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**ELKO COUNTY**  
**PERSONNEL POLICIES MANUAL**

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## **POLICIES AND BENEFIT INFORMATION**

Policy Binders are distributed to all personnel, as required by their employment classification.

Any specific 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 binder are not applicable and do not dictate a 100% distribution. To review all of the policies for Elko County and Law Enforcement, please contact the Human Services 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 Services. If you are missing a policy, please get a copy from Human Resources. If you have a question, contact your Supervisor or the Human Services Department.

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ELKO COUNTY PERSONNEL POLICIES

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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 in this hand out, 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.

**Employee Acknowledgment of Receipt**

This is to acknowledge that I have received and read a copy of Elko County's Personnel 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 the County Administration.

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

I also understand that this handout is the property of Elko County and shall be returned to the Human Services Office in the event of my separation of employment.

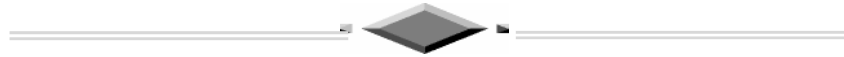
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Employee Name (please print)

\_\_\_\_\_  
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# ELKO COUNTY - PERSONNEL POLICIES

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**A1 SUBJECT: AMERICAN'S WITH DISABILITIES ACT (ADA)  
COMPLIANCE POLICY FOR APPLICANTS AND  
EMPLOYEES WITH DISABILITIES**

**A1.1 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
- Compensation of any kind
- 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.

All employees with responsibilities which may require knowledge of disabilities are advised that they are to treat the knowledge with confidentiality.

#### **A1.2 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 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 SUBJECT: 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 the 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 reason 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, and 571 Idaho Street, Elko, NV 89801. The ADA Coordinator has been designated to coordinate ADA compliance efforts. He or 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 or 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, 569 Court Street, Elko, Nevada 89801 Phone (702) 738-5398. 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 mailed 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 or 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: (702) 738-3044. 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 or 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 SUBJECT: ATTRITION POLICY – Elko County Hiring Practices**

#### **A3.1 PURPOSE:**

The Elko County Commission has indicated that instead of reduction of work force, their first desire is to reduce the work force through attrition. As the resources of the County are declining, the Commission has recognized that there may be a need to reduce the number of employees in the workforce as personal service costs are approximately 67% of the budget in the fiscal year 2002 -2003 and are expected to increase in the future.

#### **A3.2 STATEMENT OF POLICY**

To provide guidelines and procedures to promote attrition of the Elko County work force.

1. When an employee vacates a position, either by resignation, retirement or death, the County will not replace the position until a recommendation has been received from the Vacancy Review Committee and approved by the Elko County Commission.
2. The request to fill the vacant position shall not be made for a period of one hundred and twenty days (120). Exceptions to the 120-day period include, “key employees”. A key employee is defined as an employee critical to the operation of the department and the unfilled opening will cause substantial and grievous injury to the County. A written request shall be made explaining the “critical need” to the Elko County Manager. The Elected/Department Head will be contacted within five (5) working days of their request. The County Manager’s decision is final.
3. During the 120-day period, if the position is requested, the Elected/Department Head will review the position with Vacancy Review Committee to determine if:
  - a. The position can be filled by a part time position.
  - b. Can be filled through job sharing with another department
  - c. Can be absorbed into the workload of existing staff, resulting no “new hire”
4. It is the responsibility of the requesting official to show the benefit to Elko County by refilling the position.

5. The Vacancy Review Committee shall be composed of the County Manager. One Elected Official, County Manager – Emeritus, and up to two other members as determined by the County Manager. All members are to be selected by the County Manager. The Vacancy Review Committee will be called to session on an as needed basis, as determined by the County Manager.
  
6. 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 days will be reviewed by the Vacancy Review Committee.
  
7. When a Department requests a temporary part time position, the County manager may grant the position for a period not to exceed thirty working days. The Elected/Department Head will be contacted within five working days of their request. The County Manager’s decision is final.
  
8. A temporary part time position exceeding thirty days will not be considered until a recommendation has been received from the Vacancy Review Committee and approved by the Elko County Commission.

## **A4 ABSENTEEISM AND THE USE OF SICK TIME**

### **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 or her sick leave account.

### **A4.1 ACCRUAL**

- a. Employees will accrue sick hours only at the rate indicate 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 o County Commissioners.
- b. Sick Time is earned and credited to the employee's sick leave balance on a biweekly basis, coinciding with paydays.
- c. 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 960 hours.

### **A4.2 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:

- a. Physical illness or injury to the employee.
- b. Exposure to contagious diseases or whose attendance is prevent by public health requirements.
- c. In the event a serious illness in an employee's immediate family requires his/her attendance, he or she may use sick leave not exceed 10 days in any one 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 of Board of County Commissioners my request the submittal of supplemental information.

- d. 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.
- e. 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, a medical facility. Their doctor’s office or pharmacy, or shall notify their supervisor of their whereabouts when using sick leave.

#### **A4.3 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 specific employees individually. The County policy will be reviewed, as well as any steps taken; to alleviate the problem will be discussed. 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 document by a physicians note.

The County shall coordinate sick leave policies with current requirements and policies, personal leave. Disability and FMLA.

#### **A4.4 EMPLOYEE’S NOTIFICATION OF ABSENSE TO SUPERVISOR**

Employees will notify their immediate supervisor by telephone, no later than 30 minutes from the beginning of their scheduled shift, of each day they need to use sick leave. If the employee has notified his or her supervisor of the need to take sick leave. The employee will notify the supervisor as indicated in their FMLA approval notice.

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 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 and estimated length of time the medical condition is expected to cause time lost from work.

#### **A4.5 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 charged 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.

#### **A4.6 RETURN TO WORK**

An employee on sick leave shall notify his or 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.

#### **A4.7 SICK LEAVE AT SEPERATION**

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 a leave status and separation was due to the death.

**B1 SUBJECT:                   BEREAVEMENT LEAVE**  
(See Appropriate Employee Contract)

If not represented by a bargaining unit;

**B1.1** In the event of a death in the employee's immediate family, he/she may use sick leave no to exceed 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 SUBJECT: 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.**

- Employee Only Coverage is paid for by Elko County (Actual cost to County - \$650.00 per month).
- Dependent Coverage may be purchased, which includes dependent medical, dependent dental and dependent life insurance. The monthly cost is \$318.00 for child/ren, \$371.00 for spouse or \$424.00 for full family.

### **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 booklet) 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 same deductibles apply however the co-payment is 50 / 50 with no maximum limit on out of pocket expenses.

### **Prescription Cards / Program Highlights**

1. Generic Drugs are mandated unless indicated as DNS (Do Not Substitute) by your Physician.
2. Pre – authorization is required for prescriptions costing \$500.00 or more. There will be a one 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 Rx West 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 Rx West at 1-888-479-2000 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 your Human Services office for the latest listing of pharmacies or visit their website at [www.rxwest.com](http://www.rxwest.com).

### **Specific Covered Medications**

Please refer to your plan document or contact your Human Services 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.

### **Effective date**

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

## **B2.2 DENTAL COVERAGE**

### **Monthly Premiums**

- Employee Only Coverage is paid for by the Elko County.
- 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 \$1,000.00 maximum annual benefit for dental services.

### Effective Date

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

**\*\*\*\*\*See your booklet for complete details regarding coverage.\*\*\*\*\***

### B2.3 VISION COVERAGE

One every 24 months the following coverage is available:

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

### 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 Coverage	\$1,000.00

Child 14 days but less than 6 months Coverage	\$ 100.00
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 for complete details regarding coverage's.\*\*\*\*\***

### **B2.5 ADDITIONAL SUPPLEMENTAL COVERAGE (EMPLOYEE PAID)**

#### **AFLAC**

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

#### **Western Life Insurance Specialties**

- Voluntary Supplemental Life Insurance Program. Guarantee issue of \$50,000.00 for employees and \$20,000 guarantee issue for spouses.

- **Disability Income (Employee Paid)**

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**

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

- **Long Term Disability**

Offered through U.S. Life Insurance Company. Disability benefit commences on the 91<sup>st</sup> day of disability and will continue to pay a benefit until insured returns to work or retires. Maximum benefit - up to 60% of salary.

- **AFLAC**

Short term disability - also protects your income during periods of accident or illness.

- **Workers Compensation**

The County pays a premium to “PACT” our worker compensation carrier. If you are ever injured on the job, report it immediately to your supervisor and contact the Human Services Administrator, You must complete an Accident Report (C-1 and C-3) prior to seeing a 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**

Elko County currently pays 19.75% (General Bargaining Unit), 32% (Sheriff’s Bargaining Unit) 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 5 years of service. Benefits can be calculated at 2.5% per years of service, maximum of 75% of salary at retirement.

