSAL OF PERSONAL RECORDS

1. NRS 239B.030 states that government agencies shall ensure that personal information defined as social security numbers, driver's license numbers or bank account numbers, required to be maintained by state or federal statute and received after January 1, 2007, be maintained in a confidential manner.
2. If the agency has records containing personal information which is not required by specific state or federal statute and the information was received prior to January 1, 2007, the information must be **obliterated or** removed from documents and computer systems **on or before January 1, 2017**.
3. As of June 1, 2005, and in compliance with the Fair and Accurate Credit Transactions (FACT) Act Disposal Rule, Elko County shall dispose of sensitive information derived from consumer reports to ensure there will be no unauthorized access to – or use of – any confidential information. "Consumer Reports" are defined as reports which contain information from a consumer reporting company, such as reports obtained from third party agencies who conduct employment background checks on behalf of the County.
4. Sensitive information includes any and all documents containing employee information, which can include:
 - a. Employee name
 - b. Social security number
 - c. Driver's license number
 - d. Phone number
 - e. Physical address
 - f. Email address
 - g. Any other personal identifiers

In addition, any identifying personal information, such as that described above and listed under item 3, which is stored on electronic files, shall be destroyed or erased so that the information cannot be read or reconstructed.

5. Method of disposal. The County shall dispose of sensitive information by shredding or burning any and all documents which contain personal information. Although the law specifically applies to consumer reports and the information derived from consumer reports, the County shall, in accordance with good personnel practices, properly dispose of any records containing employee personal or financial information. An electronic record must be destroyed in accordance with the applicable schedule in a manner that ensures the information cannot be retrieved or reconstructed,

including, without limitation, overwriting, degaussing and the physical destruction of the storage media.

6. The County will determine whether the disposal of consumer report documents will take place by utilizing an internal process and equipment or by procuring the services of a document destruction contractor to dispose of material that is specifically identified as consumer report information. The County will exercise due diligence to ensure that a contractor disposes of documents as required by law. Due diligence may consist of requiring that the disposal company be certified by a recognized trade association to ensure the disposal company complies with the disposal rule requirements.

A1 AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE POLICY FOR APPLICANTS AND EMPLOYEES WITH DISABILITIES

A1.1 PURPOSE

The County also recognizes that there are specific issues relating to individuals with disabilities that must be individually addressed. The County acknowledges its responsibility to ensure that individuals in the workplace can efficiently and safely perform the essential functions of their jobs without posing a direct threat to themselves and others.

A1.2 STATEMENT OF POLICY

It is the policy of Elko County to comply with all the relevant and applicable provisions of the Americans with Disabilities Act (ADA), Elko County will not discriminate against any qualified employee or job applicant with respect to any terms, privileges, or conditions of employment because of a person's physical or mental disability. Elko County also will make reasonable accommodation wherever necessary for all employees or applicants with disabilities, provided that the individual is otherwise qualified to safely perform the duties and assignments connected with the job and provided that any accommodations made do not require significant difficulty or expense.

Elko County's policy of nondiscrimination applies to all personnel and employment practices, including:

- Hiring
- Upgrading
- Transfer
- Recruitment or recruitment advertising
- Layoff or termination
- Selection for training
- Educational programs
- County-sponsored recreational and social activities

Elko County will review all personnel procedures to ensure that job applicants and employees with disabilities are given nondiscriminatory consideration when their job qualifications are assessed. All employment and advancement decisions will be based solely upon the objective determination of each candidate's job qualifications.

Applicants and employees are assured that all information regarding a disability shall be kept completely confidential except that:

Appropriate supervisors and managers may be informed regarding restrictions on the work or duties of disabled employees and any accommodations that have been made; if the condition may require emergency treatment, first aid and safety personnel may be

informed; and government officials investigating compliance with federal laws may be informed.

A1.3 REASONABLE ACCOMMODATION

Elko County is committed to provide *reasonable* accommodation wherever the need for such accommodation is known, or whenever the employee or applicant indicates a need for *reasonable* accommodation, provided that the individual is otherwise qualified to perform the essential functions of the assigned job and the employee's performance of the assigned job duties does not pose an obvious threat to the safety of him/herself or others.

The County's restrictions regarding disability-related inquiries and medical examinations apply to **all** employees/applicants, whether or not they have disabilities. A disability-related question to an applicant may be a violation of law, even though the applicant may not have a disability.

The County may require the employee to provide a fitness-for-duty certification from an appropriate medical provider whenever the County has reason to believe the employee may be unable to perform the essential functions of his/her job.

A1.4 DETERMINATION OF DISABILITY

In determining whether an employee or an applicant has a disability under the law, the employee/applicant must have a physical or mental impairment that substantially limits one or more life activities, have a record of such impairment or is regarded as having such impairment. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, concentrating, thinking, communicating and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

A1.5 DISABILITY-RELATED INQUIRIES

Elko County shall adhere to the provisions of applicable laws regarding the County's limitations on making disability-related inquiries or requiring medical examinations. All employees with responsibilities which may require knowledge of disabilities are advised that they are to treat the knowledge with confidentiality.

A1.6 INTERNAL REVIEW PROCEDURES

Any employee or job applicant who believes that he or she has been discriminated against on the basis of disability should immediately bring the problem to the attention of County officials. An employee may bring a complaint to the attention of his or her supervisor or the County ADA Coordinator. Elko County has established a grievance procedure to investigate and resolve discrimination and complaints expeditiously. No applicant or employee will be subject to coercion, intimidation, interference, or discrimination for

registering a complaint, or for assisting in an investigation of any alleged violation of laws prohibiting discrimination on the basis of disability.

A2 AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE PROCEDURE

A2.1 PURPOSE

To provide a reasonable policy and procedure that will ensure prompt and equitable resolution of complaints alleging discrimination under ADA.

A2.2 GRIEVANCE PROCEDURE

The County of Elko adopts the following internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the ADA, the Equal Employment Opportunity Commission (EEOC) regulations implementing Title I of the ADA and the U.S. Department of Justice regulations implementing Title II of the ADA. Title I of the ADA states that “no covered entity shall discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training, and other terms, conditions, and privileges of employment”. Title II of the ADA states that “no qualified individual with a disability shall, by reasons of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity”.

Complaints should be addressed to: ADA Coordinator, County of Elko, 571 Idaho Street, Elko, NV 89801. The ADA Coordinator has been designated to coordinate ADA compliance efforts. He/she shall maintain the files and records of the County relating to the complaints filed and ensuing investigations.

1. A complaint may be filed with the County Manager either in writing or verbally. It shall consist of the name and address of the person filing it, or on whose behalf it is filed, and a brief description of the alleged violation of the ADA regulations. A complaint shall be filed within twenty (20) calendar days after the alleged violation occurs.
2. An investigation, as may be appropriate, shall follow the filing of complaint. The investigation shall be commenced by the ADA Coordinator, or the designee of the ADA Coordinator, within ten (10) calendar days following the filing of complaint. The investigation will be informal but thorough, affording all interested persons and their representatives, if any, an opportunity to submit information relevant to such investigation.
3. A written determination as to the validity and resolution of the complaint shall be issued by the ADA Coordinator and a written copy mailed to the complainant, or the complainant's representative, by certified mail, return receipt requested, at his/her last known address, within thirty (30) calendar days following the filing of the complaint.

4. The complainant may request a reconsideration of the determination of the ADA Coordinator in instances where he/she is dissatisfied with the decision. A request for reconsideration shall be made within twenty (20) calendar days following the date the written determination of the ADA Coordinator is mailed as required by paragraph 3 above. The request for reconsideration shall be made to the County Manager, County of Elko, 540 Court Street, Elko, Nevada 89801; Phone (775) 753-7073. The County Manager shall review the record and may conduct such further investigation as may be necessary to obtain additional information deemed relevant. The County Manager shall issue his or her decision on the request for reconsideration within twenty (20) calendar days of the filing of the request for reconsideration. A copy of said decision shall be emailed to the complainant or the complainant's representative at his/her last known address by certified mail, return receipt requested.
5. The complainant may request a reconsideration of the case determination of the County Manager in instances where he/she is dissatisfied with the decision of the County Manager. A request for reconsideration shall be made within twenty (20) calendar days following the date of the mailing of the determination of the County Manager. The request for reconsideration shall be made to the Board of County Commissioners, through the County Clerk, Elko County Courthouse, 571 Idaho Street, Elko, NV 89801; Phone (775) 753-4600. The County Commission shall review the record and may conduct such further investigation as may be necessary to obtain additional information deemed relevant, and shall issue its decision thereon within thirty (30) calendar days of the filing of the request for reconsideration. A copy of said decision shall be mailed to the complainant or the complainant's representative at his/her last known address by certified mail, return receipt requested. The decision of the Board is final.
6. The complainant's right to prompt and equitable resolution of the complaint under this grievance procedure will not be impaired by his/her pursuit of other remedies, such as the filing of a complaint with the U.S. Department of Justice or any other appropriate federal agency. The use of this grievance procedure is not a prerequisite to the pursuit of other remedies.
7. These rules shall be construed to; 1) protect the substantive rights of interested persons, 2) meet appropriate due process standards, and 3) comply with the ADA and implementing regulations.

A3 ABSENTEEISM AND THE USE OF SICK TIME

A3.1 STATEMENT OF POLICY

Elko County expects that each employee be available for work on a regular and reliable basis. Attendance and sick leave use is monitored from this perspective whether or not the employee has accumulated leave balances remaining in his/her sick leave account.

A3.2 ACCRUAL

1. Employees will accrue sick hours only at the rate indicated in the appropriate bargaining unit agreement, per each regularly scheduled hour worked or on paid status. Department Heads, Appointed Officials and non-represented employees will earn accruals as determined by the Board of County Commissioners.
2. Sick time is earned and credited to the employee's sick leave balance on a biweekly basis, coinciding with paydays.
3. Sick leave is accrued, per contract, for each month of service (excluding Sheriff's catastrophic leave bank) cumulative from year to year, not to exceed nine hundred sixty (960) hours.

A3.3 USE OF SICK LEAVE

Sick leave is for use in that situation in which the employee is unable to perform the assigned function of the job and must be absent from work due to:

1. Physical illness or injury to the employee.
2. Exposure to contagious diseases or whose attendance is prevented by public health requirements.
3. In the event a serious illness in an employee's immediate family requires his/her attendance, he/she may use sick leave not to exceed ten (10) days in any one (1) calendar year. The request must be accompanied by an individual certification from a physician or other suitably qualified person as to the accrual need for the employee's participation. The certification of need must identify the immediate family member's illness and contain an explanation as to the relative seriousness of the illness and a projection of the probable length of time the employee's attendance will be required and the exact role of the employee while in attendance. The County Manager or Board of County Commissions may request the submittal of supplemental information.
4. Medical or dental appointments for the employee, provided that the employee makes a reasonable effort to schedule such appointments at times which have the least interference with the workday.

5. Any disability, including disability caused or contributed to by pregnancy, miscarriage, or childbirth.

No employee shall be entitled to sick leave while absent from duty because of disability arising from an injury purposely self-inflicted or caused by willful misconduct.

Employees who are absent from work due to sick leave shall be at their place of residence, medical facility, their doctor's office or pharmacy and shall notify their supervisor of their whereabouts when using sick leave.

A3.4 ABUSE OF SICK LEAVE

Any outside employment, to conduct personal business, recreational activities, travel for other than that related to treatment of a medical condition, or such other activity when the employee is on sick leave, is evidence of abuse of sick leave. Indications of possible abuse of sick leave include, but are not limited to, patterns of Monday/Friday absenteeism, the depletion of accrued sick time for no apparent medical condition and/or chronic or repeated absenteeism which do not require a doctor's release to return to duty, will be monitored.

If absenteeism rates reach an unacceptable level, supervisors will meet with those specified employees individually. The County policy will be reviewed and discussed, as well as any steps taken to alleviate the problem. Abuse of sick leave is cause for disciplinary action, up to and including termination.

One measure of "unacceptable levels" of absenteeism includes use of sick leave for at least 4% of the employees scheduled work hours, barring a medical condition documented by a physician's note.

The County shall coordinate sick leave policies with current requirements and policies, personal leave, disability and the Family and Medical Leave Act (FMLA).

A3.5 EMPLOYEE'S NOTIFICATION OF ABSENCE TO SUPERVISOR

Employees will notify their immediate supervisor by telephone, no later than thirty (30) minutes from the beginning of their scheduled shift, of each day they need to use sick leave.

Employees must call on their own behalf, speaking directly to their supervisor. If their supervisor is unavailable, the employee shall leave a message requesting a return telephone call. Only in extreme emergencies shall a telephone call from a friend or relative be acceptable.

For absences from work in excess of three (3) consecutive workdays, employees are required to furnish a written note from a licensed health care provider before returning to work or with a note indicating the estimated length of time the medical condition is expected to cause time lost from work.

A3.6 ILLNESSES DURING AN ANNUAL LEAVE

Should an employee become ill while on annual leave and require medical attention or hospitalization, the time ill may be changed to accumulated sick leave provided the employee furnishes a certificate issued by a licensed physician or practitioner or other satisfactory evidence of illness or injury.

A3.7 RETURN TO WORK

An employee on sick leave shall notify his/her department head as soon as the employee is able to return to work. An employee returning from a lengthy absence shall give advanced notice of return as soon as is reasonably possible.

A3.8 SICK LEAVE AT SEPARATION

Upon separation from employment due to resignation, retirement, disability or death, an eligible employee may receive a one-time recognition payment based upon the amount of unused sick leave remaining in the employee's sick account. The amount paid is contingent upon the appropriate bargaining unit agreement. Compensation may be paid to an employee's designated beneficiary, if the employee was in an active or on-a-leave status and separation was due to the death.

B1 BEREAVEMENT LEAVE

(See appropriate Bargaining Unit Agreement.)

If not represented by a bargaining unit;

In the event of a death in the employee's immediate family, he/she may use sick leave not to exceed five (5) working days for each death. For this purpose, immediate family is defined as the employee's parents, spouse, children, brothers, sisters, grandparents, great grandparents, uncles, aunts, nephews, grandchildren, nieces, great grandchildren, father-in-law or mother-in-law, son-in-law, daughter-in-law, grandfather-in-law or grandmother-in-law, uncle-in-law or aunt-in-law, brother-in-law or sister-in-law, grandson-in-law or granddaughter-in-law, nephew-in-law or niece-in-law, great grandson-in-law or great granddaughter-in-law, and step-parents or step children.

B2 BENEFITS OVERVIEW

Electing insurance benefits involves a number of decisions. If you are married with growing children, you may need additional coverage. If you are single, lower levels of coverage may be adequate. If your spouse works, you may want to coordinate your County benefits with your spouses' program so you don't duplicate or over insure yourself. When deciding what coverage's are best for you and your family, you may want to consider these questions:

1. What are your benefit needs?

Your age, income, family obligations and your general health as well as your current financial and tax situation are some of the factors which determine your individual requirements.

2. How are your benefit needs likely to change?

Some benefits, such as Life Insurance and Deferred Compensation are intended to fill future needs.

3. What benefits are available and how do they fit your personal requirements?

Understanding the County Plans and assessing your benefit needs will enable you to meet your coverage requirements in the most cost effective ways.

B2.1 MAJOR MEDICAL PLAN

Preferred Provider Plan – CNIC

Monthly Premiums for Medical, Dental, Vision, Life and AD&D

Coverage may be purchased on a before tax basis for a spouse, child/ren or full family coverage. There is a minimal fee for employee only coverage

Monthly premiums will be discussed during your new hire orientation or during open enrollment. . (*Rates are subject to change.)

Deductibles, Co-Payments and “Out of Pocket” Maximums

These dependent premiums can be deducted from your paycheck on a pre-tax basis.

Preferred Providers

- If you visit a Preferred Provider (see your booklet located on Elko County's website at www.elkocountynv.net) a single individual's annual deductible is \$500.00. After \$1,500.00 of covered expenses has been met and applied to the deductible, no other insured family member needs to satisfy a deductible in that calendar year.

1. Doctor visit co-pays are \$20.00 per visit.
2. Wellness benefits (annual physical, paps, and mammograms) are paid up to \$500.00 annually.
- 80/20 co-payment, up to a maximum of \$4,000.00 out of pocket. The Plan then pays 100% of covered expense for Preferred Providers, for the balance of the calendar year.

Other Providers

- If you visit a non-preferred provider, the medical deductible changes from \$500.00 to \$750.00 per person, \$2,250.00 maximum deductible for family. The medical co-payments are 50/50 with a maximum out of pocket limit of \$10,000.00 per covered person, \$30,000.00 maximum out of pocket for entire family.

Prescription Cards / Program Highlights

1. Generic Drugs are mandated unless indicated as DNS (Do Not Substitute) by your physician.
2. Pre-authorization is required by prescriptions costing \$500.00 or more. There will be a one (1) month override. Those prescriptions require a “Drug Review”.
3. Inject able medications; (excluding insulin) have a \$500.00 deductible, with co-payments of 70/30.

Co-pays for Prescription Drugs

Retail (up to a 30 day supply):	Generic	\$10.00
	Formulary	\$25.00
	Non-Formulary	\$40.00
Mail (up to a 90 day supply):	Generic	\$10.00
	Formulary	\$25.00
	Non-Formulary	\$40.00

Mail Order Prescriptions

The mail order program is ideal for those members that have medications that are taken daily (i.e., diabetes, blood pressure, estrogens, seizure disorders, lipid lowering, etc.). The program is administered through WellDyne Rx and will require that the member complete an enrollment form the first time prescriptions are mailed in. The member will also need to get new prescriptions from the doctor to mail in with the enrollment form. There is also additional information on the enrollment form to assist the member.

Remember that this program is only for medications that are considered maintenance (long term use). Please feel free to contact WellDyne Rx at 888-479-2000 or www.myWDRX.com for further information regarding this program.

Members with Diabetes

Members with Diabetes can now take advantage of a program that allows for free glucose monitors, test strips, syringes, and other diabetes supplies. Insulin and other diabetes medication must still be dispensed at a participating pharmacy using your Rx card.

Participating Pharmacies

Please visit WellDyne's website at www.myWDRX.com for the latest listing of pharmacies.

Specific Covered Medications

Please refer to your plan document or contact your Human Resources office for complete information on covered and non-covered medications.

Pre-tax Flexible Spending Accounts

In order to off-set the increasing cost of benefits, Elko County offers a "Medical Flexible Spending Reimbursement Account" and a "Child Care Reimbursement Account". These plans will allow you to set aside pre-tax dollars into either of these accounts which save you money on deductibles, co-payments and various other over-the-counter medical necessities. Child care reimbursement can help you save money for your child care needs. The maximum contribution for health care reimbursement is \$4,000.00 annually and child care is \$5,000.00 annually or \$2,500.00 per year if you are filing taxes separately.

Effective Date

You are eligible on the first day of the following month after you have completed thirty (30) consecutive days of active employment within the same month.

B2.2 DENTAL COVERAGE

Monthly Premiums

- Employee Only Coverage is included in the major medical cost.
- Dependent Coverage, regardless of the number of dependents you have, may be purchased. This cost is included in the dependent major medical cost.

Dental Deductible, Co-Payments and Maximum Allowable

- Deductible - \$50.00 employee only; \$150.00 full family coverage
 - Class A Services: 100% of covered charges, after deductible
 - Class B Services: 80% of covered charges after deductible
 - Class C Services: 50% of covered charges after deductible
- There is a \$1,500.00 maximum annual benefit for dental services.
- There is Orthodontic Benefits for children up to Age 20; 50/50 co-pay up to a Life Time Maximum of \$2,000.00.

Effective Date

You are eligible for coverage on the first day of the following month after you have completed thirty (30) consecutive days of active employment.

***See your booklet located on Elko County's website www.elkocountynv.net for complete details regarding coverage**

B2.3 VISION COVERAGE

Once every twenty-four (24) months the following coverage is available:

- | | | | |
|---------------------------|----------|--------------------|----------|
| • Frames | \$ 60.00 | Bifocal Lenses | \$ 60.00 |
| • Single Vision Lenses | \$ 40.00 | Trifocal Lenses | \$ 80.00 |
| • Contact (after surgery) | \$180.00 | Lenticular Lenses | \$100.00 |
| | | Cosmetic Contacts: | |
| | | Exam | \$ 40.00 |
| | | Materials | \$100.00 |

Once each twelve (12) months, \$40.00 Eye Exams are available.

B2.4 LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT

- Employee Life Insurance in the amount of \$20,000.00 is provided at no cost by Elko County.
- Dependent Life Insurance Coverage is included with the Dependent Medical and Dental Package.

Family Life Coverage:

Spouse

\$2,000.00 Coverage

Child 6 months or over	\$1,000.00 Coverage
Child 14 days but less than 6 months	\$100.00 Coverage
Child less than 14 days	No coverage available

Accidental Death and Dismemberment

- Provided to employees at no cost. Coverage amount is \$20,000.00.

***See your booklet located on Elko County's website at www.elkocountynv.net for complete details regarding coverage**

B2.5 ADDITIONAL SUPPLEMENTAL COVERAGE

AFLAC (Employee Paid)

- Supplemental Health Coverage – Various types of plans are available. An AFLAC Representative will contact you regarding coverage and rates.

Western Life Insurance Specialties (Employee Paid)

- Voluntary Supplemental Life Insurance Program; guarantee issue of \$50,000.00 for employees and \$20,000.00 guarantee issue for spouses.

Disability Income

Disability Income protects you during periods of illness or injury. This valuable benefit helps to continue your salary when you are unable to work. Your options are:

- **Elko County Sick Leave (County Paid)**

Fifteen (15) days per year can be accumulated (of this amount, ten (10) days per year may be used for Family Sick Leave, five (5) days additional if death in immediate family). This accrual cannot exceed nine hundred sixty (960) hours carried over at the end of the year.

- **AFLAC (Employee Paid)**

Short Term Disability – also protects your income during period of accident or illness.

Workers' Compensation (County Paid)

The County pays a premium to "PACT", our Workers' Compensation carrier. If you are ever injured on the job, report it immediately to your supervisor and contact the Human Resources Director. You must complete an Accident Report (C-1) prior to seeing the County workers' compensation physician.

B2.6 RETIREMENT

Planning for a financially secure retirement isn't easy, but the County Employee Retirement Plan and Deferred Compensation Plans can help.

- **Retirement Contributions For Eligible County Employees**

Elko County contributes a percentage of your salary to the Public Employees' Retirement System for your retirement. You will not contribute to Social Security while a full-time employee of Elko County.

Vesting in the Public Employees' Retirement System takes place after five (5) years of service.

B2.7 DEFERRED COMPENSATION SAVINGS PLAN

Deferred Compensation tax free savings plans will lower your W-2 taxable earnings and your savings accounts grow tax free until retirement. There are strict limitations regarding withdrawal.

- An annual enrollment/re-enrollment "FAIRE" is conducted each May.
- Claim forms or detailed information is provided by Human Resources.

NOTE: If there are any discrepancies found in this material, the Plan Information is the determining factor in paying benefits.

*******See Section "X1 VARIOUS FORMS" Page A for*****
County Benefit Contacts**

C1 COMPENSATION PLAN

C1.1 PURPOSE

To define different compensation aspects of various types of employment classifications for the purpose of establishing guidelines (subject to change based on bargaining unit agreements) for the County of Elko.

C1.2 RATES OF PAY

The job classes and rates of pay applicable to the job class shall be established by formal action of the Board of Commissioners. The rate of pay for each class is a bi-weekly rate of pay which is a step in the range assigned to the job classification.

When payment is to be made to a non-exempt employee for a period of less than a month, the monthly rate of pay shall be converted to an hourly rate and the amount of compensation due to the employee shall be computed based on the number of hours worked using the hourly rate. The hourly rate is computed by multiplying the monthly rate by 12 and dividing the result by 2080. The result shall be rounded to the nearest penny.

Overtime exempt employees employed for part of a month shall be paid in an amount determined by multiplying the monthly rate by the percent of the regular work time actually worked during the month. This adjustment may be applied only in the first or final month of employment in an exempt position or in the event of an unpaid leave of absence lasting six (6) or more consecutive work days.

C1.3 PAY PERIODS AND PAY DAYS

Employees are paid bi-weekly on alternate Fridays. If a payday falls on a holiday, employees are paid on the preceding work day.

Direct deposit of payroll checks is also an available option. This process will ensure the receipt of a pay check even if an individual is not at work on a payday.

Paychecks are normally distributed in each department. However, employees may be required to appear at the Payroll Department to receive paychecks when paperwork is not complete or other communication is required with the employee.

C1.4 SALARY ON HIRE

C1.4.1 HIRING RATE OF PAY

The normal hiring rate is the 1st step of the pay range for the position's classification.

C1.4.2 JOB OFFERS

Offers for County employment and commitments for salary on hire are made in the job offer letter. Hiring appointments above step 1 require approval of the hiring department manager, up to a step 3, when the following circumstances exist:

1. Qualifications indicate that the applicant will perform at a level commensurate with the requested step.
2. Based on the applicant's current or most recent salary, advanced step appointment is required for the applicant to accept the position.
3. Other applicants with similar qualifications who would not require as high an advance level salary are not available.
4. Adequate funds are authorized in the hiring department's budget to pay the higher rate.
5. If the applicant will occupy a class which is in a represented bargaining unit, the Board of County Commissioners and the employee organization will be consulted if the proposed salary will place the employee above the third step in the salary range.

C1.5 SALARY ON PROMOTION AND TRANSFER TO A DIFFERENT POSITION

Salary on transition from casual to regular employment is not a promotion. When a casual employee (full-time temporary, seasonal or part-time) is hired into a regular position, the salary is set following the procedures for a new hire.

Reclassification to a class with a higher salary range is a promotion.

An employee transferring to a newly established or different position will be compensated at the entry level range for that new position.

When an employee transfers to a new or different position, their anniversary date will change to reflect the date of their new position to ensure they work at the grade/step for a period of twelve (12) months to qualify for a step increase. Employees who accept a promotion, lateral transfer, demotion or downward transfer to a new classification or a newly established position will serve a probationary period from six (6) to twelve (12) months at the discretion of their supervisor.

Assignment of an existing class to a higher salary range is NOT a promotion. Employees in a class that has its salary range adjusted will be assigned to their current step in the new range. (For example, an employee at step "3" of the old range will be at step "3" of the new range, i.e. COLA.)

C1.6 STEP ADVANCEMENT SCHEDULE

C1.6.1 STEP ADVANCEMENT AUTHORIZATION

Employees who are not paid at the top step of the salary range for their classes are eligible to be considered for a step advancement on their anniversary of hire date. Raises in salary resulting from step advancements are based on satisfactory performance and are not automatic. A step advancement may be granted only upon a finding by the department head that the employee meets all of the performance requirements of the position and complies with all of the County rules, regulations and policies. Employees who are determined to be eligible for a step advancement shall move to the next higher step in the range.

Salary step advances for all regular and probationary employees are administered by the department head subject to the confirmation of the Human Resources Director that there is adequate documentation that all requirements have been met.

Cost of living increases are processed in accordance with current bargaining unit agreements (see C1.7).

Anniversary Date

The date on which an employee becomes eligible for consideration for step advancement is known as the anniversary date. When approved in writing, step increases will become effective in the first full new pay period in the month following the employee's anniversary date.

An employee's anniversary date and eligibility for consideration for step advancement will be delayed by layoffs or unpaid leaves of absence in excess of fifteen (15) working days during the twelve (12) month period following the employee's last step advancement. When delays occur, the anniversary date shall be changed by the number of days of the absence in excess of fifteen (15) days.

C1.7 BARGAINING UNIT AGREEMENTS

(See appropriate Bargaining Unit Agreement.)

C1.8 WITHHOLDING OF STEP ADVANCES

When a department head has determined that the job performance of an employee is less than satisfactory, the step advancement shall not be approved. The employee's performance shall be documented and a copy of the documentation provided to the employee during the review process.

C1.9 GRANTING OF WITHHELD ADVANCEMENTS

The department head may approve a step advancement not previously approved at the beginning of any pay period upon a finding that the employee now meets the qualifications for advancement. The employee's anniversary date shall be changed to

reflect the date on which the step advancement is actually granted. If a step advancement is not granted in the interim, the employee shall be considered for step advancement on the next anniversary date.

C1.10 LONGEVITY

C1.10.1 LUMP SUM LONGEVITY

Full-time employees are entitled to a “lump sum” longevity payment subject to current bargaining unit agreements, if their performance is standard or better.

C1.10.2 PERCENT LONGEVITY PAYMENT

Certain grand-fathered employees who have completed step 10 and based on years of continuous service, shall receive percent longevity pay at the rate of 1% annum of his/her base salary, not to exceed 20%. Benefits can differ depending on the bargaining unit agreement. (Check bargaining unit agreement for specific details.)

C1.11 FLAT RATE SALARIES

Certain job classes may be assigned to flat rates of pay in the compensation plan. Employees in classes assigned to a flat rate of pay are not eligible for step advances. However, subsequent salary adjustments may be made in the discretion of the County Manager and Board of County Commissioners.

C1.12 FULL-TIME REGULAR EMPLOYEES

Full-time regular employees are hired for an indefinite period of time and work the normal business hours of their department. This could be an eight (8) or ten (10) hour day, contingent on the individual department scheduling.

C1.12.1 MANDATORY DEDUCTIONS

Medicare contributions and standard federal taxes are withheld and any other mandatory deductions such as liens, etc.

C1.12.2 BENEFITS

Medical, dental, vision, life insurance and accidental death and dismemberment insurance is provided at no cost to full-time employees. Dependent coverage may be purchased for medical, dental, vision and life insurance for a monthly premium based on current rates. Various supplemental employee-paid coverage is available. (See “Elko County Benefits Overview” for rate details.) Additionally, retirement benefits are provided through the Public Employees Retirement System, which is totally employer-contributory. Full-time employees do not receive contributions for or contribute to Social Security.

C1.12.3 ANNUAL AND SICK LEAVE

Generally, per bargaining unit agreement, with one (1) to four (4) years of service ten (10) days / eighty (80) hours per year are available; five (5) to fourteen (14)

years of service fifteen (15) days / one-hundred twenty (120) hours; and fifteen (15) or more years of service accrue twenty (20) days / one-hundred sixty (160) hours per year. Annual leave may not be used until after six (6) months of continuous service. This accrual may not exceed two-hundred forty (240) hours carried over at the end of each calendar year, pursuant to bargaining unit agreements.

Sick leave in the amount of fifteen (15) days per year is accumulated at a rate of 4.62 hours per pay period. Under FMLA, a person may use up their paid illness leave first. The accrual cannot exceed nine-hundred sixty (960) hours carried over at the end of any calendar year.

C1.12.4 PAID HOLIDAYS (12 1/2 days per year)

New Year's Day	Martin Luther King, Jr. Birthday
President's Day	Memorial Day
Independence Day	Labor Day
Nevada Day	Veteran's Day
Thanksgiving Day	Day After Thanksgiving Day (Family Day)
Christmas Day	First Afternoon of Elko's Fair
1 Floating Day	

Review the appropriate bargaining unit agreement for specific annual and sick leave accrual details.

C1.13 GRADE STEP SCHEDULE

General Bargaining Unit employees stay in each step for a twelve (12) month period. The Sheriff's Bargaining Unit progress, if hired at step 1, four (4) months to step 2, then eight (8) months to step 3. (See specific bargaining unit agreements for details.)

C1.14 PROBATIONARY PERIODS

General Bargaining Unit employees shall complete a probationary period of not less than six (6) months or greater than twelve (12) months. Sheriff's Bargaining Unit; a total of twelve (12) months of probationary period may be exercised.

C1.15 PART-TIME REGULAR EMPLOYEES

Part-time regular employees are hired with the intent of working up to one thousand forty (1040) hours per year.

C1.15.1 HOURS

A part-time employee is classified as working twenty (20) hours or less per week.

C1.15.2 MANDATORY DEDUCTIONS

Social Security and Medicare deductions are required from part-time earnings.

C1.15.3 BENEFITS

Group insurance and retirement are not offered in this employment classification. Part-time employees are covered by Workers' Compensation coverage. The only part-time employees who have a benefits package are those who were grandfathered at the implementation of this policy and are designated as "part-time with benefits".

C1.15.4 ANNUAL AND SICK LEAVE

Not provided in this employment classification.

C1.15.5 SALARY

The maximum hourly rate for part-time employees is \$8.00 per hour as set forth in Resolution No. 72-94 by the Board of County Commissioners on July 1, 1994.

C1.16 CHANGING EMPLOYMENT CLASSIFICATIONS

When an individual is no longer in a qualified full time position (i.e. full-time to part-time status change) they will no longer accrue full time benefits. This employment classification change will automatically cause any annual leave accrued to be paid out. In addition, sick time is not accrued in the part-time classification. Consequently, "sick leave" buy-out will transpire per contract. Changes in classification will also affect insurance and other benefits.

C1.17 FULL-TIME TEMPORARY OR SEASONAL COMPENSATION ("CASUAL WORKER")

Temporary/seasonal employees are hired for a limited period of time, usually up to 1040 hours and may work either a full-time or a part-time schedule. Typically, the length of employment is stated at the time of hire. While the time period may change, the limitation on the length of employment remains. There is no obligation on either the part of a temporary employee or the County to enter into a regular employment arrangement following the completion of the period of temporary employment.

Students receiving school credit for work may be paid at a different rate established by the County Manager and Board of Commissioners for student interns.

Rates of pay will be adjusted annually to non-represented regular employees at the option of the Board of Commissioners.

C1.17.1 INCREASES

Department heads may advance a casual worker each July, considering the performance and qualifications of the worker, the length of time the casual worker has been assigned to the work, the rates paid to regular employees assigned similar work and the funds available when determining whether to grant an increase.

C1.17.2 LEAVE/INSURANCE BENEFITS

Casual workers are **NOT** eligible for paid leave, paid holidays, health or life insurance coverage or any other part of the employee benefit package, except to the extent that may be required by State or Federal Law.

