



**Iroquois County Illinois**

# **Personnel Policy Manual**

**Adopted May 9, 2023**

*NOTE: Employees who are members of an organized labor union should refer to their bargaining agreement for expressed Union contract provisions which may supersede employee handbook policies. Whenever the Union contract is silent, the employee handbook is in force. In the event of a conflict between a provision of an applicable collective bargaining agreement and a provision of this employee handbook, the provision in the collective bargaining agreement shall control.*

## **Introduction and Organization of Manual**

The Policy Manual is a collection of current policies related to employment with the County of Iroquois. The Iroquois County Board recognizes that a personnel system which recruits and retains competent, dependable County personnel is indispensable to an efficient County government. To help achieve this goal, the County Board Executive Assistant will be the liaison.

For the purpose of this document, each policy is organized into 4 components; Purpose, Policy, Responsibility, and Procedure. The **Purpose** provides a general statement of a County objective regarding the employees of Iroquois County. A **Policy** statement is a set of principles and / or actions for defining and reaching that County goal and can include the use of specific forms. The section of **Responsibility** defines expectations for those carrying out the practices of the policy. **Procedures** provide a framework for consistent daily management of the policies.

## **Administration of Policies**

These policies and procedures are administered by the Iroquois County Board and in full cooperation with all elected officials and appointed Department Heads. In addition to other duties as set forth in these policies and procedures, the County Board Executive Assistant shall centrally maintain, and make available, under appropriate circumstances to all elected officials and appointed Department Heads, full employment histories of all employees in their Department subject to these policies and procedures.

## **Specific Scope of Coverage of Policies**

The following are expressly exempted from coverage:

- All elected officers of Iroquois County;
- Any employees who are members of an organized labor union to the extent that the subject matter is included in the Union Contract. In the event of a conflict between a provision of the collective bargaining agreement and a provision in this handbook, the union contract will supersede these policies.
- Independent contractors;
- All consultants, advisers, and counsel rendering temporary professional service;
- All advisory boards, commissions and committees appointed by the Iroquois County Board;

**All County employment positions not expressly exempted from coverage by these policies and procedures shall be subject to their provisions.**

## **Additions to the Policies and Procedures**

Each Department Head may establish a set of general operating policies and procedures for the purpose of handling matters which are unique to their Department.

- Departments who wish to establish personnel Departmental policies should reduce them to written format and submit them to the County Board Executive Assistant. Department policies should not be in conflict with the general County Personnel Policies and Procedures.
- A copy of such internal policies shall be made available either by written delivery to the employee or by posting in a conspicuous location within the Department.

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## IROQUOIS COUNTY

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Section: Personnel

Subject: Accidents or Illnesses in the Workplace

Number: 1001

Effective Date:

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I PURPOSE:

The purpose of this policy is to set and maintain a standard for reporting workplace accidents or illnesses.

II POLICY:

All accidents and injuries occurring on duty, no matter how slight, must be reported immediately but no later than the end of the employee's assigned shift or day.

Sound judgment must be exercised when evaluating the severity of an injury or illness. First aid injuries may be treated locally while more serious injuries should be sent to an outside medical provider. In case of medical emergency, call 911.

An Iroquois County "Employee Incident Report" form must be completed and signed by the employee as soon as possible. These reports can be obtained in the County Clerk's office.

Failure to report an accident or work-related illness may result in disciplinary action up to and including termination.

III RESPONSIBILITY:

A. It is the responsibility of County Clerk's Office to ensure that copies of the Iroquois County Employee Incident Report forms are readily available for all employees.

B. It is the responsibility of the employee to complete the Iroquois County Employee Incident Report forms and submit the completed forms to the Department Head no later than the end of the assigned shift or day.

C. It is the responsibility of the Department Head to complete and review the Iroquois County Employee Incident Report forms and the Report of Occupational Injury or Illness forms and forward both forms to the County Clerk's Office to determine whether or not it is a recordable incident according to OSHA. If it is deemed to be a recordable incident, the County Clerk's Office will record it on the OSHA 300 A Form and complete the Illinois Form 45.