## **B2.7 DEFERRED COMPENSATION SAVINGS PLAN**

Offered by both “The Hartford” and “ING” Companies, these before tax 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 Services.

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

## County Benefit Contacts

Questions? Call.....

### **GROUP INSURANCE PLAN CNIC**

**Claim Information:** P.O. Box 2728, Elko, NV 89801

**Local Phone Numbers & Contacts:** 777-0810

Dwayne or Cheryl

**Pre-Certification:** Universal Health Review: 1-800-766-6959 Reno, NV 89502

**Rxwest:** 1-888-479-2000

### **WORKERS COMPENSATION**

Alternative Services Concepts

Jill Valdez – Account Representative

1755 E. Plumb Lane, Suite 267

Reno, NV 89502

1-800-291-6826

### **PERS-RETIREMENT**

Sonya Hellwinkel

Retirement Examiner

693 W. Nye Lane

Carson City, NV 89703 775-687-4200

### **WESTERN INS. SPECIALTIES INC.**

#### **Hartford Life Insurance**

Anne Peirce

P.O. Box 12910

Reno, NV 89510 1-800-342-0707

### **THE HARTFORD-DEFERRED COMPENSATION SAVINGS**

Robert Trenerry - Account Representative

210

Las Vegas

702-86

### **U.S. LIFE INS. COMPANY**

#### **LONG TERM DISABILITY PLAN**

Anne Peirce

P.O. Box 12910

Reno, NV 89510 1-800-342-0707

### **AFLAC ACCIDENT / SHORT TERM DISABILITY**

Brandi Snyder – Account Representative

(775) 623-2106

### **ELKO COUNTY HUMAN SERVICES**

Jeri Underwood

571 Idaho Street (County Courthouse)

Elko, NV 89801

775-738-4375

### **ING – DEFERRED COMPENSATION SAVINGS**

Tara Hagan – Account Representative

3108 Silver Sage Drive, Suite A

Carson City, NV 89701

1-800-584-6001

**B3 SUBJECT:**

**B3.1 PART I BLOODBORNE PATHOGENS (OSHA 29 CFR1910.1030)**

**B3.2 PART II PROPHYLACTIC AND POST EXPOSURE MEASURES FOR CONTAGIOUS DISEASES. (NRS 617) AB 279**

**B3.3 PART III MANDATORY TESTING, AB 313**

**STATEMENT OF POLICY:**

It shall be the policy of Elko County to offer appropriate protections deemed necessary to shield at-risk employees from the health hazards associated with contagious diseases such as Hepatitis A, B and C virus, tuberculosis and other blood borne pathogens such as HIV and AIDS.

**PART I: BLOOD BORNE PATHOGENS.**

An employee shall be considered at-risk when his/her normal job duties subject him/her to possible exposure to blood borne pathogens. Usually this includes employees who are first aid responders as a function of their job, but may also include other employees who have frequent contact with blood or other body fluids in their employment duties, such as law enforcement officers, emergency medical attendants or salaried or volunteer firefighters.

In accordance with federal Occupational Safety and Health Administration (OSHA) standards (29 CFR 1910.1030), the County will offer preventive measures to protect employees who work under at-risk conditions. These measures shall include training in the use of universal precautions; making available to the employee protective devices to help reduce or eliminate exposure (e.g., gloves, gowns, face masks, appropriate disposal containers, disinfectants, etc.), and offer to provide, at the County's expense, protective vaccinations. The County will offer these preventive measures to employees in writing on an individual basis and will document efforts to involve employees in these related efforts. However, no employee will be required to submit to vaccination as a condition of employment.

If while in the performance of his/her employment duties, an employee experiences an exposure incident, such as a needle stick or a blood splash in the eye, s/he will be provided, at the County's expense, a confidential medical evaluation and appropriate follow-up care from a licensed health care professional. The employee's blood will also be screened if s/he agrees.

On behalf of the employee, the District Attorney's office may petition the District Court pursuant to NRS 441.A.195, if exposure occurs while performing the duties of the above named job classifications.

The health care professional must give a written opinion to the County on whether or not the vaccination is recommended and document whether the employee received it. All other information is confidential and may not be released to the County by the health care professional.

The Board of County Commissioners authorizes the county Manager's designee to annually determine which categories of employees by law will be considered at-risk and these individuals will be offered the preventive measures previously identified. The Board of county Commissioners further authorizes the County Manager's designee to develop and periodically revise, as necessary, the following written procedures to implement the provisions of this policy:

If an employee receives a needle stick or a blood exposure in the face or eyes;

1. The supervisor will immediately notify a nursing supervisor at the hospital and instruct the lab to perform a blood draw for testing, and
2. The patient/client will have a blood draw for testing.

The exposure will be reported as an occupational incident as any other related injury which reports that medical treatment has been received. The blood draw report will then be sent or phoned to the employees' supervisor for further action.

Baseline testing will be conducted immediately upon adoption of this policy for all at-risk exposure groups. New employees of these exposure groups shall be tested prior to the commencement of their duties.

## **PART II: CONTAGIOUS DISEASES**

Notwithstanding any other provision of Chapter 617 of the NRS, the passage of AB 279 defines contagious diseases as Hepatitis A,B,C, tuberculosis, HIV and AIDS. If a person employed by the County contracts one or more of the delineated contagious disease during the course and scope of his/her employment that results in a temporary or permanent disability or death, it will be deemed an occupational disease and compensable if the following conditions have been met:

- It is demonstrated that the exposure occurred during the course and scope of the employee's employment;

- The employee reported his/her exposure to the employer in compliance with the reporting requirements adopted by the employer; and
- A screening test for the contagious disease that is approved by the State Board of Health is administered to the employee:
  - a. Within 72 hours after the date of the exposure and the employee tests negative for exposure to the contagious disease; and
  - b. After an incubation period for the contagious disease, as determined by the State Board of Health, but not later than 12 months after the date of the exposure, and the employee tests positive for exposure to the contagious disease.

Therefore, if the test administered within 72 hours of exposure is positive or if an employee does not test positive until after 12 months of the exposure date, the disease is not deemed to be an occupational disease. This is not limited to a specific job category but applies to any County employee who is exposed to any of the delineated contagious diseases, during the course and scope of their employment.

Employee and their dependents are excluded from the compensable benefits of this new section if:

- The employee refuses to be tested for exposure to the contagious disease as required;
- The employee or his/her dependents are eligible to receive compensation under NRS 616A.265 subsection 2 paragraph b or NRS 616C.052 (Industrial Insurance – Worker’s Compensation provisions); or
- By clear and convincing evidence it is proven that the contagious disease did not arise out of and in the course of the employment.

Required tests for exposure to the contagious disease are paid for by the

County. Compensation awarded to an employee or his/her dependents

must include:

- Full reimbursement for related expenses incurred for:
  - a. Preventive treatment administered as a precaution to the employee; and

- b. Other medical treatments, surgery and hospitalization; and
- Compensation as provided in NRS 616A to 616D inclusive, (Industrial Insurance) for disability or death. Under this section preventative treatment includes, without limitation, tests to determine if an employee has contracted the contagious disease to which s/he was exposed.

The provisions of this act do not apply to any employee who, before October 1, 2001, is receiving compensation pursuant to NRS Chapters 616A to 616D, inclusive, or Chapter 617.

### **PART III:MANDATORY TESTING: AB 313**

On October 1, 2001, AB 313 came into effect, (Amending NRS 616A.035 and Chapter 617). This new provision addresses only Hepatitis A,B, and C and any additional diseases or conditions associated with or resulting from those diseases. This is applicable to all full-time salaried firefighters and emergency medical attendants.

Pursuant to Section 4, Chapter 617, if an employee has hepatitis, that disease is *conclusively presumed* to have arisen out of and in the course of employment if the employee has been continuously employed for five years or more as a full-time salaried fireman or emergency medical attendant in Nevada, before the date of any temporary or permanent disability or death resulting from hepatitis.

Pursuant to Section 5, Chapter 617, a full time salaried firefighter or emergency medical attendant employed on October 1, 2001, is required to submit to a blood test to screen for hepatitis on or before November 1, 2001.

Should an employee fail to submit to the required blood test or, if he/she tests positive, the conclusive presumption related to hepatitis then becomes a rebuttable presumption that may only be rebutted by clear and convincing evidence that the hepatitis was not contracted during the period in which the person was employed as a full-time salaried firefighter or emergency medical attendant.