C1.17.3 RETIREMENT SYSTEM

Casual workers will be enrolled in the Public Employees Retirement System consistent with State regulations. Casual workers who work an average of twenty one (21) or more hours per week for one-hundred twenty (120) consecutive working days or more, qualify for enrollment in the retirement system and shall become members of the retirement system when the employment exceeds six (6) consecutive months. All other casual workers will be enrolled in Social Security.

C1.18 WORK OUT-OF-CLASS “ACTING PAY”

C1.18.1 POLICY

Employees may occasionally be assigned to perform duties substantially beyond the scope of their normal position or assigned temporarily to assume the duties of a higher level budgeted person for a short period of time. Such work is considered to be part of the employee’s normal duties. However, in the event that such work extends beyond a short-term assignment, the County establishes these criteria for paying employees for temporarily performing work beyond the assigned duties of their current job class, and for employees temporarily assigned the duties of a management or administrative position. Employees whose regular class is Assistant Department Head or Chief Deputy are excluded from this policy.

C1.18.2 ASSIGNMENTS

1. Employees may be temporarily assigned all of the duties and responsibilities of a budgeted, higher level position provided the position is currently vacant **or** the employee normally filling the position is on extended authorized leave **or** the employee normally assigned to the position has been temporarily relieved of all regular duties to complete a special project approved by the County Manager **or** due to temporarily increased workload requirements as determined by the County Manager. Acting pay is not paid when the employee acting in a higher capacity is off for a holiday, is on (vacation) leave status or the acting employee is doing so for training purposes.
2. The same employee shall not be assigned to the higher level duties for more than thirty (30) calendar days unless specifically approved in writing by the County Manager. No acting pay will be given without the appropriate written approval.

C1.18.3 EMPLOYEE ELIGIBILITY

1. Employees must be formally assigned and actually performing the duties of a higher job class.
2. The salary range for the higher paid class must be 6% above the range of the employee's current job class. The increase will take effect on the sixteenth consecutive work day and shall be retroactive to the first day of work during such appointment. Permanent appointment may be made by the Board of County Commissioners after six (6) consecutive months.

C1.18.4 PROCEDURE

1. An assignment to work out-of-class will be made in writing by the department head and a copy of the authorization shall be forwarded to the County Manager. The authorization for out-of-work pay, which must be signed by the department head, will specify the position to be filled, the circumstances which make the assignment necessary and the starting date of the assignment.
2. The request for out-of-class pay because of workload or reassignment of existing staff must be made in writing and specify the circumstances which make the out-of-class assignment necessary, the starting date of the assignment and the anticipated length of the assignment. The written request shall be sent to the County Manager for approval before the assignment begins. The approved request shall be placed in the employee's personnel file and a copy sent to the payroll technician.
3. Out-of-class work assignments lasting more than thirty (30) consecutive days must be approved by the County Manager. An appointed department head or an elected official may present a request for out-of-class pay which has been denied by the County Manager to the County Board of Commissioners for review and possible approval.
4. The out-of-class rate of pay shall apply only for that time actually worked in the higher level class. Leave time is paid at the employee's normal rate of pay.
5. The consecutive day work period may be interrupted by approved leave of not more than five (5) consecutive working days if the out-of-class work is continued on the first day returned.

C1.19 WORK TIME

C1.19.1 ATTENDANCE

Employees are expected to be available and ready for work at the beginning of their assigned shifts and at the end of their scheduled rest and meal periods. Preparation for rest and meal periods, as well as the end of the work day, is work

time. Rest and meal periods include the time spent going to and from the place where the break is taken.

C1.19.2 WORK HOURS

1. Employees working a five (5) day, forty (40) hour week (designated 5/8) shall work eight (8) hours per day for five (5) days in any work week and shall receive two (2) days off.
2. Employees working a four (4) day, forty (40) hour week (designated 4/10) shall work ten (10) hours per day for four (4) days in any work week and shall receive three (3) days off.
3. Those working in a law enforcement position requiring shift work will be paid and receive time off in compliance with Fair Labor Standards.

C1.20 REST PERIODS

Employees shall be granted two (2) fifteen (15) minute breaks during the course of their shifts. Such breaks shall be scheduled by the supervisor, but not within one (1) hour of the employee's starting time, quitting time or lunch break. Break periods may not be scheduled or taken consecutively or in conjunction with lunch breaks. Exceptions can be made, however, at the discretion of the supervisor, based on special circumstances.

C1.21 MEAL PERIODS

Employees who work more than four (4) consecutive hours in a work day shall have an unpaid lunch break during the course of their shifts. The lunch break shall be scheduled by the supervisor as near to the middle of the employee's work shift as practicable and not within one (1) hour of the employee's work break or in conjunction with a work break. During any such unpaid lunch break, the employee is free to leave the work site.

Deputy Sheriff's personnel may be assigned work during meal periods and shall be paid for their meal periods. Other employees, in exceptional situations, may be required to work during their meal periods. In such situations, the employee will be paid for the meal period worked.

C1.22 SCHEDULING

Work shall be scheduled in a manner which allows the employee rest periods and meal periods. Rest and meal periods shall be scheduled by department heads in a manner which allows maximum public access to County services. Provided employees receive the rest periods and lunch periods to which they are entitled, schedules and lengths of rest and meal periods may be adjusted from time to time to meet the individual needs of individual employees and to respond to changes in department workload.

The County may make assignments to different or additional locations, shifts, or work duties as needed to meet operational needs.

C1.23 TIME REPORTING

C1.23.1 PURPOSE OF TIME REPORTING

Recording of hours worked and/or leave time taken by employees is necessary to provide an accurate basis for preparing paychecks, to assure compliance with Federal and State Law and to maintain an effective and efficient cost accounting system.

C1.23.2 HOURS WORKED

Non-exempt employees will be paid for all hours worked. Hours worked include:

1. Hours before or after the normally assigned shift, or any other irregular hours, even if the employee volunteers his or her time. **GUIDELINE:** Periods of fourteen (14) minutes or less are not considered overtime when such work periods are not regularly recurring.
2. Rest periods of less than fifteen (15) minutes.
3. Actual travel time required as part of County duties.
4. Hours spent at lectures and training activities conducted by the County, unless attendance is completely voluntary and the employee's job performance is not dependent upon such training.
5. Hours spent in public or charitable work if it is done at the County's request, or under the County's direction, or during an employee's regularly scheduled shift.

C1.24 POSITION DESIGNATIONS – OVERTIME ELIGIBILITY

All County positions are designated as "exempt" or "non-exempt" according to FLSA regulations and consideration of common practices for fields of work. For cost accounting and billing purposes, the County requires employees in certain positions, regardless of FLSA status, to account for hours worked.

C1.25 RESPONSIBILITY FOR POSITION DESIGNATIONS

The Human Resources Director will examine and evaluate position descriptions and duties for all positions and compare them with the standards established by the FLSA regulations to determine the employee's status as exempt or non-exempt. Departments will notify Human Resources when the duties of a position are substantially changed in order to ensure the FLSA designation is accurate.

C1.26 RESPONSIBILITY FOR TIME REPORTING

All employees are responsible for accurately completing their own biweekly or daily time sheets. Supervisors or department heads shall not alter or adjust hours that an employee reports on his/her time sheet.

- All non-exempt employees *will record all hours worked and all leave time taken and the type of leave to be charged, whether paid or unpaid*, on the time sheet.
- All exempt employees in positions which require an accounting of hours worked by work order number will enter their hours *worked for each project and all leave hours taken* on the time sheet.
- Exempt employees in positions not required to account for hours worked by work order number will record only those hours off for sick leave or vacation. (Pursuant to NRS 281.1275) except as permitted by the Federal Family and Medical Leave Act of 1993, employees need not use paid leave time for absences of less than 1/2 day.
- Exempt employees will record any hours off for sick leave or vacation in multiples of eight (8) or ten (10) hours depending on their regular schedule of hours worked.

*******See Section "X1 VARIOUS FORMS" Page B for*****
Elko County Time Sheet**

C1.27 OVERTIME

C1.27.1 OVERTIME ELIGIBILITY

1. For overtime purposes, County employees in positions designated as overtime eligible will receive additional compensation, either cash or compensatory time off, in any week during which they work more than forty (40) hours, consistent with the FLSA regulations. County employees in exempt positions are not eligible for overtime premium pay.
2. Holiday time, paid but not worked, count toward hours worked for the purpose of computing overtime hours.

C1.27.2 WORK WEEK DEFINED

The official work week shall begin on each Monday at 12:00 a.m. hours and shall end at 11:59 p.m. hours on the following Sunday to constitute a forty (40) hour week, exclusive of lunch breaks but including rest breaks.

For purposes of the FLSA, the work week period for law enforcement personnel is 171 hours within a twenty-eight (28) day period. A standard work period begins each Monday at 12:00 a.m.

For purposes of the FLSA, the work week period for fire suppression personnel is 212 hours within a twenty-eight (28) day period. A standard work period begins each Monday at 12:00 a.m.

C1.27.3 OVERTIME AUTHORIZATION

All overtime shall be specifically authorized by an employee's supervisor. Computation of overtime compensation (cash or compensatory time off) is based on hours worked in each work day, work week or work period. If an employee is not authorized, but **allowed** to work in excess of his/her scheduled shift, all of those hours will be counted when determining hours worked for compensation purposes.

C1.27.4 FORMS OF COMPENSATION FOR OVERTIME

1. Compensation for overtime hours worked shall be paid at the rate of 1.5 times the eligible employee's regular rate of pay, either in cash or compensatory time off.
2. The form of compensation shall be at the option of the County. Accrual of compensatory time off shall be at the rate of 1.5 hours of compensatory time off for each hour worked. An employee who has accrued the maximum allowed balance of compensatory time off shall be paid cash on his/her next regular paycheck for any excess overtime hours worked, per the approval of the supervisor. Any comp time used in the same week as earned will be compensated at straight time, not time and a half. Additionally, comp time will be paid at the time and a half rate for over forty (40) hours of actual time worked. Annual leave or sick leave **IS NOT** considered time worked. Holiday pay is considered time worked.
3. Compensatory time off is intended to be taken within one hundred twenty (120) days.
4. At any time, the County may pay an employee in cash on any regular paycheck for compensatory time off earned and not used.

C1.28 FLEXIBLE WORK HOURS – EXEMPT EMPLOYEES

C1.28.1 POLICY

Generally, exempt personnel are hired with the understanding that they are responsible for accomplishing the duties outlined for their assigned position or job. The focal point is the job to be done, not the number of hours worked. However:

1. Exempt jobs are usually designed with a forty (40) hour standard in mind. The necessity to **consistently** perform work for a substantial amount of hours over forty (40) per work week should be examined (employee's performance, methods and procedures, changes in workload).
2. Exempt employees and department heads are generally expected to be available to perform their job duties during normal business hours (8 a.m. to 5 p.m., Monday through Friday). However, completing the work assigned to

an exempt position will, from time to time, require extra work to be performed in other hours or on other days.

3. Recognizing the varying demands placed on an exempt employee's time, the County Manager and department heads shall have the flexibility of allowing exempt employees to take limited periods of time off without using accrued paid leave time in recognition of instances when an employee has spent substantially more than a typical work week in accomplishing the job.
4. Neither flexible work hours or paid administrative leave constitute additional compensation to exempt employees on an hour-to-hour basis for hours worked in excess of forty (40) hours per week or eight (8) hours per day. Accordingly, exempt employees do not "accrue a balance" of compensatory leave hours.
5. A department head is required to contact the County Manager as well as their department, at the beginning of each work day if they are unable to report to work due to illness.

C1.28.2 PRACTICE

At the request of an overtime exempt employee or at the suggestion of the County Manager, an exempt employee may be granted up to two (2) days administrative leave in any calendar month in recognition of extraordinary work assignments completed. The County Manager may approve such leave for department heads. The decision to grant such leave is at the discretion of the County Manager. Such leave is not accrued leave and therefore it is not recorded on the employee's time sheet.

C1.30 EDUCATIONAL ASSISTANCE

The County, subject to availability of budgeted funds, may provide tuition fees for career-related education. The following qualifications must be met:

1. Employees must be in a regular full-time status.
2. The course must be taken from an accredited institution of higher learning or a County approved adult education class.
3. If time off is required, prior approval from the employee's department head and the Board of County Commissioners is required.

The employee shall request approval of the course from the department head. Upon approval of the department head, the request shall be forwarded for review by the County Manager. If approved by the County Manager, the request for payment shall be forwarded to the Board of County Commissioners for approval. Such approval may be conditioned upon meeting commitments for continuing employment and/or job-related

conditions. A passing grade of “C” or better must be attained in order to be reimbursed.
(See specific bargaining unit agreement for additional requirements.)

C2 COBRA INITIAL NOTICE

C2.1 PURPOSE

To comply with the Consolidated Omnibus Budget Reconciliation Act (COBRA) Initial Notice.

C2.2 STATEMENT OF POLICY

COBRA requires that employees and their families be offered the opportunity for a temporary continuation of County Health Care Coverage's in certain instances where these coverage's would normally end. The following coverage's, if in effect at the time the COBRA qualifying event takes place, may be continued at the premiums which are included. (See below for definitions of technical terminology.)

Group Medical Insurance Coverage Premium: Full Group Rate

If you are enrolled in the County group insurance plan during the continuation period, you may elect to continue your coverage. You will pay the full premium rate and you may not add previously uncovered dependents.

Group Dental Coverage Premium: Full Group Rate

If you are enrolled in the County group insurance plan during the continuation period, you may elect to continue your coverage. You will pay the full premium rate and you may not add previously uncovered dependents.

C2.3 DEFINITIONS

C2.3.1 A COBRA QUALIFIED BENEFICIARY

- Was covered by the County group insurance plan at the time of the initial COBRA qualifying event as either County personnel or as a dependent of County personnel.
- Is eligible to continue coverage due to a COBRA qualifying event.

C2.3.2 A COVERED PERSON

- Was not covered at the initial COBRA qualifying event but is being covered due to a life event of a COBRA qualified beneficiary during the continuation period.
- Is not eligible to continue separate coverage due to a COBRA qualifying event and may be dropped at a life event by a COBRA qualified beneficiary.

C2.4 YOUR HUMAN RESOURCES DEPARTMENT

The payroll technician will receive all correspondence, premium payments and questions you may have. You will be advised of Continuation of Coverage if you experience a COBRA Qualifying Event.

C2.5 COBRA QUALIFYING EVENTS AND CONTINUATION PERIODS

COBRA Qualified Beneficiaries	If Group Health Plan Coverage Is Lost Due To:	You May Continue Existing Coverage Up To:
I. Employees	A. Termination of employment for reasons other than gross misconduct on your part.....	18 months*
Retirees	B. Retirement.....	18 months
II. Dependents of Employees, Retirees	A. Death of spouse/parent.....	36 months
	B. Termination of spouse's/parent's employment for other than gross misconduct.....	18 months*
	C. Divorce or legal separation.....	36 months
	D. Dependent ceases to be a "dependent child" under the current health care plan.....	36 months

** If coverage is being continued due to termination of employment, the initial continuation period of 18 months can be extended in the following situations:*

C2.6 DISABILITY

A COBRA qualified beneficiary employed by the County who is disabled according to the Social Security Act when the initial COBRA qualifying event takes place can extend the initial coverage period for up to twenty-nine (29) months. This extension also applies to dependents that were covered when the COBRA qualifying event occurred. Human Resources must be notified before the end of the initial eighteen (18) month continuation period and with sixty (60) days of the disability determination.

C2.7 MEDICARE ELIGIBILITY

The initial period can be extended for an additional thirty-six (36) months by COBRA qualified beneficiaries continuing due to termination or reduction in hours of a spouse or parent if that parent or spouse becomes eligible for Medicare during the initial coverage period. (The COBRA qualified beneficiary eligible for Medicare may not extend the initial coverage period.) The Human Resources Department must be notified four (4) weeks in advance of the Medicare eligibility date.

C2.8 MULTIPLE COBRA QUALIFYING EVENTS

If you are entitled to an eighteen (18) month continuation coverage period and have another COBRA qualifying event, you will be allowed up to an additional eighteen (18) months of coverage. However, the total COBRA continuation period, regardless of the

number of qualifying events which occur during the continuation period, will not exceed thirty-six (36) months from the date of the initial COBRA qualifying event. (This rule does not apply to disability and Medicare coverage period extensions.)

C2.9 COBRA NOTIFICATION REQUIREMENTS

In order to continue coverage, the following must take place:

- In the case of divorce, legal separation or a child losing dependent status COBRA requires the employee or retiree or a family member to inform the Human Resources Department in writing within sixty (60) days of the COBRA qualifying event.
- Once notified, your payroll technician will give you and/or your eligible dependents COBRA Plan and enrollment information. The COBRA notification period begins the day these materials are received by you and ends sixty (60) days from that date.
- Human Resources must advise you that you have the right to choose COBRA continuation coverage within fourteen (14) days of notification.
- COBRA continuation coverage must be elected within sixty (60) days of receiving notification from Human Resources. If you reject COBRA coverage, all current coverage's will end on the last day of the month in which the COBRA continuation event occurred.
- The first premium must be postmarked within forty-five (45) days from the end of the sixty (60) day notification period. This payment, which is 100% of the total current premium (employee and employer share) will usually cover from the first of the month following the date coverage is lost through the end of the month in which the COBRA Continuation of Coverage Form is submitted. People who first reject coverage and then elect it within their sixty (60) day notification period will pay from the date they elect coverage through the end of the month in which the COBRA Continuation of Coverage Form is submitted. However, these people will not be covered between the date coverage is lost and the date COBRA coverage is elected.

C2.10 TERMINATION OF COVERAGE

COBRA coverage's may be canceled before the continuation period ends for any of the following reasons:

- The County no longer provides group health plan coverage to any of its employees or retirees.
- Coverage premiums are not paid within the thirty-one (31) day grace period. Coverage will be canceled automatically with no notice of cancellation.

- Coverage is provided under another group health plan (either automatically at the time of hire or through employee enrollment) even if the new group plan offers a lower level of coverage than the County COBRA plan.
- If, however, the new group plan contains a pre-existing condition exclusion or limitation which applies to the COBRA qualified beneficiary, the County plan can be continued until the earlier of the end of the current COBRA continuation period or the end of the new group's plan pre-existing condition/limitation waiting period. Coverage may not be continued for COBRA qualified beneficiaries or COBRA covered persons who are not affected by the limitation or pre-existing condition exclusion of the new plan.

ELKO COUNTY INSURANCE GROUP # 7228

CNIC

Monthly COBRA Rates Effective 10/01/2011

<u>Coverage</u>	<u>Employee Only</u>	<u>Employee and Spouse</u>	<u>Employee and Children</u>	<u>Full Family</u>
Medical/ Dental/ Vision/ Rx	\$825.12	\$1,594.78	\$1,417.32	\$2,369.61

*** RATES ARE SUBJECT TO CHANGE**

The only option is the combined option.

Rates are subject to change. CNIC will be providing you with additional information upon receipt of your COBRA enrollment information.

CO EMPLOYEE CONDUCT

C3.1 PURPOSE

To outline specific areas which may result in employee discipline.

C3.2 STATEMENT OF POLICY

It shall be the duty of employees to maintain high standards of cooperation, efficiency and integrity in their work with the County. If an employee's conduct falls below standard, he/she may be subject to disciplinary action up to and including termination from County service.

Some general things for which an employee may be disciplined include, but are not limited to:

1. Reporting to work under the influence of intoxicants or nonprescription/illegal drugs, or using or being under the influence of such substances while on County property.
2. Failure to follow the orders, instructions or directives of one's supervisor(s).
3. Being absent from work without permission or failure to report to the supervisor or department head when one is absent.
4. Failure to perform assigned work in an efficient or effective manner.
5. Being wasteful of material, property or working time.
6. Inability to get along with fellow employees so that the work being done is hindered and not up to required levels.
7. Failure to observe proper security procedures.
8. Conviction of a felony or gross misdemeanor.
9. Violating safety rules and regulations.
10. Making false accusations so as to discredit other employees or supervisors.
11. Removal of County money, merchandise or property, including property in custody of the County without permission.
12. Lying to supervisors in connection with your job.
13. Dishonesty, including intentionally giving false information, intentionally falsifying records or making false statements when applying for employment.

14. Divulging or misusing confidential information, including removal from County premises, without proper authorization, any employee lists, records, designs, drawings or confidential information of any kind.
15. Accepting fees, gifts or other valuable items in the performance of the employee's duties for the County.
16. Inability or unwillingness to perform the assigned job.
17. Falsification of time records for payroll purposes.
18. Abuse of sick leave privileges by reporting sick when not sick or obtaining sick leave pay falsely or under false pretenses.
19. The use of profanity or abusive language towards a fellow employee or member of the general public while performing duties as a County employee.

C4 REPORTING CONVICTIONS

All employees are required to immediately report convictions, guilty or nolo contendere plea, or deferred adjudications for felony, misdemeanor (excluding juvenile adjudication) or any lesser crime other than a minor traffic infraction. Convictions shall not automatically impact the employees' employment.

The employer will make an assessment of the effect of the conviction to the essential duties of the position the employee holds.

D1 DRIVER'S LICENSE POLICY

D1.1 PURPOSE

To require a valid Nevada State Driver's License by employees whose employment involves driving a County vehicle.

D1.2 STATEMENT OF POLICY

Any employee whose work requires that he/she drive a County vehicle must hold a valid Nevada State Driver's License.

All new employees who will be assigned work entailing the operation of a County vehicle will be required to submit to a Department of Motor Vehicles driving records check as a condition of employment. The records check shall be processed by the County Manager's office. A report indicating a suspended, revoked or expired license status may be cause to deny or terminate employment.

Periodic review of an employee's driver's license through visual and formal Department of Motor Vehicles review checks may be made by department heads.

Any employee performing work which requires the operation of a County vehicle must notify his/her immediate supervisor in case his/her license has expired, or has been suspended or revoked. If an employee fails to report such an instance, he/she may be subject to disciplinary action, including but not limited to demotion or termination. An employee who fails to immediately report such revocation or suspension to his/her supervisor and continues to operate a County vehicle shall be subject to termination.

D2 DRUG AND ALCOHOL-FREE WORKPLACE

D2.1 POLICY

Elko County recognizes that substance abuse in our nation and our community exacts staggering costs in both human and economic terms. Substance abuse can be reasonably expected to produce impaired job performance, lost productivity, absenteeism, accidents, wasted materials, lowered morale, rising health care costs and diminished interpersonal relationship skills.

1. The County is committed to:
 - a. Maintaining a safe and healthy workplace for all employees;
 - b. Assisting employees who recognize they have a problem with drugs or alcohol and providing appropriate treatment;
 - c. Periodically providing employees with information about the dangers of workplace drug abuse; and
 - d. When appropriate, taking disciplinary action for failure to comply with this policy.
2. The County strictly prohibits the following behavior:
 - a. The use, sale, attempted sale, manufacture, attempted manufacture, purchase, possession or cultivation, distribution and/or dispensing of illegal drugs by an employee at any time and in any amount. This prohibition includes the use or possession of prescription medicines for which the individual does not have a valid prescription and the inappropriate use of prescribed medicines for which the employee has a valid prescription. In addition, the County prohibits employees from possessing open containers of alcoholic beverages while on County premises and/or while on duty and from working with a blood-alcohol level of .02 or more at any time.
 - b. Bringing alcohol, illegal drugs and other substances which may impair the safety or welfare of employees or the public onto the premises controlled by the County or placing in vehicles or equipment operated on behalf of the County.
 - c. Driving an organizational vehicle while on or off duty with a blood alcohol level of .02 or more or under the influence of an illegal drug, regardless of the amount.
 - d. Law enforcement personnel performing job-related functions which require possession and/or transportation of such substances are exempt from this section.
3. Reporting Requirements
 - a. A supervisor who receives information or is a witness to any use of drugs or alcohol by an employee which violates County policies or the law, is required to report this information to his/her Department Head or the Human Resources Manager immediately. The information reported should include:

- The persons(s) involved, including all witnesses;
 - Any information gathered, such as actual observation of drug/alcohol use, the presence of paraphernalia, observation of any unusual physical signs or behaviors;
 - A written record of specific conversations held with the accused and any witnesses;
 - All pertinent facts, including date(s), time(s), and location(s).
- b. An employee who witnesses or obtains information regarding illegal drug/alcohol use by his/her immediate supervisor is required to report the incident to that individual's supervisor.
4. Specimen collection, drug testing procedures, sample collection and alcohol testing procedures will comply with all applicable provisions of federal and state law.
 5. A positive test result for alcohol or drugs will be grounds for disciplinary action, up to and including possible termination.
 6. Employees in safety-sensitive positions as defined in 49 CFR Part 382, et seq., are subject to the Federal Department of Transportation (DOT) (49 CFR Part 40) and the Federal Motor Carrier Safety Regulations (FMCSR), as prescribed by the Federal Motor Carrier Safety Administration (FMCSA) (49 CFR Parts 382, 383, 387, 390-397, and 399), as well as the County's Drug and Alcohol-Free Workplace Policy.

D2.2 EMPLOYEE'S RESPONSIBILITIES

1. Each employee is responsible for reviewing and complying with the County's Drug and Alcohol-Free Workplace Policy.
2. Each employee is responsible for meeting standards for work performance and safe on-the-job conduct.
3. Employees shall not report to work under the influence of alcohol, illegal drugs, or misused prescription or over-the-counter drugs.
4. Employees who suspect they may have a substance abuse problem are encouraged to seek counseling and rehabilitation from the County's Employee Assistance Program (EAP) provider, a substance abuse professional or other treatment provider. The County's medical insurance policy may provide for payment of some or all of the treatment costs.
5. It is the employee's responsibility and obligation to determine, by consulting a physician if necessary, whether or not a legal drug he/she is taking may/or will affect his/her ability to safely and efficiently perform his/her job duties. An employee whose impairment may affect job performance must contact his/her supervisor and attempt to find an appropriate alternative assignment. If none is available, the employee may take sick leave or be placed on a medical leave of absence (if available and the employee otherwise qualifies) or take other steps consistent with the advice of a physician. If an employee reports to work under the influence of

prescription medication and, as a result, endangers him/herself or others, the employee will be disciplined, up to and including termination.

6. Each employee must report the facts and circumstances of any criminal drug or alcohol conviction that occurred while on duty or which may impact the employee's ability to perform the duties of his/her job. If duties involve driving a vehicle, the employee must report to his/her supervisor a conviction for driving under the influence (DUI), and/or revocation or suspension of the driver's license pending adjudication. Notification to the immediate supervisor must occur before resuming work duties or immediately after the conviction or revocation/suspension. Failure to notify the County will result in disciplinary action, up to and including possible termination.
7. Employees in safety-sensitive positions identified by the County are subject to random drug and alcohol testing as provided in this policy.
8. Employees must act as responsible representatives of Elko County and as law-abiding citizens. It is every employee's responsibility to report violations of this policy to his/her immediate supervisor or to the County Manager. Such reporting is critical in preventing serious injuries or damage to the County's property.
9. Employees who are required to submit to a drug/alcohol test must complete and sign the consent form.

Note: Law enforcement employees and applicants for law enforcement positions are also subject to the Law Enforcement Department's Drug Testing Policy.

D2.3 DEPARTMENT HEAD RESPONSIBILITIES

The Department Head or his/her designee is responsible for:

1. Authorizing the testing of employees.
2. Coordinating drug and/or alcohol testing.
3. Requesting completion of the consent form.
4. Notifying employees of positive test results and their right to a retest of the same sample.
5. Implementing disciplinary action against employees who fail to comply with provisions outlined in this policy.
6. Notifying the County's attorney of an employee's conviction of a federal or state criminal drug and/or alcohol statute violation.
7. Ensuring that the drug and/or alcohol test forms and results are kept confidential and only provided to employees with a business need for the information.
8. Identifying department safety-sensitive positions.
9. Notifying employees in department safety-sensitive positions that they are subject to random drug and/or alcohol testing.

10. Ensuring notices relative to this policy and the list of positions designated as department safety-sensitive, if any, are prominently displayed at all departmental facilities housing employees.

D2.4 SUPERVISOR RESPONSIBILITIES

Supervisors are responsible for:

1. Determining if reasonable suspicion exists to warrant drug and/or alcohol testing and detailing, in writing, the specific facts, symptoms or observations that are the basis for the reasonable suspicion.
2. Submitting the documentation to the department head or designee.
3. Complying with the appropriate provisions outlined in this policy that apply to supervisory personnel.

D2.5 COUNTY RESPONSIBILITIES

The County is responsible for:

1. Providing communication and training on this policy to include a training program to assist supervisors to recognize the conduct and behavior that gives rise to a reasonable suspicion of drug and/or alcohol use by employees and how to effectively intervene.
2. Receiving and maintaining employee drug and alcohol testing records and files from all sources and assuring that they are kept confidential.
3. Making drug and/or alcohol testing and notice forms available.
4. Notifying appropriate department heads of positive results of drug and alcohol tests.
5. Administering the contract with a third party to provide drug and alcohol testing services.
6. Overseeing the administration of the County's Drug and Alcohol-Free Workplace Policy.
7. Certifying safety-sensitive positions in consultation with the requesting department head and legal counsel.
8. Notifying department heads of their employees randomly selected for drug and/or alcohol testing.
9. Ensuring the administration of all pre-employment drug testing.

D2.6 EMPLOYEE EDUCATION

The County maintains information relating to the hazards of and treatment for drug and alcohol-related problems. Proactive training and information shall be sponsored by the County periodically. Any employee may voluntarily seek advice, information and assistance. Medical confidentiality will be maintained consistent with this policy.

D2.7 EMPLOYEE ASSISTANCE AND VOLUNTARY REFERRAL

1. Elko County strongly encourages employees who suspect they have substance abuse problems to voluntarily refer themselves to a treatment program. A voluntary referral is defined as being one that occurs prior to any positive test for illegal drugs or alcohol under this policy and prior to any other violation of this policy, including a criminal conviction of that individual for a drug or alcohol related offense. Participation in the Employee Assistance Program will not negate discipline if necessary.
2. Any employee who voluntarily requests assistance in dealing with a personal drug and/or alcohol problem may do so through a private treatment program for drug and alcohol problems. An employee who is being treated for substance abuse in a recognized rehabilitation program may, if the Americans with Disabilities Act applies, be entitled to reasonable accommodation so long as the employee is conforming to the requirements of the program and is abstaining from the use of controlled substances and/or alcohol.
3. The cost of the drug or alcohol rehabilitation or treatment program shall be borne by the employee and/or the employee's insurance provider. All information regarding an employee's participation in treatment will be held in strict confidence. Only information that is necessary for the performance of business will be shared by County management.

D2.8 REASONABLE SUSPICION TESTING

1. When any supervisor has reasonable suspicion that an employee may be under the influence of alcohol or drugs, the employee in question will be directed by the department head or designee to submit to drug and/or alcohol testing.
2. The supervisor shall be responsible to determine if reasonable suspicion exists to warrant drug and/or alcohol testing and shall be required to document, in writing, the specific facts, symptoms, or observations which form the basis for such reasonable suspicion. When possible, the documentation will be forwarded to the department head or designee to authorize the drug and/or alcohol test of an employee.
3. The department head or designee shall direct an employee to undergo drug and/or alcohol testing if there is reasonable suspicion that the employee is in violation of this policy. The employee will be suspended with pay pending results of the test.
4. Circumstances which constitute a basis for determining reasonable suspicion may include, but are not limited to:
 - a. Information provided either by reliable and credible sources or independently corroborated.
 - b. The first line supervisor or another supervisor/manager receives information from a reliable and credible source as determined by the department head that an employee is violating the County policy.
 - c. Direct observation of drug or alcohol use.

- d. The first line supervisor or another supervisor/manager directly observes an employee using drugs or alcohol while an employee is on duty.
 - e. Employee admits using drugs or alcohol prior to reporting to work or while at work.
 - f. Drug or alcohol paraphernalia possibly used in connection with illicit drugs or alcohol found on the employee's person or at or near the employee's work area.
 - g. Evidence that the employee has tampered with a previous drug and/or alcohol test.
5. The following behaviors will also contribute toward reasonable suspicion and, collectively or independently, on a case-by-case basis may provide a sufficient reason for requesting a drug and/or alcohol test:
- a. A pattern of abnormal or erratic behavior.
This includes, but is not limited to a single, unexplainable incident of serious abnormal behavior or a pattern of behavior which is radically different from what is normally displayed by the employee or grossly differing from acceptable behavior in the workplace.
 - b. Presence of physical symptoms of drug and/or alcohol use.
The supervisor observes physical symptoms that could include, but are not limited to, glassy or bloodshot eyes, slurred speech, poor motor coordination, or slow or poor reflex responses different from what is usually displayed by the employee or generally associated with common ailments such as colds, sinus problems, hay fever, and diabetes.
 - c. Violent or threatening behavior.
First Incident: If an employee engages in unprovoked, unexplained, aggressive, violent, and/or threatening behavior against any person, the department head may request that the employee submit to drug and/or alcohol testing.
Second Incident: Whether or not an employee has previously received formal counseling or disciplinary action for unprovoked, unexplained, aggressive, violent, or threatening behavior, upon a second or subsequent episode of similar behavior/conduct, the department head will request that the employee undergo drug and/or alcohol testing.
 - d. Absenteeism and/or tardiness.
If an employee has previously received disciplinary action for absenteeism and/or tardiness, a continued poor record that warrants a second or subsequent disciplinary action may, in combination with other relevant behaviors, result in drug and/or alcohol testing.
An employee who is required to submit to reasonable suspicion testing will be provided transportation by their supervisor or designee to the location of the test. After the employee submits to the test or if the employee refuses to be tested, the County will provide transportation for the employee to his/her home.

D2.9 POST ACCIDENT TESTING

1. Each employee involved in an OSHA-recordable accident will be tested for drugs and/or alcohol as soon as possible after the accident, but after any necessary emergency medical attention has been provided. OSHA-recordable accidents are those accidents that result in:
 - a. Death;
 - b. Days away from work;
 - c. Diagnosis by a physician or other licensed health care professional as a significant injury or illness;
 - d. Medical treatment other than first-aid treatment;
 - e. Loss of consciousness; or
 - f. Restricted work or transfer to another job.