D. If the incident results in the worker's compensation carrier being notified, it is the responsibility of County Clerk's Office to notify the insurance carrier.

IV PROCEDURE:

A. The employee will obtain and complete the Employee Incident Reports and forward this to the Department Head.

B. The Department Head will complete the Report of Occupational Injury or Illness forms and then forward both forms to the County Clerk's Office.

C. The County Clerk's Office will review forms and forward them to the proper authorities.

D. If it is determined that it is a recordable injury or illness, the County Clerk's Office will record all recordable incidents on the OSHA 300A Log and complete an Illinois Form 45.

# **IROQUOIS COUNTY**

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Section: Personnel

Subject: Accommodation for Employee with Disabilities

Number: 1002

Effective Date:

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I PURPOSE:

The purpose of this policy is to set a standard for the accommodation of employees with disabilities.

II POLICY:

It is the policy of Iroquois County to prohibit any form of discrimination against person with disabilities to the extent provided by law.

Iroquois County will provide reasonable accommodations to a qualified employee with a disability which enables that employee to perform the essential functions of the job and to enjoy the same benefits and privileges of employment as are enjoyed by employees without disabilities so long as the accommodation does not result in undue hardship on the County.

III RESPONSIBILITY:

A. Employees should notify their Department Head of any need for reasonable accommodations.

B. It is the responsibility of the Department Head to communicate with employees regarding this policy where circumstances place the Department Head on notice that a reasonable accommodation may be required and to evaluate requests for reasonable accommodations and report to the County Board Chairman.

C. It is the responsibility of the County Board to make the reasonable accommodations for qualified individuals with disabilities when doing so will not cause undue hardship to the County.

IV PROCEDURE:

A. The employee requiring reasonable accommodations will provide the Department Head with a request for the accommodation or the Department Head may initiate the process when they (1) know that the employee has a disability, (2) know, or have reason to know, that the disability prevents the employee from requesting a reasonable accommodation.

B. The County Board will ensure that the reasonable accommodation is implemented unless doing so would result in undue hardship to the County.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Attendance

Number: 1003

Effective Date:

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### I PURPOSE:

Employees have an obligation to be at work during scheduled hours and must make every effort to do so. Regular and consistent attendance at work is an essential function of every position in the County.

### II POLICY:

Employees are to report to work on their scheduled days. Excessive absenteeism, excessive unexcused absences and patterned absences will lead to disciplinary action up to and including termination.

Excessive absence: An employee may be asked to provide a healthcare provider verification of the reason for absence if abuse of sick leave is suspected.

Patterned absence: Absences on the same day of the week, after and/or before a weekend or holiday, or absence for the same reason will be considered a patterned absence. Employees who are suspected of abusing sick leave may be required to provide a signed verification of the reason for absence from their healthcare provider.

Excessive absence caused by health: These require a medical leave of absence. FMLA and ADA benefits may be available to them for qualifying reasons.

No call, no show: Failing to call and failing to show up for work may be considered an immediate, voluntary resignation of employee's position.

Failing to call: These require a two-hour notification before the start of the shift. The work day is considered unacceptable and may be cause for a step in the disciplinary action policy.

### III RESPONSIBILITY:

A. It is the responsibility of the County Board to ensure the policy is managed in a consistent manner for all employees and to maintain accurate records.

B. It is the responsibility of all Department Heads to manage this policy in a consistent manner with all employees.

C. It is the responsibility of all employees to report to work on all scheduled days and to report to work on their scheduled time.



IV     PROCEDURE:

A. The Department Head will maintain employee attendance records on each employee. The attendance record will be updated to reflect the most current attendance information.

B. The Department Head will review all attendance records for purposes of consistency on an ongoing basis.

C. When attendance/tardy problems occur, the Department Head will counsel the employee to improve before the disciplinary action process begins.