Blood tests required under this law are paid for by the employer. Compensation awarded to full-time salaried firefighters or emergency medical assistants, or to dependents of these employees for hepatitis, pursuant to the provisions of Section 4, must include:

- Full reimbursement for related expenses incurred for:
  - a. Medical treatment
  - b. Surgery and hospitalization

- Compensation as provided for in NRS 616A to 616D, inclusive for disability or death.

### **ADDITIONAL REQUIREMENTS**

Full time firefighters and emergency medical attendants must submit to a blood test to screen for hepatitis in three situations:

1. Upon employment;
2. Upon commencement of Workers' Compensation coverage; and
3. Thereafter on an annual basis during his/her employment.

The provisions of this law do not apply to a full-time salaried firefighter or an Emergency medical attendant who is diagnosed with hepatitis upon employment, except as those identified above.

Provisions do apply, however, if diagnosed with hepatitis upon employment **if**, during the employment or within one year after the last day of the employment, s/he is diagnosed with a **different** strain of hepatitis.

These provisions apply if the diagnosis of hepatitis is made after the termination of employment, if the diagnosis is made within **one** year after the last day of employment.

## **C1 SUBJECT      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 contract 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 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 1<sup>st</sup> 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:

- A. Qualifications indicate that the applicant will perform at a level commensurate with the requested step.
- B. Based on the applicant's current or most recent salary, advanced step appointment is required for the applicant to accept the position.
- C. Other applicants with similar qualifications who would not require as high an advance level salary are not available.
- D. Adequate funds are authorized in the hiring Department's budget to pay the higher rate.
- E. 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 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 6 to 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 Services Administrator that there is adequate documentation that all requirements have been met.

Cost of living increases are processed in accordance with current bargaining unit contracts.

## **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 working days during the twelve 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 days.

### **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**

A. Full time employees are entitled to a "lump sum" longevity payment subject to current bargaining unit contracts, if their performance is standard or better.

Payments are made in accordance with the current bargaining contracts.

#### **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% per annum of his/her base salary, not to exceed 20%. Benefits can differ depending on the bargaining unit contract. (Check contract 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 at 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 8 or 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's are available. (See "Elko County Benefits Overview" for rate details). Additionally, retirement benefits are provide through the Public Employees Retirement System, which is totally employer-contributory. Full time employees are not receiving contributions for, or contribute to Social Security.

### **C1.12.3 Annual and Sick Leave**

Generally, per bargaining unit contract, with one to four years of service 10 days / 80 hours per year are available; five to fourteen years of service 15 days / 120 hours; and fifteen or more years of service accrue 20 days / 160 hours per year. Annual leave may not be used until after six months of continuous service. This accrual may not exceed 240 hours carried over at the end of each calendar year, pursuant to bargaining unit contracts.

Sick leave in the amount of fifteen days per accumulated at a rate of 4.62 hours per pay period. Under FMLA, a person may use up their paid illness leave year is first. This accrual can not exceed 960 hours carried over at the end of any calendar year.

### **C1.12.4 Paid Holidays, 12 1/2 Days Per Year**

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

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 month period. The Sheriff's Bargaining Unit progress, if hired at step 1, four months to step 2, then eight months to step 3. See specific contract for details.

### **C1.14 Probationary Periods**

General Bargaining Unit employees shall complete a probationary period of not less than six months nor greater than 12 months. Sheriff's bargaining Unit; a total of twelve 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 1040 hours per year.

#### **C1.15.1 Hours**

A part time employee is classified as working 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 Worker's Compensation coverage. The only part time employees who have a benefits package are those who were Grand-fathered 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.

To authorize a pay increase, the Department Head will certify that a casual worker's performance is acceptable and will request the increase during the budget review process.

### **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 21 or more hours per week for 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 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 position 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**

A. 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** because the 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.

B. The same employee shall not be assigned to the higher level duties for more than 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**

A. Employees must be formally assigned and actually performing the duties of a higher job class.

B. 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 16<sup>th</sup> 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 consecutive months.

### **C1.18.4 Procedure**

A. 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.

B. 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.

C. Out - of - class work assignments lasting more than 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.

D. 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.

E. The consecutive day work period may be interrupted by approved leave of not more than five 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**

A. Employees working a five day, forty hour week (designated 5/8) shall work eight hours per day for five days in any work week and shall receive two days off.

B. Employees working a four day, forty hour week (designated 4/10) shall work ten hours per day for four days in any work week and shall receive three days off.

C. 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 fifteen minute breaks during the course of their shifts. Such breaks shall be scheduled by the supervisor, but not within one 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 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 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:

- A. 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 minutes or less are not considered overtime when such work periods are not regularly recurring.
- B. Rest periods of less than fifteen minutes.
- C. Actual travel time required as part of County duties.
- D. 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.
- E. 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 Services Administrator 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 Services 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 requiring 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 or ten hours depending on their regular schedule of hours worked.

## **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 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 12:01 a.m. hours and shall end at 00:01 p.m. hours on the following Sunday to constitute a forty 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 day period. A standard work period begins each Monday at 12:01 a.m.

For purposes of the FLSA, the work period for fire suppression personnel is 212 hours within a twenty-eight day period. A standard work period begins each Monday at 12:01 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 or 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 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 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 40 hour standard in mind. The necessity to **consistently** perform work for a substantial amount of hours over 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 for hour basis for hours worked in excess of forty hours per week or eight 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 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.

#### **C1.29 Department Head/County Manager Bonus Program**

Department Heads and the County Manager will be eligible for a bonus of up to \$1,000.00, based upon a performance evaluation which will be completed July 1<sup>st</sup> of each year by their senior in the designated chain of command. The County Manager will be evaluated by a County Commissioner, as determined by the Board.

#### **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 contracts for additional requirements.

**C2 SUBJECT: COBRA INITIAL NOTICE**

**C2.1 PURPOSE:**

To comply with the Consolidated Omnibus Budget Reconciliation Act 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 even as either County Personnel or as a dependent of a 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 Services Representative

The payroll technician of your Human Services Department 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 Continue Qualified Coverage	If Group Health Plan Coverage	You may Existing
Beneficiaries	Is Lost Due To:	Up To:
	_____	_____
	_____	
I. Employees,	A. Termination of employment for reasons other than gross misconduct on your part months*	18
Retirees months	B. Retirement.....	18
II. Dependents months	A. Death of spouse/parent.....	36
of Employees months*	B. Termination of spouse's/parent's employment for other than gross misconduct.....	18
Retirees months	C. Divorce or legal separation.....	36
	D. Dependent ceases to be a "dependent child"	

E. 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 29 months. This extension also applies to dependents who were covered when the COBRA qualifying event occurred. Human Services must be notified before the end of the initial 18 month continuation period and within 60 days of the disability determination.

### **C2.7 Medicare Eligibility**

The initial period can be extended for an additional 36 months by COBRA qualified beneficiaries continuing coverage 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 Services Department must be notified four weeks in advance of the Medicare eligibility date

### **C2.8 Multiple COBRA Qualifying Events**

If you are entitled to an 18 month continuation coverage period and have another COBRA qualifying event, you will be allowed up to an additional 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 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 Services Department in writing within 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 60 days from that date.
- In the case of death, termination of employment or retirement, the Human Services Department must be notified within 30 days of the COBRA qualifying event.
- Human Services must advise you that you have the right to choose COBRA continuation coverage within 14 days of notification.
- COBRA continuation coverage must be elected within 60 days of receiving notification from Human Services. 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 45 days from the end of the 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 the elect it within their 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 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 GROUP #7228**  
**INTERCARE**

**MONTHLY COBRA RATES FOR 2001**

<b>Coverage's</b>	<b>Employee Only</b>	<b>Employee and Spouse</b>	<b>Employee and Children</b>	<b>Full Family</b>
Medical / Prescription/ Vision	\$ 491.82	\$ 1041.55	\$ 950.08	\$ 1453.14
Dental	\$ 42.84	\$ 94.35	\$ 85.78	\$ 132.91
Life (no coverage)	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total</b>	<b>\$ 534.66</b>	<b>\$ 1135.90</b>	<b>\$ 1035.86</b>	<b>\$ 1586.05</b>

\*\*Rates are subject to change.

InterCare will provide you with additional information upon receipt of your COBRA Enrollment Form.

**C3 SUBJECT: 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.

**D1 SUBJECT: 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 SUBJECT: ESTABLISHMENT OF A DRUG-FREE WORK PLACE POLICY AS REQUIRED BY PUBLIC LAW 100-690 TITLE V**

**D2.1 PURPOSE:**

To confirm that the County of Elko will maintain a drug free policy and that any employee engaged in drug use in the work place shall have appropriate personnel action taken against him/her up to and including termination.