Additionally, any accident in which there is property damage estimated to be valued at or in excess of five hundred dollars (\$500.00) will trigger a post-accident test. (An employee may be suspended with pay pending the results of this test and with or without pay pending any subsequent investigation.) An employee who is required to submit to post-accident testing will be provided transportation by the County to the location of the test.

2. In the event an employee is so seriously injured that he/she cannot provide a blood, breath, or urine specimen at the time of the accident, the employee must provide necessary authorization, as soon as the employee's physical condition allows, to enable the County to obtain hospital records or other documents that indicate whether there were drugs or alcohol in the employee's system when the accident occurred.
3. In the event federal, state, or local officials conducted drug and/or alcohol testing following an accident, the employee will be required to sign a release allowing the County to obtain the test results from such officials.
4. An employee who is subject to a post-accident test must remain readily available for testing. An employee who leaves the scene before the test is administered or who does not make him/herself readily available may be deemed to have refused to be tested, and such refusal shall be treated as a positive test. Further, the employee, subject to a post-accident test, must refrain from consuming alcohol for eight (8) hours following the accident or until the employee submits to an alcohol test, whichever comes first.

D2.10 SAFETY-SENSITIVE POSITIONS

1. The County shall conduct pre-employment testing and random testing for drugs and alcohol for positions identified as department safety-sensitive by the County. Drug and alcohol testing of applicants and employees in department safety-sensitive positions is mandatory, and successfully passing these tests is a condition of future or continued employment.

2. Safety-sensitive positions mean employment positions which may, in the normal course of business:
 - a. Require the employee to operate County vehicles or heavy equipment or private vehicles on company business on a regular and recurring basis; and/or
 - b. Involve job duties which, if performed with inattentiveness, errors in judgment or diminished coordination, dexterity, or composure, may result in mistakes that could present a real and/or imminent threat to the personal health and safety of the employee, coworkers, and/or the public, including positions that require use of dangerous tools/equipment; performance of job duties at heights; use of dangerous chemicals; or carrying firearms in the performance of job duties.

D2.11 RANDOM TESTING

1. All employees in positions identified as department safety-sensitive by the County shall be subject to random drug and alcohol testing.
2. The County will drug test positions designated as department safety-sensitive each calendar year. The County will also conduct alcohol testing for employee positions designated as department safety-sensitive each calendar year. The selection of employees for random testing shall be on a non-discriminatory basis and made from a computer-based random number generator that is matched with the employee's social security number. Random testing will be unannounced and the dates for administering the tests will be spread reasonably throughout the year. Random testing will be performed at any time while the employee is at work.
3. An employee selected for random testing shall proceed immediately to the test site. An employee who engages in conduct which does not lead to testing as soon as possible after notification may be considered to have refused to be tested.
4. Employees selected for a random test but absent due to vacation, sick leave, other leave, or on urgent County business approved by their department head will not be notified to take the random test until the first day they return to work after random selection. Random selection may result in some employees being tested more than once each year; some may not be tested at all.

D2.12 RETURN-TO-WORK TESTING/FOLLOW-UP TESTING

1. If the County agrees to continue employment, an employee who violates this policy and undergoes rehabilitation for drugs or alcohol will, as a condition of returning to work, be required to agree to follow-up testing as established by the County. The extent and duration of the follow-up testing will depend upon the safety and security nature of the employee's position and the nature and extent of the employee's substance abuse problem. The County will review the conditions of continued employment with the employee prior to the employee's returning to work. Any such condition for continued employment shall be given to the employee in writing. The County may consider the employee's rehabilitation program in determining an appropriate follow-up testing program.

2. Any employee subject to return-to-work testing that has a confirmed positive drug or alcohol test will be in violation of this policy and subject to termination.

D2.13 CONSEQUENCE OF REFUSAL TO SUBMIT TO TESTING/ADULTERATED SPECIMEN

1. An employee who refuses to submit to testing for drugs and/or alcohol will be subject to disciplinary action, up to and including termination. An employee who consents to a drug or alcohol test but fails to appear timely at the collection site, or who fails to give his/her urine sample after reasonable opportunity to do so, will be treated as a refusal to submit to a drug or alcohol test.
2. Submission of an altered or adulterated specimen or substitution of a specimen by a specimen donor will be considered a refusal to comply with this policy and subject the employee to disciplinary action, up to and including termination.

D2.14 TESTING GUIDELINES

1. The County will test for the following types of substances:
 - Marijuana (THC)
 - Cocaine, including crack
 - Opiates, including heroin, codeine and morphine
 - Amphetamines, including methamphetamines
 - Phencyclidine (PCP)
 - Alcohol
2. In addition to testing for the above substances, CDL holders are subject to testing for the following substances:
 - 6-Acetyl morphine
 - MDMA (Ecstasy)
3. Other drugs may be added to this list. Where applicable, the County will follow federal testing procedures for drugs and alcohol set forth by the Federal Department of Transportation (DOT) 49 CFR Part 40 and the Federal Motor Carrier Safety Regulations (FMCSR). These regulations may be amended from time to time.

D2.15 OPTION FOR DRUG RETEST

1. No later than seventy-two (72) hours after receipt of a positive drug test, an employee who tests positive may request a confirmatory retest of the same sample at his/her expense at a certified laboratory of his/her choice.
2. Upon request, the medical review officer will authorize the laboratory holding the employee's sample to release to a second laboratory, approved by the Department of Health and Human Services, a sufficient quantity of the sample to conduct a second testing analysis.

3. The employee will be required to authorize the laboratory to provide the County with a copy of its test results. The accuracy of the test results will be verified by the laboratory conducting the analysis.

D2.16 SEARCHES

1. If the County reasonably suspects that an employee or on-site contractor is in possession of illegal drugs, alcohol, or contraband in violation of this policy, the County may search County vehicles, lockers, desks, and work areas. By entering into or being present at a job site while on county time or representing the County in any way, an individual is deemed to have consented to such searches. If an individual is asked to submit to a search and refuses, that individual will be considered insubordinate and will be escorted off the job site and disciplined, as appropriate. The County may take whatever legal means are necessary to determine whether alcohol or illegal drugs are located or being used on County property. If the County suspects illegal contraband, they will contact legal/law enforcement authorities to conduct an investigation.
2. Searches will be conducted by management personnel or law enforcement authorities and may or may not be conducted in the presence of the person whose work area is searched. Any suspected contraband will be confiscated and may be turned over to law enforcement as appropriate. Any person whose property is confiscated will be given a receipt for that property by the County's representative conducting the search.

D2.17 DISCIPLINE RELATED TO ABUSE

1. Employees in violation of the provisions of this policy will be subject to disciplinary action, up to and including termination.
2. An employee may be found to have violated this policy on the basis of any appropriate evidence including, but not limited to:
 - a. Direct observation of illegal use of drugs, prohibited use of alcohol, or possession of illegal drugs or alcohol or related contraband;
 - b. Evidence obtained from a motor vehicle citation, an arrest, or a criminal conviction for use or possession of illegal drugs or for the use, or being under the influence of alcohol on the job;
 - c. A verified positive test result; or
 - d. An employee's voluntary admission.
3. Prior to determining its course of action, the County may direct an employee who has tested positive to submit to an evaluation by a substance abuse professional. The evaluation will attempt to determine the extent of the employee's use of or dependence on the abused substance(s) and, if necessary, recommend an appropriate program of treatment.
4. If an evaluation is conducted which results in a recommendation for treatment, continued employment may, but is not required, to be allowed if the recommended

treatment is immediately begun and successfully completed. The treatment program may include, but is not limited to, rehabilitation, counseling, and after-care to prevent future substance use/abuse problems. The treatment program will **not** be at the County's expense; however, employees may use benefits provided by applicable insurance coverage. Failure by the employee to enroll in the recommended treatment program, to consistently comply with the program's requirements, to complete it successfully, and/or to complete any continuing care program shall be grounds for immediate termination from employment. Employees are limited to substance abuse treatment one time only under this policy.

5. When an employee is required to undergo treatment under this policy, the employee may be required to comply with the following as a condition of continued employment:
 - a. Monitoring of the treatment program and the employee's participation by the County.
 - b. Submission to return-to-work testing as required under this policy and continuing follow-up testing as provided in the *Return-to-Work Testing/Follow-Up Testing, section 2.19.12.*; and
 - c. Any other reasonable condition that the County deems necessary to maintain a safe and healthy workplace for all employees.

Failure by the employee to enroll in a required treatment program, to consistently comply with the program requirements, to successfully complete the program, and/or to complete any continuing care program will be grounds for immediate termination of employment.

6. Disciplinary action will also be taken for any job performance or behavior that would otherwise be cause for disciplinary action.

D2.18 CONFIDENTIALITY

All medical and rehabilitation records are confidential medical records and may not be disclosed without the prior written consent of the patient, authorizing court order or otherwise as permitted by state and federal law. Positive test results may only be disclosed to the employee; the appropriate medical and substance abuse treatment providers; the County's attorney, or a County representative necessary to respond to an alleged violation of this policy; individuals within the County who have a need-to-know of drug and/or alcohol testing results; and a court of law or administrative tribunal in any adverse personnel action.

*****See Page b for*****
**Alcohol and Drug-Free Workplace Policy
Acknowledge Statement**

D3 D.O.T. DRUG AND ALCOHOL POLICY

D3.1 PURPOSE

This policy is created to comply with DOT Final Rules published February 15, 1994 and subsequent revisions to promote safety by requiring employers to establish and implement a program to detect the misuse of drugs and alcohol and to deter the misuse of drugs and alcohol by educating and training safety-sensitive employees about the safety and health ramifications of such misuse.

D3.2 STATEMENT OF POLICY

To create and sustain a safe and productive workplace and to protect the public we serve. It is our policy to prohibit the possession, use, sale or transfer of illegal drugs and the illegal use of drugs or alcohol. The policy prohibits an employee in a safety-sensitive position from being under the influence of, intoxicated by, or otherwise impaired by drugs (including prescriptions) and/or alcohol.

D3.3 STRATEGIES

Cooperation of employees and management with the testing program and administration of this policy will help create a safer workplace. Those who refuse to cooperate or violate the policy will be subject to disciplinary action up to and including termination of employment.

It is the responsibility of supervisors to address employees whenever they see changes in performance or behavior that suggest an employee has a drug or alcohol problem. Although it is not the supervisor's job to diagnose personal problems, the supervisor should encourage such employees to seek help and advise them about available resources for getting help.

Management and employees both share responsibility for maintaining a safe work environment and co-workers should encourage anyone who may have a drug or alcohol problem to seek help.

Report concerns about drug/alcohol abuse or fitness for duty to the appropriate supervisor so that action may be taken promptly.

As a condition of employment, each employee must abide by the terms of this policy and must notify his/her supervisor in writing of any conviction of a violation of a criminal drug or alcohol statute no later than five (5) calendar days after such conviction.

A drug and alcohol awareness program has been created to inform employees and supervisors as to the dangers of drug/alcohol misuse in the workplace.

D3.4 ACTIVITIES

All persons in safety-sensitive positions, as defined by the Federal Department of Transportation Final Rules published on February 15, 1994 and subsequent revisions shall submit to random testing for drugs and/or alcohol.

An employee also may be tested at any time based on:

1. Reasonable suspicion that an employee has:
 - a. Used illegal drugs and/or abused controlled substances;
 - b. Reported to work under the influence of controlled substances or alcohol; or
 - c. Illegally ingested or is under the influence of alcohol or legal drugs.
2. Involvement in a work-related accident. (Refer to Post-Accident definition.)

Pre-employment urine tests will be given to those to be placed in a safety-sensitive position. Notice of such testing will be properly posted prior to filling out an application. Employees who test positive for any controlled substance will not be hired. An applicant may re-test after six (6) months after furnishing proof of successful completion of a drug rehabilitation program. The individual will be required to produce proof of successful completion which includes a current drug test.

D3.5 CONSEQUENCES

An employee in a safety-sensitive position who has a verified positive test result will be removed from his/her safety-sensitive position, be evaluated by a Substance Abuse Professional (SAP) and may be referred for treatment. In addition, disciplinary action up to and including termination from employment may be taken. Those removed from a safety-sensitive position as a result of a verified positive test may be assigned other duties pending completion of the evaluation.

D3.6 DEFINITIONS

1. **Illegal Drugs:** means any controlled substance or drug, the sale, possession or consumption of which is illegal. This term also includes prescription drugs not legally obtained and prescription drugs not being used in the manner, combination or quantity prescribed. The Department of Transportation list includes marijuana, opiates, phencyclidine (PCP), amphetamines and cocaine
2. **Legal Drugs:** includes prescription drugs and over-the-counter drugs which have been legally obtained and are being used in the matter, combination or quantity for which they are prescribed as manufactured or recommended.

3. **Alcohol**: shall be defined as any beverage as defined by State Law, including non-intoxicating beverages as well as intoxicating beverages or over-the-counter medicines, candies or other food products that when consumed, may be intoxicating.
4. **Under the Influence**: means for the purpose of this policy, that the employee has ingested drug(s) or alcohol which causes reasonable suspicion by the supervisor and tests positive on the test(s).
5. **Reasonable Suspicion**: means
 - a. A supervisory employee has reason to suspect that the employee's acts or omissions contributed to the occurrence or severity of an accident, incident or circumstances;
 - b. Behavioral conduct of an employee currently under the influence or impaired by alcohol, drugs or a controlled substance, based upon specific personal observations of the supervisor concerning behavior, speech or body odors; or circumstances which could indicate that the employee is reporting to work in other than a sober and reliable state, free from the influence of alcohol or drugs;
 - c. Evidence of other specific contemporaneous physical, behavioral or performance indicators of probably substance and/or alcohol misuse.
6. **Post-Accident**: means that the employee has been involved in a workplace accident or an incident resulting in personal injury or damage to property or workplace circumstances which could have resulted in personal injury or damage to property.
7. **Safety-Sensitive Positions**: means those positions as identified by each DOT agency as shown below:

FAA: Flight crews, attendants and instructors; air traffic controllers; aircraft dispatchers, maintenance, screening and ground security coordinator personnel.

FHWA:
Commercial Motor Vehicles Drivers (Commercial Driver's License); operators vehicles designed to carry 16 passengers including driver; mechanics.

FRA: (Railroad) Hours of Service Act Employees: engine, train and signal services, dispatchers, operators.

FTA:
(Mass Transit) Vehicle operators, controllers, mechanics and armed security personnel.

RSPA:
(Pipeline)

Operations, maintenance and emergency response (geothermal, oil, petroleum gas personnel).

USCG:
(Maritime)

Crew members operating a commercial vessel.

D4 DRESS CODE

D4.1 PURPOSE

To establish general guidelines relating to personal appearance of County employees.

D4.2 STATEMENT OF POLICY

It shall be the responsibility of all employees to represent the County to the public in a manner which shall be courteous, efficient and helpful.

County employees should always be well-groomed and dressed in a manner suitable for the public service environment and to reflect favorably the County's image.

The employee's supervisor will discuss the subject of personal appearance with the employee if it is felt it does not positively reflect the image of the County.

E1 EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

E1.1 STATEMENT OF POLICY

It is the policy of Elko County to:

1. Recruit, hire, train and promote for all job classifications without regard to race, color, religion, age, sex, sexual orientation, marital status, national origin, ancestry, or disability, as well as to ensure that all personnel actions such as compensation, benefits, transfers, layoffs, return from layoffs, County-sponsored training, social and recreations programs will be administrated according to the County's policy.
2. Provide reasonable accommodation whenever necessary for all employees and applicants with disabilities, provided that the individual is otherwise qualified to safely perform the job duties and that such accommodation can be reasonably made.
3. Hold all levels of management responsible for ensuring that personnel policies, guidelines, practices, procedures and activities are in compliance with Federal and State Equal Employment Opportunity (EEO) statutes, rules and regulations.

E1.2 EQUAL EMPLOYMENT OPPORTUNITY OFFICER DESIGNATION

The primary equal employment opportunity responsibilities rest with the Equal Employment Opportunity Officer. The Equal Employment Opportunity Officer also has the responsibility of the Americans with Disabilities Act (ADA) Coordinator. The Equal Employment Opportunity Officer shall be designated by the County Manager. The name and telephone number of the individual designated will be posted on bulletin boards at County worksites.

E1.3 PROCESS

Employees or applicants who believe they are being discriminated against because of their race, color, religion, age, sex, sexual orientation, marital status, national origin, ancestry, or disability, as well as those who believe they have witnessed another employee being discriminated against, are strongly urged to bring the situation to the attention of management. Employees covered by a bargaining unit agreement may opt to use the process identified in this policy or an applicable grievance procedure, but may not use both. A copy of this policy will be provided to each County employee upon hire. The contents discussed during the new hire orientation process will be made readily available to candidates upon request.

Employees, who believe they are being discriminated against or have witnessed another employee being discriminated against, should take action immediately by:

1. Reporting the conduct as soon as possible to a supervisor or manager with whom you feel you can talk to or with Elko County's Equal Employment Opportunity Officer.

2. When an employee or candidate is concerned about the actions of the Equal Employment Opportunity Officer, the discussion can be held with the County Manager. The County Manager will designate an independent person to handle the investigation.

E1.3.1 SUPERVISOR/MANAGER RESPONSIBILITIES

Supervisors or managers shall immediately report all allegations or complaints of discrimination or observations of such conduct to the Equal Employment Opportunity Officer regardless of how the supervisor or manager learned of the alleged conduct and whether or not the employee involved is in the supervisor's or manager's department. A supervisor's or manager's failure to report such activities, complaints or allegations will result in discipline up to and including termination.

E1.3.2 INVESTIGATION

All allegations or complaints of discrimination will be promptly investigated. All investigations will be confidential. Information obtained will be released only on a need to know basis or as required by law. All employees questioned as part of an investigation will be expected not to discuss the matter with others, with the exception of providing information to regulatory agencies. Elko County treats all allegations or complaints of discrimination seriously and all employees are expected to be candid and truthful during the investigation process. If evidence arises that a participant in the investigation has made intentionally false statements, the employee will be disciplined up to and including termination.

If it is determined that discrimination has occurred, the County will take remedial action commensurate with the severity of the offense. This remedial action may include, but is not limited to, verbal and/or written reprimands, counseling, transfers, suspension without pay, and/or termination. Action will also be taken to deter any further discrimination.

With regard to disability related complaints, the Equal Employment Opportunity Officer (when appropriate, working with the County Manager and/or the complainant) shall propose a resolution to the complaint based upon the findings of such investigation. Such resolution will include reasonable accommodation when the Equal Employment Opportunity Officer determines that such accommodation is required by State or Federal Regulations, and that such accommodation can reasonably be made.

E1.3.3 PROHIBITION AGAINST RETALIATION

Elko County will not tolerate any retaliation by management or any other employee against the employee who exercises his or her rights under this policy. Any employee who believes he/she is being retaliated or discriminated against in any manner whatsoever as a result of having filed a complaint should immediately notify the Equal Employment Opportunity Officer.

*******See Section "X1 VARIOUS FORMS" Page C-D for*****
Discrimination Complaint Form**

E2 EMPLOYEE ETHICS

E2.1 PURPOSE

The purpose of this policy is to establish guidelines for ethical standards of conduct which shall govern County employees in the performance of County business and the duties of their respective jobs. This policy is intended to provide positive direction to County employees in order to prevent potential conflicts of interest.

This policy is not all-encompassing in its definition of conflict of interest. The “prudent man” standard can and will be applied; action deemed inappropriate by a reasonable person, whether specifically addressed in this policy or not, will be subject to inquiry.

E2.2 STATEMENT OF POLICY

E2.2.1 CONFLICT OF INTEREST

No County employee shall engage in any act which is in conflict or creates an appearance of impropriety or conflict with the performance of official duties. An employee shall be deemed to have a conflict if the employee:

1. Has any financial interest in any sale to the County of any goods, property or services.
2. Solicits, accepts or seeks a gift, gratuity or favor from any person, firm or corporation involved in a contract or transaction which is or may be the subject of official action by the County.
 - a. Recognizing that personal friendships often precede and can evolve from official contact between employees and persons engaged in business with the County, reasonable exceptions are permitted for those occasions which are social in nature and are not predicated on the employee’s ability to influence, directly or indirectly, any matter before the County.
 - b. The employee will be guided in interpretation of this section by the distinction between a gift, gratuity or favor given or received which has significant monetary value and is offered or accepted in expectation of preferential treatment and that which is merely an expression of courtesy. Examples of acceptable courtesies include: a meal or social event; exchanges of floral offerings or gifts of food to commemorate events such as illness, death, birth, holidays, promotions; a sample of promotional gift of nominal value (\$25.00 or less).
3. Participates in his/her capacity as a County employee in the issuing of a purchase order or contract in which he/she has a private pecuniary interest, direct or indirect, or performs in regard to such contract some function requiring the exercise of discretion on behalf of the County.

4. Engages in, accepts employment from, or renders services for private interests for any compensation or consideration having monetary value when such employment or service is incompatible with the proper discharge of official duties or would tend to impair independence of judgment or action in performance of official duties or give the appearance of the above.
 - a. An employee should not make a unilateral decision if there is any doubt whether any of his/her activities create or may create a conflict of interest or an appearance of impropriety. The County Manager's office should be consulted.
5. Except for courtesies as provided in subparagraph "2" above, no employee shall, directly or indirectly, give or receive or agree to give or receive any compensation, gift, reward, commission or gratuity from any source except the County for any matter directly connected with or related to his official services as such employee with the County.
6. Discloses or uses without authorization confidential information concerning property or affairs of the County to advance a private interest.
7. Have a financial interest or personal interest in any action taken by the Board of County Commissioners and participate in discussion with or give an official opinion to the County Commission on the subject unless the employee discloses on the record of the Commission the nature and extent of such interest.

E2.2.2 USE OF PUBLIC PROPERTY

No employee of the County shall request, use or permit the use of County-owned vehicles, clothing, equipment, materials or other property for unauthorized personal convenience, for profit, for private use or as part of a secondary employment. Use of County property is to be restricted for the conduct of official County business.

1. Authorized personal uses include use of a County copy machine at cost, stopping to run personal errands when the destination point is in conjunction with official or authorized business, and other nominal personal uses as permitted by the County Manager on a case-by-case basis.

E2.2.3 POLITICAL ACTIVITIES

No County employee may use County time or property in any manner to promote any political issue or candidate or to solicit funds for any political purpose or to influence the outcome of any election. With the approval of the County Manager, an exception shall be allowed when the subject of an election has received the endorsement and support of the Board of County Commissioners (e.g. bond issue).

1. No County employee shall be eligible for appointment or election to any public office when the holding of such office would be incompatible with or would substantially interfere with the discharge of official duties.

E2.2.4 DISCIPLINE

Any employee who is found to be in violation of this policy may be subject to disciplinary action up to and including termination from employment. Depending upon the seriousness of the action, other appropriate civil or criminal sanctions may also be pursued.

E2.3 DEFINITIONS

Employee: An employee is defined as any person holding a compensated position for the County of Elko, including regular full-time, part-time, temporary, seasonal or any other classification.

Interest: Interest is any direct or indirect monetary or material benefit accruing to a County employee as a result of a contract or transaction which is or may be the subject of an official act or action by or with the County and which the employee is in a position to act and exercise discretion on behalf of the County (except for such transactions which would confer similar benefits to all other persons and/or property similarly situated).

Interests Include:

- a) Interests of an employee's family;
- b) Any business entity in which stock or legal beneficial ownership is in excess of one percent (1%) of the total stock or legal ownership is controlled or owned directly or indirectly by the employee;
- c) Interest of any business entity in which the County employee is an officer, director or employee;
- d) Interest of any person or business entity with whom a contractual relationship exists with the employee; provided that a contractual obligation of less than \$500 or a commercially reasonable loan or purchase made in the course of ordinary business shall not be deemed to create a conflict of interest.

Immediate Family: Family includes spouse, child, parent, parent-in-law, brother, sister, grandparent, son-in-law, daughter-in-law and grandchildren. Family also includes other persons residing in the employee's residence or persons who are financially dependent upon the employee.

Contract: Contract shall include any contract or agreement, sale, lease, purchase or purchase order.

E2.4 PROCEDURES

E2.4.1 INTERPRETATION

Interpretations of this policy shall be referred to the County Manager.

E2.4.2 INVESTIGATION

The County Manager shall investigate, or cause to be investigated, all suspicions, allegations and written complaints of unethical conduct or situations involving the same.

1. Complaints which are considered by the County Manager to be serious may be referred to an Ethics Panel composed of County officers, employees and/or other persons appointed by the Board of County Commissioners.
2. An Ethics Panel, when constituted, shall investigate and hear the complaint and recommend to the County Manager any action deemed appropriate.
3. Complaints or allegations which may be criminal in nature may be referred to an appropriate agency for investigation.

E3 ETHICAL STANDARDS

E3.1 CODE OF ETHICAL STANDARDS

The elected and appointed officers and employees of Elko County recognize that holding public office and/or employment is a public trust. To preserve that trust, we demand the highest code of conduct and ethical standards. The purpose of this policy is to define and establish the standards of ethical conduct that are required of public officials and employees so as to ensure their professional integrity in the performance of their duties.

The officers and employees of the County shall comply with the following provisions. This list is not all-inclusive, but simply provides the basic level of conduct expected.

- All elected and appointed officials and employees will conduct themselves with honesty and integrity in the course of performing their duties and responsibilities.
- They will act with care and diligence in the course of their employment.
- They will treat everyone, including coworkers, subordinates, supervisors, customers and the public, with the utmost respect and courtesy.
- They will comply with all applicable federal, state, and local laws.
- They will comply with any lawful and reasonable direction given by someone within the County who has authority to give the direction.
- They will maintain appropriate confidentiality.
- They will disclose, and take reasonable steps to avoid, any conflict of interest (real or apparent) in connection with their employment.
- They will use County resources in a proper manner.
- They will not provide false or misleading information in response to a request for information that is made for official purposes in connection with their employment.
- They will, at all times, act in a way that upholds the values and the integrity and good reputation of Elko County.
- They will comply with any other conduct requirement that is prescribed by Elko County.

In addition, consistent with the provisions of NRS 281A.400 and NRS 281.230, County officials and employees are required to comply with the following:

No official or employee shall seek or accept any gift, service, favor, employment, engagement, perquisite, gratuity, or economic opportunity or advantage which would tend improperly to influence a reasonable person in his/her position to depart from the faithful and impartial discharge of his/her public duties.

No official or employee shall use his/her position with the County to secure or grant unwarranted privileges, preferences, exemptions, or advantages for him/herself, any member of his/her household, any business entity in which he/she has a significant pecuniary interest, or any other person.

No official or employee shall participate as an agent of government in the negotiation or execution of a contract between the governmental entity and any private business in which he/she has a significant pecuniary interest.

No official or employee shall accept any salary, retainer, augmentation, expense allowance, or other compensation from any private source for the performance of his/her duties as an official or employee.

If an official or employee acquires, through his/her public duties or relationships, any information which by law or practice is not at the time available to the public generally, he/she shall not use such information to further his/her own current or future pecuniary interests or the current or future pecuniary interests of any other person or business entity.

No official or employee shall suppress any governmental report or other document or information because the release of such report or information has the potential to impact his/her own pecuniary interests or those with whom he/she has a business or personal relationship.

No official or employee shall use governmental time, property (including monies or funds), equipment, or other facility to benefit his/her personal or financial interests.

No official or employee shall attempt to benefit his/her personal or financial interest(s) by influencing or intimidating a subordinate.

No official or employee shall seek other employment or contracts through the use of his/her official position or the influence associated thereto.

An official or employee shall not, in any manner, directly or indirectly, receive any commission, personal profit, or compensation of any kind resulting from any contract or other transaction in which the County is in any way interested or affected except:

- a. A member of any board, commission, or similar body who is engaged in the profession, occupation, or business regulated by the board, commission, or body may, in the ordinary course of his/her business, bid on or enter into a contract with any governmental agency, except the board or commission of which he/she is a member, if he/she has not taken part in developing the contract plans or specifications and he/she will not be personally involved in opening, considering, or accepting offers.
- b. A public officer or employee, other than an officer or employee described in a. above, may bid on or enter into a contract with a governmental agency if the contracting process is controlled by rules of open competitive bidding, the sources of supply are limited, he/she has not taken part in developing the contract plans or specifications, and he/she will not be personally involved in opening, considering, or accepting offers.

Violations of any of the above provisions may result in disciplinary action, up to and including termination.

E4 EMPLOYEE RELATIONS

E4.1 FAIR EMPLOYMENT PRACTICES

E4.1.1 POLICY

Elko County recognizes the fundamental rights of applicants and employees to be assessed on the basis of merit. Recognition of seniority and current employment with the County may also be considered. Therefore, it is the policy of the County to provide equal employment opportunity for all applicants and employees. The County does not sanction or tolerate discrimination in any form on the basis of race, color, religion, age, gender, pregnancy, sexual orientation, national origin, ancestry, disability, veteran status, domestic partnership, genetic information, gender identity or political affiliation.

The County will:

1. Recruit, hire, train and promote for all job classifications without regard to race, color, religion, age, gender, pregnancy, sexual orientation, national origin, ancestry, veteran status, domestic partnership, genetic identity or political affiliation, as well as to ensure that all compensation, benefits, transfers, layoffs, return from layoffs, County-sponsored training, social, and recreation programs will be administered in conformance with County policy.
2. Comply with all applicable laws prohibiting discrimination in employment including Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, the Equal Employment Opportunity Act of 1972, the Immigration Reform and Control Act of 1986, the Americans with Disabilities Act, as amended, the Genetic Information Nondiscrimination Act of 2008, the applicable Nevada Revised Statutes on Equal Employment Opportunity (NRS 613) and any other applicable federal, state, and local statutory provisions.
3. Provide reasonable accommodation wherever the need for such is known by the County, and/or the applicant or employee indicates a need for such reasonable accommodation, provided that the individual is otherwise qualified to perform the essential functions of the assigned job and the employee's performance of the assigned job duties does not pose a threat to the safety of him/herself or others.

Hold all managers and supervisors responsible for ensuring that personnel policies, guidelines, practices, procedures and activities are in compliance with federal and state fair employment practices, statutes, rules and regulations.

E4.1.2 SCOPE

This policy applies to all persons involved in the operation of Elko County and prohibits harassment, discrimination and retaliation by any employee, including supervisors and coworkers, volunteers, customers or clients of the County, and any vendor or other service provider with whom the County has a business relationship. Elko County will not tolerate instances of harassment, discrimination or retaliation, whether or not such behavior meets the threshold of unlawful conduct. While single incidents of alleged harassment, discrimination or retaliation may not be sufficiently severe or pervasive to rise to the level of being a violation of the law, the County nevertheless prohibits such conduct and may impose appropriate disciplinary action against any employee engaging in such.

E4.1.3 EQUAL EMPLOYMENT OPPORTUNITY OFFICER DESIGNATED

The primary responsibilities for ensuring fair employment practices for Elko County are promoted and adhered to are assigned to the County's designated Equal Employment Opportunity (EEO) Officer. The County's designated EEO Officer will also serve as the Americans with Disabilities (ADA) Coordinator, unless otherwise noted, and as such, also has responsibility for coordinating the County's compliance with federal and state disability laws. The EEO Officer shall be designated by the County Manager. The name and work telephone number of the designated individual will be posted on bulletin boards at County work sites. In the event the designated EEO Officer is unavailable, the County Manager is designated as the alternative EEO Officer.

E4.2 ANTI-HARASSMENT

E4.2.1 POLICY

Elko County promotes a productive work environment and does not tolerate verbal, physical, written or graphical conduct/behavior(s) that harasses, disrupts or interferes with another's work performance or that creates an intimidating, offensive or hostile environment based on that person's race, color, religion, age, gender, sexual orientation, pregnancy, national origin, ancestry, disability, veteran status, genetic information, gender identity or expression, political affiliation, or membership in the Nevada National Guard, or any other basis that is inappropriate or offensive.

E4.2.2 PROHIBITED CONDUCT/BEHAVIOR(S)

The County will not tolerate any form of harassment, including any conduct/behavior(s) on the part of employees, volunteers, clients, customers, vendors, contractors, etc., that impairs an employee's ability to perform his/her duties. Examples of prohibited conduct/behavior(s) include, but are not limited to:

1. Offensive verbal communication including slurs, jokes, epithets, derogatory comments, degrading or suggestive words or comments, unwanted sexual

- advances, invitations or sexually degrading or suggestive words or comments.
2. Offensive written communication including notes, letters, notices, emails, texts or any other offensive message sent by electronic means.
 3. Offensive gestures, expressions and graphics including leering, obscene hand or finger gestures, sexually explicit drawings, derogatory posters, photographs, cartoons, drawings or displaying sexually suggestive objects or pictures.
 4. Physical contact when the action is unwelcomed by recipient including brushing up against someone in an offensive manner, unwanted touching, impeding or blocking normal movement or interfering with work or movement.
 5. Expectations, requests, demands or pressure for sexual favors.

E4.3 DEALING W/ALLEGATIONS OF DISCRIMINATION AND/OR PROHIBITED CONDUCT/BEHAVIOR(S)

E4.3.1 PROCESS

Employees or applicants who believe they are being subjected to any form of prohibited conduct/behavior(s) as described in this policy by another (e.g., employee, client, customer, vendor, volunteer, contractor, etc.) based on their race, color, religion, age, gender, pregnancy, sexual orientation, national origin, ancestry, disability, veteran status, domestic partnership, genetic information, gender identity or political affiliation, as well as those who believe they have witnessed another employee, client or member of the public being subjected to prohibited conduct/behavior(s), have an affirmative duty to bring the situation to the attention of the County. Employees covered by a collective bargaining agreement may opt to use the process described in this policy or in an applicable grievance procedure delineated by their collective bargaining agreement, but may not use both.