## IROQUOIS COUNTY

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Section: Personnel

Subject: At-Will-Employee

Number: 1004

Effective Date:

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I PURPOSE:

Unless your employment is governed by a collective bargaining agreement, contract or statutory provisions providing otherwise, the employment relationship with the County is an at-will relationship.

II POLICY:

Unless your employment is governed by a collective bargaining agreement, contract or statutory provisions stating otherwise, employment at Iroquois County is at-will for an indefinite period of time, until terminated by either the Iroquois County or the employee, with or without cause. That means either party may end the relationship.

No written or oral representation by Iroquois County personnel (other than a written contract duly approved by the County Board) will create a contract of employment. No employment practice of Iroquois County is intended to create a contract of employment. No changes in the Iroquois County's employment-at-will policy will be effective unless executed in writing and signed by the Chairman of Iroquois County Board with the advice and consent of the County Board.

The Iroquois County's employment guidelines are intended only as an explanation of its' employment practices, policies, benefits, and a general guide to working for Iroquois County. They do not represent contractual terms of employment and are not intended to change the employment at-will policy.

The County Board is entitled to modify, revoke, or replace any policies and procedures at any time. None of the Iroquois County's policies are meant to serve as an employment contract.

III RESPONSIBILITY:

Employees are expected to behave in a manner consistent with existing policies and codes of conduct.

IV PROCEDURE:

An at-will employee may be asked to sign that they are an at-will employee.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Break Time

Number: 1005

Effective Date:

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I PURPOSE:

To establish a policy and procedure for consistent break time.

II POLICY:

Break time will be allowed whenever possible for full-time and part-time employees. All employees will be allowed a 15-minute paid break for each four consecutive hours worked, if tasks permit.

Break time may not be taken at the beginning or end of a normal shift or work day together or in conjunction with the meal break. The break is to be scheduled with the permission of the Department Head or Supervisor and must not result in an interruption of necessary services.

Break time is to be taken in designated non-work areas as established by the Department Head or Supervisor.

III RESPONSIBILITY:

It is the responsibility of the Department Head or Supervisor to schedule work breaks.

IV PROCEDURE:

The Department Head or immediate Supervisor will take into consideration workloads and Departmental staffing when scheduling work breaks.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Breast Feeding in the Workplace

Number: 1006

Effective Date:

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### I PURPOSE:

The County believes that the breast-feeding of an infant is an important and basic act of nurture to which every baby has a right and may be necessary during the workday.

### II POLICY:

Therefore, the County allows and encourages nursing mothers to express breast milk for their babies in the workplace, within the context of a business environment, per the Illinois Mother's Nursing Act, this is for the child's first year of life.

The County will provide reasonable paid breaks each day to an employee who needs to express breast milk for her infant. The break time shall, if possible, run concurrently with any break times already provided to the employee. The County will not provide break time if to do so would unduly disrupt County operations.

In order to promote the practice of workplace breast-feeding, the County will provide, when possible, the following:

- flexible work schedules, including breaks to provide time for the expression of milk;
- access to locations that provide privacy;
- access to a clean, safe sink for washing hands and rinsing out breast pumping equipment;
- access to hygienic storage for breast milk.

### III RESPONSIBILITY:

A. It is the responsibility of the nursing mother to initiate consultation of reasonable needs with her immediate Supervisor so as to not unduly interrupt normal operations.

B. It is the responsibility of the Department Head or Supervisor in consultation with the employee to make reasonable accommodations in providing a private location and adequate scheduling of breaks.

C. Iroquois County will comply with all state regulations concerning breast-feeding or storage of breast milk at the workplace.

IV PROCEDURE:

The Department Head or Supervisor will take into consideration workloads and Departmental staffing when scheduling breaks for breastfeeding.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Bulletin Boards

Number: 1007

Effective Date:

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I PURPOSE:

The purpose of a Bulletin Board policy is to set a standard for the utilization of bulletin boards by staff and administration.