**D2.2 STATEMENT OF POLICY:**

Elko County has a moral and legal obligation to provide a safe and productive workplace for all employees. Any employee, who uses alcohol or drugs, affects his/her ability to perform their job safely and efficiently and threatens their safety as well as that of his/her fellow employees. This policy is intended to protect employees against the dangers which have proven to be associated with drug and alcohol abuse.

It is prohibited for any employee of Elko County to unlawfully possess or use alcohol or a controlled substance in the work place.

Each employee shall be provided a copy of this policy and documentation shall be maintained in the employee's personnel file to verify this.

To ensure a safe and productive work environment at all County facilities and to safeguard employees and County property, the County strictly prohibits the use, sale, transfer or possession of alcohol, drugs, or controlled substance or the presence of an illegal drug, illegal drug metabolite, or alcohol in the employee's system, anytime while on duty, on any County premises or work sites, whether on duty or not on duty. Excluded are prescribed drugs when used in the manner, combination, and quantity prescribed unless job performance or safety could be affected. (See Use of Prescription and/or Over-the-Counter Drugs).

County vehicles, as well as private vehicles parked on County premises or work site locations are included within this prohibition. At no time shall a County vehicle be operated on or off the site, on or off work time, while an employee is under the influence of drugs or alcohol.

Elko County strictly prohibits any employee reporting for, or being at work under the influence of alcohol, drugs, or controlled substance.

Elko County will not knowingly hire a person with a current substance abuse problem. All applicants may be screened for drugs and alcohol as part of the pre-employment process. All safety sensitive (DOT) personnel will be screened as part of the pre-employment process.

Positive test results will be confirmed through separate testing procedures in a licensed lab. Applicants with a confirmed positive screen will not be considered for employment.

### **D2.3 EMPLOYEE'S RESPONSIBILITIES:**

The employee will comply with this policy. The employee shall notify the employer in the event of any criminal drug statute conviction for any violation occurring in the workplace no later than 5 days after such conviction and will notify the County Manager within 10 days after such conviction.

As a condition of continued employment, the County requires the satisfactory participation in a drug assistance or rehabilitation program by any employee who is convicted of any criminal drug statute, to be paid for at the employee's expense.

**This policy applies to all personnel, temporary or regular, including supervision, management, and contractors.** Any employee found in violation of this policy will be terminated. Depending on the circumstances, other actions, including notification of appropriate law enforcement agencies, may be taken in response to a violation of this policy.

### **D2.4 DEFINITIONS:**

Alcohol or Alcoholic Beverages: "Alcohol" means beer, wine, and all forms of distilled or fermented liquor containing ethyl alcohol. References to use or possession of alcohol include use or possession of any beverage, mixture, or preparation containing ethyl alcohol.

Drug: Any substance that is known to have mind-altering or function-altering effects on a person, including psychoactive substances, and including but not limited to, substances prohibited or controlled by State and Federal controlled substance laws.

Any substance prescribed by a medical practitioner, licensed by the State or Federal Government, for the individual consuming it.

Under the influence: Being unable to perform work in a safe and productive manner, being in a physical or mental condition which creates a risk to the safety and well being of the individual, other employees, the public, or County property. The symptoms of influence and/or impairment are not confined to those consistent with misbehavior or to obvious impairment of physical or mental ability such as slurred speech or difficulty in maintaining balance.

## **D2.5 INSPECTIONS AND SEARCHES**

County vehicles, lockers, desks, filing cabinets, files, etc. remain the property of the County and may be subject to County initiated searches at anytime and without notice.

Employees and their possession, including their vehicles located on County property, are subject to County initiated searches at anytime and without notice.

## **D2.6 EMPLOYEE SUBSTANCE ABUSE TESTS**

In order to assure compliance with the County's prohibition concerning alcohol and drug use and as a condition of continued employment, employees may be required to cooperate in drug and/or alcohol substance abuse testing procedures. Any employee who refuses to cooperate in any aspect of the drug and alcohol testing process described in this policy will be terminated.

Upon reasonable suspicion that drugs or alcohol are being used at a particular facility, department, or work group, any or all employees at the facility, department, or work group may be tested without notice.

When the County has a reasonable suspicion that an employee is intoxicated or under the influence of drugs and/or alcohol, a test may be conducted immediately without advance notice.

The following are examples of reasonable suspicion as that phrase is used in this policy:

1. Reports of drug or alcohol use from police, customers, other employees, or other individuals.
2. Observations of an employee that suggests doubt as to his/her fitness for duty.

3. Observation by a supervisor that an employee is apparently under the influence or impaired by drugs or alcohol, i.e.; slurred speech, alcohol odor, glassy eyes, unsteady gait, unexplained change in personality, etc.
4. Ongoing work performance problems.
5. Rule violation that created a dangerous situation.

After testing of an employee for reasons stated above the employee will be taken off shift until the results are received by the program coordinator. If the results are negative, the employee will be allowed to return to work and will be paid for the regular scheduled shift(s) lost due to the suspension which occurred prior to receiving the test results. If the results are positive, the employee may be terminated. A last chance agreement may be offered in lieu of termination, on a case by case situation.

An employee required to submit a urine, breath, or saliva test shall be informed by a designated County representative of the reason why he/she is being requested to submit a specimen. An employee who refuses to cooperate in drug and alcohol testing procedures will be terminated.

Tests shall be accomplished through analysis of urine, breath, or saliva. All specimens will be obtained from the employee by an authorized County representative. The County will escort the employee to the authorized County representative and the employee's cooperation with the collection procedure will be required.

Employees who voluntarily complete a treatment course at their own expense and who remain drug and alcohol free, will not be disciplined because of participation in the program.

## **D2.7 USE OF PRESCRIPTION AND / OR OVER-THE-COUNTER DRUGS**

In the event an employee is under the care of a physician and taking prescribed medication, the employee must notify his or her supervisor prior to the start of the work shift. It is at management's discretion as to whether the employee may continue to perform the normal assigned duties. In those circumstances where the use of a prescribed or over-the-counter drug is inconsistent with the safe and efficient performance of duties, an employee may be required to take sick leave, a leave of absence, or other action determined to be appropriate by the County Manager.

## **D2.8 CONFIDENTIALITY**

The program coordinator will receive all test results. The appropriate Supervisor will then be notified strictly on a need-to-know basis of the results.

No test results shall appear in a personnel folder. Information of this nature will be included in a medical file maintained separately by the Human Services office.

It is the County's desire to assist individual employees with potential problems with substance abuse. Accordingly, any employee who suspects that they may have a problem with substance abuse, even in its early stages, are encouraged to seek diagnosis and to follow through with treatment in order to arrest the condition as early as possible.

An employee who voluntarily seeks Management's help with substance abuse will be assisted in obtaining help through appropriate treatment and counseling. Employees who seek help for substance abuse will not be terminated for seeking such help, but employees who violate the policy concerning the use of controlled substances or alcohol may be terminated for violation of such policy.

**Alcohol and Drug-Free Workplace Policy**

**Acknowledgment 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)

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

Date signed \_\_\_\_\_

**D3 SUBJECT: D.O.T. DRUG AND ALCOHOL POLICY**

**D3.1 PURPOSE:**

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, this policy is created.

**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 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:

A. Reasonable suspicion that the employee has:

1. Used illegal drugs and/or abused controlled substances;
2. Reported to work under the influence of controlled substances or alcohol;
3. Illegally ingested or is under the influence of alcohol or legal drugs;

B. 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 drug not previously disclosed during the pre-examination phase or who test positive for any controlled substance will not be hired. An applicant may re-test after six 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**

**A. 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.

**B. LEGAL DRUGS:** includes prescription drugs and over-the counter drugs which have been legally obtained and are being used in the manner, combination or quantity for which they are prescribed as manufactured or recommended.

**C. 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.

**D. 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).

**E. REASONABLE SUSPICION:** means **1.)** 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; **2.)** 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; **3.)** evidence of other specific contemporaneous physical, behavioral or performance indicators of probable substance and/or alcohol misuse.

**F. 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.

**G. 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, dispatcher, operators.

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

**RSPA:**  
(Pipeline) Operations, maintenance and emergency response (geothermal, oil, personnel. petroleum gas).

**USCG:**  
(Maritime) Crew members operating a commercial vessel.

**D4 SUBJECT:**

**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 SUBJECT: EQUAL EMPLOYMENT OPPORTUNITY**

### **E1.1 STATEMENT OF POLICY:**

It is the policy of Elko County to:

- A. 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 recreation programs will be administrated according to the County's policy.
- B. 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.
- C. 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 collective bargaining 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, and 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, 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 she or he 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.