E4.3.2 EMPLOYEE RESPONSIBILITIES

Employees who believe they personally are being or have been subjected to prohibited conduct/behavior(s) and/or are the target of any form of prohibited conduct/behavior(s), or have witnessed any other employee being subjected to these behaviors, should immediately:

1. Identify the offensive conduct/behavior(s) to the alleged harasser and request that the behavior cease.

Note: An employee is **NOT** required to talk directly to the alleged harasser or to the employee's supervisor. It is **critical**, however, that the employee contact one of the individuals listed in sections 2 or 3 below if he/she believes he/she is being targeted or has witnessed what the employee believes to be prohibited conduct/behaviors(s) directed to or committed by another

employee(s), client(s), customer(s), vendor(s), volunteers(s), contractor(s), etc.

2. If the employee feels uncomfortable in speaking directly to the alleged harasser or if the employee requested the prohibited conduct/behavior(s) to cease, but the request did not produce the results desired, the employee should report the conduct/behavior(s) as soon as possible to any supervisor/manager, Elko County's designated EEO Officer, or the Human Resources Representative.
3. Employees who believe the EEO Officer has engaged in prohibited conduct/behavior(s) should bring such concerns to the attention of the alternate EEO Officer or to County Manager. The County Manager will designate an objective person to conduct an investigation of such allegations. Employees may also report the conduct/behavior(s) to the Chief Deputy Civil Attorney.
4. An employee who witnesses or obtains information regarding prohibited conduct/behavior(s) by his/her immediate supervisor is required to report the incident to the EEO Officer or HR Representative.
5. Applicants who have concern regarding violations of this policy are encouraged to contact the designated EEO Officer or the alternate.

E4.3.3 SUPERVISOR/MANAGER RESPONSIBILITIES

Regardless of whether the employee involved is in the supervisor's or manager's department and regardless of how he/she became aware of the alleged prohibited conduct/behavior(s), all supervisors and managers must immediately report all allegations or complaints or observations of such conduct/behavior(s) to the EEO Officer, HR Representative, Department Head, or County Manager. The information reported must include:

- The person(s) involved, including all witnesses;
- A written record of specific conversations held with the accused and any witnesses; and
- All pertinent facts, including date(s), time(s), and location(s).
- Any complaint, including verbal complaints made to a member of the chain of command, must be acted upon.

A supervisor's or manager's failure to immediately report such activities, complaints or allegations will result in discipline, up to and including termination.

E4.3.4 INVESTIGATION

Upon being made aware of allegations or complaints of prohibited conduct/behavior(s), the County will ensure that such allegations or complaints are investigated promptly. The County treats all allegations or complaints

seriously and expects all employees to be candid and truthful during the investigation process.

The County will make efforts to ensure that all investigations are kept as confidential as reasonably possible. Employees will be strongly advised to refrain from discussing the subject content with others, particularly while the investigation is in progress. Employees may be required to provide information to regulatory agencies and/or the employee's union representative or attorney. The County will release information obtained only to those individuals involved in the investigation and the administration of the complaint with a business need-to-know, or as required by law.

The County will communicate to the individual who made the initial complaint, as well as the individual against whom the complaint was made, whether the allegations were substantiated or not.

If evidence arises that a participant in the investigation made intentionally false statements, that employee will be disciplined, up to and including possible termination.

If it is determined that a violation of this policy has occurred, the County will take remedial action against the violator commensurate with the severity of the offense. Such remedial action may include, but is not limited to, counseling, verbal warning, written reprimand, transfer, demotion, suspension without pay or termination. The County will also initiate action to deter any future prohibited conduct/behavior(s) from occurring.

With regard to disability-related complaints, the EEO Officer (when appropriate, working with the County Manager and/or the complainant) shall propose a resolution to the complaint based upon the findings of such investigation. Such resolution will include reasonable accommodation when the County determines that such a reasonable accommodation can be provided by the County.

E4.4 GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)

E4.4.1 POLICY

Employers with 15 or more employees must comply with the federal regulations associated with the Genetic Information Nondiscrimination Act (GINA). When requiring employees or applicants to see a health care provider for work-related medical exams, pre-employment physicals, ADA accommodations, fitness-for-duty exams, or similar work-related medical exams, the employer must state to the applicant, employee, AND the health care provider that no genetic information is sought by or to be relayed to the employer under Title II provisions of GINA.

E4.5 TRAINING

Department Heads will provide training every two (2) years to all employees on the prevention of discrimination and prohibited conduct/behavior(s) in the workplace. All new employees will be provided a copy of this policy upon hire and the contents will be

discussed during the new hire orientation process. New employees will participate in training on the prevention of discrimination and prohibited conduct/behavior(s) within thirty (30) days of hire. A copy of this policy will be made available to applicants upon request.

E4.6 PROHIBITION AGAINST RETALIATION

Retaliation is adverse treatment which occurs because of opposition to prohibited conduct/behavior(s) in the workplace. The County will not tolerate any retaliation by management or by any other employee against an employee who exercises his/her rights under this policy. Any employee who believes he/she has been harassed, retaliated or discriminated against in any manner whatsoever as a result of having filed a complaint, assisted another employee in filing a complaint or participated in an investigative process, should immediately notify the EEO Officer or the alternate. The County will promptly investigate and deal appropriately with any allegation of retaliation.

E4.7 EMPLOYEE DATING

E4.7.1 POLICY

The County recognizes that an environment where employees maintain clear boundaries between personal and workplace interactions is most effective for conducting business. This policy does not prevent the development of friendships or romantic relationships between employees. However, employees in supervisory/managerial positions are precluded from having a romantic relationship with any subordinate employee.

E4.7.2 EMPLOYEE RESPONSIBILITIES

1. Employees are prohibited from engaging in physical contact that would in any way be deemed inappropriate by a reasonable person while anywhere on County property, whether or not such physical contact occurs during work hours.
2. Violation of this policy could result in disciplinary action up to and including termination.

E4.7.3 SUPERVISOR/MANAGER RESPONSIBILITIES

1. Employees employed in supervisory/managerial positions are prohibited from engaging in a romantic relationship with a subordinate employee. Employees employed in supervisory/managerial positions need to be cognizant of their status as role models, their access to sensitive information and their ability to influence others.
2. Violation of this policy could result in disciplinary action, up to and including termination.

E4.8 EMPLOYEE BULLYING

E4.8.1 DEFINITION

The County defines bullying as repeated mistreatment of one or more persons by one or more perpetrators that takes one of the following forms:

1. Verbal abuse;
2. Offensive conduct/behaviors (including nonverbal, physical, and cyber bullying) which are threatening, humiliating, or intimidating), or
3. Work interferences, such as sabotage, which prevents work from getting done.

E4.8.2 PURPOSE

The purpose of this policy is to communicate to all employees, including supervisors and managers, that the County will not tolerate bullying behavior. Employees found in violation of this policy may be subject to disciplinary action.

E4.8.3 PROHIBITED CONDUCT

The County considers the following types of behavior examples of bullying (this list is not all-inclusive):

1. Verbal Bullying: Slandering, ridiculing or maligning an employee or his/her family; persistent name calling which is hurtful, insulting, or humiliating; yelling, screaming, and cursing; chronic teasing; belittling opinions or constant criticism.
2. Physical Bullying: Pushing, shoving, kicking, poking, tripping, assault or threat of physical assault, damage to an employee's work area or property.
3. Nonverbal Bullying: Nonverbal threatening gestures or glances which convey threatening messages; threatening actions; socially or physically excluding or disregarding a person in a work-related activity.
4. Cyber Bullying: Repeatedly tormenting, threatening, harassing, humiliating, embarrassing, or otherwise targeting an employee using email, instant messaging, text messaging, or any other type of digital technology.
5. Workplace Interference: Sabotaging which prevents work from getting done; deliberately tampering with a person's work area or property; assigning menial tasks outside of a person's normal job duties.

E4.8.4 DEALING WITH ALLEGATIONS OF BULLYING

1. Process

Employees or applicants who believe they are being bullied by another (e.g. employee, customer, vendor, contractor, etc.), as well as those who believe they have witnessed another employee, client or member of the public being

subjected to bullying behavior, have an affirmative duty to bring the situation to the attention of the County.

2. Supervisor/Manager Responsibilities:

A supervisor/manager is required to report this information to his/her EEO Officer, Department Head, or County Manager immediately.

3. Investigation:

Upon being made aware of allegations or complaints of bullying, the County will ensure that such allegations or complaints are investigated promptly.

The County will make efforts to ensure that all investigations are kept as confidential as reasonably possible. The County will release information obtained only to those individuals necessarily involved in the investigation and the administration of the complaint, or as required by law.

The individual who made the initial complaint, as well as the individual against whom the complaint was made, will be made aware of the final determination by the County Manager.

If it is determined that bullying has occurred, the County will take appropriate action.

E4.8.5 PROHIBITION AGAINST RETALIATION

The County will not tolerate any retaliation by management or by any other employee against an employee who exercises his/her rights under this policy. Any employee who believes he/she has been retaliated or discriminated against in any manner whatsoever as a result of having filed a complaint, assisted another employee in filing a complaint, or participated in an investigative process should immediately notify the EEO Officer or the alternate. The County will promptly investigate and deal appropriately with any allegation of retaliation.

E4.9 EMPLOYMENT DISABILITIES

E4.9.1 PURPOSE OF POLICY

The County commits to fair and equitable treatment of all employees and applicants, including those with disabilities. The County also recognizes that there are specific issues relating to individuals with disabilities that must be individually addressed. The County acknowledges its responsibility to ensure that individuals in the workplace can efficiently and safely perform the essential functions of their jobs without posing a direct threat to themselves and others.

E4.9.2 POLICY

It is the County's policy to comply proactively with the applicable employment provisions of disability laws, including the Americans with Disabilities Act (ADA), as amended. The County does not tolerate discrimination against any

qualified individual with a disability in regard to any terms, conditions, or privileges of employment and prohibits any type of harassment or discrimination based on the physical or mental disability, history of disability, or perceived disability of an individual holding or seeking employment with the County.

The County is committed to provide *reasonable* accommodation wherever the need for such is known to the County or whenever the employee or applicant indicates a need for *reasonable* accommodation, provided that the individual is otherwise qualified to perform the essential functions of the assigned job and the employee's performance of the assigned job duties does not pose an obvious threat to the safety of him/herself or others.

E4.9.3 DETERMINATION OF DISABILITY

In determining whether an employee or an applicant has a disability under the law, the employee/applicant must have a physical or mental impairment that substantially limits one or more life activities, have a record of such impairment or is regarded as having such impairment. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, concentrating, thinking, communicating, reading, sitting, reaching, interacting with others, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, special sense organs and skin, normal cell growth, digestive, bowel, bladder, neurological, brain, genitourinary, cardiovascular, hemic, lymphatic, musculoskeletal, respiratory, circulatory, endocrine and reproductive functions.

E4.9.4 DISABILITY-RELATED INJURIES

The County shall adhere to the provisions of applicable laws regarding the County's limitations on making disability-related inquiries or requiring medical examinations.

The County's restrictions regarding disability-related inquiries and medical examinations apply to **all** employees/applicants, whether or not they have disabilities. A disability-related question to an applicant may be a violation of law, even though the applicant may not have a disability.

The County may require the employee to provide a fitness-for-duty certification from an appropriate medical provider whenever the County has reason to believe the employee may be unable to perform the essential functions of his/her job or pose a direct threat to him/herself or to others. (Reference: Section 2.4. Genetic Information Nondiscrimination Act (GINA)).

E4.9.5 CONFIDENTIALITY OF MEDICAL RECORDS

The County shall treat any medical information or genetic information obtained from a disability-related inquiry or medical exam, as well as any medical information voluntarily disclosed by an employee, as a confidential medical

record. Confidential medical records also include medical information from voluntary health or wellness programs.

E4.9.6 ACCOMMODATION

1. Accommodation for Applicants:

Whenever an applicant requests accommodation in applying for testing or interviewing for a position with the County, the County's ADA Coordinator shall then determine whether the request for accommodation for a covered disability is reasonable or if another type of accommodation can be provided. In making the determination of reasonableness, the ADA Coordinator shall consider whether granting such requests might impose an undue hardship on the County.

2. Accommodation for Employees:

When the County has some objective reason to believe an employee may need some type of accommodation to perform his/her essential job functions, the County must initiate an interactive process with the employee to find out what accommodation the employee might need. Also, whenever an employee approaches his/her supervisor, the County's ADA Coordinator, or any other manager within the County requesting some type of accommodation, the County will initiate the interactive process. Whenever a manager or supervisor becomes aware that an employee has requested or may require some type of accommodation, the manager/supervisor should promptly notify the ADA Coordinator. Upon learning of the employee's request for accommodation, the ADA Coordinator shall arrange to meet with the supervisor and the employee to discuss his/her accommodation request, the need for any reasonable documentation of the disability and the associated functional limitations, and the impact of the proposed accommodation on the County. Review of an employee's particular situation by a medical review officer will assist the organization in determining appropriate accommodation

E4.9.7 REQUIREMENTS OF OTHER LAWS

The County may make disability-related inquiries and require medical exams that are required or necessitated by applicable laws or regulations; e.g., federal safety regulations, OSHA requirements, etc.

F1 FAMILY AND MEDICAL LEAVE ACT (Revised 6/2011)

F1.1 PURPOSE

To confirm a procedural outline and compliance statement of the Family and Medical Leave Act for Elko County.

F1.2 STATEMENT OF POLICY

Public employers are covered under the Family and Medical Leave Act (FMLA), and will comply with the requirements of the FMLA and advise employees if they meet all the FMLA eligibility requirements. The County must provide employees Form WHD-1420 (*reference: FMLA Form WHD-1420-Employee Rights and Responsibilities Under the Family and Medical Leave Act*) and are also required to post and keep posted this notice in a conspicuous place, even if no employees are eligible. Employers that have less than fifty (50) employees within seventy-five (75) surface miles are not required to provide FMLA leave.

F1.3 ELIGIBILITY

Employees who have been employed by Elko County for at least one (1) year and worked for the County at least one thousand two hundred fifty (1,250) hours during the preceding twelve (12) month period and are employed at a work site where fifty (50) or more employees work for the County within seventy-five (75) surface miles of that work site are eligible for FMLA leave. When the 1,250 hours are calculated, the hours an employee was on vacation or on leave, even if that vacation or leave was paid, do not count toward the one thousand two hundred fifty (1,250) hours worked. However, an employee who has a National Guard or Reserve military service obligation must be credited with the hours of service that would have been performed, but for the period of military service. The required one year of employment does not have to be consecutive. There may be a break in service as long as it does not exceed seven years. There is an exception to the seven-year condition for National Guard and Reservists and written agreements. All employees meeting the above qualifications qualify for FMLA, regardless of their seasonal, temporary, etc., status.

F1.4 COMPENSATION DURING LEAVE

FMLA leave will be unpaid leave unless the employee has accrued paid leave and is otherwise eligible to use the leave. If an employee requests leave for the employee's own serious health condition or for the serious health condition of the employee's spouse, child, or parent, the employee must use all of his/her accrued paid annual leave, sick leave, compensatory time leave, and personal time off as part of the FMLA leave. If leave is requested for any of the other reasons identified below, an employee must use all of his/her accrued paid annual leave, compensatory time leave, and personal time off as part of the FMLA leave. The remainder of the leave period will then consist of unpaid FMLA leave. Employees must be made aware that they are required to use sick, annual, compensatory time, and personal leave as appropriate, in the rights and responsibilities notice Form WH-1420 (*reference: FMLA Form WHD-1420-Employee Rights and Responsibilities Under the Family and Medical Leave Act*).

F1.5 INTERMITTENT OR REDUCED SCHEDULE LEAVE

When medically necessary (as distinguished from voluntary treatments and procedures), leave may be taken on an intermittent or reduced schedule basis. Leave for bonding with a healthy newborn or placement of a healthy child for adoption or foster care *is not considered medically necessary and, therefore, may not be taken on a reduced schedule or intermittent basis unless agreed to by the County.* Employees needing intermittent leave or reduced schedule leave must attempt to schedule their leave so as not to disrupt County operations. The County may require an employee on intermittent leave or reduced schedule leave to temporarily transfer to an available alternative position for which the employee is qualified if the position has equivalent pay and benefits and better accommodates the employee's intermittent or reduced schedule leave. Intermittent leave and reduced schedule leave reduces the 12-week entitlement only by the actual time used. An employee who has been transferred under this section has reinstatement rights to his/her former position until the end of the 12-month FMLA leave year.

F1.6 DURATION OF AND REASONS FOR LEAVE

Any eligible employee, as defined above, may be granted a total of twelve (12) weeks of unpaid FMLA leave, which will run concurrent with paid leave, during a 12-month period. This period is measured backward from the date an employee uses any FMLA leave and calculated on a calendar year basis (January to December). A "week" is defined as a calendar week, regardless of the number of days the employee normally works. Twelve (12) calendar weeks does not entitle a part-time employee working three (3) days a week to sixty (60) leave days, but rather twelve (12) weeks. FMLA may be granted for the following reasons:

1. The birth of the employee's child and in order to care for the newborn child;
2. The placement of a child with the employee for adoption or foster care;
3. To care for the employee's spouse, child, or parent who has a serious health condition;
4. An employee's serious health condition that prevents the employee from performing the functions of his/her job. Serious health conditions may include conditions resulting from job-related injuries and/or illnesses; or
5. Due to a qualifying exigency arising when an employee's spouse, son, daughter, or parent is a military member on covered active duty or has been notified of an impending call to covered active duty.

Exigency leave may be taken for:

- Short-term notice deployment
- Military events and activities
- Childcare and school activities
- Financial and legal arrangements
- Counseling

- Rest and recuperation
- Post-deployment activities
- Additional activities arising out of active duty that the County and employee agree upon.

Covered Active Duty means:

- In the case of a member of a regular component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country; and
- In the case of a member of a reserve component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country under a call or order to active duty.

A serious health condition is an illness, injury, impairment, or physical or mental condition of incapacity or treatment that involves:

- Inpatient care (overnight stay) in a hospital, hospice, or residential medical care facility.
- Continuing treatment by (or under the supervision of) a health care provider for a period of incapacity of more than three (3) consecutive full calendar days, combined with at least two (2) visits to a health care provider within thirty (30) days of the first day of incapacity or one (1) visit to a health care provider requiring a regimen of continuing treatment, i.e., prescription medication.

Unpaid FMLA leave will run concurrently with paid vacation, sick, compensatory time, and/or personal leave. Unpaid FMLA leave may also run concurrently with workers' compensation leave or other benefits.

The entitlement to FMLA leave for the birth or placement of a child for adoption or foster care will expire twelve (12) months from the date of the birth or placement. If both an employee and his/her spouse are employed by the County, their combined time off may not exceed twelve (12) weeks during any 12-month period for the birth, adoption, foster care, or care of a parent with a serious health condition. Each spouse is, however, eligible for the full twelve (12) weeks within a 12-month period to care for a son, daughter, or spouse with a serious health condition.

Employees may not take more than a combined total of twelve (12) weeks for all FMLA qualifying reasons listed above.

F1.7 MILITARY CAREGIVER LEAVE

An eligible employee, as defined above, may be granted a total of 26 weeks of unpaid FMLA leave (which will run concurrent with paid leave) during a 12-month period to provide caregiver leave for a seriously ill or injured covered service member or veteran who is the employee's spouse, son, daughter, parent, or nearest blood relative. The covered service member must be a member of the Armed Forces who suffered an injury or illness while in the line of duty, on active duty, that rendered the person medically unfit to perform his/her duties; or in the case of a veteran, the illness or injury manifests itself before or after he/she became a veteran. This period is measured forward from the

date an employee takes FMLA leave to care for the covered service member or veteran and ends twelve (12) months after that date.

Employees cannot take more than a combined total of twenty-six (26) weeks for military caregiver leave or because of other FMLA qualifying reasons. A husband and wife both working for the same employer are limited to a combined total of twenty-six (26) weeks of FMLA military caregiver leave.

Covered service member means:

- A member of the Armed Forces (including a member of the National Guard or Reserves) who is undergoing medical treatment, recuperation, or therapy, is in outpatient status, or is on the temporary disability retired list, for a serious illness or injury; or
- A veteran who is undergoing medical treatment, recuperation, or therapy, for a serious illness or injury and who was a member of the Armed Forces (including National Guard or Reserves) at any time during the period of five (5) years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

F1.8 NOTICE OF LEAVE

An employee intending to take FMLA leave because of an expected birth or placement, a planned medical treatment or medical care, or qualifying exigency, must submit an application for such leave at least thirty (30) days before the leave is to begin. If a requested leave will begin in less than thirty (30) days, the employee must give notice to his/her immediate supervisor as soon as the necessity for the leave is known. Reasonable advance notice is required for all leaves, even if the event necessitating the leave is not foreseeable. If an employee gives less than thirty (30) days notice, the County will require an explanation.

Within five (5) days (barring extenuating circumstances) of receiving notice that 1) an employee requests to use FMLA leave, or 2) an employee requests leave and the County acquires knowledge that the leave may be FMLA-qualifying, Human Resources will complete Form WH-381 (*reference: FMLA Form WH-381-Notice of Eligibility and Rights and Responsibilities*). Completion of this form will designate if an employee is eligible for FMLA or if an employee is not eligible, the reason(s) why they are not eligible. The form will designate if the employee is required to obtain certification related to medical conditions and/or required family relationships. Human Resources may require the use of FMLA leave for any absence which would otherwise qualify as FMLA leave, even if no formal application for such leave was made by the employee, provided notice is given to the employee.

F1.9 MEDICAL CERTIFICATION OF LEAVE

Employees requesting FMLA leave for qualifying exigency are required to complete Form WH-384 (*reference: FMLA Form WH-384-Certification of Qualifying Exigency for Military Family Leave*) and provide a copy of the military member's active duty orders.

Employees requesting FMLA leave for military caregiver leave are required to complete Form WH-385 (*reference: FMLA Form WH-385-Certification of Serious Injury or Illness*

of Covered Service member for Military Family Leave) within fifteen (15) calendar days, barring extenuating circumstances.

A request for leave based on the serious health condition of the employee or the employee's spouse, child, or parent must be supported by completion of Form WH-380-E (reference: FMLA Form WH-380-E-Certification of Health Care Provider for Employee's Serious Health Condition) or Form WH-380-F (reference: FMLA Form WH-380-F-Certification of Health Care Provider for Family Member's Serious Health Condition) completed by the treating health care provider. The certification must state the date on which the health condition commenced, the probable duration of the condition, and the medical facts regarding the condition.

If the employee is needed to care for a spouse, child, or parent, the certification must so state, along with an estimate of the amount of time the employee will need. If the employee has a serious health condition, the certification must state that the employee cannot perform all the functions of his/her job or any one of the essential functions of his/her job. Attached will be the employee's current job description to Form 380-E (reference: FMLA Form WH-380-E-Certification of Health Care Provider for Employee's Serious Health Condition) when it is sent to the employee's health care provider.) The Certification of Health Care Provider form must be completed and returned by the employee within fifteen (15) calendar days, barring extenuating circumstances, to Human Resources.

Human Resources may contact the employee's health care provider for the purpose of clarification or authentication after giving the employee an opportunity to clarify specific discrepancies. Only the Director of Human Resources may contact the health care provider.

If Human Resources questions the validity of the certification, the County may require, at its expense, the employee obtain a second opinion from a health care provider designated by Elko County. If the second opinion conflicts with the original opinion, the County may require, at its expense, the employee obtain the opinion of a third health care provider designated or approved jointly by the County and the employee. This third opinion will be considered final and binding on both parties.

In instances where diagnoses from medical providers appear to be indefinite or long-term, Human Resources may require the employee to recertify the original medical condition still exists. Such requests can be made no more frequently than once every six (6) months unless the circumstances reported in the original certification have changed significantly or the County receives information casting doubt upon the stated reason for the absence.

In situations in which the minimum duration of leave anticipated by the original certification is more than thirty (30) days, Human Resources may request recertification if the employee requests an extension of leave, the circumstances described by the original certification have changed significantly, or Human Resources receives information casting doubt upon the continuing validity of the certification.

Human Resources may require the employee to provide new medical certification, not recertification, for his/her first FMLA-related absence in a new twelve (12) month leave year.

Any employee on FMLA leave must notify Human Resources periodically of his/her status and intention to return to work. The supervisors have the authority to determine how often the employee must provide this notification.

Any genetic information obtained from certification or recertification must be maintained in a confidential manner by the Human Resources Department.

An employee may not accept other employment during an FMLA absence if the job conflicts with the reason the employee is on FMLA leave; i.e., an employee is on FMLA leave due to a back injury and accepts a job requiring heavy lifting.

F1.10 DESIGNATION NOTICE

Within five (5) business days (barring extenuating circumstances) of receipt of all required information, Human Resources will make a determination if employee's request for leave is for an FMLA-qualifying reason. Human Resources will complete Form WH-382 (*reference: FMLA Form WH-382-Designation Notice*) indicating if leave is approved or not.

If Human Resources cannot make a determination from the information provided, they will use this form to:

Indicate the information presented is incomplete or insufficient and provide the employee seven (7) calendar days to provide complete information.

Provide notice to an employee if a second or third medical certification is required.

Human Resources may also use this form to designate a fitness-for-duty certificate which will be required prior to returning to work.

F1.11 BENEFIT COVERAGE DURING LEAVE

During a period of FMLA leave, an employee will be retained on the County's health plan under the same conditions that would apply if the employee was not on FMLA leave. To continue health coverage, the employee must continue to make any contributions that he/she would otherwise be required to make. Failure of the employee to pay his/her share of the health insurance premium may result in loss of coverage.

If the employee fails to return to work after the expiration of the FMLA leave, the employee may be required to reimburse the County for payment of health insurance premiums during the leave, unless the reason the employee cannot return is due to circumstances beyond the employee's control. The definition of "beyond the employee's control" includes a very large variety of situations such as: the employee being subject to layoff, continuation, recurrence, or the onset of an FMLA-qualifying event; or the spouse's unexpected worksite relocation of more than seventy-five (75) surface miles from the current worksite.

An employee is not entitled to the accrual of any seniority or employment benefits during any unpaid leave. An employee who takes FMLA leave will not lose any seniority or

employment benefits that accrued before the date the leave began and will be entitled to any cost of living increase granted to all employees during the FMLA leave period.

F1.12 RESTORATION TO EMPLOYMENT

Upon returning to work, an employee on FMLA leave will be restored to his/her most recent position or to a position with equivalent pay, benefits, and other terms and conditions of employment. The County cannot guarantee that an employee will be returned to his/her original job. The County will determine whether a position is an "equivalent position".

F1.13 RETURN FROM LEAVE

If an employee wishes to return to work prior to the expiration of a FMLA leave absence, he/she must notify the supervisor at least five (5) working days prior to the employee's planned return. Employees may be required to provide a fitness-for-duty certification prior to returning to work if the FMLA leave of absence was due to the employee's own serious health condition.

F1.14 FAILURE TO RETURN FROM LEAVE

Failure of an employee to return to work upon the expiration of an FMLA leave of absence will subject the employee to disciplinary action, up to and including termination, unless the County has granted an extension. An employee who requests an extension of FMLA leave due to the continuation of a qualifying exigency, care for service member, continuation, recurrence, or onset of his/her own serious health condition, or of the serious health condition of the employee's spouse, child, or parent, must submit a request for an extension, in writing, to Human Resources and their immediate supervisor. This written request should be made as soon as the employee realizes that he/she will not be able to return at the expiration of the leave period. Any additional time requested beyond the FMLA 12 or 26-week period will not be considered as FMLA. Rather, such time, if approved by the County, will be characterized as either paid or unpaid leave, thereby ending the County's return-to-duty obligations. Nothing in this policy limits the County's obligation of reasonable accommodation under the Americans with Disabilities Act, as amended.

*******See Section "X1 VARIOUS FORMS" for*******

- **Application for Family Medical Leave Act – Page E,F**
- **Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act) – Page G,H,I,J**
- **Certification of Health Care Provider for Family Member's Serious Health Condition (Family and Medical Leave Act) – Page K,L,M,N**
- **Employee Rights and Responsibilities– Page O**
- **Certification for Serious Injury or Illness of Covered Servicemember For Military Family Leave (Family and Medical Leave Act– Page P,Q,R,S**
- **Certification of Qualifying Exigency for Military Family Leave (Family and Medical Leave Act) – Page T,U,V**
- **Notice of Intent to Return from FMLA Leave – Page W**

H1 HOURS OF WORK

H1.1 PURPOSE

To establish a policy setting uniform hours of work for employees.

H1.2 STATEMENT OF POLICY

Except as otherwise provided by labor agreement, the normal working hours for non-salaried employees are determined by the appropriate department heads, in consideration of the following factors.

1. Budgetary constraints.
2. Continuity in service to the citizenry.
3. Accessibility by the citizenry.
4. Facilitation of teamwork.
5. Facilitation of supervisory assistance.
6. Applicable statutory requirements.

Employees are expected to be at their work location and ready to begin work at the beginning of their work schedule.

Employees shall receive a rest period of not less than fifteen (15) minutes, on the County's time, for each four (4) hour work period.

All rest breaks and lunch breaks shall be arranged by the employee at the discretion of his/her supervisor.

Occasions may arise when the service to the citizen can be improved through the adjustment of an employee's work hours. The department head shall obtain approval of the County Manager for the adjustment in work hours, except for the lunch period.

Individual requests for adjustment of working hours for personal reasons must be evaluated in light of the criteria enumerated in items 1-6 above.

Advance notice of anticipated tardiness is expected; notice of unavoidable tardiness is expected when possible. Failure to do so will be construed as an unexcused absence and the time missed will not be paid. Tardiness must be made up during the pay period in which it occurs.

Notification by another employee, friend or relative is not acceptable except in an emergency situation where the employee is unable to make the notification.

Daily attendance records will be maintained by each department, including date, time absent and reason for absence. Attendance shall be a consideration in determining promotions, transfers, satisfactory completion of probationary periods and continued employment with the County. Tardiness or other attendance irregularities shall be cause for disciplinary action.

II ELKO COUNTY INTERNET USAGE POLICY

II.1 PURPOSE

The use of the Internet is a privilege to enhance the ability of the user, increase productivity and provide opportunities for the professional growth of Elko County personnel.

II.2 STATEMENT OF POLICY

Internet Use

- All Internet users are expected to exercise good judgment while using the Internet. All users are responsible and accountable for their actions while using the Internet.
- Be respectful and responsive with whom you are communicating.
- Do not share your password with anyone.
- The Internet is for County business only. Do not waste County time by surfing on the Internet.
- Users may be monitored to ensure proper use of the Internet.
- Account owners are responsible for learning proper techniques and standards for participation. Particular concerns include issues of privacy, copyright infringement, e-mail etiquette and computer viruses.
- E-mail messages and other transfer of information via the Internet are presently not secure. If you need to send confidential communications, do not use the Internet. Do not use the Internet to transfer sensitive information such as credit card information.
- Check your e-mail daily and delete it once you read it.
- Any charges incurred must be for County business only. The County will be reimbursed for any personal charges and the user may lose all Internet privileges.

I2 INFORMATION TECHNOLOGY

I2.1 POLICY

The County requires employees to use information technology (computer systems, telecommunication and other devices, and electronic information/communication) responsibly and in a manner which is not detrimental to the mission and purpose of Elko County. To maintain a level of professionalism, any publication through any means (electronic or otherwise) utilizing County owned technology, which is potentially adverse to the operation, morale, or efficiency of the County, will be deemed a violation of this policy.

I2.2 PRIVACY

Employees should not expect privacy with respect to any of their activities when using the County's computers and/or electronic and telecommunication property, systems, or services. Use of passwords or account numbers by employees does not create a reasonable expectation of privacy and confidentiality of information being maintained or transmitted. The County reserves the right to review, retrieve, read, and disclose any files, messages, or communications that are created, sent, received, or stored on the County's computer systems and/or equipment. The County's right to review, also called monitoring, is for the purpose of ensuring the security and protection of business records, preventing unlawful and/or inappropriate conduct, and creating and maintaining a productive work environment.

I2.3 USE

1. The computers, associated hardware and software, including, but not limited to, electronic mail (email or instant messaging "IM") and access to on-line services, as well as voice mail, pagers, smart phones (e.g., BlackBerry, I-phones) and faxes, belong to Elko County and, as such, are provided for business use. Very limited or incidental use by employees for personal, non-business purposes is acceptable as long as it is:
 - a. Conducted on personal time (i.e., during designated breaks or meal periods);
 - b. Does not consume system resources or storage capacity;
 - c. Does not involve any prohibited uses; or
 - d. Does not reference Elko County or themselves as an employee without prior approval. This includes, but is not limited to:
 - i. Text which identifies Elko County.
 - ii. Photos which display County logos, patches, badges, or other identifying symbols of Elko County.
 - iii. Information of events which occurs involving Elko County without prior approval.

- iv. Any other material, text, audio, video, photograph, or image which would identify the County.
2. Employees loading, importing, or downloading files from sources outside the County's system, including files from the Internet, World Wide Web, social media sites, and any computer disk, must ensure the files and disks are scanned with the County's current virus detection software before installation and execution. Compliance to copyright or trademark laws prior to downloading files or software must be adhered to explicitly.
3. Employees may use information technology, including the Internet, World Wide Web, and social media sites during work hours on job-related matters to gather and disseminate information, maintain their currency in a field of knowledge, participate in professional associations, and communicate with colleagues in other organizations regarding business issues.
4. An employee's use of the County's computer systems, telecommunication equipment and systems, and other devices or the employee's use of personally-owned electronic devices to gain access to County files or other work-related materials maintained by the County constitutes the employee's acceptance of this policy and its requirements.

I2.4 PROHIBITED USE

Prohibited use includes, but is not limited to, the following:

1. Sending, receiving, or storing messages or images that a "reasonable person" would consider to be offensive, disruptive, harassing, threatening, derogatory, defamatory, pornographic, indicative of illegal activity, or any that contain belittling comments, slurs, or images based on race, color, religion, gender, sexual orientation, ancestry, disability, veteran status, domestic partnership, genetic information, gender identity or expression or political affiliation.
2. Sending, receiving, or storing chain letters.
3. Subscriptions to newsletters, advertising, "clubs," or other periodic email which is not necessary for the performance of the employee's assigned duties.
4. Sending, receiving, or storing solicitations on behalf of any club, society, philanthropic or similar organization.
5. Engaging in political activities including, but not limited to, solicitation or fund raising.
6. Engaging in religious activities including, but not limited to, proselytizing or soliciting contributions.
7. Conducting outside employment in any manner.
8. Engaging in illegal, fraudulent, defamatory, or malicious conduct.
9. Writing or participating in blogs that injure, disparage, and/or defame the County, members of the public, and/or its employees' reputations by name or implication utilizing County owned technology.