II POLICY:

It is the policy of Iroquois County to use posting of information on Iroquois County bulletin boards as a method to keep employees informed of announcements and policy changes as it relates to their employment.

Employees are not permitted to post any notices on Iroquois County bulletin boards without prior approval of the Department Head or Supervisor.

III RESPONSIBILITY:

A. It is the responsibility of the Department Head or Supervisor to review all notices prior to posting.

B. It is the responsibility of the County Board, Department Head, Supervisor or designee to post changes in policies and other informational notices on the Iroquois County bulletin boards.

C. It is the responsibility of the employee to regularly check the bulletin boards for postings and to thoroughly read all postings.

IV PROCEDURE:

A. Any employee wanting to post notices on the Iroquois County bulletin board will forward the posting to the Department Head or Supervisor for review and approval.

B. The Supervisor will review all notices for posting.

C. The Supervisor will notify the employee requesting the ability to posting information on the Iroquois County bulletin board of the approval or denial of the request.

# IROQUOIS COUNTY

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Section: Personnel

Subject: Business Ethics - Gratuities and Loans

Number: 1008

Effective Date:

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I PURPOSE:

The continued success of the Iroquois County Government is dependent upon our citizens' trust and we are dedicated to preserving that trust. Employees have a responsibility to the citizens of the Iroquois County and to act in a manner that will merit the continued trust and confidence of the public.

II POLICY:

No employee is allowed to accept gratuities, tips, loans or kickbacks of any kind.

**Accurate Accounting**

Employees are prohibited from setting up or maintaining any unrecorded fund, reserve, asset, or special account for any purpose. No false entries shall be made in Iroquois County books, records, or accounts.; no payment or transfer of funds or assets shall be made for any purpose other than that specifically authorized by the Iroquois County Board.

Employees are responsible for accurate and timely record-keeping for all Iroquois County assets, revenues, and expenses. Compliance with accepted accounting rules and controls is required. All books, records, and documents must accurately and completely describe the transactions they represent.

**Accepting Bribes**

The Iroquois County Board does not permit or condone tips, bribes, kickbacks, or any other illegal or improper payments, transfers, or receipts. This prohibition applies both to the giving and the receiving of payments.

No employee shall offer, give, or transfer any money or anything else of value for the purpose of obtaining or retaining business; receiving any kind of favored treatment; or inducing or assisting such employee to violate Iroquois County policies or the law.

It is the Iroquois County Board's policy not to contribute to any political campaign or solicit or encourage contributions for political purposes, even in cases where to do so would be legal. The Iroquois County Board does, however, encourage employees to exercise their rights as individuals to register to vote, and it respect the right of employees to participate in political

activities, providing they do not use the Iroquois County Board resources, including time, to do so.

Employees may not accept any money, objects of value, or premiums from any person or County that is doing or seeking business with the Iroquois County. Providing excessive gifts or entertainment to others who may represent potential business is also prohibited. Fees, commissions, and expenses paid to outside agents must be based upon proper billings, accurate record-keeping, and reasonable standards for services rendered.

### III RESPONSIBILITY:

A. It is the responsibility of the person that conducts general orientation to inform all new employees of this policy.

B. It is the responsibility of the Department Heads to enforce this policy in each Department.

C. It is the responsibility of the employee to refuse and report all attempted “tipping” to his/her Supervisor or Department Head.

### IV PROCEDURE:

A. All new employees will have this policy explained to them as part of general orientation.

B. The employee will report any attempts to give him/her gratuities immediately to their Supervisor. Even though he/she has refused the gratuity, reporting it immediately may eliminate confusion at a later date.



# IROQUOIS COUNTY

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Section: Personnel

Subject: Computer, Email, Internet Usage, and Social Networking

Number: 1009

Effective Date:

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I PURPOSE:

The purpose of this policy is to set forth standards for the usage of Iroquois County computers, software, email and internet access usage.