E1.3.4

**DISCRIMINATION COMPLAINT FORM**

Date Received \_\_\_\_\_

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**Complainant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

---

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

Race

Age

National Origin

Religion

Retaliation for filing a  
discrimination complaint

Disability

Sex

---

**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

\_\_\_\_\_  
Date

**Disposition:** (Additional pages may be added if necessary)

\_\_\_\_\_  
Administrator/Investigator

\_\_\_\_\_  
Date

**E2 SUBJECT: 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:

- A. Has any financial interest in any sale to the County of any goods, property or services.
- B. 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.
  - 1) 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.
  - 2) 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 included: 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 or promotional gift of nominal value (\$25.00 or less).

- D. 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.
- E. 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.
  - 1) 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.
- F. Except for courtesies as provided in subparagraph "b" 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.
- G. Discloses or uses without authorization confidential information concerning property or affairs of the County to advance a private interest.

- H. 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.

- A. 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).

- a. 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**

**E2.3.1 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.

**E2.3.2 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.)

**E2.3.3 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.

**E2.3.4 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.

**E2.3.5 Contract:** Contract shall include any contract or agreement, sale, lease, purchase, or purchase order.

## **E2.4 PROCEDURES:**

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

Manager.

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.

- A. 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.
- B. An ethics Panel, when constituted, shall investigate and hear the complaint, and recommend to the County Manager any action deemed appropriate.
- C. Complaints or allegations which may be criminal in nature may be referred to an appropriate agency for investigation.

**F1 SUBJECT: FAMILY AND MEDICAL LEAVE ACT**

**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:**

As a public employer, Elko County is covered under the Family and Medical Leave Act (FMLA). The County will comply with the requirements of the FMLA and advise our employees as to whether or not they meet all the FMLA eligibility requirements.

**F1.3 ELIGIBILITY:**

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 and Medical Leave.

**F1.4 COMPENSATION DURING LEAVE:**

Family or Medical Leave will be unpaid leave unless the employee has accrued paid leave and is otherwise eligible to use the leave. If leave is requested for an 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 or sick leave as part of the FMLA leave. (See applicable collective bargaining agreement for alternate provisions which apply.) If leave is requested for any of the other reasons identified below, an employee **must** use all of his/her accrued paid vacation leave as part of the FMLA leave. The remainder of the leave period will then consist of unpaid FMLA

**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. Employees needing intermittent leave or reduced schedule leave must attempt to schedule their leave so as not to disrupt the County's operations. Elko County may require an employee to intermittent 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 twelve (12) week entitlement only by the actual time used.

## **F1.6 DURATION OF AND REASONS FOR LEAVE:**

Any eligible employee, as previously defined, may be granted a total of twelve (12) weeks of unpaid family and medical leave (during a rolling 12-month period measured backward from the date an employee uses any FMLA Leave) for the following reasons:

The birth of the employee's child and in order to care for the child;

The placement of a child with the employee for adoption or foster care;

To care for the employee's spouse, child, or parent who has a serious health condition; or

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 illnesses.

Unpaid FMLA leave will run concurrently with paid vacation, sick and / or personal leave, unless otherwise prohibited by any relevant collective bargaining agreement. Unpaid FMLA leave may also run concurrently with a workers' compensation leave or other benefits. The entitlement to FMLA leave for the birth or placement of a child, or 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 Elko County, their combined time off may not exceed twelve (12) work weeks, during any 12-month period for birth, adoption, or 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.

## **F1.7 APPLICATION FOR LEAVE:**

In all cases, an employee requesting leave must complete the County approved "*Application for Family or Medical Leave*" and return it to their supervisor, to be forwarded to Human Services. The completed application must state the reason for the leave, the expected duration of the leave, and the starting and ending dates of the leave.

The County 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 is made by the employee, provided notice is given to the employee (*reference: Response to Employee's Application for FMLA Leave* – if employee has applied for FMLA leave or *Notice Placing an Employee on FMLA Leave* – if no application for FMLA leave was made).

### **F1.8 NOTICE OF LEAVE:**

An employee intending to take Family or Medical Leave because of an expected birth or placement, or because of a planned medical treatment, 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, an 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.

### **F1.9 MEDICAL CERTIFICATION OF LEAVE:**

An application for leave based on the serious health condition of the employee or the employee's spouse, child or parent must be supported by a County approved "*Medical Certification Statement*", (reference: *Certification of Health Care Provide – Long Form or Short Form*) 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 be needed. If the employee has a serious health condition, the certification must state that the employee cannot perform the functions of his or her job.

If the County questions the validity of the certification, the employer may require, at the County's expense, that the employee obtain a second opinion. If the second opinion conflicts with the original opinion, the County may require, at its expense, that 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. The County may require that the employee to obtain subsequent re-certification on a reasonable basis. Any employee on a FMLA leave must notify his/her supervisor periodically of his/her status and intention to return to work. The supervisor has the authority to determine how often the employee must provide this notification.

### **F1.10 BENEFIT COVERAGE DURING LEAVE:**

During a period of family or medical leave, an employee will be retained on the County's Health Plan under the same conditions that would apply if the employee were not on Family or Medical Leave. To continue health coverage, the employee must continue to make any contributions that he or she would otherwise be required to make. Failure of the employee to pay his or 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 family or medical leave, the employee will be required to reimburse the County for payment of the health insurance

premiums during the leave, unless the reason the employee cannot return is due to circumstances beyond the employee's control. The definition "beyond the employee's control" includes a very large variety of situation such as: the employee being subject to layoff, continuation, recurrence, or the onset of an FMLA qualifying event, or the unexpected relocation of more than 75 miles from the employer's worksite.

An employee is not entitled to the accrual of any seniority or employment benefits during any unpaid leave. An employee who takes family or medical leave will not lose any seniority or employment benefits that accrued before the date the leave began.

#### **F1.11 RESTORATION TO EMPLOYMENT:**

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

#### **F1.12 RETURN FROM LEAVE:**

An employee must complete the County's approved "*Notice of Intention to Return from Leave*" before he/she will be returned to active status. If an employee wishes to return to work prior to the expiration of a family or medical 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 was due to the employee's own serious health condition.

#### **F1.13 FAILURE TO RETURN FROM LEAVE:**

The failure of an employee to return to work upon the expiration of a family or medical leave of absence will subject the employee to disciplinary action, up to and including termination unless the employer has granted an extension. An employee who requests an extension of family or medical leave due to the continuation, recurrence, or onset of his/her own serious health condition, or the serious health condition of the employee's spouse, child or parent, must submit a request for an extension, in writing, to the employee's immediate supervisor. This written request should be made as soon as the employee realizes that she/he will not be able to return at the expiration of the leave period. Any additional time granted or extended will not be considered as FMLA. Rather, such time will be characterized as either paid or unpaid leave, thereby ending the employer's return to duty obligations. Nothing in this policy limits Elko County's obligation of reasonable accommodation under the Americans with Disabilities Act

**APPLICATION FOR FAMILY OR MEDICAL LEAVE**

Employee Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Department: \_\_\_\_\_ Position Title: \_\_\_\_\_

Date of your hire: \_\_\_\_\_

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 "Certification of Health Care Provider" within 15 days.)*

\_\_\_\_\_ B. To care for spouse, child, or parent with a serious health condition. *(Must submit "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.

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)

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*Continued on next page*

Conditions:

\_\_\_\_\_ 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.

Employee

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED BY:**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## RESPONSE TO EMPLOYEE'S APPLICATION FOR FMLA LEAVE

TO: \_\_\_\_\_  
Employee's Name

FROM: \_\_\_\_\_  
Employer Representative

DATE: \_\_\_\_\_

SUBJECT: Application for family / medical leave

On \_\_\_\_\_ (date), you notified us of your need to take family / medical leave due to:

- A serious health condition that makes you unable to perform the essential functions of your job; or
- A serious health condition affecting your \_\_\_ spouse, \_\_\_ child, \_\_\_ parent for which you are needed to provide care; or
- The birth of a child, or the placement of a child with you for adoption or foster care.

You notified us that you need this leave beginning on \_\_\_ (date) and that you expect the leave to continue until on or about \_\_\_\_\_ (date).

Except as explained below, you have a right under the FMLA for up to twelve (12) weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits will be maintained during any period of unpaid leave under the same conditions as if you continued to work and you will be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than; (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse Elko County for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that: *(check appropriate boxes; explain where indicated)*

1. You are \_\_\_ eligible \_\_\_ not eligible for leave under the FMLA.
2. The requested leave \_\_\_ will \_\_\_ will not be counted against your annual FMLA leave entitlement.
3. You \_\_\_ will \_\_\_ will not be required to furnish medical certification of a serious

health condition.