10. Downloading, uploading, or otherwise transmitting without authorization:
 - a. Confidential or proprietary information or material
 - b. Copyrighted material
 - c. Illegal information or material
 - d. Sexually explicit material
11. Obtaining unauthorized access to other systems.
12. Using another person's password or account number without explicit authorization by the County.
13. Improperly accessing, reading, copying, misappropriating, altering, misusing, or intentionally destroying the information/files of the County and other users.
14. Loading unauthorized software or software not purchased or licensed by the County.
15. Breaching or attempting to breach any security systems or otherwise maliciously tampering with any of the County's electronic systems including, but not limited to, introducing viruses.
16. Using County information technology for personal, non-business purposes in other than a very limited or incidental way.

12.5 SOCIAL NETWORKING POLICY

12.5.1 POLICY

The County takes no position on an employee's decision to start or maintain a blog or participate in other social networking activities. However, it is the right and duty of the County to protect itself and its employees from unauthorized disclosure of information. The County's social networking policy includes rules, guidelines, and best practices for County-authorized social networking and personal social networking. This policy applies to all board members, management, and employees.

12.5.2 GENERAL PROVISIONS

Blogging or other forms of social media or technology include, but are not limited, to video or wiki posting, sites such as Facebook and Twitter, chat rooms, personal blogs, or other similar forms of online journals, diaries, or personal newsletters not affiliated with the employer.

Unless specifically instructed, employees are not authorized and, therefore, restricted to speak on behalf of the employer. Employees are expected to protect the privacy of the employer and its employees. Employees are prohibited from disclosing personal employee and non-employee information and any other proprietary and non-public information to which employees have access.

12.5.3 EMPLOYER MONITORING

Employees are cautioned that they should have no expectation of privacy while using the Internet, County equipment or facilities for any purpose, including authorized blogging. Employee's posting can be viewed by anyone, including the County. The County reserves the right to monitor comments or discussions about the County or its employees posted on the Internet by anyone, including employees and non-employees. The County may use search tools and software to monitor forums such as blogs and other types of personal journals, diaries, personal and business discussion forums, and social networking sites.

The County reserves the right to use content management tools to monitor, review, or block content on County blogs that violate the County's blogging rules, guidelines, and best practices.

12.5.4 REPORTING VIOLATIONS

The County requests and strongly urges employees to report any violations or possible or perceived violations to their immediate supervisor, manager, human resources, or Director of IT. Violations include discussions of the County and its employees, discussion of proprietary and non-public information, and any unlawful activity related to blogging or social networking.

12.5.6 DISCIPLINE FOR VIOLATIONS

The County will investigate and respond to all reports of violations of the social networking policy and other related policies. Violation of the County's social networking policy will result in disciplinary action up to and including termination. Discipline will be determined based on the nature and factors of any blog or social networking post. The County reserves the right to take legal action where necessary against employees who engage in prohibited or unlawful conduct.

12.5.7 AUTHORIZED SOCIAL NETWORKING

The goal of authorized social networking and blogging is to become a part of the industry conversation and promote web-based sharing of ideas and exchange of information. Authorized social networking and blogging is used to convey information about County operations and services; promote and raise awareness of the County culture; search for potential new equipment and training tools; communicate with other employees, customers, and interested parties; issue or respond to breaking news or negative publicity; and discuss business-specific activities and events.

When social networking, blogging, or using other forms of web-based forums, the County must ensure that use of these communication paths maintain integrity and reputation while minimizing actual or potential legal risks, whether used inside or outside the workplace.

12.5.8 RULES AND GUIDELINES

The following rules and guidelines apply to social networking and blogging when authorized by the Elko County. The rules and guidelines apply to all County-related blogs and social networking entries, including County subsidiaries or affiliates.

Only authorized employees can prepare and modify content for the County's blog and/or the social networking entries located on any County-related website. Content must be relevant, add value, and meet at least one of the specified goals or purposes developed by the County. If uncertain about any information, material, or conversation, employee will contact immediate supervisor, manager, human resources, or the County Manager to discuss the content.

All employees must identify themselves as employees of the County when posting comments or responses on the County's blog and/or social networking site.

Any copyrighted information where written reprint information has not been obtained in advance cannot be posted on the County's blog.

All employees are responsible for ensuring all blogging and social networking information complies with the County's written policies. Management is authorized to remove any content that does not meet the rules and guidelines of this policy or that may be illegal or offensive. Removal of such content will be done without permission of the blogger or advance warning.

The County expects all guest bloggers to abide by all rules and guidelines of this policy. The County reserves the right to remove, without advance notice or permission, all guest bloggers' content considered inaccurate or offensive. The County also reserves the right to take legal action against employees and guests who engage in prohibited or unlawful conduct.

12.5.9 PERSONAL BLOGS AND SOCIAL NETWORKING SITES

The County respects the right of employees to write blogs and use social networking sites and does not want to discourage employees from self-publishing and self-expression. However, employees are expected to follow the rules and guidelines as set forth in this policy to provide a clear line between the employee as the individual and/or as an employee of Elko County.

The County respects the right of employees to use blogs and social networking sites as a medium of self-expression and public conversation and does not discriminate against employees who use these media for personal interests and affiliations or other lawful purposes.

Bloggers and commenter's are personally responsible for their commentary on blogs and social networking sites. Bloggers and commenter's can be held personally liable for commentary that is considered defamatory, obscene, proprietary, or libelous by any offended party; not just Elko County.

Employees cannot use County equipment, including computers, licensed software or other electronic equipment, nor facilities or on-duty time to conduct personal blogging or social networking activities.

Employees cannot use blogs or social networking sites to harass, threaten, discriminate, or disparage against employees or anyone associated with or doing business with Elko County.

If employee chooses to identify him/herself as a County employee, please note that some readers may view him/her as a spokesperson for the County. Because of this possibility, employee is required to state that his/her views expressed in the blog and/or social networking area is employee's own and not those of the County or of any person or organization affiliated or doing business with the County.

Employees cannot post on personal blogs or other sites the name, trademark, or logo of Elko County or any business with a connection to the County. Employees cannot post County-privileged or confidential information.

Employees cannot post on personal blogs or social networking sites photographs of other employees, clients, vendors, suppliers, patients, nor can employees post photographs of persons engaged in County business without prior authorization by immediate supervisor, manager, human resources, or the County Manager.

Employees cannot post on personal blogs or social networking sites any advertisements or photographs of County products, nor use the County in advertisements.

Employees cannot link from a personal blog or social networking site to the County's internal or external websites.

If contacted by the media, press, or any other public news source about employees' post that relates to County business, employees are required to obtain written approval from the immediate supervisor, manager, human resources, or the County Manager prior to responding, explaining the details of the request and who requested the information.

I3 INCLEMENT WEATHER (Snow, Rain, etc.)

Any non-exempt employee who is unable to report to work due to hazardous road conditions caused by ice, snow, floodwaters, washouts, or slides shall not receive regular salary.

Employees are advised to use their best judgment in making a decision of whether or not to report to work under such conditions. Should an employee decide to remain at his/her residence, all reasonable attempts should be made to contact his/her immediate supervisor.

Any employee wishing to receive payment for time missed due to hazardous road conditions may do so by using either accrued annual leave or compensatory leave time.

Any non-exempt employee who reports to work late due to hazardous road conditions will be compensated only for the actual hours worked. In the event the employee wishes to receive a full day's pay, use of annual leave or compensatory leave time to complete the normal work period is appropriate.

L1 REGULAR APPROVED LEAVE (UNPAID)

L1.1 PURPOSE

To establish guidelines for the process of requesting unpaid time off and to define an unpaid leave of absence policy.

L1.2 STATEMENT OF POLICY

Regular approved leave of absence (unpaid) may be granted at the discretion of the County Manager for a period of up to thirty (30) days. Leave without pay may be granted of thirty (30) days or more by the Board of County Commissioners. The criterion for this type of leave is as follows:

- The employee must have at least one (1) year of service.
- The requester has not exhibited work performance problems such as excessive absence or tardiness within the last year of employment.
- The personal situation demands the absence of the employee.
- The absence of the employee will not cause a serious hardship to their department such as critical under staffing during high peak production time.
- The employee must submit their request in writing to their immediate department head. The County Manager will be responsible for reviewing and approving these requests with input from the Human Resources Director and department head.

For a personal unpaid Leave of Absence, you will be expected to make monthly insurance or other types of pre-arranged payroll deduction payments directly to the Payroll Department. All insurance premiums are paid by the employee. These payments will be due by the first of each month. If the first of the month is a Saturday, Sunday or holiday, payments are due by the next working day.

If payment is not received by the first of the month, insurance coverage's will automatically end and will not be reinstated until you return to work.

Your payroll technician will provide you with a "Leave of Absence" Continuation of Coverage form to be completed before your leave commences.

*******See Section "X1 VARIOUS FORMS" Page X-Y*******
Leave of Absence – Continuation of Coverage/Payroll Deductions

L2 COURT LEAVE

L2.1 POLICY

L2.1.1 WHEN GRANTED

The County will grant court leave in accordance with County Ordinance ECC 1-7-8 to allow employees to serve as juror or a witness in a court proceeding provided that neither employee nor the employee's collective bargaining representative is a party to the action. Employees shall provide their supervisors with relevant documents verifying the need for court leave as soon as the need becomes known.

L2.1.2 COMPENSATION

Subject to the following conditions, eligible employees shall receive their regular base rate of pay for those hours spent in court and traveling to and from court when such time occurs during employee's regular scheduled work days and hours of work. Non-regular employees will be granted time off without pay. Law enforcement personnel appearing in court as part of their duties are not affected by this policy.

1. The employee's regular rate of pay shall be limited to compensation for court and travel time which occurs during the employee's regularly scheduled hours of work. Court leave will not result in payment of overtime or be considered as hours worked for purposes of determining eligibility for overtime, unless the court leave is related to the employee's job responsibilities.
2. Upon completion of jury/court/witness service for which the employee received his/her regular pay, the employee will immediately forward any compensation received from the court or other party to the County upon receipt. Reimbursements received for out-of-pocket expenses such as meals, mileage, and lodging may be kept by employees, unless the County has reimbursed the employee for such expenses or such expenses were paid by the County.
3. An employee shall not receive pay for the work time missed if he/she is required to miss work because of court appearances in a matter to which the employee is a party or to serve as a witness for a party who has filed an action against the County. However, the employee may choose to use his/her annual leave.

L2.1.3 LATE STATE/EARLY RELEASE

An employee who is not required to report to court until the middle of his/her scheduled work day or who is released from court/jury duty before the end of his/her scheduled work day shall report to work for the hours which are not required for court duty or for related travel time.

L3 MILITARY LEAVE

L3.1 POLICY

Employees who are members of the uniformed services are entitled to military leave and to re-employment rights as provided in 38 USC sections 2021-2024, and 4302 et.seq. and the relevant sections of the Nevada Revised Statutes.. The uniformed services covered include the Army, Navy, Marines, Air Force, Coast Guard, Public Health Service Commissioner Corps, the reserve components of these services, and any other category dispatched by the President in time of war or national emergency. The Army National Guard and Air National Guard are also covered.

L3.2 NOTICE AND NOTIFICATION

1. The County must provide employees with notice of their rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA). This requirement may be met by posting the notice where the County customarily places notices for employees.
2. The County may require written (orders) or verbal notice of service obligation, but must waive the requirement if notice is impossible or unreasonable.

L3.3 SALARY AND BENEFITS

1. Leave Without Pay
 - a. The County will treat the employee the same as any other employee on leave without pay.
 - b. The employee is entitled to fifteen (15) working days of leave with pay in one calendar year (NRS 281.145).
 - c. The County is not required to pay the employee's salary after fifteen (15) working days.
 - d. The employee may choose to use annual leave and compensatory time, if any, before going on leave without pay.

2. Health Insurance

There is no impact to the employee's insurance coverage, including life insurance inclusive of the health insurance package. The County and employee premium payments or obligations, if any, remain unchanged for thirty (30) days. Employee may then continue coverage similar to that required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) for either twenty-four (24) months or through the day after the date on which the employee fails to apply for reemployment in a timely manner; whichever is lesser (see *Reemployment, Section 6.8.4.* below). The County must reinstate coverage upon the employee's prompt reemployment without the imposition of exclusions or waiting periods. An employee who takes up to ninety (90) days after leaving the military before commencing his/her reemployment may stay on the military health insurance; however, it is the employee's responsibility to verify the continuation, scope, and duration of coverage.

3. Seniority

An employee is entitled to the seniority (and rights and benefits governed by seniority) he/she had accrued at the commencement of military leave, plus any additional seniority rights and benefits that he/she would have attained if he/she had remained continuously employed (the “escalator principle”). However, if a probationary period is a bona fide period of observation and evaluation, the returning employee must complete the remaining probationary period upon reemployment. The County must count time served for the purpose of determining annual and sick leave accrual rates, if the accrual amount is based on seniority. Additionally, the County must count time in the military when determining the employee’s rate of pay if the rate is based on seniority (e.g., a grade-and-step pay system). The County is not required to accumulate annual or sick leave for an employee during his/her absence. The “escalator principle” will be applied to a returning employee’s opportunities to take promotional examinations or skills tests and to merit pay increases.

4. Retirement

Time served will be counted as work time for purposes of retirement. The County must make contribution payments to the retirement plan as if the employee had not left, provided the employee returns to work. The County contribution will be based on the rate of pay the employee would have been paid had he/she not been called to military service (e.g., a grade-and-step pay system). An exception to this requirement is when the higher pay is based on additional knowledge, skill, or ability that can only be gained by work experience.

5. Death or Disability

If an employee does not return to work due to death or disability, the survivor or disability benefit is treated as if the employee had been working until the date of the death or disability. The County must make the retirement contribution up to the date of the death or disability.

6. Other Leave

The County must count time served in the military when calculating the employee’s Family Medical Leave Act eligibility.

L3.4 REEMPLOYMENT

1. An employee has certain report-to-work obligations following military service. Eligible returning service members must be promptly reemployed, which in most cases means within two weeks of reporting. The employee’s report-to-work obligations are:
 - a. Service of one (1) to thirty (30) days: The beginning of the next regularly-scheduled work period on the first full day following completion of service, and expiration of an eight-hour rest period following safe transportation home.

- b. Service of thirty-one (31) to one hundred eighty (180) days: Application for reinstatement must be submitted not later than fourteen (14) days after completion of military duty.
 - c. Service of one hundred eighty-one (181) or more days: Application for reinstatement must be submitted not later than ninety (90) days after completion of military duty.
- 2. The deadline for reinstatement may be extended for up to two (2) years for persons who are convalescing due to a disability incurred or aggravated during military service, and the County must make reasonable accommodations for the impairment.
 - 3. Reemployment rights apply to veterans whose cumulative period of uniformed service does not exceed five (5) years while employed by the same employer. Time spent in National Guard and reservist training does not count towards the five (5) year period.

L3.5 DISCHARGE

If time served is greater than thirty (30) days, but less than one hundred eighty-one (181) days, an employee may not be discharged within one hundred eighty (180) days of reemployment, except for just cause. If time served is greater than one hundred eighty (180) days, an employee may not be discharged for one year, except for just cause.

L4 LEAVE FOR NURSING MOTHERS

L4.1 POLICY

As required by federal law, the County will provide unpaid reasonable breaks each time an employee needs to express breast milk for her nursing infant who is up to one-year old. Employees may elect to use their paid break times for this purpose. The County will furnish a private space, other than a bathroom, for that activity. The space will be shielded from view and free from interruption. Satellite offices with less than 50 employees may be exempt if they can demonstrate requirements would impose an undue hardship by causing significant difficulty or expense.

L5 LEAVE FOR PARENTS OF CHILDREN ENROLLED IN SCHOOL

L5.1 POLICY

As per AB 243, employers with fifty (50) or more employees employed for twenty (20) or more calendar weeks per year, those employees who are parents of children enrolled in public or private school (K-12) are entitled to four (4) hours of unpaid leave, per school year, for each child enrolled in school. The employee may use the entitled leave time to:

1. Attend parent-teacher conferences;
2. Attend school-related activities during regular school hours;
3. Volunteer or otherwise be involved at the school in which the child is enrolled during regular school hours; and
4. Attend school-sponsored events.

The time for the leave must be mutually agreed upon by the employee and their supervisor. The employee must request the leave in writing at least five (5) school days prior to the date on which the leave is to be taken. The employee may also be required to furnish documentation demonstrating that he/she was present at the school activity for which the leave was provided.

L5.2 RETALIATION

An employee shall not be retaliated against for utilizing the leave described in this section. Any employee who believes he/she has been retaliated against as a result of having taken leave under this section may file a claim with the Nevada Labor Commissioner. The County shall provide the employee with all of the forms necessary for the claim filing.

L6 LICENSES FOR EMPLOYMENT/CONTINUED EMPLOYMENT

L6.1 PURPOSE

To ensure that all employees obtain and maintain a valid license, certificate, permit or other occupational certification issued by the State, County, City or other applicable agency as required for their current jobs. The scope of this policy applies to all employees' whose jobs require such certification.

L6.2 BACKGROUND

Any employee in a position that requires he/she has a license, certificate, permit or other occupational certification to practice his/her profession through the State of Nevada, County Board of Commissioners, Town Boards and/or City and County Law Enforcement Agencies must adhere to the provisions of Chapter 425 of the Nevada Revised Statutes. This statute establishes procedures under which the agency granting the license, certificate, permit or occupational certification may withhold, suspend or restrict the issuance of professional and/or occupational certificates, licenses or certification for individuals who:

1. Have not complied with a court ordered subpoena or warrant relating to a child paternity or child support obligations; or
2. Are in the arrears in child support payments.

Employees, who apply for renewal of their license, certificate, permit or other occupational certification and receive notice that they are not in compliance with the provisions of Chapter 425 of the NRS, will have thirty (30) days after they receive the notice to:

1. Comply with the court order;
2. Satisfy any arrears payments due; or
3. Submit to the District Attorney or other public agency a written request for a hearing.

If the employee has been notified and does not satisfy one of the above items within thirty (30) days from receipt of the above notice, his/her renewal license, certificate, permit or occupational certification will not be approved and will be revoked. This action will remain in effect until he/she satisfies one (1) of the above items. If the District Attorney schedules a hearing to review the case, the employee's license, certificate, permit or other occupational certification will remain valid pending the result of the hearing, unless already suspended.

L6.3 PROVISIONS

All employees must possess a valid license, certificate, permit or other occupational certification as required by their position.

The County will implement a tracking mechanism to check license information; however, it is the responsibility of the employee to provide their immediate supervisor a documented renewal copy of any type of license required to perform their job duties.

If a prospective candidate for a position cannot obtain the required license, certificate, permit or occupational certification required by the job, he/she will not be given any further employment consideration. If a job offer, offer of promotion or offer of transfer has been made, it will be withdrawn.

In the event that the employee receives notice of revocation or non-renewal of a license, certificate, permit or occupational certification, he/she shall immediately notify his/her supervisor. The employee shall not perform any task for which the license, certificate, permit or other occupational certification is required after the license certification or permit has been non-renewed or revoked.

In the event that the employee does not have a valid license, permit or occupational certification, he/she does not meet the job requirements. Failure to meet the job requirements will result in disciplinary action up to and including termination. If the employee is covered by a bargaining unit agreement, any provisions covering the situation will be followed in processing disciplinary action.

L7 LICENSE/OCCUPATIONAL CERTIFICATION

L7.1 PURPOSE

Elko County mandates that, if required by the current job, all employees obtain and maintain a valid license, certificate, permit, or other occupational certification issued by the state, county, city, or other applicable authority.

L7.2 EMPLOYEE RESPONSIBILITIES

1. All employees must possess a valid driver's license, certificate, permit, or other occupational certification as required by their position, must adhere to the provisions of Chapter 425 of the Nevada Revised Statutes including those provisions relating to paternity determination and child support.
2. In the event the employee receives notice of revocation or non-renewal of a license, certificate, permit, or occupational certification as a result of a violation of NRS 425, he/she shall immediately notify his/her supervisor. The employee shall not perform any task for which the license, certificate, permit, or other occupational certification is required after the license, certificate, permit, or occupational certification has been non-renewed or revoked. By statute, the employee has thirty (30) days to satisfy one of the items listed below:
 - a. Comply with the court order, subpoena, or warrant;
 - b. Satisfy any arrears payments due; or
 - c. Submit to the District Attorney or other public agency a written request for a hearing.

Failure to satisfy one of the above items will result in the license, certificate, permit, or occupational certification being revoked or suspended by the issuing agency.

If the employee has been notified and does not satisfy any noted deficiency within thirty (30) days from receipt of notice, his/her renewal license, certificate, permit, or occupational certification, by statute, will not be approved and will be revoked or suspended by the issuing agency. This action will remain in effect until he/she satisfies the deficiency

3. In the event the employee does not have a valid license, certificate, permit, or occupational certification, he/she does not meet the job requirements. Failure to meet the job requirements will result in discipline up to and including termination.

L7.3 FAILURE TO POSSESS A VALID LICENSE, CERTIFICATE, PERMITS, ETC.

If a prospective candidate for a position cannot obtain the required license, certificate, permit, or occupational certification required for the job, he/she will not be given any further employment consideration. Any job offer, offer of promotion, or offer of transfer previously made will be withdrawn.

L7.4 DRIVING RECORDS

The County may conduct a review of driver's license records annually for those employees required to drive as a part of their duties.

N1 NONDISCRIMINATION

N1.1 PURPOSE

To establish guidelines for the promotion of fair practice and nondiscrimination in activities relating to employment and treatment of all citizens.

N1.2 STATEMENT OF POLICY

The County of Elko shall promote and afford equal treatment and service to all citizens and to assure that all applicants for County employment are given equal employment opportunity without regard to race, religion, creed, color, national origin, age, sex, marital status or the presence of any protected disability.

The County of Elko will cooperate fully with all organizations and Commissions organized to promote fair practices and equal employment opportunity.

O1 ELKO COUNTY OUTSIDE EMPLOYMENT POLICY

O1.1 PURPOSE

To define the Elko County Outside Employment Policy.

O1.2 STATEMENT OF POLICY

No employee of the County, including an employee of an unincorporated town within the County, shall engage in any other employment, activity or enterprise for compensation without the written approval of the County, by the County Manager, and except as hereinafter provided. Approval must be requested in writing and may be requested at any time. The County may review such employment annually or more often as circumstances warrant.

County employees are required to notify the County Manager in writing of any outside employment and to notify the County Manager in writing when such outside employment changes.

The Board of Elko County Commissioners hereby determines that the following outside activities are inconsistent, incompatible or in conflict with the duties of a County employee:

1. The outside activity would physically or mentally impair or hamper the employee in the performance of County duties, or involve time demands that would render performance of the employee's duties for the County less efficient;
2. It would reflect adversely upon the employee or the County;
3. It is contrary to a policy adopted by the County Manager;
4. It involves the use of County time, facilities, equipment and/or supplies or the employee's badge, uniform, prestige or the influence of County employment for private gain or advantage;
5. It involves receipt or acceptance by the County employee of any money or other consideration from anyone other than the County for the performance of an act which the employee would be required or expected to render in the regular course of County employment or during the hours of County employment;
6. It involves the performance of an act in another capacity than as a County employee, which act may later be subject, directly or indirectly to the control, inspection, review, audit or enforcement by the County; or
7. It involves activity which is in actual or potential conflict with County duties.

The County reserves the right to prohibit any outside employment on the part of any County employee which may be detrimental to the best interests of the County.

Should outside employment be prohibited under the terms of this policy, the employee will be given notice to terminate his/her outside employment or be terminated by the County.

P1 PARKING POLICY

P1.1 PURPOSE

To establish employee parking guidelines to ensure that access to parking is available for employees, the public and county fleet vehicles, while best managing the limited space currently offered.

P1.2 STATEMENT OF POLICY

Elko County has developed a parking strategy including designating certain parking spaces as “Public Only” and “Assigned Fleet” spaces to better utilize our limited parking. Employees will not park in those two designated areas, whether physically marked or unmarked. The only exception for an employee to park in the designated space would be for any handicapped employee who needs to utilize the “Handicap Spaces” in the “Public Only” parking areas.

All fleet vehicles are to be overnight parked at either the Veterans Office secured parking lot or the Medical Clinic building parking lot. When using the secured parking lot, make sure the security gate is closed when exiting. There is a security code to enter the lot. The only exception to this policy is for the designated six vehicles that are to be parked in the “Assigned Fleet” spaces at the county complex.

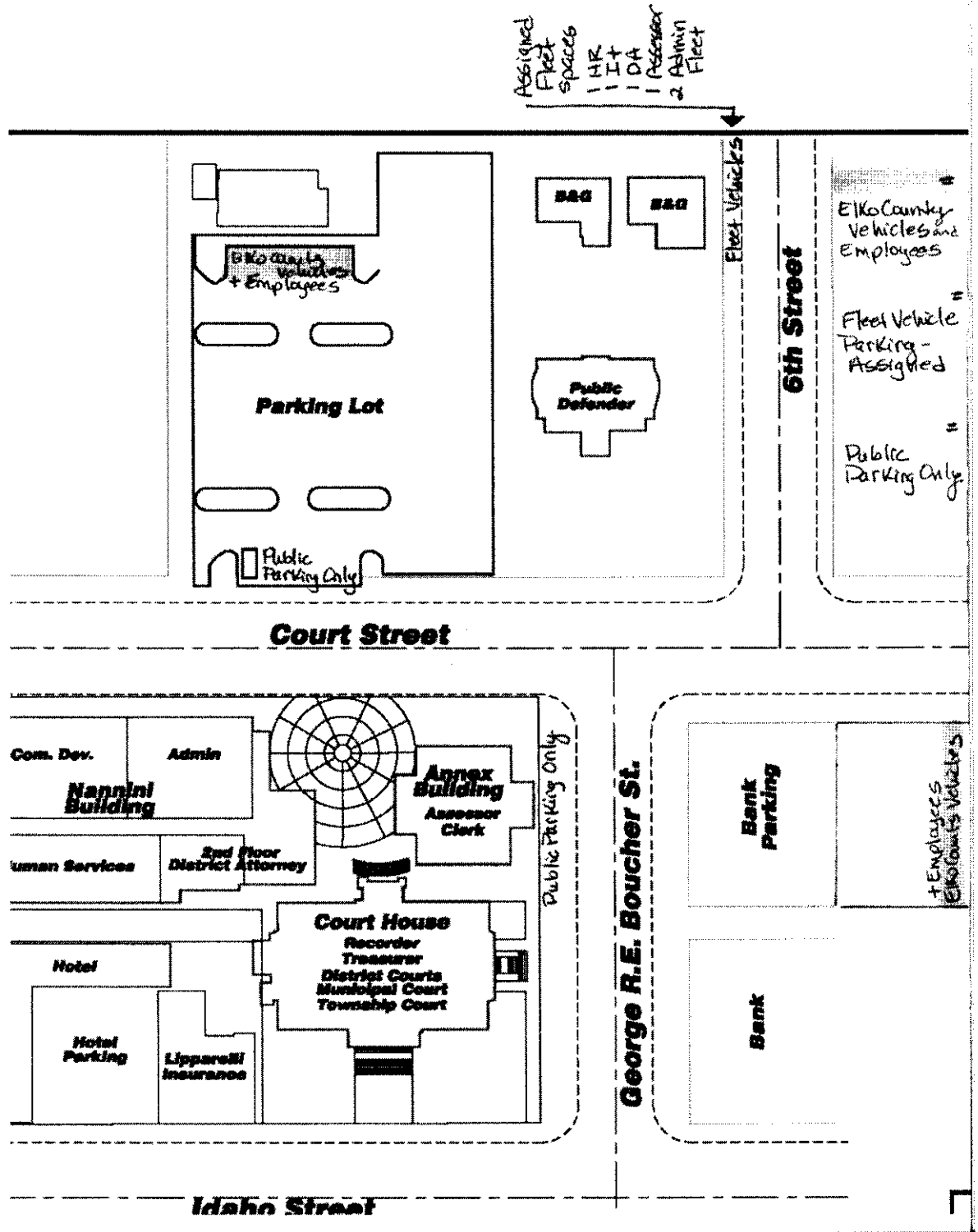
Employees who utilize fleet vehicles on a daily basis will need to switch out their personal vehicle with a fleet vehicle from the overnight lot if parking a fleet vehicle during the day in the parking lots in the county complex area.

Fleet vehicles are to be parked during the day in the back of the two main lots. Employees may also park in those fleet spots, but please try to allow spaces for county vehicles in that area if possible. Vehicles should not remain unmoved for more than 24 hours in those spots – these are temporary spots for Elko County fleet vehicles.

A fleet vehicle designated for the “Assigned Fleet” vehicle parking only area near the Buildings and Grounds workshop, must be returned to that area. If for some reason there is no “Assigned Fleet” space available, park as close as possible to the area and let a staff member at administration know that the vehicle is not parked in the proper location. As soon as a space becomes available, return the fleet vehicle to its proper location.

No vehicle should be parked in any unlined area in the county complex parking lots. Those parking on the street are encouraged not to park big vehicles at the entrance sites of the parking lots as that may hinder viewing oncoming traffic.

At the present time no signs or curb painting will designate these areas – employees are to self-police and know where to and not to park.



P2 PHYSICAL EXAMINATION PROGRAM

P2.1 PURPOSE

To clarify employment classifications and cost.

P2.2 STATEMENT OF POLICY

Those employees who require a commercial driver's license as a requirement of their position will have a physical examination yearly. The examination criteria will comply with Department of Transportation Standards which is in accordance with Nevada law and current accepted medical standards.

Employees shall schedule their exam as closely as possible to their date of birth.

Elko County will reimburse an employee requiring a CDL physical examination in an amount up to 100% of the physical cost.

The County shall not pay for the treatment of any health problems diagnosed as a result of the required physical or any additional testing. Further medical treatment will be provided in accordance with the terms of the County's current group health insurance policy.

P3 POLITICAL ACTIVITY

P3.1 POLICY

Employees shall not engage in political activity of any kind during working hours. This includes, but is not limited to: soliciting money, influence, service, or any other valuable thing to aid, promote, or defeat any political committee or the nomination or election of any person to public office. Wearing or displaying of apparel, buttons, insignia, or other items which advocate for or against a political candidate or a political cause is also an example of prohibited political activity during work hours. Furthermore, no person shall attempt to coerce, command, or require a person holding or applying for any position, office, or employment, including a citizen requesting service supplied by the County, to influence or to give money, service, or other valuable thing to aid, promote, or defeat any political committee, or to aid, promote, or defeat the nomination or election of any person to public office.

Employees may not participate in any of the above-mentioned activities off duty while wearing a uniform, name tag, or any other item identifying them as a representative of Elko County.

Employees are expressly forbidden to use any County resources, including but not limited to: inter-office mail, email, telephone, fax machines, the Internet, or copy machines to engage in any political activity outside the approved scope of the employees' official duties.

P3.2 RUNNING FOR OR HOLDING POLITICAL OFFICE

While employees are encouraged to participate in the political process, they must understand the County also has an obligation to provide service to the public.

Employees who are seeking, or who have been elected or appointed to public office, shall not conduct any business related to these activities while on duty. This includes all the items listed in the previous section, (i.e., political activity.)

If there is a conflict with, or the activities hinder the performance of the duties with Elko County, the employee will comply with one of the following: (final approval is at the County's sole discretion)

- The employee will be expected to resign their position;
- The employee may apply and seek approval for use of accrued leave time, or;
- The employee may request unpaid leave.

County leave policies addressing continuation of health insurance, retirement benefits, accrual of additional leave time and job and seniority status will be applied in this situation.

P4 USE OF COUNTY PROPERTY AND PREMISES

P4.1 POLICY

Employees will use County property and equipment including, but not limited to, monies and funds, communication equipment, vehicles, tools, equipment, and facilities only for work-related purposes as directed or approved by management. When using County property and equipment, employees are expected to exercise care, perform required maintenance, and follow all operating instructions as well as comply with safety standards and guidelines. Employees will not misuse, destroy, or otherwise use in an improper or unsafe manner any property of the County. Employees are prohibited from making unauthorized copies, any other unauthorized use of, or allowing or facilitating the unauthorized possession by others of County keys or other access devices. Employees are prohibited from transporting family members in County vehicles unless specifically authorized to do so by their supervisor.

If reasonable suspicion, the County may authorize the examination of desks, vehicles, and all other property and spaces owned or controlled by the County to check for the presence of any unauthorized material, weapons of any type, or controlled substances including, but not limited to, alcohol and illegal drugs. Prior notice to employees that County owned property or space is to be searched is not required; entrance onto or use of County property is deemed consent. A search may be conducted either in or outside the employee's presence.

R1 REHIRE POLICY – Elko County Hiring Practices

R1.1 PURPOSE

To formalize the hiring practice of Elko County when it is necessary to rehire a position.

R1.2 STATEMENT OF POLICY

To provide guidelines and procedures to promote cost savings for the benefit of a department's ability to contain costs that relate to pay out of expenses of employees as they exit the Elko County work force.

When an employee vacates a position, either by resignation, retirement or death, the County will not replace the position for ninety (90) days. Recruitment may begin at any point but the actual start date would not be allowed until after the 90 day vacancy period.