II POLICY:

Computers, computer files, the e-mail system, software furnished to employees, cell phones and any other technology resources are the Iroquois County's property intended for business use. Employees shall not use a password, access a file, or retrieve any stored communication without authorization. To ensure compliance with this policy, computer, e-mail, phone and other technology resource usage may be monitored. Employees have no right to or expectation of privacy when using county provided computers, computer files, e-mail, internet access, cell phones, software or other technology resources.

The Iroquois County strives to maintain a workplace free of harassment and sensitive to the diversity of its employees. Therefore, the Iroquois County Board prohibits the use of computers and the e-mail system in ways that are disruptive, offensive to others, or harmful to morale.

For example, the display or transmission of sexually explicit images, messages, and cartoons is not allowed. Other such misuse includes, but is not limited to, ethnic slurs, racial comments, off-color jokes, or anything that may be construed as harassment or showing disrespect for others.

E-mail may not be used to solicit others for commercial ventures, religious or political causes, outside organizations, or other non-business matters.

Iroquois County purchases and licenses the use of various computer software for business purposes and does not own the copyright to this software or its related documentation. Unless authorized by the software developer, employees of Iroquois County do not have the right to reproduce such software for use on more than one computer.

Employees may only use software on local area networks or on multiple machines according to the software license agreement. The Iroquois County Board prohibits the illegal duplication of software and its related documentation.

Employees should notify their immediate Supervisor upon learning of violations of this policy. Employees who violate this policy will be subject to disciplinary action, up to and including termination of employment.

Internet access to global electronic information resources on the World Wide Web is provided to assist designated management employees in obtaining work-related data and technology. The following guidelines have been established to help ensure responsible and productive Internet usage. Internet usage is intended for job-related activities.

All Internet data that is composed, transmitted, or received via our computer communications systems is considered to be part of the official records of Iroquois County and, as such, is subject to disclosure to law enforcement or other third parties. Consequently, employees should always ensure that the business information contained in Internet E-mail messages and other transmissions are accurate, appropriate, ethical, and lawful.

The equipment, services, and technology provided to access the Internet remain at all times the property of Iroquois County. As such, Iroquois County reserves the right to monitor Internet traffic, and retrieve and read any data composed, sent, or received through our online connections and stored in our computer systems.

Data that is composed, transmitted, accessed, or received via the Internet must not contain content that could be considered discriminatory, offensive, obscene, threatening, harassing, intimidating, or disruptive to any employee or other person. Examples of unacceptable content may include, but are not limited to, sexual comments or images, racial slurs, gender-specific comments, or any other comments or images that could reasonably offend someone on the basis of race, age, sex, religious or political beliefs, national origin, disability, sexual orientation, or any other characteristic protected by law.

The unauthorized use, installation, copying, or distribution of copyrighted, trademarked, or patented material on the Internet is expressly prohibited. As a general rule, if an employee did not create material, does not own the rights to it, or has not gotten authorization for its use, it should not be put on the Internet. Employees are also responsible for ensuring that the person sending any material over the Internet has the appropriate distribution rights.

Internet users should take the necessary anti-virus precautions before downloading or copying any file from the Internet. All downloaded files are to be checked for viruses; all compressed files are to be checked before and after decompression.

Abuse of the Internet access provided by Iroquois County in violation of law or the Iroquois County policies will result in disciplinary action, up to and including termination of employment. Employees may also be held personally liable for any violations of this policy. The following behaviors are examples of previously stated or additional actions and activities that are prohibited and can result in disciplinary action:

1. Sending or posting discriminatory, harassing, or threatening messages or images
2. Using County's time and resources for personal gain
3. Stealing, using, or disclosing someone else's code or password without authorization