4. We \_\_\_ will \_\_\_ will not require that you substitute accrued paid leave for unpaid FMLA leave. If paid leave will be used, the following conditions will apply: (*Explain*)
5. Your health benefits will be maintained during your FMLA leave under the same conditions as if you continued to work. Additionally:
  - (a) If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with you and it is agreed that you will make premium payments as follows:

(Specify dates, e.g., the 10<sup>th</sup> of each month, pay periods, etc. – Whatever has been agreed upon with the employee.)

- (b) You have a minimum 30-day (*or indicate longer period, if applicable*) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave and recover these payments from you upon your return to work.
  - (c) We \_\_\_ will \_\_\_ will not pay your share of health insurance premiums while you are on leave
  - (d) We \_\_\_ will \_\_\_ will not do the same with other benefits (e.g., *life insurance, disability insurance, etc.*) while you are on FMLA leave. If we do pay your premiums for other benefits, when you return from leave you \_\_\_ will \_\_\_ will not be expected to reimburse Elko County for the payments made on your behalf.
6. You \_\_\_ will \_\_\_ will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received your return to work may be delayed until certification is provided.
7. (a) You \_\_\_ are \_\_\_ are not a “*key employee*” as described in Section 825.218 of the FMLA regulations, If you are a “*key employee*,” restoration to employment may be denied following FMLA leave on grounds that such restoration will cause substantial and grievous injury to us.
  - (b) We \_\_\_ have \_\_\_ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. (*Explain below whether (a) and / or (b). See section 825.219 of the FMLA regulations.*)

8. While on leave, you \_\_\_ will \_\_\_ will not be required to furnish us with periodic reports every (indicate interval of periodic reports as appropriate for the particular leave situation) of your status and intent to return to work (see Section 825.309 of the FMLA regulations). If the circumstances of your leave change and you

are able to return to work earlier than the date indicated on Page 1 of this notice, you \_\_\_ will \_\_\_ will not be required to notify your supervisor at least two (2) work days prior to the date you intend to report to work.

9. You \_\_\_ will \_\_\_ will not be required to furnish re-certification relating to a serious health condition. (*Explain below, if necessary, including the interval between certification as prescribed in Section 825.308 of the FMLA regulations.*)
10. You must seek and receive extensions to the FMLA leave, in writing, before the expiration date of your current leave. Unless otherwise agreed to in writing in advance of the leave, you may not work for another employer during the term of your FMLA leave.

If you have any questions, please contact Elko County Human Services 738-4375.

## NOTICE PLACING AN EMPLOYEE ON FMLA LEAVE

TO: \_\_\_\_\_  
Employee Name

FROM: \_\_\_\_\_  
Employer Representative

DATE: \_\_\_\_\_

SUBJECT: Family and Medical Leave Act Status of Absence

>From the facts known to us at this time, your absence qualifies under the Family and Medical Leave Act. Therefore, you are notified that your leave (*FMLA*) will begin on \_\_\_ (*date*) and will continue for up to a maximum of \_\_\_\_\_ weeks presuming the leave remains FMLA qualified.

The reason for the FMLA leave is:

- A serious health condition that makes you unable to perform the essential functions of your job; or
- A serious health condition affecting your \_\_\_ spouse, \_\_\_ child, \_\_\_ parent for which you are needed to provide care; or
- The birth of a child, or the placement of a child with you for adoption or foster care.

Except as explained below, you have a right under the FMLA for up to twelve (12) weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits will be maintained during any period of unpaid leave under the same conditions as if you continued to work. You will be reinstated to the same or an equivalent job with the same pay, benefit, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse Elko County for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that; (*check appropriate boxes; explain where indicated*)

1. You \_\_\_ are eligible \_\_\_ not eligible for leave under the FMLA.
2. The leave \_\_\_ will \_\_\_ will not be counted against your annual FMLA leave entitlement.
3. You \_\_\_ will \_\_\_ will not be required to furnish medical certifications of a serious

continued on next page

Health condition. If required, you must furnish certification by \_\_\_\_ (date)  
(must be at least 15 days after you are notified of this requirement).

4. We \_\_\_ will \_\_\_ will not require that you substitute accrued paid leave for unpaid FMLA leave. If paid leave will be used, the following conditions will apply: (Explain).
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5. Your health benefits will be maintained during your FMLA leave under the same condition as if you continued to work. Additionally;

a. If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. To make arrangements for payment, contact Elko County Human Services or arrangements for payment have been discussed with you and it is agreed that you will make premium payments on \_\_\_\_\_. (Specify dates, e.g., the 10<sup>th</sup> of each month, pay periods, etc. – whatever has been agreed upon with the employee.)

b. You have a minimum 30-day (or indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave and recover these payments from you upon your return to work.

c. We \_\_\_ will \_\_\_ will not pay your share of health insurance premiums while you are on leave.

d. We \_\_\_ will \_\_\_ will not do the same with other benefits (e.g., life insurance, disability insurance, etc.) while you are on FMLA leave. If we do pay your premiums for other benefits, when you return from leave you \_\_\_ will \_\_\_ will not be expected to reimburse us for the payments made on your behalf.

6. You \_\_\_ will \_\_\_ will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.

7. (a) You \_\_\_ are \_\_\_ are not a “key employee” as described in Section 825.218 on the FMLA regulations, If you are a “key employee” restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous injury to us.

(b) We \_\_\_ have \_\_\_ have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. (Explain below whether (a) and / or (b) See Section 825.219 of the FMLA regulations.)

*Continued on next page*

While on leave, you \_\_\_ will \_\_\_ will not be required to furnish us with periodic reports every \_\_\_\_\_ (*indicate interval of periodic reports as appropriate for the particular leave situation*) of your status and intent to return to work (see Section 825.309 of the FMLA regulations). If the circumstances of your leave change and you are able to return to work earlier, you \_\_\_ will \_\_\_ will not be required to notify your supervisor at least two work days prior to the date you intend to report for work.

9. You \_\_\_ will \_\_\_ will not be required to furnish re-certification relating to a serious health condition. (*Explain below, if necessary, including the interval between certifications as prescribed in Section 825.308 of the FMLA regulations.*)
10. You must seek and receive extensions to the FMLA leave, in writing, before the expiration date of your current leave. Unless otherwise agreed to in writing in advance of the leave, you may not work for another employer during the term of your FMLA leave.

If you have any questions please contact Elko County Human Services, 738-4375.

**NOTICE OF INTENT TO RETURN FROM FMLA LEAVE**

TO: \_\_\_\_\_  
Supervisor's Name

FROM: \_\_\_\_\_  
Employees Name

DATE: \_\_\_\_\_

SUBJECT: Notice of Intent to Return from FMLA Leave

I have been on FMLA leave since \_\_\_\_\_ (Date leave began)

I plan to return to work on \_\_\_\_\_ (Date of planned return)

I understand my return is subject to the following:

1. I \_\_\_ was \_\_\_ was 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 bay 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 \_\_\_\_\_ , have reviewed the attached written job description, and certify that she / he is fully able to resume working.

\_\_\_\_\_  
*Health Care Provider's Signature* \_\_\_\_\_  
*Date*

## CERTIFICATION OF HEALTH CARE PROVIDER

1. Name of Employee: \_\_\_\_\_

2. Name of Patient (if different from employee): \_\_\_\_\_

3. The attached sheet describes what is meant by a “serious health condition” under the Family and Medical Leave Act. Does the patient’s condition qualify under any of the categories described? If so, please check the applicable category.

- |          |          |          |             |
|----------|----------|----------|-------------|
| 1) _____ | 3) _____ | 5) _____ | None of the |
| 2) _____ | 4) _____ | 6) _____ | above       |

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

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

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(b) Will it be necessary for the employee to work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in Item 6)? If yes, give the probable duration:

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(c) If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity:

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

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

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- (b) If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments:

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

7. (a) If medical leave is required for the employee's absence from work because of the employees own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind?

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- (b) If able to perform some work, is the employee unable to perform any one of more of the essential functions of the employee's job (see attached job description)? If yes, please list the essential functions the employee is unable to perform.

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- (c) If neither a) or b) applies, is it necessary for the employee to be absent from work for treatment?

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8. (a) If leave is required to care for a family member for the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation?

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

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(c) If the patient would need care only intermittently or on a part-time basis, please indicate the probable duration of this need:

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\_\_\_\_\_  
*Signature of Health Care Provider*

\_\_\_\_\_  
*Type of Practice*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Telephone Number*



1. Hospital Care:

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

2. Absence Plus Treatment:

A period of incapacity of **more than three (3) consecutive calendar days** (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

- 1) **Treatment two or more times** by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
- 2) **Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment** under the supervision of the health care provider.