The Elected/Department Head may appeal to the Budget Committee to rehire the position pursuant to the following procedure:

- A written formal request will be submitted to the County Manager requesting consideration to proceed to rehire the position.
- A meeting with the Budget Committee will be set within ten (10) days after receipt of the formal request and all necessary documentation has been received.
- The Elected/Department Head shall provide the Budget Committee with detailed information that established why the position would need immediate replacement and what factors must be considered if the position is not replaced.
- The Committee will review the position to see if it could be filled by part time wages.
- The Committee will review the possibility of job sharing.
- The Committee will review the possibility of sharing duties with existing personnel.
- It is the Elected/Department Head's responsibility to show the benefit to Elko County by refilling the position prior to the ninety (90) days.

The Budget Committee shall be composed of the County Manager, two County Commissioners, the Chief Financial Officer and the County Comptroller and up to two other members as determined by the Committee.

The Commission has indicated that there is a possible need for Temporary Part Time positions within the County. To facilitate this process, temporary part time positions in excess of thirty (30) days will be reviewed by the Budget Committee.

R2 RELOCATION SUBSIDY ASSISTANCE

R2.1 PURPOSE

To establish guidelines for relocation subsidy assistance for upper management recruits.

R2.2 STATEMENT OF POLICY

It is Elko County's desire to recruit the most qualified applicants for upper management positions. In order for Elko to be an attractive employer to a potential new hire, a subsidy for relocation gives Elko County a leading edge when the job market requires that job search is done out-of-state. It is the County's intent to encourage qualified applicants to apply for our positions and to assist them with a relocation subsidy to assist the chosen candidate with relocation costs.

The decision to provide moving and/or one (1) month rental assistance will be reviewed and approved by the County Manager as part of the offer of employment.

The following criteria must be met:

- The position must be that of Professional/Exempt.
- This subsidy may not exceed \$5,000 to be utilized for either first month's rent and/or moving expenses.

Funds for the relocation subsidy will be appropriated from the hiring department.

S1 REQUESTING ADDITIONAL SICK PAY

S1.1 PURPOSE

To establish guidelines for the process of requesting additional (un-accrued) illness pay and to define a paid leave of absence.

S1.2 STATEMENT OF POLICY

Except as otherwise provided for by the Elko County Labor Agreements and the Family and Medical Leave Act, an employee may request additional un-accrued time off for unforeseen situations to the Board of County Commissioners. Employees may request additional paid time off if the following criteria are met:

- An employee must have five (5) years of service before requesting Additional Illness Pay (“going in the hole”).
- The employee has not exhibited work performance problems such as excessive absence or tardiness within the last year of employment.
- The condition (illness or injury) is life threatening in nature. Examples of a serious health condition as defined by the FMLA can include, but are not limited to, heart attacks/or heart conditions requiring surgery, most cancers, stroke, back conditions that require surgery or extensive therapy, appendicitis, pneumonia, injuries due to serious accident and substance abuse treatment programs that require inpatient care.
- The employee agrees to pay back the approved un-accrued illness time upon the return from the illness by way of future accruals, both vacation and sick time.
- Unless otherwise stated in this policy, the Board of County Commissioners shall grant no more than fifteen (15) days or one hundred twenty (120) hours or the maximum of sick leave that can be accrued in a one (1) year period, whichever is less.
- Employees must submit their request in writing to their immediate department head. Upon approval by the department head, the request shall be considered by the Board of County Commissioners at a regularly scheduled meeting.
- A doctor’s written statement must be submitted which explains the diagnosis and prognosis of the condition and an estimated length of time for recovery.
- A signed expression of your intent to return to work will also be required, as well as a statement from your physician regarding your ability to return to work.

The Board of County Commissioners reserves the right to approve additional time off depending upon the individual circumstances.

In the case of an approved medical leave, you are considered an active employee and your Employee Medical/Dental Life and Vision coverage will be paid for by the County. Other benefit payroll deductions may continue as you utilize the additionally approved illness time.

After all accrued sick time, comp time, vacation time, additionally approved sick time, (catastrophic pay where applicable) and/or unpaid FMLA has been exhausted, an employee may be terminated from employment.

For any routine illness, it is required that you contact your supervisor at the beginning of business hours to report your absence. For absences from work in excess of three (3) consecutive work days, employees are required to furnish a written certification from a physician before returning to work and/or with an estimated length of time the employee will be off work.

Your payroll technician will provide you with a "Leave of Absence" Continuation of Coverage Form that must be completed before your leave commences.

S2 EMPLOYEE SAFETY

S2.1 PURPOSE

To provide safe and healthful working conditions to Elko County employees.

S2.2 STATEMENT OF POLICY

It is the policy of Elko County that the first consideration in the performance of work shall be the safety of employees.

S2.3 SAFETY RESPONSIBILITIES OF MANAGEMENT

The County Manager and department heads are responsible and accountable for:

1. Addressing the recommendations of the Safety Committee.
2. Providing the resources to train employees to the level of compliance in accordance with OSHA regulations or accepted industry standards.
3. Providing or making available to each employee such protective equipment or clothing needed so as to perform work safely.
4. Assign the Safety Committee special projects, i.e., research investigation, for presentation to the County Commission.

S2.4 SAFETY RESPONSIBILITIES OF SUPERVISORS

The supervisors are management's closest representatives to the working force. The methods in which they direct the activities of the people they supervise can have a positive effect in the control of accidents as well as productions.

Supervisors are held accountable for carrying out the following responsibilities:

1. Maintain a safe working environment by finding and controlling unsafe work conditions, practices and procedures. Engage in a continuing program of investigation of improved safety methods, techniques, concepts and equipment and adopting those deemed advantageous to the overall safety program.
2. Indoctrinate all employees in the following:
 - a. County safety program.
 - b. County safety policy statement and safety rules.
 - c. Hazard communications program, to include training as required by OSHA standards.
3. Safety training and education:

- a. Instruct each employee in the recognition and avoidance of unsafe conditions and also the regulations applicable to his/her work environment to control or eliminate any hazards or other exposure to illness or injury.
 - b. Provide a continuing program of safety instruction through employee communication methods.
4. Attend any and all safety meetings required by management.
5. The Safety Committee will devise and implement a structured inspection schedule. Utilizing in-house staff (County Public Health, County Building Official, Buildings and Grounds, Public Works and Safety Committee members) will then perform quarterly inspections of both facilities and equipment to insure that prescribed safety standards are met.
6. Take necessary action to correct a condition or practice that is found to exist which may reasonably be expected to cause injury or property damage.
7. Provide or make available to each employee proper and safe tools/equipment and personal protective equipment and clothing needed to perform the work safely.
8. Report all accidents, no matter how minor.
9. Watch your workers for “chance takers” and correct any unsafe work practices you observe.
10. Make sure employees handle material in a proper and safe manner.

S2.5 EMPLOYEE RESPONSIBILITIES

Each employee has the responsibility for their own safety and the safety of their fellow employees as well. It is only by each employee becoming familiar with the hazards of their job and doing what is necessary to insure their safety, that Elko County can achieve the safe working conditions deserved by all its employees.

The County expects each employee, regardless of their position within the organization, to cooperate in every respect with the County’s safety program. Therefore, we require each employee to:

1. Observe applicable plant, department and unit safety rules.
2. Develop and exercise safe work habits in the course of their work to prevent injuries to themselves, their co-workers and to preserve and protect County materials, equipment and facilities.
3. Report prior injuries or physical limitations to ensure that the assigned work can be performed safely.

4. Comply with prescribed job procedures and instructions of supervisors.
5. Report **ALL** accidents and injuries immediately to a supervisor no matter how minor they may appear.
6. Cooperate with and assist in investigation of accidents to identify correctable causes and to prevent recurrence.
7. Promptly report all unsafe actions, practices or conditions to a supervisor. An **EMPLOYEE SAFETY INFORMATION FORM** will be made available to all employees for this purpose (see Exhibit "A").
8. Keep work areas free of unnecessary hazards.
9. Do not engage in "horseplay" and refrain from distracting others.
10. Wear the appropriate personal protective equipment, including hard hats, safety glasses, proper shoes and appropriate clothing. There are no exceptions to this requirement and failure to comply will result in disciplinary action.
11. Arrive at work suitably attired for the job(s) expected to be performed.
12. Do not use alcohol or drugs during work hours and do not report to work under the influence of any substance that would affect worker safety.
13. Do not smoke in "no smoking" areas.
14. Do not operate, modify, adjust or use equipment in an unauthorized manner.
15. Know what to do in case of emergency.
16. Contact a supervisor for information anytime you are exposed to a material, directly or indirectly, and do not know if it is hazardous and/or are concerned about the physical or health hazards associated with it. The supervisor must provide you with access to Material Safety Data Sheets (MSDS) which are documents supplying information about a particular hazardous substance or mixture.

S2.6 INSPECTION OF WORK AREAS

All work areas shall be inspected by the department head on a quarterly basis. A checklist shall be used in completing the inspection (see Exhibit "B"). Upon completion of the checklist, a list of all identified potential hazards shall be forwarded to the Building and Grounds Department, or Public Works Department, for further investigation and correction (see Exhibit "C").

S2.7 EMPLOYEE TRAINING

Instruction in “general safe work practices” shall be provided to all employees. These “general safe work practices” include, but are not limited to the following:

- Lifting procedures
- Use of personal protective equipment
- Knowledge of exits
- Medical and first aid procedures
- Housekeeping practices
- Evacuation plans
- Handling of flammable and toxic chemicals

Instruction with respect to hazards unique to any job assignment shall be provided by the department head. This job specific instruction may include, but is not limited to the following:

- Proper procedure for operating specific pieces of equipment
- Proper use of safety equipment unique to a particular job duty
- Safe handling of hazardous substances which an employee may come into contact with as part of his/her regular duties

All training must be documented in the employee’s personnel file. An **EMPLOYEE SAFETY TRAINING RECORD** (see Exhibit “D”) must be completed for each training session attended, formal or informal, by the employee. Formal safety training includes any scheduled courses concerning safety practices. An example of informal training would be safety meetings held by the department head and any on-the-job safety training received by the employee.

S2.8 SAFETY COMMITTEE

A Safety Committee will be established in order to provide a mechanism to evaluate accidents, practices, resources and issues and to make recommendations which promote and maintain a safe and healthy working environment for County employees, protect the public’s resources and reduce County exposure to risk and loss.

S2.9 PROCEDURES

The Safety Committee will be made up of the following:

- Two (2) department heads to be appointed by the Board of County Commissioners.
- Two (2) employees to be appointed by the Elko County Employees Association.
- The Safety Director, as designated by the County Manager.

S2.10 PROCEDURES

The role and responsibility of the Safety Committee is as follows:

ACTION BY:

ACTION:

County Manager or Designee

1. Coordinates appointment of members of Safety Committee including the Safety Director who serves as a permanent member of the committee.

Committee Chair

1. Prepares agenda.
2. Chairs meetings.
3. Report findings and recommendations to appropriate authorities.

Committee

1. Meets at times and places determined.
2. Conducts committee business.
3. Makes findings recommendations.

S2.11 TASKS

Operation of the Safety Committee

ACTION BY:

ACTION:

County Manager or Designee:

1. Modifies committee policy as necessary.
2. Coordinates election of Chair and Vice Chair.
3. Reviews and evaluates findings and recommendations.
4. Coordinates with department heads and Board of County Commissioners as needed to implement committee recommendations.

Committee Chair:

1. Sets meetings and agendas.
2. Notifies members of meetings.
3. Chairs meetings.
4. Appoints subcommittees and task forces as needed.
5. Report findings and recommendations to the County Manager and department heads as appropriate.

6. Follow-up on status or recommendations and implementation measures.
- Vice-Chairman:
1. Performs duties of Chairman in his/her absence.
- Committee Recorder:
1. Records and keeps minutes of the meeting.
 2. Receives and files committee reports.
 3. Maintains attendance records.
- Safety Director:
1. Serves as staff resource to committee.
- Committee Members:
1. Attend meetings. Conduct business including, but not limited to, the establishment of by-laws and operating procedures. Elect Chair, Vice-Chair and Recorder.
 2. Make findings and recommendations on, but not limited to the following:
 - a. Unsafe working conditions or practices.
 - b. All accidents and incidents involving property damage or employee time loss.
 - c. Accident prevention.
 - d. First aid training and equipment.
 - e. Liability and loss control measures.
 - f. Safety and health instruction programs.
 - g. Safety and health rules, procedures and regulations.
 - h. Distribution of safety, health and hazard communications to employees.
 - i. Evaluation of safety programs and
 3. Report findings and recommendations to member's department peers.

S2.12 INJURY/INCIDENT INVESTIGATION

The purpose of incident investigation is to prevent repeat incidents by learning causes so that corrective actions can be taken to implement needed physical changes, improve operating procedures, improve safety and supervision, upgrade training and reduce the probability of a repeat event and the resulting loss of human and economic resources.

Investigation Policies:

1. All injuries, incidents and "near misses" shall be reported to the supervisor as soon as possible. The immediate supervisor shall investigate all incidents as soon as possible after the incident has occurred and in accordance with the policies and procedures of the County. The depth of the investigation shall be commensurate with the potential severity of the incident. The Safety Committee shall also investigate the incident.

2. All industrial accidents and injuries shall be investigated within forty-eight (48) hours and a Supervisor's Report of Accident filed with the County Manager and Safety Committee (see Exhibit "E").
3. All employees shall fully cooperate and assist in the investigation as needed. Involved employees shall complete an **EMPLOYEE'S REPORT OF ACCIDENT** (see Exhibit "F") and submit it to the supervisor as soon as possible. **THE EMPLOYEE'S REPORT** shall be submitted to the County Manager and Safety Committee.
4. It is the policy of the County of Elko to emphasize fact finding, not fault finding, in all investigative proceedings; however, discipline may be a necessary part of corrective action.

S2.13 GENERAL INVESTIGATION PROCEDURES

Using the Supervisor and Employee Incident Report(s), the "Investigation Checklist" (see Exhibit "G") and other information sources, the supervisor and Safety Committee shall investigate all incidents using the following general format as a guide. Select appropriate procedures and apply to the type of incident (injury, collision, damage, theft, etc.).

STEP A – ASSURE THAT ESSENTIAL DETAILS HAVE BEEN REPORTED

1. Time and date of occurrence.
2. Exact location.
3. Conditions at time of occurrence.
4. Full names, addresses and phone numbers of all persons (employees, bystanders, claimants, contractors, medics or physicians) involved.
5. Nature and extent of any injuries.
6. Full names, addresses and phone number of all witnesses.
7. Witness accounts of the incident.
8. Equipment involved.

STEP B – RECORD IDENTIFYING INFORMATION

1. Where did the incident occur?
2. What were the events leading up to the incident?
3. What were the conditions surrounding the incident?
4. Draw a diagram or sketch.
5. When did the incident occur?
6. Who was injured?
7. What/who was damaged? How extensive?

STEP C – DESCRIBE INCIDENT

1. Who had control of the cause?

2. What happened?

STEP D – ANALYZE CAUSES

1. What was the cause of the accident?
 - A. Management issues
 1. Awareness of safety
 2. Support of safety
 3. Improper purchasing
 4. Improvements in maintenance
 5. Improvements in job design
 - B. Supervisor safety performance
 1. Improved training
 2. Improved procedures
 3. Improved enforcement
 4. Improved motivation
 - C. Employee factors
 1. Physical or mental problems
 2. Skill evaluation
 3. Motivation

STEP E – DETERMINE CORRECTIVE ACTIONS

1. What can be done to avoid, prevent or reduce recurrence?

STEP F – PREPARE INVESTIGATION REPORT

1. Fill out Supervisors Accident Investigation Form(s)
2. Date report(s)
3. Transmit investigation reports to County Manager

All accident investigations will be submitted to the Safety Committee for their review and recommendations for corrective action if necessary. Recommendations made by the Safety Committee shall be forwarded on to the department head and Board of County Commissioners for action.

S2.14 SAFETY RULES

Safety rules are general instructions and guides to employees regarding their responsibilities in safety. Exhibit “H” (GENERAL SAFETY RULES), must be read and signed by all employees. The signature portion of the form must be separated and included in the employee’s personnel file. In addition to GENERAL SAFETY RULES, each department must establish safety rules specific for its offices and operation. A copy

of these rules must be read and signed by all employees. A copy of the signed rules must be returned to County Human Resources for inclusion in the employee's personnel file.

*******See Page c*******

GENERAL SAFETY RULES EMPLOYEE SIGNATURE FORM

S2.15 EMPLOYEE ACCIDENT REPORT

To be completed by immediate supervisor within twenty-four (24) hours of incident and returned to Human Resources.

In the event that an employee is injured, but does not require medical treatment, pursuant to NRS 616C.015, a C-1 form ("Notice of Injury or Occupational Disease") and the adjacent supplement must be completed by the employee and signed by the department head or supervisor.

The C-1 form must be completed and returned to Human Resources no later than seven (7) days of the incident.

In the event that an employee is injured and required medical treatment, both the C-1 form (Incident Report) and the C-3 form (Employer's Report of Industrial Injury) must be completed and submitted to Human Resources Department within six (6) working days of the receipt of the C-4 form along with the C-1 (Exhibit "E") and C-3 Employer's Report of Industrial Injury and Supplement Statements (Exhibit "F").

*******See Section "X1 VARIOUS FORMS"*******

- **Exhibit A** **Employee Safety Form – Page Z**
- **Exhibit B** **Work Area Safety Checklist – Page AA-EE**
- **Exhibit C** **Loss Control Action Plan for Special Hazards – Page FF**
- **Exhibit D** **Employee Safety Training Record – Page GG**
- **Exhibit E** **C-1 Notice of Injury or Occupational Disease & Supplement Statement – Page HH-II**
- **Exhibit F** **C-3 Employer's Report of Industrial Injury or Occupational Disease & Supplement Statement – Page JJ-LL**
- **Exhibit G** **Incident Investigation Checklist & Additional Special Investigation Procedures – Page MM-RR**
- **Exhibit H** **General Safety Rules – Page SS-UU**

S3 PREVENTION OF ILLEGAL HARASSMENT

S3.1 POLICY

It is Elko County's policy to prohibit sexual harassment and harassment because of race, color, religion, age, disability, national origin, sexual orientation and any other basis made unlawful by any applicable law or ordinance or regulation.

The policy applies to all persons involved in the operations of Elko County and prohibits such harassment by any employee, including supervisors and co-workers, any customer or client of Elko County and any vendor or other service provider at Elko County Facilities.

S3.2 CONDUCT

Conduct that is determined to be illegal harassment, including sexual harassment, is inappropriate, offensive and will not be tolerated by Elko County. Examples of harassment include, but are not limited to:

1. Verbal conduct such as epithets, derogatory comments, slurs or unwanted sexual advances, invitations or comments.
2. Visual conduct such as derogatory posters, photography, cartoons, drawings or gestures.
3. Physical contact such as unwanted touching, blocking normal movement or interfering with work directed at an employee because of the employee's gender or any other protected basis.
4. Threats and demands to submit to sexual requests in order to keep a job or avoid some other loss and offers of job benefits in return for sexual favors.
5. Retaliation for opposing, reporting or threatening to report harassment or for participating in harassment investigation, proceeding or hearing.

Employees have a claim of prohibited harassment even if they have not lost their job or suffered some other tangible employment action. Prohibited harassment that impairs an employee's working ability or directly impacts their emotional well being at work violates this policy and will not be tolerated. When determining if illegal harassment has occurred, the County will utilize the "Reasonable Person" standard. This standard considers if the behavior or conduct in question would be offensive to a "Reasonable Person".

S3.3 EMPLOYEE RESPONSIBILITIES

Employees who believe they are being harassed because of their gender or other protected basis, as well as those who believe they have witnessed another employee being

harassed, are strongly urged to bring the situation to the attention of management. If you believe you are being harassed, take action immediately by:

1. Identifying the offensive behavior to the harasser and requesting that it stop. **NOTE:** you are NOT required to talk directly to the harasser or to your supervisor if you feel uncomfortable in doing so. It is critical, however, that you contact one of the individuals listed below if you believe you are being harassed or have witnessed what you believe to be harassment of or by another employee(s).
2. Reporting the conduct as soon as possible to a supervisor or manager with whom you feel you can talk about the problem, or to the Equal Employment Opportunity Officer. Employees may also report the conduct to the County Manager or the County Deputy District Attorney.
3. When the complaint is against the Equal Employment Opportunity Officer, it may be reported directly to the County Manager. The County Manager will designate an independent person to handle the complaint resolution process.

S3.4 SUPERVISOR/MANAGER RESPONSIBILITIES

Supervisors or managers shall immediately report all complaints or allegations of harassment or observations of such conduct to the Equal Employment Opportunity Officer regardless of how the supervisor or manager learned of the suspected incident and whether or not the employee is in the supervisors department or in some other department. Supervisors and managers shall take timely and reasonable affirmative action to protect employees from incidents of harassment. Supervisors or managers failure to perform their responsibilities under this procedure will be subject to discipline up to and including termination.

S3.5 INVESTIGATION

All complaints or allegations of sexual harassment will be promptly investigated. All investigations will be confidential. Information obtained will be confidential. Information obtained will be released only on a need-to-know basis or as required by law. The individual filing the complaint as well as the individual against whom the complaint was made will be made aware of the final determination. All employees questioned as part of an investigation will be expected not to discuss the matter with others, with the exception of providing information to regulatory agencies. Elko County will treat all complaints or allegations of harassment seriously and all employees are expected to be candid and truthful during the investigation process. If evidence arises that a participant in the investigation has made intentionally false statements, the employee will be disciplined up to and including termination.

If it is determined illegal harassment has occurred, Elko County will take remedial action commensurate with the severity of the offense. This remedial action may include, but is not limited to, verbal and/or written reprimands, counseling, transfers, suspension without pay and/or termination action will also be taken to deter any future harassment.

S3.6 TRAINING

All employees will participate annually in a training session on the prevention of harassment. New employees will be provided a copy of this policy upon hire and the contents will be discussed during the new hire orientation process.

S3.7 PROHIBITION AGAINST RETALIATION

Elko County will not tolerate any retaliation by management or any other employee against an employee who exercises his or her rights under this policy. Any employee who believes he/she is being retaliated or discriminated against in any manner whatsoever as a result of having filed a complaint should immediately notify the Equal Opportunity Officer.

T1 TELEPHONE POLICY

T1.1 PURPOSE

The County's policy covers phone usage while at work, including the use of cell phones while operating motor vehicles.

T1.2 PERSONAL CALLS & TEXTS

1. Personal phone calls, messages and texting, audio/video recording, and other features of your private cell phone or the County's equipment, are restricted to authorized break periods, except under obvious emergency situations. Excessive personal communication can result in lost productivity and distract coworkers. County issued cell phones are to be used only for official business reasons.
2. If an emergency situation arises and the County issued cell phone must be used for a personal call and the employee is not able to obtain prior authorization from a supervisor, the employee is required to notify the supervisor as soon as is practicable. The employee is required to furnish the reason for the call and, if requested, the number called. Violation of this policy may result in the employee being responsible for reimbursing any costs incurred.
3. Employees are expected to protect the County issued equipment from loss, damage, or theft.

T1.3 CELL PHONE USE IN VEHICLES

1. All employees are expected to follow applicable state and federal laws regarding the use of cell phones, PDAs, or other hand-held devices at all times. Employees on duty and/or conducting official business at any time while operating motor vehicles are prohibited from using cell phones while the vehicle is in motion. This includes dialing, answering, texting, and checking messages. Employees are neither required nor expected to use a cell phone while the vehicle is in motion. Safety must come before all other concerns.
2. Employees shall pull off the road and safely stop before placing or accepting calls, texting, checking and responding to messages, or using hands-free operations/devices.
3. This policy does not include passenger use of cell phones.
4. This prohibition is in effect regardless if the cell phone is issued by the County or is privately owned by the employee.
5. An exception to this rule is the legitimate use of cell phones by specific departments and for specific reasons as established by each department and under NRS 484B, section 1. For example the police, fire, ambulance, and EMT departments may operate vehicles while using cell phones only in direct response to emergency calls, but must always keep safety a paramount concern.

T1.4 PHONE USE IN BUSINESS MEETINGS

Phone use during meetings, to include texting, unless specifically required and authorized by management, is forbidden. Cell phones must be turned off and/or calls forwarded to the message feature.

T2 PERSONAL TELEPHONE CALLS

T2.1 PURPOSE

To provide control of incoming and outgoing personal telephone calls.

T2.2 STATEMENT OF POLICY

County phones are to be used for County business and may be used for personal business on a limited basis only.

T2.3 PROCEDURE

Telephone calls received during business hours must be held to both a minimum number and time limit and must not interfere with the employee's work.

When a personal toll call must be placed, the call is to be billed to the employee's home number or collect.

It is the employee's responsibility to ensure that no cost to the County results from their personal telephone calls.

Violation of this policy will minimally result in cost reimbursement to the County and may subject the employee to disciplinary action.

T3 TRAINING PROGRAMS, INCLUDING SEMINARS OR CONVENTIONS

T3.1 PURPOSE

To promote and facilitate training and career education which meets the dynamic needs of the County.

T3.2 DEFINITIONS

As addressed by this policy, training is defined as any work related program, seminar, conference, convention, course or workshop attended by an employee whose tuition and expenses are funded in whole or in part by the County or the employee is being paid by the County to attend.

T3.3 STATEMENT OF POLICY

It is the policy of the County to encourage and coordinate training opportunities for employees and supervisors in order that services rendered by the County will be more efficient and effective.

Employees are encouraged to continue their formal education through participation in off-duty/non-working hour's educational programs. Reimbursement for educational expenses incurred by such participation may be granted for job related courses with prior approval of the employees department head, provided funds have been budgeted for such reimbursement.

Any reimbursement shall only be after successful completion of the course/program. Successful completion shall be defined as receipt of a certificate of satisfactory completion or a grade of C (2.0 grade point) or better in the case of academically rated courses (or attainment pass in a pass/fail grading system). Approval for tuition reimbursement shall only be allowed for courses offered by accredited colleges, universities or vocational training institutes.

Request for reimbursement must be made within thirty (30) days following the completion of the course of study. Training reimbursement is generally available to only those employees who have successfully completed the employee's designated probation period.

It is the policy of the County to maximize comprehension, retention and transference of training provided by the County.

This policy is subject to and limited by the conditions of an affected employee's labor contract and budgeted funds being available.

Attendance at training programs must be approved at the department head level.

All outside training and conference attendance shall be processed through the Training Attendance Request Form. This form must be completed and signed by the employee. Department head approval must be received prior to attendance. Upon approval, the department head must submit the completed Training Attendance Request Form for inclusion in the employees personnel file.

Any dispute regarding eligibility or the level of reimbursement may be appealed to the County Manger for resolution.

County-sponsored and required training shall generally be arranged during regularly scheduled work hours. A department head may change the work schedule to accommodate training activities.

Required training shall be recorded as time worked within the meaning of this policy.

Employees who acquire job related training on their own time and expense are encouraged to notify Human Resources Department so the information can be noted in the employees personnel file.

Approval for State Training Academy course work for uniformed police officers and firefighters shall be at the discretion of the appropriate department head. Record of such training shall be maintained in the employee's personnel file.

T3.4 TRAINING ATTENDANCE REQUEST FORM

*******See Section "X1 VARIOUS FORMS" Page VV*******

T4 PER DIEM/TRAVEL EXPENSES WHILE ON COUNTY BUSINESS

T4.1 PURPOSE

To establish guidelines for reimbursement of expenses incurred while on County business.

T4.2 STATEMENT OF POLICY

It is the policy of the County to reimburse employees for reasonable and necessary expenditures made by employees while on official County business. Mileage will be reimbursed at a rate per mile equal to the allowable rate set out by NRS 281.160(3); all other allowable expenses must be itemized if applicable. Claims for reimbursement of travel expenses, other than mileage, shall be accompanied by invoices and/or receipts showing proof of payment of such claims.

Pre-approval of travel expenses will ensure reimbursement of all travel claims.

T4.3 TRAVEL WHILE ON COUNTY BUSINESS

T4.3.1 OVERNIGHT TRIPS

1. Lodging: Hotel and motel expenses will be reimbursed on completion of authorized travel upon submittal of proper claim. The single rate shall not exceed \$64.00 per night. Prior approval of the Board of County Commissioners shall be required. The single rate should be clearly indicated on all receipts. A government rate shall be requested and used where available. Pre-payment of lodging expenses can be accomplished by submitting a travel claim with a room confirmation or invoice attached in advance.
2. Meals: Meal reimbursements for all overnight trips are to be itemized on proper accounts payable claim forms (Travel Claim Form Only). If the employee requires pre-payment of meal reimbursement, rates are:

Breakfast:	\$6.50 (Paid, if in travel status before 7:00 am)
Lunch:	\$6.50 (Paid, if in travel status before 10:00 am)
Dinner:	\$15.00 (Paid, if in travel status before 7:00 pm)
3. Mileage Allowance: Employees who are required to utilize their personal vehicles due to the unavailability of a County vehicle, on travel assignments, will be allowed the rate per mile per NRS 281.160(3) and 5 USC Section 5707. A Travel Reimbursement Waiver verifying County vehicle unavailability will need to be picked up from the County Manager's office to receive proper reimbursement. Each employee who drives a private vehicle on County business must have liability insurance on said vehicle. If a

personal vehicle is used for convenience, the reimbursement is at the rate as set by NRS 281.160(3).

*******See Section "X1 VARIOUS FORMS" Page WW*******
Travel Reimbursement Waiver Form

No reimbursement for mileage shall exceed the dollar amount of round trip airfare at the coach rate on a licensed common carrier, plus auto rental or taxi fare at point of destination.

When two (2) or more employees are attending the same seminar, convention or meeting, car pooling shall be practiced whenever possible. The actual speedometer reading from the employee's designated place of work to destination and return to the employee's designated place of work will be used.

If an employee for his or her own convenience travels by an indirect route or interrupts travel by the most economical route, the employee shall pay for any extra expense involved. Reimbursement for such travel shall be for only that portion as would have been necessary in order to travel by the most expeditious route.

4. Out of County Travel: Requires prior approval by the department head on Training Attendance Request Form.

T4.3.2 LOCAL TRAVEL EXPENSES

1. Local Mileage: No mileage will be paid for commuting from an employee's personal resident to his/her designated place of work.
2. Local Meals: Reimbursement for meals will be allowed only where the employee's attendance will directly benefit the County. No reimbursement will be allowed for meetings that are of a social nature. The request for reimbursement of local meals should include the following information:
 - a. Date
 - b. Place
 - c. Meeting attended
 - d. Specific reason for attendance
3. Parking Fees: Parking fees will be reimbursed by actual cost and receipts shall be presented where possible.

T4.4 NON-ALLOWABLE EXPENSES

1. Laundry, cleaning or valet services.
2. Tobacco.
3. Alcoholic beverages.
4. Entertainment.
5. Personal telephone calls.
6. First class travel accommodations when economy or coach classes are available.
7. Meals and lodging if included in the registration fee.
8. Fines, forfeiture or penalties.
9. Rental vehicles for local business trips and meetings.
10. Expenses of a spouse or other non-employee.
11. Loss of damage to personal property.
12. Barber, beauty parlor, shoeshine or toiletries.
13. Personal postage.
14. Telephone deposits.

All payment of travel claims may or may not be processed at the direction of the Chief Financial Officer or designee.

T4.5 MANDATORY CLAIM FORMS FOR TRAVEL

The Board of County Commissioners has approved the mandatory use of the attached claim forms for travel and request for training, which may include travel expenses.

*******See Section "X1 VARIOUS FORMS" Page XX*******
Travel Claims Against Elko County

T5 USE OF TOBACCO

T5.1 POLICY

Elko County is committed to providing a safe and healthy workplace and to promoting the health and well-being of its employees. As required by NRS 202.2483 (Nevada Clean Indoor Act) and also motivated by the County's desire to provide a healthy work environment for all employees, the use of cigarette products are prohibited within any building owned, leased, contracted for and utilized by the County. This prohibition extends to anywhere within work areas, restrooms, hallways, employee lounges, cafeterias, conference and meeting rooms, lobbies, and reception areas. The County may designate an outdoor smoking area for its employees. Further, the County bans smoking in all vehicles it owns or uses.

V1 MINIMUM QUALIFICATIONS FOR THE OPERATION OF COUNTY OWNED MOTOR VEHICLES AND PRIVATELY OWNED VEHICLES WHILE CONDUCTING OFFICIAL BUSINESS

V1.1 PURPOSE

To ensure that an acceptable standard of proficiency and safety is met by each employee who operates a County-owned motor vehicle.

V1.2 STATEMENT OF POLICY

Employees are encouraged to use County vehicles (instead of their own) for County business whenever possible.

Personal vehicles may be used for official County business with the prior approval of the employee's Department Head. An employee who uses his/her personal vehicle will be reimbursed at the prevailing rate established by the Board of County Commissioners after submittal of the appropriate form to the Controller's Office.

All employees whose duties require the operation of a County-owned motor vehicle or who operates a privately owned vehicle while conducting official business as a part of their employment with the County must possess a valid Nevada Driver's License and a safe driving record.

Prior to acceptance for employment with the County in a position that would necessitate the operation of a motor vehicle in the course of performing the assigned duties of that position, an employee's motor vehicle operators record may be requested from the State Department of Motor Vehicles. If a DMV Review indicates three (3) violations, authorization to operate a vehicle while representing the County will be denied.

The following actions need to be addressed when utilizing a county vehicle:

1. Interior Cleaned – includes the picking up of trash, paper, etc. and cleaning of any spills.
2. Full of Gas – gas to be charged to department using vehicle.
3. Submit listing of any issues or problems or damages to Administration.
4. Parked in the designated area including: Veteran's Office, Clinic Building parking area or fleet vehicle.

*******See Section "X1 VARIOUS FORMS" Page YY*****
Elko County Fleet Vehicle Checklist**

V2 USE OF COUNTY-OWNED MOTOR VEHICLES

V2.1 PURPOSE

To establish guidelines for the use of County-owned motor vehicles.

V2.2 STATEMENT OF POLICY

County-owned motor vehicles shall be used for County business only.

County vehicles shall not be taken home overnight except as follows:

1. Employees may take a County-owned vehicle home for one (1) night when attendance at an out of city meeting takes place late at night, after normal working hours or early in the morning prior to normal working hours. Approval may be granted verbally by the employee's department head.
2. Those employees designated by the department head to be "on 24-hour call" for department/division emergencies. Written request for approval must be submitted to the County Manager and approval obtained in writing from the County Manager.
3. For more than one (1) night when specifically authorized by the County Manager.

County vehicles may be used for travel to meals when an employee is on County business or when an employee is in town in a County vehicle in a location where driving to obtain his/her personal car would result in an extra cost and unnecessary expenditure of fuel.

County vehicles shall be legally and appropriately operated and/or parked at all times. Traffic and/or parking violations issued to the driver of the vehicle will be the responsibility of the driver to ensure use of seat belts by all passengers.

Seat belts shall be used by the driver and all passengers at all times when the vehicle is in motion. It shall be the driver's responsibility to ensure use of seat belts by all passengers.

Department Heads may establish supplemental department vehicle policies. Such policies shall be provided in writing to the County Manager and the affected employees with a copy to the personnel file.

V3 ELKO COUNTY VOLUNTEER PROGRAM

V3.1 PURPOSE

To define the Elko County Volunteer Program, its goals and objectives.

V3.2 STATEMENT OF POLICY

It is the policy of Elko County to establish a Volunteer Program targeted at developing an on-the-job training experience for student volunteers and also provide an opportunity for community minded individuals to become involved in the day-to-day functions of local government in all County Departments. It is also recognized that Senior Citizens have wealth of experience to contribute and their special areas of interest and available time can be a strong resource for the community.

Volunteers are encouraged to participate with staff in all participating County Departments.

V3.3 GENERAL VOLUNTEER JOB DESCRIPTION

This program is an unpaid position with the County of Elko. It is strictly a volunteer position and the participants serve at-will and receive no employee benefits or compensation. The County of Elko will provide coverage for Workers' Compensation, however, in the event of an accident on the job.

Being an at-will position, the volunteer has no continued expectation of employment (paid or otherwise) nor in any way does this program constitute contractual agreement with the County either expressed or implied.

V3.4 PROGRAM GUIDELINE

A volunteer must be at least fourteen (14) years old and have the consent of their parents.

Fourteen and fifteen (14 and 15) year olds may not volunteer more than three (3) hours of any one (1) day school is in session (this includes Friday's) or more than eighteen (18) hours on a non-school day and no more than forty (40) hours in a non-school week; may not volunteer during school hours; and may not volunteer for any positions declared hazardous by the Secretary of Labor.

A volunteer may not work in the same office as a relative within the third degree of consanguinity or affinity.

The County will require all volunteers to complete an application to identify skill limitations for each individual.

The County will provide instruction and training when necessary.

The County will provide volunteers with instruction relating to County rules and policies including maintaining the confidentiality of certain documents such as personnel files and medical records.

Protective equipment will be provided by the County and will be required to be worn when necessary to complete the work assignment.

V3.5 VOLUNTEER FILE DOCUMENTATION

For volunteers under eighteen (18) years of age, a Parental Approval Form must be completed.

A Volunteer Performance Evaluation will be completed by the volunteer's immediate supervisor upon the completion of service periods and the number of hours the volunteer has donated to the County.

The purpose of this evaluation is to acknowledge the volunteers strengths and assist them in identifying areas for improvement. This will prove a valuable tool for the volunteer if he/she requests a reference from the County of Elko.

Records will indicate the volunteer's supervisor, training received and any equipment used.

Documentation will also reflect the type of work assigned to the volunteer, date and time worked and any comments.

Records will indicate Workers' Compensation coverage through SIIS.

Any volunteer using a County vehicle will be required to take a defensive driving course.

V4 PROHIBITION OF WORKPLACE VIOLENCE

V4.1 POLICY

Elko County is committed to providing for the safety and security of all employees, customers, visitors, and property.

V4.2 SCOPE

This policy applies to all employees, including regular, part-time temporary, casual/temporary/seasonal, provisional and elected officials, volunteers, as well as contract and temporary workers and anyone else on the County's property.

V4.3 IMPLEMENTATION OF POLICY

1. The County will not tolerate any form of workplace violence including acts or threats of physical violence, intimidation, harassment and/or coercion, which involve or affect the County or which occur on property owned or controlled by the County or during the course of County business. Examples of workplace violence include, but are not limited to, the following:
 - a. All threats (including direct, conditional, or veiled) or acts of violence occurring on premises owned or controlled by the County, regardless of the relationship between the County and the parties involved in the incident.
 - b. All threats of any type or acts of violence occurring off County premises involving someone who is acting in the capacity of a representative of the County.
 - c. All threats of any type or acts of violence occurring off County premises involving an employee of the County if the threats or acts affect the legitimate interests of Elko County.
 - d. Any acts or threats resulting in a criminal conviction of an employee or agent of the County or of an individual performing service for the County on a contract or temporary basis which adversely affect the legitimate interests and goals of Elko County.
2. Specific examples of conduct which may be considered threats or acts of violence include, but are not limited to, the following:
 - a. Hitting, shoving, slapping, kicking or otherwise battering an individual;
 - b. Direct, conditional or veiled threats of harm directed to an individual or his/her family, friends, associates or property;
 - c. The intentional or malicious destruction or threat of destruction of County property or property of another employee;
 - d. Harassing or threatening phone calls, text messages, notes, letters, computer messages or other forms of communication;
 - e. Harassing surveillance or stalking;

- f. Unauthorized possession or inappropriate use of firearms, weapons, hazardous biological or chemical substances or explosives while on County business.
- 3. Elko County desires to detect and deter real, potential, or threatened violence. Every employee is required to report immediately any acts of violence or any threat of violence against any coworker, supervisor, manager, elected official, visitor, volunteer, or other individual. Employees who witness or become aware of any acts or threats of violence must notify their superior immediately. Every other person on County property is encouraged to report incidents of threats or acts of violence of which he/she is aware. Threats or acts of violence may include:
 - a. Displaying overt signs of extreme stress, resentment, hostility, or anger.
 - b. Making intimidating, abusive, or threatening remarks.
 - c. Sudden or significant deterioration of performance.
 - c. Displaying irrational or inappropriate behavior.
- 4. Reports of violence or threatening behavior should be made to the Human Resources Department, an employee's immediate supervisor or manager, or any other supervisory or management employee. Elko County is committed to ensuring that employees reporting real or perceived threats in good faith will not be subject to harassment or retaliation. Nothing in this policy alters any other reporting obligation established in County policies or in state, federal, or other applicable law.

V4.4 VIOLATIONS

- 1. Violations of this policy by any employee will lead to disciplinary action, up to and including termination and/or appropriate legal action. The County may also take appropriate disciplinary action against any employee who intentionally makes a false or malicious statement about coworkers or others.
- 2. Actions of law enforcement personnel which are necessary in the performance of their duties and are consistent with policies or sound law enforcement procedures shall not be considered to violate this policy. In addition, actions necessary for bona fide self-defense or protection of employees of the County or of County property shall not be considered to violate this policy.

V4.5 TEMPORARY RESTRAINING ORDERS

- 1. Elko County may apply for an order for protection against harassment in the workplace under NRS 33.200-33.360 when it has reason to believe that:
 - a. A person knowingly threatens to cause or commits an act that causes:
 - Bodily injury to him/herself or to another person;
 - Damage to the property of another person; or
 - Substantial harm to the physical or mental health or safety of a person.

- b. The threat is made or an act committed against the County, any employee of the County while performing employment duties, or against a person present at the County workplace; and
 - c. The threat would cause a reasonable person to fear that the threat will be carried out, or the act would cause a reasonable person to feel terrorized, frightened, intimidated, or harassed.
- 2. Such order of protection against harassment in the workplace may:
 - a. Enjoin the alleged harasser from contacting the County, an employee of the County while performing his/her duties, and any person while the person is present at the County's workplace;
 - b. Order the alleged harasser to stay away from the workplace; and
 - c. Order such other relief as the court deems necessary to protect the County; the workplace of the County, County employees while performing their employment duties, and any other persons who are present at the workplace.

W1 WHISTLEBLOWER PROTECTION POLICY

W1.1 PURPOSE

The purpose of this policy is to establish “whistleblower protection” for employees of the County who report improper governmental action, per NRS 281.611-671.

W1.2 DEFINITIONS

“Improper **governmental action**” is defined as action taken by an officer or employee in the performance of official duties which is:

In violation of state law or regulation;

In violation of county code, ordinance, or regulation adopted by the employer;

An abuse of authority;

Of substantial and specific danger to the public health or safety; or

A gross waste of public money.

W1.3 FILING AN APPEAL

Any employee who claims that a reprisal or retaliatory action was taken against them for disclosing information concerning improper governmental action as defined above may file a written appeal (*reference: Request for Hearing Under the Provisions of NRS 281.645* [“Whistleblower Law”]) with the human resources manager or appropriate authority.

*****See Section “X1 VARIOUS FORMS” Page ZZ-AAA for*****
Request for Hearing Form

“Reprisal or retaliatory action” includes:

The denial of adequate personnel to perform duties;

Frequent replacement of members of the staff;

Frequent and undesirable changes in the office location;

Refusal to assign meaningful work;

Issuance of letters of reprimand or evaluations of poor performance;

Demotion;

Reduction in pay;

Denial of a promotion;

Suspension;

Dismissal;

Transfer;

Frequent changes in working hours or workdays; or

If the employee is licensed or certified by an occupational licensing board, the filing with that board, by or on behalf of the employer, of a complaint concerning the employee, if such action is taken in whole or in part, because of County or employee disclosed information concerning improper governmental action. A written appeal must be filed by

the employee within 60 days after the date the alleged reprisal or retaliatory action took place. The reprisal or retaliatory action must have occurred within two years after the date the officer or employee disclosed information concerning improper governmental action. ***The appeal must be filed with the Human Resources Director or appropriate authority*** on a form provided by the employer. The appeal must contain a statement that sets forth with particularity:

The facts and circumstances under which the disclosure of improper governmental action was made; and

The reprisal or retaliatory action that is alleged to have been taken against the officer or employee.

W1.4 APPOINTMENT OF HEARING OFFICERS

As set forth by ordinance, hearing officers shall be appointed by the employer's governing board upon the recommendation of the appropriate authority. The qualifications of the hearing officers require a combination of education and experience in resolving disputes, adjudicating issues through the interpretation of statutes, rules or regulations, or serving as a hearing officer with the state.

W1.5 APPEAL HEARINGS

A hearing officer may reject an appeal form that is incomplete or otherwise insufficient to commence an appeal.

When an officer or employee alleging reprisal or retaliatory action requests an appeal hearing, he/she may represent themselves at the hearing or be represented by an attorney or other person of the employee's or officer's choosing. All testimony given at the hearing is under oath. The officer or employee alleging reprisal or retaliatory action presents his/her case first and must establish:

That the officer or employee was an officer or employee on the date of the alleged reprisal or retaliatory action;

That the officer or employee disclosed information concerning improper governmental action; and

The alleged reprisal or retaliatory action was taken against him/her within two years after the date he/she disclosed the information concerning improper governmental action.

The County then presents its case and must show that the County did not engage in the alleged reprisal or retaliatory action, or that the action was taken for legitimate business purposes and was not the result of the disclosure of information regarding improper governmental action by the officer or employee. The employee or officer making the allegation must then show that the stated business purpose for the action was a pretext for the reprisal or retaliatory action.

If the hearing officer finds that the action taken was a reprisal or retaliatory action, the hearing officer may issue an order directing the person to desist and refrain from engaging in such action.

W1.6 PROHIBITION OF THREATS OR COERCION

A County or employee shall not directly or indirectly use or attempt to use their official authority or influence to intimidate, threaten, coerce, command, influence, or attempt to intimidate, threaten, coerce, command, or influence another officer or employee in an effort to interfere with or prevent the disclosure of information concerning improper governmental action. The provisions of this policy shall not be used to harass another staff member or employee.

W1.7 DISCLOSURE OF UNTRUTHFUL INFORMATION

This policy does not preclude a County from initiating proper disciplinary action against an individual who discloses untruthful information concerning improper governmental action.

W1.8 ANNUAL SUMMARY

As required by NRS 281.661, a summary of this policy will be provided to employees on an annual basis.

X1 VARIOUS FORMS

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County Benefit Contacts
Questions? Call

COUNTY GROUP INSURANCE "CNIC" HEALTH SOLUTIONS

Claim Eligibility or Benefit Information 800-426-7453

Pre-Certification: Universal Health Review: 1-800-766-6959

WellDyneRx: 1-888-479-2000 – www.myWDRX.com

PERS RETIREMENT

Sonya Hellwinkel – Retirement Examiner

693 W. Nye Lane, Carson City, NV 89703

shellwin@nvpers.org

775-687-4200

THE HARTFORD-DEFERRED COMPENSATION SAVINGS

Tom Verducci – Account Representative

9850 Double R. Blvd., Suite 201, Reno, NV 89511

775-826-1227 Ext. 3

Toll Free: 800-457-STAG (7824)

AFLAC ACCIDENT/SHORT TERM DISABILITY

James Anderson – Account Representative

815 Murray Way, Suite 3, Elko, NV 89801

jamie_anderson@us.aflac.com

775-397-6157

775-778-9332 Fax

ING-DEFERRED COMPENSATION SAVINGS

Jo Ann Guerra – Account Representative

844 West Nye Lane, Suite 101

Carson City, NV 89703

775-886-2403

joann.deangeloguerra@us.ing.com

WORKERS' COMPENSATION

Alternative Service Concepts

Celis Nozu – Account Representative

1775 E. Plumb Lane, Suite 267

Reno, NV 89502

1-800-291-6826

WESTERN INSURANCE SPECIALTIES INC.

Anne Peirce or Todd Biggs

P.O. Box 12910

Reno, NV 89510

1-800-342-0707

amp@wisnv.com

ELKO COUNTY HUMAN RESOURCES

Jeri Underwood

540 Court Street (Nannini Building)

Elko, NV 89801

775-738-4375

junderwood@elkocountynv.net

Elko County Time Sheet

Department No. _____

Department Name _____

Employee Name _____

Pay Period No. _____ Date _____

Regular Hours		Miscellaneous Codes		Holiday
AD	Admin. Leave	FX	Floating Holiday	
PL	Funeral Leave	I	Holiday	
20	Leave W/O Pay	IN	Holiday Worked @ 1.5	
J	Controlled Standby	IR	Holiday Worked @ 2.5	
K	Uncontrolled Standby			
14	Workers Comp			Salaried
15	Workers Comp Free Days	SA	Salary	
MA	Maternity Leave	FI	Floating Holiday	
23	Military Leave	SS	Salaried Sick	
C	Correction/Adjustment	SV	Salaried Vacation	

Day	Date		Regular Hours	Comp Used	VAC Hours	Sick Leave		Overtime Earned		SMR Diff	Misc Code	Misc Hours	Column Totals	Time of Day		Explanation
	Mo	Day				Regular	Family	For Pay	For Comp					From	To	
Mon													0.00			
Tue													0.00			
Wed													0.00			
Thu													0.00			
Fri													0.00			
Sat													0.00			
Sun													0.00			
Mon													0.00			
Tue													0.00			
Wed													0.00			
Thu													0.00			
Fri													0.00			
Sat													0.00			
Sun													0.00			
Column Totals			0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00	0.00			

Remarks _____

Employee's signature certifies that he/she has sufficient leave balances to cover the leave requested, all leave taken has been recorded, and all entries are correct and not fraudulent.

_____
Employee's Signature_____
Supervisor's Signature

DISCRIMINATION COMPLAINT FORM

Date Received _____

Complainant:

Name: _____

Address: _____

Work Phone: _____

Home Phone: _____

Nature of Complaint: I believe I have been discriminated against because of

- | | | |
|--|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Disability | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Ancestry |
| <input type="checkbox"/> Retaliation for filing a discrimination complaint | | |

Person who you believed discriminated against you:

Name: _____ Title: _____

Department: _____ Work Phone: _____

Complainant's statement: Give date, time, place, etc. Additional pages may be added if necessary.

I believe I was discriminated against because:

I am requesting the following remedy:

I declare that the foregoing is true and correct.

Complainant Signature

Date: _____

Disposition: Additional pages may be added if necessary.

Administrator/Investigator

Date: _____

APPLICATION FOR FAMILY MEDICAL LEAVE ACT

Employees who have been employed by Elko County for at least one (1) year and worked for the County at least 1,250 hours during the preceding 12 month period, and are employed at a work site where 50 or more employees work for Elko County, within 75 miles of that work site, are eligible for Family Medical Leave. This application must be completed and sent to Human Services to start the FMLA process.

Employee Name: _____

Date of Request: _____

Department: _____

Position Title: _____

Your Hire Date: _____

I request a family/medical leave for the following reason (check one):

- ☐ A. A serious health condition that makes me unable to perform the essential functions of my job. **(Must submit a "Certification of Health Care Provider" within 15 days.)**
- ☐ B. To care for employee's spouse, son or daughter, or parent with a serious health condition. **(Must submit a "Certification of Health Care Provider" within 15 days.)**
- ☐ C. The birth of a child in order to care for such child, or the placement of a child for adoption or foster care.
- ☐ D. Because of a qualifying exigency arising out of the fact that your _____ spouse; _____ son or daughter; _____ parent is on active duty or call to active duty in support of a contingency operation as a member of the National Guard or Reserves.
- ☐ E. Because you are the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered service member with a serious injury or illness.

Date leave is requested to begin: _____

Requested ending date of leave: _____

Type of leave requested:

- ☐ A. Leave will be taken for a period of consecutive work days.
- ☐ B. Leave will be taken on an intermittent schedule or will require a reduced work schedule. **(Must submit "Certification of Health Care Provider" within 15 days.)**

(Specify schedule) _____

Conditions: (Initial)

_____ If the duration of my family/medical leave (total of paid and unpaid time) does not exceed twelve (12) weeks, I will be returned to my same or equivalent position. I understand that if my family/medical leave should exceed twelve (12) weeks, I will be returned to my same or similar position, only if available, in accordance with applicable laws. If my same or similar position is not available, I understand that I may be terminated.

_____ I hereby authorize a physician on behalf of Elko County to contact my physician to verify the reason for my requested leave, or for any other information necessary to evaluate my requested leave, pursuant to the Family and Medical Leave Act.

_____ I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by Elko County.

I certify that I have received a copy and understand the requirements and conditions set forth in Elko County's Family and Medical Leave policy. I have attached a doctor's note placing me off work.

Employee Signature: _____ Date: _____

Reviewed By (Department Supervisor's Signature)

Signature: _____

Title: _____

Date: _____

(Revised) 6/10/11

Certification of Health Care Provider for
Employee's Serious Health Condition
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: _____
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Under Title II of Genetic Information Nondiscrimination Act of 2008 (GINA), acquiring genetic information concerning an employee or the employee's family members is prohibited. As a result, this notice is being provided to ask that you do not provide any genetic information when responding to this request for medical information. Genetic information may include family medical history and/or results of a genetic test for employee or their family. Please be sure to sign the form on the last page.

Provider's name and business address: _____
Type of practice / Medical specialty: _____
Telephone: (____) _____ Fax: (____) _____

Page 1

CONTINUED ON NEXT PAGE

Form WH-380-E Revised January 2009
Revised February 2012 - POOL/PACT HR - Form CB007

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

___ No ___ Yes. If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Will the patient need to have treatment visits at least twice per year due to the condition? ___ No ___ Yes.

Was medication, other than over-the-counter medication, prescribed? ___ No ___ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

___ No ___ Yes. If so, state the nature of such treatments and expected duration of treatment: _____

2. Is the medical condition pregnancy? ___ No ___ Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: ___ No ___ Yes.

If so, identify the job functions the employee is unable to perform: _____

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☐ No ☐ Yes.

If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ☐ No ☐ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
☐ No ☐ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☐ No ☐ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
☐ No ☐ Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency : _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER:

[illegible]

Signature of Health Care Provider

Date _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

Certification of Health Care Provider for
Family Member's Serious Health Condition
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name: _____
First Middle Last

Name of family member for whom you will provide care: _____
First Middle Last

Relationship of family member to you: _____

If family member is your son or daughter, date of birth: _____

Describe care you will provide to your family member and estimate leave needed to provide care:

Employee Signature _____ Date _____

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Under Title II of Genetic Information Nondiscrimination Act of 2008 (GINA), acquiring genetic information concerning an employee or the employee's family members is prohibited. As a result, this notice is being provided to ask that you do not provide any genetic information when responding to this request for medical information. Genetic information may include family medical history and/or results of a genetic test for employee or their family.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____

Fax: (_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

____ No ____ Yes. If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Was medication, other than over-the-counter medication, prescribed? ____ No ____ Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? ____ No ____ Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

____ No ____ Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? ____ No ____ Yes. If so, expected delivery date: _____

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such as medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee taking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care.

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? ☐ No ☐ Yes.

Estimate the beginning and ending dates for the period of incapacity: _____

During this time, will the patient need care? ☐ No ☐ Yes.

Explain the care needed by the patient and why such care is medically necessary:

5. Will the patient require follow-up treatments, including any time for recovery? ☐ No ☐ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Explain the care needed by the patient, and why such care is medically necessary: _____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? ☐ No ☐ Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

Explain the care needed by the patient, and why such care is medically necessary:

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ☐ No ☐ Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

Does the patient need care during these flare-ups? ☐ No ☐ Yes.

Explain the care needed by the patient, and why such care is medically necessary: _____

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER

Signature of Health Care Provider

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

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Page 4

CONTINUED ON NEXT PAGE

Form WH-380-F Revised January 2009
Revised February 2012 - POOL/PACT HR - Form CB008

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor | Employment Standards Administration | Wage and Hour Division



U.S. Wage and Hour Division

WHD Publication 1420 Revised January 2009

Certification for Serious Injury or
Illness of Covered Servicemember - -
for Military Family Leave (Family and
Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

Notice to the EMPLOYER INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a serious injury or illness of a covered servicemember to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.310. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

SECTION I: For Completion by the EMPLOYEE and/or the COVERED SERVICEMEMBER for whom the Employee Is Requesting Leave INSTRUCTIONS to the EMPLOYEE or COVERED SERVICEMEMBER: Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a covered servicemember. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 C.F.R. § 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is a member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.

A complete and sufficient certification to support a request for FMLA leave due to a covered servicemember's serious injury or illness includes written documentation confirming that the covered servicemember's injury or illness was incurred in the line of duty on active duty and that the covered servicemember is undergoing treatment for such injury or illness by a health care provider listed above. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave.

**Certification for Serious Injury or Illness
of Covered Servicemember - - for
Military Family Leave (Family and
Medical Leave Act)**

U.S. Department of Labor
Wage and Hour Division



SECTION I: For Completion by the EMPLOYEE and/or the COVERED SERVICEMEMBER for whom the Employee Is Requesting Leave: (This section must be completed first before any of the below sections can be completed by a health care provider.)

Part A: EMPLOYEE INFORMATION

Name and Address of Employer (this is the employer of the employee requesting leave to care for covered servicemember):

Name of Employee Requesting Leave to Care for Covered Servicemember:

First Middle Last

Name of Covered Servicemember (for whom employee is requesting leave to care):

First Middle Last

Relationship of Employee to Covered Servicemember Requesting Leave to Care:

☐ Spouse ☐ Parent ☐ Son ☐ Daughter ☐ Next of Kin

Part B: COVERED SERVICEMEMBER INFORMATION

- (1) Is the Covered Servicemember a Current Member of the Regular Armed Forces, the National Guard or Reserves? ☐ Yes ☐ No

If yes, please provide the covered servicemember's military branch, rank and unit currently assigned to:

Is the covered servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)? ☐ Yes ☐ No If yes, please provide the name of the medical treatment facility or unit:

- (2) Is the Covered Servicemember on the Temporary Disability Retired List (TDRL)? ☐ Yes ☐ No

Part C: CARE TO BE PROVIDED TO THE COVERED SERVICEMEMBER

Describe the Care to Be Provided to the Covered Servicemember and an Estimate of the Leave Needed to Provide the Care:

SECTION II: For Completion by a United States Department of Defense ("DOD") Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; or (3) a DOD non-network TRICARE authorized private health care provider. If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator). (Please ensure that Section I above has been completed before completing this section.) Please be sure to sign the form on the last page.

Part A: HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name and Business Address:

Type of Practice/Medical Specialty: _____

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; or (4) a DOD non-network TRICARE authorized private health care provider: _____

Telephone: () _____ Fax: () _____ Email: _____

PART B: MEDICAL STATUS

(1) Covered Servicemember's medical condition is classified as (Check One of the Appropriate Boxes):

☐ (VSI) Very Seriously Ill/Injured – Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ (SI) Seriously Ill/Injured – Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ OTHER Ill/Injured – a serious injury or illness that may render the servicemember medically unfit to perform the duties of the member's office, grade, rank, or rating.

☐ NONE OF THE ABOVE (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380 or an employer-provided form seeking the same information.)

(2) Was the condition for which the Covered Service member is being treated incurred in line of duty on active duty in the armed forces? ☐ Yes ☐ No

(3) Approximate date condition commenced: _____

(4) Probable duration of condition and/or need for care: _____

(5) Is the covered servicemember undergoing medical treatment, recuperation, or therapy? ☐ Yes ☐ No. If yes, please describe medical treatment, recuperation or therapy: _____

PART C: COVERED SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER

- (1) Will the covered servicemember need care for a single continuous period of time, including any time for treatment and recovery? ☐ Yes ☐ No
If yes, estimate the beginning and ending dates for this period of time: _____
- (2) Will the covered servicemember require periodic follow-up treatment appointments?
☐ Yes ☐ No If yes, estimate the treatment schedule: _____
- (3) Is there a medical necessity for the covered servicemember to have periodic care for these follow-up treatment appointments? ☐ Yes ☐ No
- (4) Is there a medical necessity for the covered servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)? ☐ Yes ☐ No If yes, please estimate the frequency and duration of the periodic care:

Signature of Health Care Provider: _____ Date: _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

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Certification of Qualifying Exigency
For Military Family Leave
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Please complete Section I before giving this form to your employee. Your response is voluntary, and while you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.309.

Employer name: _____

Contact Information: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II fully and completely. The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. 29 C.F.R. § 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your employer must give you at least 15 calendar days to return this form to your employer.

Your Name: _____
First Middle Last

Name of covered military member on active duty or call to active duty status in support of a contingency operation:

First Middle Last

Relationship of covered military member to you: _____

Period of covered military member's active duty: _____

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Please check one of the following:

- ☐ A copy of the covered military member's active duty orders is attached.
- ☐ Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached.
- ☐ I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation.

PART A: QUALIFYING REASON FOR LEAVE

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached. ☐ Yes ☐ No ☐ None Available

PART B: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: _____

Probable duration of exigency: _____

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? ☐ No ☐ Yes.

If so, estimate the beginning and ending dates for the period of absence: _____

3. Will you need to be absent from work periodically to address this qualifying exigency? ☐ No ☐ Yes.

Estimate schedule of leave, including the dates of any scheduled meetings or appointments: _____

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours _____ day(s) per event.

PART C:

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

Describe nature of meeting: _____

PART D:

I certify that the information I provided above is true and correct.

Signature of Employee _____ Date _____

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NOTICE OF INTENT TO RETURN FROM FMLA LEAVE

TO: Pauline LaVoie
Human Resources Assistant

FROM: _____

DATE: _____

SUBJECT: Notice of Intent to Return from FMLA Leave

I have been on FMLA leave since: _____ (Date leave began)

I returned to work on: _____ (Date leave ended)

I understand my return is subject to the following:

1. I ☐ am ☐ am not required to present a fitness-for-duty certificate prior to being restored to employment. If such certificate is required but not received, my return to work may be delayed until certification is provided.
2. I will be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment.
3. I will be entitled to the accrual of any seniority or employment benefits during the period of leave that I would otherwise accrue on other forms of leave (paid or unpaid, as appropriate).

Employee's Signature

Date

I have examined _____ and certify that she / he is fully able to resume working.

Health Care Provider's Signature

Date

LEAVE OF ABSENCE – CONTINUATION OF COVERAGE/PAYROLL DEDUCTIONS

You must complete this form and return it to your Payroll Technician before going on a leave of absence *even if you do not wish to continue* your current coverage's while on leave of absence.

Name: _____
(Last) (First) (Middle Initial)

Social Security Number: _____ Department: _____

Home Address: _____

Phone: _____

Type of Leave: _____ Regular Approved _____ Disability Leave

Date: _____

(Check One)

_____ NO, I do not want to continue my current coverage while on leave of absence. I understand that my coverage will be automatically reinstated on my return to active employment.

_____ YES, I wish to continue some of my current coverage(s) while on leave of absence. (Please complete "Coverage's Being Continued" section.)

_____ YES, I wish to continue some of my current coverage(s) while on leave of absence. I understand that if I do not complete the "Coverage Being Continued" section, that my coverage's will automatically be canceled during my leave of absence.

NOTE: Premium payments or optional payroll deductions are due on the 1st of each month or coverage's will be automatically canceled until my return to active employment.

COVERAGE'S/PAYROLL DEDUCTIONS BEING CONTINUED

	<u>AMOUNT</u>
Employee Group Medical/Dental/Life Insurance	\$ _____
Dependent Group Medical/Dental/Life Insurance	\$ _____
PIC	\$ _____
AFLAC	\$ _____
Western Voluntary Life Insurance	\$ _____
Retirement Buy Down	\$ _____
Deferred Compensation Savings	\$ _____
Other	\$ _____
Total	\$ _____

It is my expressed intent to return to work after my leave of absence.

Signature: _____ Date: _____

EXHIBIT "A"
EMPLOYEE SAFETY INFORMATION FORM

This form is for use by employees who wish to provide a safety suggestion or report an unsafe work place condition or practice.

1. Description of unsafe condition or practice:

2. Causes or other contributing factors:

3. Employee's suggestion for improving safety:

Has this matter been reported to the area supervisor? Yes ___ No ___

Employee Name (Optional): _____

Employees are advised that the use of this form or other reports of unsafe conditions or practices are protected by law. It would be illegal for the employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.

PLEASE SUBMIT THIS FORM WHEN COMPLETED TO:

	HUMAN SERVICES
Physical:	540 Court Street, Suite 105
Mailing:	571 Idaho Street
	Elko, NV 89801

EXHIBIT B
WORK AREA SAFETY CHECKLIST

DEPARTMENT HEAD INSTRUCTIONS:

All department heads must inspect their respective work areas on a quarterly basis using this checklist. Answer each question with the following:

Y Yes
N No
N/A Not applicable to this work area

For each answer marked with an "N" submit a detailed explanation of the condition on the LOSS CONTROL ACTION PLAN FOR SPECIAL HAZARDS form and submit it immediately to Public Works or Buildings and Grounds for further inspection and correction.

NOTE: Questions concerning the exterior of the building or common areas shall be answered by the Community Development Department. (Please indicate "N/A" on these.)

GENERAL WORK ENVIRONMENT

- ☐ Are all work sites clean and orderly?
- ☐ Are work surfaces kept dry and appropriate means taken to assure the surfaces are slip-resistant?
- ☐ Are all spilled materials or liquids cleaned up immediately?
- ☐ Is combustible scrap, debris and waste stored safely and removed from the work site promptly?
- ☐ Are accumulations of combustible dust routinely removed from elevated surfaces, including the overhead structure of buildings?
- ☐ Is combustible dust cleaned up with a vacuum system to prevent the dust going into suspension?
- ☐ Is metallic or conductive dust prevented from entering or accumulating on or around electrical enclosures or equipment?
- ☐ Are covered metal waste cans used for oily and paint-soaked waste?
- ☐ Are all oil and gas-fired devices equipped with flame failure controls that will prevent flow of fuel if pilots or main burners are not working?
- ☐ Are all toilets and washing facilities clean and sanitary?
- ☐ Are all work areas adequately illuminated?
- ☐ Are pits and floor openings covered or otherwise guarded?

EXITING OR EGRESS

- ___ Are all exits marked with an exit sign and illuminated by a reliable light source?
- ___ Are the directions to exits, when not immediately apparent, marked with visible signs?
- ___ Are doors, passageways or stairways, that are neither exits nor access to exits and which could be mistaken for exits, appropriately marked "Not an Exit", "To Basement", "Storeroom", etc.?
- ___ Are exit signs provided with the word "Exit" in lettering at least five inches high and the stroke of the lettering at least one-half inch wide?
- ___ Are exit doors side-hinged?
- ___ Are all exits kept free of obstructions?
- ___ Are at least two means of egress provided from elevated platforms, pits or rooms where the absence of a second exit would increase the risk of injury from fire, flammable or explosive substances?
- ___ Are there sufficient exits to permit prompt escape in case of emergency?
- ___ Are precautions taken to protect employees during construction and repair operations?
- ___ Is the number of exits from each floor of a building and the number of exits from the building itself appropriate for the building occupancy load?
- ___ Are exit stairways that are required to be separated from other parts of a building enclosed by at least two hour fire resistive construction elsewhere?
- ___ When ramps are used as part of required exiting from a building, is the ramp slope limited to one foot vertical and twelve feet horizontal?

EXIT DOORS

- ___ Are doors that are required to serve as exits designed and constructed so that the way of exit travel is obvious and direct?
- ___ Are windows that could be mistaken for exit doors made inaccessible by means of barriers or railings?
- ___ Are exit doors operable from the direction of exit travel without the use of a key or any special knowledge or effort when the building is occupied?
- ___ Is a revolving, sliding or overhead door prohibited from serving as a required exit door?
- ___ Where panic hardware is installed on a required exit door, will it allow the door to open by applying a force of 15 pounds or less in the direction of the exit traffic?
- ___ Are doors on cold storage rooms provided with an inside release mechanism that will release the latch and open the door even if it is padlocked or otherwise locked on the outside?
- ___ Where exit doors open directly onto any street, alley or other area where vehicles may be operated, are adequate barriers and warnings provided to prevent employees from stepping into the path of traffic?
- ___ Are there viewing panels in doors that swing in both directions and are located between rooms where there is frequent traffic?

PORTABLE LADDERS

- ___ Are all ladders maintained in good condition, joints between steps and side rails tight, all hardware and fittings securely attached and movable parts operating freely without binding or undue play?