3. Pregnancy:

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

4. Chronic Conditions Requiring Treatments:

A chronic condition which:

- 1) Requires **periodic** visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
- 2) Continues over an **extended period of time** (including recurring episodes of a single underlying condition;) and
- 3) May cause **episodic** rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

*Continued on next page*

5. Permanent / Long-Term Conditions Requiring Supervision:

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

6. Multiple Treatments (Non- Chronic Conditions):

Any period of absence to receive **multiple treatments** (including any period of recovery there from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident **or** other injury, or for a condition that **would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment** such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

## **H1 SUBJECT: 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 Head, in consideration of the following factors:

- A. Budgetary constraints.
- B. Continuity in service to the citizenry.
- C. Accessibility by the citizenry.
- D. Facilitation of teamwork.
- E. Facilitation of supervisory assistance.
- F. 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 for (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 A-F 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.

**I1 SUBJECT: ELKO COUNTY INTERNET USAGE POLICY**

**I1.1 PURPOSE:**

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

**I1.2 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 is 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.

**L1 SUBJECT:                   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 30 days. Leave without pay may be granted of 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 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 Manger will be responsible for reviewing approving these requests with input from the Human Resource Administrator 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 1st of each month. If the 1st of the month is a Saturday, Sunday or holiday, payments are due by the next working day.

If payment is not received by the 1st 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.

L1.3

**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 Name) (First Name) (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 my current coverage(s) while on leave of absence (Please complete the "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's Being Continued" section, that my coverage's will automatically be canceled during my leave of absence.

***\*\*\*\*\* 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**

	<b><u>AMOUNT</u></b>
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: \_\_\_\_\_

## **L2 SUBJECT: LICENSES FOR EMPLOYMENT/CONTINUED EMPLOYMENT**

### **L2.1 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.

### **L2.2 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:

- a) Have not complied with a court order subpoena or warrant relating to a child paternity or child support obligations; or
- b) 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:

- a) Comply with the court order;
- b) Satisfy any arrears payments due; or
- c) 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.

### **L2.3 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 revoke.

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 collective bargaining agreement, any provisions covering the situation will be followed in processing disciplinary action.

**N1 SUBJECT: 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 shall operate within the principles of equal employment opportunity and affirmative action guidelines set forth in Federal, State and local laws and regulations.

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

**O1 SUBJECT: 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; or
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 SUBJECT:                    PHYSICAL EXAMINATION PROGRAM**

**P1.1 PURPOSE:**

To clarify employment classifications and cost

**P1.2 STATEMENT OF POLICY:**

Those employees who require a commercial driver's license, as a requirement of their position will have a physical examination every two years. The examination criteria will comply with Department of Transportation Standards.

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

Physical examinations will include those tests which are in accordance with Nevada law and current accepted medical standards.

Elko County will reimburse an employee requiring a CDL physical examination in an amount up to \$65.00.

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.

**R1 SUBJECT:                   SUBSIDY ASSISTANCE FOR RELOCATION**

**R1.1 PURPOSE:**

To establish guidelines for relocation subsidy assistance for upper management

recruits. **R1.2 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 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 SUBJECT:       REQUESTING ADDITIONAL SICK PAY**

### **S1.1 PURPOSE:**

To establish guidelines for the process of requesting additional (unaccrued) 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 Medical Leave Act, an employee may request additional unaccrued time off for unforeseen situations, to the Board of County Commissioners. Employees may request additional paid time off if the following criteria is met:

- An employee must have five 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 unaccrued 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 15 days or 120 hours, or the maximum amount of sick leave that can be accrued in a one 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 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 SUBJECT: 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 statements 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
- Fire protection procedures
- 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 COMMITTEE MAKEUP:**

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  
Committee Designee;

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

Committee Chair:

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

Committee

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

**S2.11 TASKS:**

Operation of the Safety Committee:

**ACTION BY:**

**ACTION:**

County Manager or  
His 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. Reports findings and recommendations to the County Manager and Department Heads as appropriate.
6. Follow-up on status of 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 communication.  
3. Report findings and recommendations to member's departmental 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" (Exhibit "F"), 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 accidents 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 Services for inclusion in the employee's personnel file.

**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:

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2.) Causes or other contributing factors:

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3.) Employee's suggestion for improving safety:

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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 TO HUMAN SERVICES, 571 IDAHO STREET WHEN COMPLETED**

**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 round 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?

**EXHIBIT B**

## 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 5 inches high and the stroke of the lettering at least 1/2 - 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 hit, , 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 in buildings more than four stories high, and not less than one-hour fire resistive construction elsewhere?
- \_\_\_\_\_ When ramps are used as part of required exiting from a building, is the ramp slope limited to 1 foot vertical and 12 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 open able 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's padlocked or otherwise locked on the outside?
- \_\_\_\_\_ Where exit doors open directly onto any street, alley or other area where vehicles

## EXHIBIT B

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 feet 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 surface 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 projective will not interfere with the walkway?

## **EXHIBIT B**

- \_\_\_\_\_ Are aisles or walkways that pass near moving or operating machinery, welding operations or similar operations arranged so employees will not be subjected 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 7 ½ inches?

## **EXHIBIT B**

- \_\_\_\_\_ 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, skin 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?

**EXHIBIT B**

- \_\_\_\_\_ 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?

**LOSS CONTROL ACTION PLAN FOR SPECIAL HAZARDS**

Department: \_\_\_\_\_

Reporting Officer: \_\_\_\_\_

Title: \_\_\_\_\_

**Hazard Identified:**

(To be completed by reporting officer)

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identified on (date) \_\_\_\_\_

**Corrective Action:**

(To be completed by County Administration designated staff)

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 C**

**EMPLOYEE SAFETY TRAINING RECORD**

EmployeeName:\_\_\_\_\_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.

## **EMPLOYEE ACCIDENT REPORT**

To be completed by immediate supervisor within 24 hours of incident and returned to the Human Services.

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 Services no later than 7 days of the incident.

In the event that an employee is injured and requires medical treatment both the C 1 (Incident Report) and the C 3 form (Employer's report of Industrial injury) must be completed and submitted to the Human Services Department within six (6) working days of the receipt of the C 4 form along with the C 1 and C 3 Supplement statements.

**"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"**

**SEE ATTACHED FILE LABELED SAFETY 1**

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 E**

THIS IS WHERE THE

Insert from Wills Form C 3 Please insert

THIS FORM CAN BE OBTAINED FROM THE ELKO COUNTY HUMAN SERVICES

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.

**EXHIBIT F**

- \_\_\_\_\_ 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.):

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What steps have been taken to prevent recurrence?

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Have you reviewed this accident with the employee? yes \_\_\_\_ no

Immediate supervisor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by department head: \_\_\_\_\_

Date: \_\_\_\_\_

**EXHIBIT F**

Remarks:

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Diagram of accident area:

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Supervisors Signature

Date

**EXHIBIT F**

## **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 the 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 local government property.
3. Are there any easements within the incident area?

## **EXHIBIT G**

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. Were any warning or cautionary signs posted? Photograph
8. Are blueprints or plans available if necessary? Where?
9. Did facility meet code?

**EXHIBIT G**

10. Had repairs been made? By whom, when, how, guarantee?

### 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 police, 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. Were 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?)

### **EXHIBIT G**

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?

## **S2.20 Additional Special Investigation Procedures**

### **A. Street & 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 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 Floors 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).

## **EXHIBIT G**

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 stair?
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?

**EXHIBIT G**

- c. When was area last inspected
  - d. Have pieces ever fallen previously?
  - e. Were shelves secure?
  - 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 G**

## **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, 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.

## **EXHIBIT H**

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.

### **S2.21.1**

### **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.

### **EXHIBIT H**

WORK AREA CONDITIONS:	Protruding nails, torn or sharp corners can cause serious cuts
-----------------------	--

	and bruises. Remove or pad them. Close all drawers.
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.
WORK AREA CONDITIONS:	Protruding nails, torn or sharp corners can cause serious cuts and bruises. Remove or pad them. Close all drawers.
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.

## EXHIBIT H

- 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.

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 \_\_\_\_\_

**EXHIBIT H**

### **S3 SUBJECT PERVENTION 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.

This 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.

#### **S3.1 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 may 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".

### **S3.2 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.

### **S3.3 Supervisor/Manager Responsibilities**

Supervisors or managers shall immediately report all complaints or allegations of harassment or observation 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.