- ___ Are non-slip safety feet provided on each ladder?
- ___ Are non-slip safety feed provided on each metal or rung ladder?
- ___ Are ladder rungs and steps free of grease and oil?
- ___ Are employees instructed to face the ladder when ascending or descending?
- ___ Are employees prohibited from using ladders that are broken, missing steps, rungs, or cleats; or have broken side rails; or from using other faulty equipment?
- ___ Are employees instructed not to use the top step of ordinary step ladders as a step?
- ___ When portable rung ladders are used to gain access to elevated platforms, roofs, etc., does the ladder always extend at least three feet above the elevated surface?
- ___ Is it required that when portable rung or cleat-type ladders are used, the base is placed so that slipping will not occur or it is lashed or otherwise held in place?
- ___ Are portable metal ladders legibly marked with signs reading "Caution: Do Not Use Around Electrical Equipment" or equivalent wording?
- ___ Are employees prohibited from using ladders as guys, braces, skids, gin poles or for other than their intended purposes?
- ___ Are employees instructed to adjust extension ladders only while standing at a base (not while standing on the ladder or from a position above the ladder)?

WALKWAYS

- ___ Are aisles and passageways kept clear?
- ___ Are aisles and walkways marked as appropriate?
- ___ Are wet surfaces covered with non-slip materials?
- ___ Are holes in the floor, sidewalk or other walking surfaces repaired properly, covered or otherwise made safe?
- ___ Is there safe clearance for walking in aisles where motorized or mechanical handling equipment is operating?
- ___ Are materials or equipment stored in such a way that sharp projections will not interfere with the walkway?
- ___ Are aisles or walkways that pass near moving or operating machinery, welding operations or similar operations arranged so employees will not be subject to potential hazards?
- ___ Is adequate headroom provided for the entire length of any aisle or walkway?
- ___ Are standard guardrails provided wherever aisle or walkway surfaces are elevated more than 30 inches above any adjacent floor or the ground?
- ___ Are bridges provided over conveyors and similar hazards?

FLOOR AND WALL OPENINGS

- ___ Are floor openings guarded by a cover, a guardrail or equivalent on all sides (except at entrance to stairways or ladders)?
- ___ Are toe boards installed around the edges of permanent floor opening (where persons may pass below the opening)?
- ___ Are skylight screens of such construction and mounting that they will withstand a load of at least 200 pounds?
- ___ Is the glass in windows, doors, glass walls, etc., which are subject to human impact of sufficient thickness and type for the condition of use?

- ___ Are grates or similar type covers over floor openings such as floor drains, of such design that foot traffic or rolling equipment will not be affected by the grate spacing?
- ___ Are unused portions of service pits and pits not actually in use either covered or protected by guardrails or equivalent?
- ___ Are manhole covers, trench covers and similar covers, plus their supports, designed to carry a truck rear axle load of at least 20,000 pounds when located in roadways and subject to vehicle traffic?
- ___ Are floor or wall openings in fire resistive construction provided with doors or covers compatible with the fire rating of the structure and provided with a self-closing feature when appropriate?

STAIRS AND STAIRWAYS:

- ___ Are standard stair rails or handrails on all stairways having four or more risers?
- ___ Are all stairways at least 22 inches wide?
- ___ Do stairs have at least 6 foot, 6 inch overhead clearance?
- ___ Do stairs angle no more than 50 and no less than 30 degrees?
- ___ Are stairs of hollow-pan type treads and landings filled to noising level with solid material?
- ___ Are step risers on stairs uniform from top to bottom, with no riser spacing greater than 7½ inches?
- ___ Are steps on stairs and stairways designed or provided with a surface that renders them slip resistant?
- ___ Are stairway handrails located between 30 and 34 inches above the leading edge of stair treads?
- ___ Do stairway handrails have at least 1 1/2 inches of clearance between the handrails and the wall or surface they are mounted on?
- ___ Are stairway handrails capable of withstanding a load of 200 pounds, applied in any direction?
- ___ Where stairs or stairways exit directly into any area where vehicles may be operated, are adequate barriers and warnings provided to prevent employees from stepping into the path of traffic?
- ___ Do stairway landings have a dimension measured in the direction of travel, at least equal to the width of the stairway?
- ___ Is the vertical distance between stairway landings limited to 12 feet or less?
- ___ Is a stairway provided to the roof of each building four or more stories in height, provided the roof slope is 4 in 12 or less?

ELEVATED SURFACES:

- ___ Are signs posted, when appropriate, showing the elevated surface load capacity?
- ___ Are surfaces elevated more than 30 inches above the floor or ground provided with standard guardrails?
- ___ Are all elevated surfaces (beneath which people or machinery could be exposed to falling objects) provided with standard 4-inch toe boards?
- ___ Is a permanent means of access and egress provided to elevated storage and work surfaces?

- ___ Is required headroom provided where necessary?
- ___ Is material on elevated surfaces piled, stacked or racked in a manner to prevent it from tipping, falling, collapsing, rolling or spreading?
- ___ Are dock boards or bridge plates used when transferring materials between docks and trucks or rail cars?

ENVIRONMENTAL CONTROLS:

- ___ Are all work areas properly illuminated?
- ___ Are hazardous substances identified which may cause harm by inhalation, ingestion, in absorption or contact?
- ___ Is the work area's ventilation system appropriate for work being performed?
- ___ Are spray painting operations done in spray rooms or booths equipped with an appropriate exhaust system?
- ___ Is employee exposure to welding fumes controlled by ventilation, use of respirators, exposure time, or other means?
- ___ If forklifts and other vehicles are used in buildings or other enclosed areas, are carbon monoxide levels kept below maximum acceptable concentration?
- ___ Has there been a determination that noise levels in the facilities are within acceptable levels?
- ___ Is vacuuming with appropriate equipment used whenever possible, rather than blowing or sweeping dust?
- ___ Are grinders, saws and other machines that produce respirable dusts vented to an industrial collector or central exhaust system. Are all local exhaust ventilation systems designed and operating properly at the airflow and volume necessary for the application? Are the ducts free of obstructions or the belts slipping?
- ___ Are restrooms and washrooms kept clean and sanitary?
- ___ Is all water provided for drinking, washing and cooking potable?
- ___ Where heat is a problem, have all fixed work areas been provided with spot cooling or air conditioning?
- ___ Are employees working on streets and roadways where they are exposed to the hazards of traffic, required to wear a bright colored (traffic orange) warning vest?
- ___ Are exhaust stacks and air intakes located so that contaminated air will not be recirculated within a building or other enclosed area?

EXHIBIT C
LOSS CONTROL ACTION PLAN FOR SPECIAL HAZARDS

Department: _____

Reporting Officer: _____

Title: _____

Hazard Identified:

(To be completed by reporting officer)

Corrective Action:

(To be completed by County Administration
designated staff)

1) _____

Identified on (date) _____

1) _____

Corrected on (date) _____

3) _____

Identified on (date) _____

3) _____

Corrected on (date) _____

4) _____

Identified on (date) _____

4) _____

Corrected on (date) _____

5) _____

Identified on (date) _____

5) _____

Corrected on (date) _____

(Use additional copies of this form if needed)

EXHIBIT D
EMPLOYEE SAFETY TRAINING RECORD

Employee Name: _____ Department: _____

Date of Training: _____ Name of Trainer: _____

Course Subject: _____

Employee Name: _____ Department: _____

Date of Training: _____ Name of Trainer: _____

Course Subject: _____

Employee Name: _____ Department: _____

Date of Training: _____ Name of Trainer: _____

Course Subject: _____

Employee Name: _____ Department: _____

Date of Training: _____ Name of Trainer: _____

Course Subject: _____

This form should be used for any and all safety training received by the employee. This should include formal training courses, as well as informal safety talks held by the department head to employee groups or individual employees and any on-the-job safety training. Forward a copy of this form to Human Services for inclusion in the employees training history.

EXHIBIT E

"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"

(Incident Report)

Pursuant to NRS 616C.015

Name of Employer _____

Name of Employee		Social Security Number	Telephone Number
Date of Accident (if applicable)	Time of Accident (if applicable)	Place where accident occurred (if applicable)	
What is the nature of the injury or occupational disease?		List any body parts involved.	
Briefly describe accident or circumstances of occupational disease: <small>(Note: if you are claiming an occupational disease, indicate the date on which employee first became aware of connection between condition and employment)</small>			
Names of witnesses:			
Did the employee leave work because of the injury or occupational disease? ___ YES ___ NO	If yes, when (date and time)?	Has the employee returned to work? ___ YES ___ NO	If yes, when (date and time)?
Was first aid provided? ___ YES ___ NO	If yes, by whom?	Name and address of treating physician, if applicable or known	
Did the accident happen in the normal course of work? (if applicable) ___ YES ___ NO			
Was anyone else involved? ___ YES ___ NO		Names of others involved	

MY EMPLOYER/INSURER MAY HAVE MADE ARRANGEMENTS TO DIRECT ME TO A HEALTH CARE PROVIDER FOR MEDICAL TREATMENT OF MY INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE. I HAVE BEEN NOTIFIED OF THESE ARRANGEMENTS.

Supervisor's Signature _____ Date _____ Signature of Injured or Disabled Employee _____ Date _____

TO FILE A CLAIM FOR COMPENSATION, SEE REVERSE SIDE, SECTION ENTITLED, CLAIM FOR COMPENSATION (FORM C-4).

For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: <http://govcha.state.nv.us> E-mail cha@govcha.state.nv.us

Employee should sign, date and retain a copy.
 Original to Employer, Copy to Employee

C-1 Rev. 10/08

EXHIBIT E

Supplement to "Notice of Injury or Occupational Disease" (C-1)

Department: _____

Job Title: _____

Equipment Involved:

Could anything be done to prevent accidents of this type? ___ If so, what?

Supervisors Signature

Date

EXHIBIT F

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-4 FORM		Please Type or Print		EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE	
EMPLOYER	Employer's Name	Nature of Business (mfg., etc.)		FEIN	OSHA Log #
	Office Mail Address	Location ... If different from mailing address			Telephone
	City State Zip	INSURER		THIRD-PARTY ADMINISTRATOR	
EMPLOYEE	First Name M.I. Last Name	Social Security		Birthdate	Age Primary Language Spoken
	Home Address (Number and Street)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
	City State Zip	Was the employee paid for the day of injury? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No		How long has this person been employed by you in Nevada?	
	In which state was employee hired?	Employee's occupation (job title) when hired or disabled		Department in which regularly employed:	
ACCIDENT OR DISEASE	Telephone	Is the injured employee a corporate officer? ... sole proprietor? ... partner? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was employee in your employ when injured or disabled by occupational disease (OD)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date of Injury (if applicable)	Time of Injury (Hours, Minute AM/PM) (if applicable)	Date employer notified of injury or O/D		Supervisor to whom injury or O/D reported
	Address or location of accident (Also provide city, county, state) (if applicable)				Accident on employer's premises? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
	What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable)				
	How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary.				
INJURY OR DISEASE	Specify machine, tool, substance, or object most closely connected with the accident (if applicable)		Witness		Was there more than one person injured in this accident? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Part of body injured or affected	If fatal, give date of death	Witness		
	Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.)		Witness		Will you have light duty work available if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If validity of claim is doubted, state reason		Did employee return to next scheduled shift after accident? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Treating physician/chiropractor name		Location of Initial Treatment		
	Emergency Room <input type="checkbox"/> Yes <input type="checkbox"/> No		Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No		
	IMPORTANT	How many days per week does employee work?	From <input type="checkbox"/> am <input type="checkbox"/> pm To <input type="checkbox"/> am <input type="checkbox"/> pm	Last day wages were earned	
	Scheduled days off <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S Rotating <input type="checkbox"/>	Are you paying injured or disabled employee's wages during disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IMPORTANT LOST TIME INFO	Date employee was hired	Last day of work after injury or disability	Date of return to work	Number of work days lost	
	Was the employee hired to work 40 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, for how many hours a week was the employee hired?		Did the employee receive unemployment compensation any time during the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know		
	For the purpose of calculation of the average monthly wage, indicate the employee's gross earnings by pay period for 12 weeks prior to the date of injury or disability. If the injured employee is expected to be off work 5 days or more, attach wage verification form (O-8). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.				
	Pay period <input type="checkbox"/> SUN <input type="checkbox"/> TUE <input type="checkbox"/> THUR <input type="checkbox"/> SAT ends on: <input type="checkbox"/> MON <input type="checkbox"/> WED <input type="checkbox"/> FRI	Employee <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER is paid: <input type="checkbox"/> BI-WKLY <input type="checkbox"/> SEMI-MONTHLY	On the date of injury or disability the employee's wage was: \$ per <input type="checkbox"/> Hr <input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mo		
For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: http://govcha.state.nv.us E-mail: cha@govcha.state.nv.us					
★	I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.			Employer's Signature and Title	
	Date			Date	
Insurer Use Only	Claim Is: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Deferred <input type="checkbox"/> 3 rd Party		Deemed Wage		Account No.
	Claims Examiner's Signature		Date	Status Clerk	Date

Form C-3 (rev. 11/05)

ORIGINAL - EMPLOYER

PAGE 2 - INSURER/TPA

PAGE 3 - EMPLOYEE

EXHIBIT F
Supplement to "Employer's Report of Industrial Injury or Occupational Disease"
(C-3)

Department: _____

Job Title: _____

Equipment Involved: _____

Equipment/Facilities Damaged:

Immediate Action Taken:

Identify any of the following that pertain to the accident:

Unsafe Acts

- _____ Operating without authority
- _____ Operating at unsafe speed
- _____ Making safety devices inoperative
- _____ Taking unsafe position
- _____ Unsafe lifting or placing
- _____ Working on moving or dangerous equipment
- _____ Failure to use personal protective equipment
- _____ Safety rule violation
- _____ Using unsafe equipment
- _____ Other- describe _____

Unsafe Conditions

- _____ Improperly guarded equipment
- _____ Defective tools, equipment, etc.
- _____ Poor housekeeping
- _____ Improper lighting
- _____ Wet or slippery floor
- _____ Unsafe substance

- ☐ Combative patient
- ☐ Unsafe design or construction
- ☐ Other- describe

Please state possible reasons for unsafe act (lack of training, disregard for authority, etc.):

What steps have been taken to prevent recurrence?

Have you reviewed this accident with the employee? ☐ yes ☐ no

Immediate supervisor's signature: _____

Date: _____

Reviewed by department head: _____

Date: _____

Remarks:

Diagram of accident area:

Supervisor's Signature

Date

EXHIBIT "G"
INCIDENT INVESTIGATION CHECKLIST

A. Description and Identification of the Premises

1. Exact location, giving street numbers and any other designation necessary to pinpoint the location.
2. Type of building (use and construction type).
3. Age of building (if necessary, obtain name of architect, contractor and builder).
4. General condition of building or area:
 - a. Is building or area in good general condition?
 - b. Is building or area well maintained?
 - c. Is building kept in good repair?
5. Use to which facility, area or equipment is put:
 - a. Is the use proper?
 - b. Is the use lawful?
 - c. Is the use hazardous in any way?
 - d. Does the use create a nuisance?
6. What is the history of previous incidents with this facility, area or equipment?

B. Ownership and Control

1. Who owns the facility or equipment?
2. How long has local government used facility or equipment?
3. If another tenant or facility user is involved, obtain a list of names, addresses and phone numbers and their insurance company.
4. Obtain a copy of building lease when applicable.
5. Does a landlord control the area of a facility complained about? If so, obtain name, address and phone number, including his insurance company.
6. Who is responsible for cleaning and general maintenance? If not local government, obtain names, addresses and phone numbers, including their insurance companies.

C. Coverage

1. Make sure the incident occurred within the local government's jurisdiction.
2. Make sure the incident occurred on government property.
3. Are there any easements within the incident area?
4. Did the incident occur under the possible control of someone else and not the local government?
5. Were there any contracts or hold harmless agreements signed that have a bearing on this incident? If yes, obtain.
6. Can liability be transferred to another party (contractor, hold harmless signer, private property owner)?
7. Does the agency's insurance cover this incident?
8. Check for possible completed operations:
 - a. Obtain exact date when work was done.

- b. Was job accepted as completed?
- c. Was payment made for completed job?
- d. Were any exposures left at site?
- e. Were any complaints made about workmanship?
- f. Were any repairs made or conditions corrected?
- g. Are inspection records available, complete?
- h. Did the operation involve a service or maintenance contract? If so, obtain.

D. Actual or Constructive Notice

- 1. Who was responsible for the general maintenance of the building, area or equipment?
- 2. Was the individual aware of the risk or exposure?
- 3. How did it come to his attention?
- 4. When did it come to his attention?
- 5. How long had the condition been permitted to exist?
- 6. Were any regular inspections made? By whom? Reports made?
- 7. If the local government was unaware of the exposure, could it have been identified through a regular inspection?
- 8. Was the building, area or equipment regularly inspected?
- 9. Are safety precautions regularly used in maintenance?

E. Physical Conditions

- 1. Describe the condition which caused the incident.
- 2. Exact location. Preserve any evidence. Take pictures.
- 3. If pertinent, describe composition, nature, condition of floor (wet, debris, slick, broken, rough, slope, cracked, obstructed).
- 4. Was the incident caused by defective conditions owing to ordinary wear and tear? Faulty construction?
- 5. Describe lighting conditions (time of day, weather, windows, shades, power, lights).
- 6. Describe weather conditions.
- 7. Was any warning or cautionary signs posted? Photograph.
- 8. Are blueprints or plans available if necessary? Where?
- 9. Did facility meet code?
- 10. Had repairs been made? By whom, when, how, guarantee?

F. Reports and Witnesses

- 1. Obtain signed statements from all parties.
- 2. Were any confessions or admissions made? Obtain.
- 3. Document any injuries sustained.
- 4. Obtain names, addresses and phone numbers of all witnesses involved.
- 5. Obtain names, addresses and phone numbers of outside witnesses who can testify regarding conditions, policies, procedures, practices, routines, etc.
- 6. Obtain any policy, physician or other available reports.

G. Information from Claimant

1. Claimant's name and all previous names or aliases under which the claimant was ever known.
2. Present and previous address and phone number.
3. Military status if applicable.
4. Dependency status.
5. Employment history.
6. Possible distractions to claimant:
 - a. Weather
 - b. Was claimant carrying any packages, umbrella or other objects that could have affected vision, balance, etc. Describe.
 - c. Was claimant watching someone or something?
 - d. Was claimant talking to anyone at time of incident?
 - e. Was claimant daydreaming or preoccupied?
 - f. Was claimant awake?
 - g. Was claimant worried or under stress?
 - h. Was claimant tired?
7. Was the claimant's clothes material to the incident?
 - a. Hat over eyes?
 - b. Collar or hat over ears?
 - c. Were clothing or shoes a tripping or other hazard?
8. Did claimant's physical condition have any bearing on incident?
 - a. Medical condition (heart disease, epilepsy, faintness, etc.).
 - b. Alcohol or drug use.
 - c. Illness or lack of sleep (work hours?)
 - d. Any physical disabilities? Describe.
 - e. Eyesight (need glasses? wearing glasses/contacts?)
9. Ascertain circumstances surrounding claimant incident.
 - a. Was claimant invited guest, trespasser?
 - b. Why was claimant in area?
 - c. Who was with claimant just prior and following incident? Interview.
 - d. If claim involves injury, how was claimant hurt?

Additional Special Investigation Procedures

A. Street and Sidewalk Incidents

1. Describe composition of street or walk.
2. Determine if publicly or privately owned? Easements?
3. Were attempts made to guard or barricade the exposure.?
4. Were any warning signs placed around the defect?
5. Had there been previous complaints about the exposure?
6. Did the abutting property owner have any responsibility?
7. Who originally constructed the street or walk? When?
8. If the exposure was caused by tree roots, who planted, maintains, owns them?

B. Snow and Ice Cases

1. Describe slope.
2. Was ice caused by leaking water? If so, was leak from public water main or private service line or defective spout or other part of building?
3. If snow was involved, how much? When did it stop snowing? Who is responsible for snow removal?
4. Was snow hard, packed, soft, icy?
5. Was attempt made to clean the snow? Who? When?
6. Was cleaned snow piled up so that it melted and created a hazard?
7. Was there any defect under the snow?
8. What was weather at time of incident?
9. Review snow removal policy, procedures. Were they complied with?

C. Slippery Floor Cases

1. Was the floor wet? Who caused it to be wet?
2. Were any caution or warning signs put out?
3. When was floor last waxed? By whom?
4. Obtain information on what was used (manufacturer, directions for use, manufacturer's insurer).
5. Were manufacturer's directions complied with?
6. What method was used to apply wax?
7. If necessary, obtain chemical analysis of wax and have a friction test made before waxing, after waxing and after buffing.

D. Stairway Cases

1. What is description and construction of stairs?
2. What are measurements (height, depth, width)?
3. Are all steps of equal height, etc.?
4. What is the condition of steps?
5. Do stairs have covering? Of what? Condition?

6. Did stairs have any nosings? Defective?
7. Were stairs unusual in any way? (curved, winding)
8. Give location and description of any landings.
9. Does construction of stairs conform to building code? If not, what violations are there?
10. Was there any obstruction on stairs? Describe fully.
11. Were stairs lighted?
12. Were stairs in common use? Who else uses them?
13. Any complaints or reports ever made about stairs?
14. Was there a handrail? Exactly where, how fastened, what composition, what condition, how high?
15. What kind of shoes was claimant wearing? Describe soles and condition?
16. Was claimant carrying anything? Describe fully.
17. Was claimant wearing anything that could catch, cause trip, fall or obscure vision?
18. What caused the incident? (trip, slip, failure to use handrail, loss of balance, intoxication, etc.).
19. How did claimant fall (backwards, forwards, side, lurch)?
20. Did claimant attempt to catch rail or self? Which foot was forward?
21. Diagram exact location of fall. Between which steps?

E. Falling Object Cases

1. From where did the object fall?
2. What was the exact spot where it landed?
3. What sort of object fell?
4. Who owned the object?
5. What caused the fall?
6. Was the object that fell a piece of or in a building:
 - a. Who was in control of the building?
 - b. How old was the building?
 - c. When was the area inspected last?
 - d. Have pieces ever fallen previously?
 - e. Were shelves secured?
 - f. Were weather factors involved?
 - g. How were materials stacked? Where?
7. If construction case:
 - a. Were the floors covered?
 - b. Who was working above? Obtain all names, addresses and phone numbers, including contractors, subcontractors and insurers.
 - c. What caused the fall? Who?

F. Construction Cases

1. Obtain names and insurance carriers of all parties.
2. Obtain copies of all contracts.
3. Who controlled the operations? Who supervised the work?

4. Was the work unusually hazardous?
5. Were the workers experienced?
6. Were they licensed, if required?
7. Were they properly supervised?
8. Were they engaged in unusual or unorthodox practices or techniques?
9. What was the nature of their tools and equipment? Were they adequate for the job, In good working order? Who furnished them?
10. Was the construction regularly inspected? Obtain all daily work logs and inspection reports.
11. Were defects noted? Should they have been? By whom?
12. Were any repairs made? When, by whom, how? If not, why not?
13. What safety measures were taken? By whom? (lanterns, barricades, walkways, overhangs, etc.).
14. Was the Manual Uniform Traffic Control Devices (MUTCD) complied with?
15. Was contractor complying with all general and special conditions?
16. Were all safety (OSHA) conditions complied with?
17. Was special safety equipment available? Was it used? If not, why not?
18. Obtain all preconstruction photographs and films. Take post incident photographs.
19. Were plans properly filed with building division? Approved?
20. Were inspections regularly made? Obtain.

EXHIBIT H
GENERAL SAFETY RULES

1. Whenever you are involved in any accident that results in personal injury or damage to property, no matter how small, the accident must be reported. Get first aid promptly.
2. Report immediately any condition or practice you think might cause injury to persons or damage to equipment.
3. All prescribed safety and personal protective equipment should be used when required and maintained in a working condition. If you have not been provided equipment that you feel you should have, check with your supervisor.
4. Obey all county rules, governmental regulations, signs, markings and instructions. Be particularly familiar with those that apply directly to you. If you don't know - ask.
5. When lifting, use the approved lifting technique, i.e., bend your knees, grasp the load firmly, and then raise the load keeping your back as straight as possible. Get help for heavy loads.
6. Don't horseplay; avoid distracting others, be courteous.
7. Always use the right tools and equipment for the job. Use them safely and only when authorized.
8. Good housekeeping should always be practiced. Return all tools, equipment, materials, etc. to their proper places. Disorder wastes time, energy and material, and will often result in injury.
9. The use of drugs and/or intoxicating beverages is prohibited.
10. Do not remove, displace, damage, destroy or carry off any safety device or safeguard furnished and provided for your use or the use of any other employee.
11. Comply with occupational safety and health standards and rules, which are applicable to your own actions and conduct.
12. You have the right and the responsibility to report hazards. Use an Employee Safety Information Form in order to provide safety suggestions or report unsafe workplace conditions or practices.
13. It is your responsibility to attend all safety meetings in your department.
14. Violation of any of the above rules shall result in disciplinary action up to and including termination.

SAFETY PRACTICES

WHEN LIFTING:	Hold your back straight, bend your knees, get a firm grip on the object, hold it close to your body, space your feet for good balance; now lift, exerting the lifting force with your strong leg muscles, not the weaker back muscles.
MATERIAL HANDLING:	Do not throw objects - always carry or pass them. Use hand trucks or other equipment when possible. Get help with heavy or awkward objects.
TRASH DISPOSAL:	Keep sharp objects and dangerous substances out of the trash can. Dispose of them in approved containers.
CLEAN UP:	Remove refuse promptly to prevent slips and tripping.
PREVENT FALLS:	Keep aisles, workplaces, and stairways clean, clear and well lighted. Report slippery or faulty floor surfaces.
WALK - DON'T RUN:	Watch your step - wear safety-soled shoes.
TOOLS:	Handle and store knives carefully. Do not use burred, defective or greasy tools. Use the right tool for the job.
FALLING OBJECTS:	Handle objects and tools carefully. Store them where they won't fall.
WORK AREA CONDITIONS:	Protruding nails, torn or sharp corners can cause serious cuts and bruises. Remove or pad them. Close all drawers.
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**PERSONAL PROTECTIVE
EQUIPMENT:**

Wear it when you are supposed to. Maintain it to do the job it should. Replace it when it can no longer protect you as intended.

LADDERS:

Use a safe ladder - not a box, chair, or any makeshift item. Place ladders securely.

MACHINE GUARDS:

Keep guards in place at all times. Don't clean machinery while it is running. Lock all disconnected switches while doing repairs or cleaning.

ELECTRICAL HAZARDS:

Do not stand on a wet floor while using any electrical apparatus. Keep extension cords in good repair. Don't make unauthorized connections or repairs. Do not overload outlets.

GAS FIRED APPARATUS:

Be sure firebox is clear of gas before lighting. Use paper or cloth on a long wire or stick to light burner. Stand to the side to avoid flashbacks.

COMPRESSED AIR:

Use the correct pressure. Wear eye protection when used for cleaning.

PREVENT INFECTION:

All punctures, cuts and scratches are dangerous - get first aid at once.

IF INJURED:

Report all injuries, no matter how slight.

HORSEPLAY:

Scuffling, practical jokes and tricks are not allowed.

EMERGENCIES:

Know what procedures have been planned. Know where fire extinguishers are located and how to use them. Know where first aid supplies are located.

*******See Page c for Employee's Signature Page**

TRAINING ATTENDANCE REQUEST FORM

Employee Name: _____

Department: _____

Name of Training Program: _____

Estimated Cost of Attendance:	County	Employee
Tuition:	_____	_____
Travel:	_____	_____
Transportation	_____	_____
Lodging	_____	_____
Meals	_____	_____
Other (Please Specify)	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	\$_____	\$_____

Employee's time spent during training (including any travel time) will be considered:

Working Time: _____

Non-work time: _____

Please briefly describe benefits of proposed training program:

Requested this _____ day of _____, 20_____.

Employee Signature

____ Approved subject to comments below _____ Disapproved

This _____ day of _____, 20_____.

Department Head Signature

Department Head Comments:



Travel Reimbursement Waiver Form

Elko County Employee _____ of the
_____ Department is hereby granted a waiver and will be
reimbursed the full amount of the travel reimbursement state allotted amount as no Elko
County Fleet Vehicles were available for use during the travel time of
_____ to _____.

By: _____
Elko County Manager's Office

Date: _____

Please submit this Waiver with your travel claim to receive the proper reimbursement.

TRAVEL CLAIMS AGAINST ELKO COUNTY			
VOUCHER NO.: _____ DEPARTMENT: _____ PAY TO: _____ ADDRESS: _____ _____ _____	VENDOR NO.: _____ ACCOUNT NO.: _____ TRAVEL DESTINATION: _____ REASON FOR TRAVEL: _____ _____ _____		
TRANSPORTATION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> CAR RENTAL \$ _____ PERSONAL VEHICLE _____ # MILES TRAVELED _____ </div> <div style="width: 45%;"> GASOLINE \$ _____ COUNTY VEHICLE _____ MILEAGE RATE _____ </div> </div> <div style="text-align: right; margin-top: 10px;">TOTAL \$ _____</div>			
LODGING HOTEL NAME _____ RATE PER NIGHT _____ # NIGHTS STAYED _____ <div style="text-align: right; margin-top: 10px;">TOTAL \$ _____</div>			
MEALS BREAKFAST: # _____ X \$ 6.50 LUNCH: # _____ X \$ 6.50 DINNER # _____ X \$15.00 <div style="text-align: right; margin-top: 10px;">TOTAL \$ _____</div>			
The undersigned Department Head hereby certifies that the above claim is reasonable and just and that neither the whole nor any part thereof has been previously presented or allowed as reflected by the Board of County Commissioners, and said claim is now due, owing and unpaid.			
DEPARTMENT HEAD: _____ <div style="text-align: center;">DATE</div>		COUNTY COMMISSIONER'S APPROVAL: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> X _____ X _____ X _____ </div> <div style="width: 45%;"> X _____ X _____ X _____ </div> </div>	



Elko County Fleet Vehicle Checklist

Vehicle: _____

Checked Out By: _____ Department: _____

Odometer Reading on Return: _____

Fuel Tank Filled on Return: _____ Yes _____ No

Condition of Vehicle: _____ Good – Needs No Attention

_____ Needs Attention

- _____ Cleaning – Inside
- _____ Cleaning – Outside
- _____ Windshield including wipers
- _____ Maintenance Light On
- _____ Tire Rotation/Alignment
- _____ Brakes
- _____ Broken Parts
- _____ Other

Remember :

No Smoking or Drinking Allowed in Vehicle
No Unauthorized Persons Allowed in Vehicle
Keys Must Be Returned As Soon As Possible

**REQUEST FOR HEARING UNDER THE PROVISIONS OF NRS 281.645
and Employers ORDINANCE NO. _____
("WHISTLEBLOWER LAW")**

In accordance with Ordinance No. _____, this form is provided in filing your appeal with the Hearings Officer. Ordinance No. _____ provides that "The hearing officer may reject a form that is incomplete or otherwise deficient as insufficient to commence the appeal."

Name of Appellant (please print) _____

Mailing Address _____
City State Zip

AT THE TIME OF THE RETALIATORY ACTION DESCRIBED BELOW IN PARAGRAPH 4,
I AM/WAS EMPLOYED WITH THE EMPLOYER AS FOLLOWS:

Job Title: _____

Work Phone: _____

Department: _____ Division: _____

1. Describe the specific factual allegations of improper governmental conduct including the date of any such alleged occurrence; the officer or employee alleged to have engaged in such improper governmental action -- either by act of commission or omission -- and the basis or legal theory upon which it is alleged that said conduct constitutes an improper governmental action.

2. Describe the specific factual allegations as to when, to whom, and how the alleged improper governmental conduct was disclosed.

3. Describe the specific factual allegations as to when, by whom, and how the institution and/or individual alleged to have committed a reprisal or retaliation due to the disclosure learned of the disclosure activity of the petitioner-employee including any inferences drawn in connection therewith.

4. Describe the specific factual allegations as to when, by whom, and what reprisal or retaliation resulted from their alleged disclosure of the alleged improper governmental action.

APPELLANT'S SIGNATURE

DATE

Upon completion, return to the human resources director (or designated individual). Retain a copy for your records.

NRS 281.641 Reprisal or retaliatory action against state officer or employee who discloses improper governmental action: Written appeal; hearing; order; negative ruling may not be based on identity of persons to whom disclosure was made; rules of procedure.

1. If any reprisal or retaliatory action is taken against a state officer or employee who discloses information concerning improper governmental action within 2 years after the information is disclosed, the state officer or employee may file a written appeal with a hearing officer of the Department of Personnel for a determination of whether the action taken was a reprisal or retaliatory action. The written appeal must be accompanied by a statement that sets forth with particularity:

(a) The facts and circumstances under which the disclosure of improper governmental action was made; and

(b) The reprisal or retaliatory action that is alleged to have been taken against the state officer or employee.

The hearing must be conducted in accordance with the procedures set forth in NRS 284.390 to 284.405, inclusive, and the procedures adopted by the Personnel Commission pursuant to subsection 4.

2. If the hearing officer determines that the action taken was a reprisal or retaliatory action, he may issue an order directing the proper person to desist and refrain from engaging in such action. The hearing officer shall file a copy of his decision with the Governor or any other elected state officer who is responsible for the actions of that person.

3. The hearing officer may not rule against the state officer or employee based on the person or persons to whom the improper governmental action was disclosed.

4. The Personnel Commission may adopt rules of procedure for conducting a hearing pursuant to this section that are not inconsistent with the procedures set forth in NRS 284.390 to 284.405, inclusive.

(Added to NRS by 1991, 1993, A 1995, 347; 2001, 3050)

ELKO COUNTY PERSONNEL POLICIES MANUAL

EFFECTIVE: Immediately

DATE: _____

APPROVAL BY: Board of County Commissioners

R. Jeff Williams, Chairman

Demar Dahl

Glen Guttry

Charlie Myers

Warren Russell