### **S3.4 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.

### **S3.5 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.

### **S3.6 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 she or he 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 SUBJECT: ELKO COUNTY CELLULAR TELEPHONE POLICY**

**T1.1 PURPOSE:**

Elko County has purchases cellular telephones for various departments to help facilitate the performance of their duties. Due to the expense involved in procuring the equipment, as well as the costs of operation, the following policy and procedural guidelines are being set forth to assist all employees in using this equipment.

**T1.2 STATEMENT OF POLICY:**

In order to facilitate communications between various departments, employees, and the public, cellular phones will be provided by the Department for the use of certain personnel.

**T1.3 PROCEDURE:**

Cellular telephones are to be utilized for official County business only. Telephone bills will be audited at random to ensure compliance with these guidelines.

No personal calls are to be made to or from a County cellular telephone.

Due to the cost per call to or from a cellular telephone, calls should be limited to three minutes. Exceptions may be made to this time limit if justifiable circumstances exist.

Telephone calls made from a cellular telephone shall be limited as much as possible to local telephone calls but it is permissible to make long distance calls from a cellular telephone provided that circumstances warrant the call and need serves a legitimate County purpose.

No cellular telephone shall be utilized by any County personnel under circumstances where it is possible to use a regular hard-line telephone, or two-way radio.

County employees are cautioned that it is possible to “scan” cellular telephone calls as they are transmitted by radio wave, and therefore all personnel should use discretion in transmitting sensitive information via cellular telephone.

Cellular telephones are costly and easily stolen. Personnel should use all reasonable

security precautions to prevent theft or loss of telephones. The theft or loss of a cellular telephone should be reported immediately to Department Head.

Any negligent use or abuse of Department cellular telephones by any employee may result in disciplinary action, up to and including termination.

Training will be provided by the department for all authorized cellular telephone users, and it shall be the responsibility of those users, and it shall be the responsibility of those users to instruct occasional users in the proper utilization of the cellular telephones.

**T2 SUBJECT: 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 SUBJECT: 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.

**73.2 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 hours 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 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 Manager 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 the Human Services Department so the information can be noted in the employees personnel file.

Approval for State Training Academy course work for uninformed 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.

T3.4.1 **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)	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL</b>	<b>\$_____</b>	<b>\$_____</b>

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:

\_\_\_\_\_

\_\_\_\_\_

**T4 SUBJECT: PER DIEM / TRAVEL EXPENSES WHILE ON COUNTY BUSINESS**

**T4.1 PUPOSE:**

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 ensue reimbursement of all travel claims.

**T4.3 TRAVEL WHILE ON COUNTY BUSINESS**

**T4.3.1 Overnight Trips**

- A. 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.
- B. 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 a.m.)
  - Lunch \$6.50 (Paid, if in travel status before 10:00 a.m.)
  - Dinner \$ 15.00 (Paid, if in travel status before 7:00 p.m.)
- C. 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 appearing in validate the unavailability of a vehicle on that first day of travel. 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 15 cents per mile.

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 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 bear 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.

- D. Out of County Travel. Requires prior approval by the Department Head on Training Attendance Request Form.

#### **T4.3.2**

#### **Local Travel Expenses**

- A. Local Mileage, No mileage will be paid for commuting from an employee's personal residence to his/her designated place of work.
- B. 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:
  - 1. Date
  - 2. Place
  - 3. Meeting attended
  - 4. Specific reason for attendance
- C. 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 his designee.

#### Mandatory Claim Forms for Travel

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

# MILES TRAVELED: \_\_\_\_\_  
 GASOLINE: \$ \_\_\_\_\_  
 COUNTY VEHICLE: \_\_\_\_\_  
 MILEAGE RATE: \_\_\_\_\_

**TOTAL AIRFARE:** \_\_\_\_\_

**TOTAL:**  
 \$ \_\_\_\_\_

**LODGING**

HOTEL NAME: \_\_\_\_\_  
 RATE PER NIGHT: \_\_\_\_\_  
 \$  
 NO. NIGHTS STAY: \_\_\_\_\_  
 \$

**TOTAL:**  
 \$ \_\_\_\_\_

**MEALS**

Breakfast:					
#	_____	x	\$6.50	=	\$ -
Lunch:					
#	_____	x	\$6.50	=	\$ -
Dinner:					
#	_____	x	\$15.00	=	_____

**TOTAL:**  
 \$ \_\_\_\_\_

The undersigned Department Head hereby certifies that the above claim is reasonable and just, and that neither the whole or any part thereof has been previously presented to allowed or reflected by the Board of County Commissioners and said claim is now due, owing and unpaid.

**DEPARTMENT HEAD:**

\_\_\_\_\_

\_\_\_\_\_  
**DATE**

**COUNTY COMMISSIONER'S APPROVAL:**

X \_\_\_\_\_ X \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_

X \_\_\_\_\_

**V1 SUBJECT 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 Controllers Office.

All employees whose duties require the operation of a County-owned motor vehicle or who operate 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 by the Department Head. If a Department of Motor Vehicles review indicates three or more violations, authorization to operate a vehicle while representing the County may be denied. If employment depends upon the ability to operate a vehicle, the prospective employee may be denied employment.

If during the course of employment an employee exhibits a disregard for acceptable safe driving procedures, the responsible Department Head may take appropriate action, which may include denial of further authorization to operate a vehicle while representing the County.

## **V2 SUBJECT USE OF COUNTY-OWNED MOTOR VEHICLES**

### **V2.1 PUPOSE:**

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:

- a. Employees may take a County-owned vehicle home for one 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.
- b. 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.
- c. For more than one night when specifically authorized by the County Manager.

County vehicles may be used for travel to lunch 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 SUBJECT 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 well 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 volunteer and the participants serve at-will and receive no employee benefits or compensation. The County of Elko will provide coverage for Worker's Compensation, however, in the event of an accident on the job.

Being an at-will position, the Volunteer has no continued 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 GUIDELINES:**

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

Fourteen and fifteen (14 and 15) year olds may not volunteer more than three hours on any one day school is in session (this includes Friday's), or more than eighteen hours in any one week while school is in session; may volunteer more than eighteen hours on a non-school day and no more than 40 hours in as non-school week; may not volunteer during school hours; and may volunteer 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 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 her or 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 SUBJECT: PROHIBITION OF WORKPLACE VIOLENCE**

### **V4.1 PURPOSE:**

To provide for the safety and security of all employees, including regular, temporary, casual, provisional, and elected officials as well as contract and temporary workers, and anyone else on County Property.

### **V4.2 STATEMENT OF POLICY:**

The County has adopted a Zero Tolerance Policy for workplace violence. Consistent with this policy, acts or threats of physical violence, including intimidation, harassment, and/or coercion, which involve or affect the County or which occur on County property or during the course of business will not be tolerated.

Examples of workplace violence include, but are not limited to, the following:

- All threats or acts of violence occurring on County premises, regardless of the relationship between the County and the parties involved at the incidents.
- All threats or acts of violence occurring off County premises involving someone who is acting in the capacity of a representative of the County.
- All threats or acts of violence occurring off County premises involving an employee of the County if the threats or acts affect the legitimate interests of the County.
- Any acts or threats resulting in the conviction of an employee or agent of the County, or of an individual performing services for the County on a contract of temporary basis, under criminal code provision relating to violence or threats of violence which adversely affect the legitimate interests and goals of the County.

Actions of law enforcement personnel, which are necessary in the performance of their duties and are consistent law enforcement procedures, shall not be considered to violate this policy, In addition, actions necessary for bona fide self – defense or protection of the County property shall not be considered to violate this policy.

Specific examples of conduct that may be considered threats or acts of violence include, but are not limited to, the following:

- Hitting and shoving an individual
- Threatening an individual or his/her family, friends, associates, or property with harm.

- The intentional destruction or threat of destruction of the County property.
- Harassing or threatening phone calls or computer messages.
- Harassing surveillance or stalking.
- Unauthorized possession or inappropriate use of firearms, weapons, or explosives.

The County desires to detect and deter real or threatened violence. Every employee is asked to report immediately any acts of violence or threat of violence against and co-worker, supervisor, manager, elected official, visitor, or other individual. Every other person on the County property is encouraged to report incidents of threats or acts of violence, of which s/he is aware. These reports should be made to the Personnel Department, an individual's immediate supervisor or manager, or any other supervisory or management employee. 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. Nothing in this policy prohibits criminal prosecution of a crime. Management will notify law enforcement as appropriate.

#### **V4.3 VIOLATIONS:**

Violations of this policy by an individual on County property, by any individual acting as a representation of the County while off County property, or by an individual acting off County property when his/her actions affect the County and/or legal action as appropriate. The County may also take appropriate disciplinary action against any employee who intentionally makes false or malicious statement about other employees.

Disciplinary action is separate and distinct from any criminal prosecution for any threats or acts of violence.