4. Copying, pirating, or downloading software and electronic files without permission
5. Sending or posting confidential material, trade secrets, or proprietary information outside of the County
6. Violating copyright law
7. Failing to observe licensing agreements
8. Engaging in unauthorized transactions that may incur a cost to the County or initiate unwanted Internet services and transmissions
9. Sending or posting messages or material that could damage the County's image or reputation
10. Participating in the viewing or exchange of pornography or obscene materials
11. Sending or posting messages that defame or slander other individuals
12. Attempting to break into the computer system of another organization or person
13. Refusing to cooperate with a security investigation
14. Solicitations, or advertisements not related to business purposes or activities
15. Using the Internet for political causes or activities, religious activities, or any sort of gambling
16. Jeopardizing the security of the County's electronic communications systems
17. Sending or posting messages that disparage another organization's products or services
18. Passing off personal views as representing those of the County
19. Sending anonymous e-mail messages
20. Engaging in any other illegal activities

## **SOCIAL NETWORKING**

Social media (including personal and professional websites, blogs, chat rooms and bulletin boards; social networks, such as Facebook, LinkedIn, Twitter and MySpace; video-sharing sites such as YouTube; and email) are a common means of communication and self-expression. Because online postings can conflict with the interests of Iroquois County Government, (herein after referred to as "County"), the County has adopted the following policy. Breach of this policy may result in disciplinary action, up to and including termination of employment. Only those employees or officials who have been specifically designated as County social media spokespersons are permitted to comment or post on social media on behalf of the County.

### **Confidentiality and Privacy**

Do not disclose the County's confidential or proprietary information, or personal identifying information of anyone at the County, in online postings or publications. Sharing these types of information, even unintentionally, could result in harm to the County and legal action against you or the County. Confidential information is information that is exempt from disclosure under Sections 7 or 7.5 of the Illinois Freedom of Information Act, 5 ILCS 140/7; 5 ILCS 140 7.5, or which is prohibited from being disclosed under state or federal law.

### **Your Identity Online**

You are personally liable for all communications and information you publish online. Using your name and a County email address may imply that you are acting on the County's behalf. Because social media and networking activities are public, your County email address and

County assets should be used only to perform job-related activities, which may include professional networking but do not include personal social networking.

Outside the workplace, you have a right to participate in social media and networks using your personal email address. However, information and communications that you publish on personal online sites should never be attributed to the County or appear to be endorsed by, or to have originated from, the County.

If you choose to disclose your affiliation with the County in an online communication, then you must treat all communications associated with the disclosure as professional communications governed by this and other County policies.

If a blogger or any other online participant posts an inaccurate, accusatory or negative comment about the County or any of its employees, do not respond to the post, notify your immediate Supervisor who will communicate through the chain of command.

The County may discipline employees for making a comment or posting any material that might otherwise cause damage to the County's reputation or bring it into disrepute. When the employee's comment is made as a citizen and not as an employee and is made on a matter of public concern, the County may discipline the employee in situations where the interests of the County in promoting efficient operations outweigh the interest of the employee in commenting on such matters of public concern.

Nothing in this policy shall be interpreted in a manner that unlawfully prohibits the right of employees to engage in protected concerted activity under the Illinois Public Labor Relations Act. The County has and always will comply fully with the obligations under the Illinois Public Labor Relations Act. Likewise, nothing in this policy shall be interpreted in a manner that unlawfully restricts an employee's rights under the federal or state constitutions. The County has and always will comply with federal and state law.

### III RESPONSIBILITY:

- A. It is the responsibility of employees to comply with this policy.
- B. It is the responsibility of the employee to inform the Department Head or Supervisor of any violations of this policy.
- C. It is the responsibility of all Department Heads or Supervisors to enforce this policy.

### IV PROCEDURE:

- A. Iroquois County computers, email addresses, software and internet access will be assigned to certain Iroquois County employees.
- B. Employees granted computer privileges will utilize Iroquois County computers for Iroquois County business.

C. Any violations of this policy will be reported to the Department Head or Supervisor and or County Board immediately.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Confidentiality

Number: 1010

Effective Date:

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I PURPOSE:

Residents of Iroquois County entrust the wellbeing of their personal information with the Iroquois County employees.

II POLICY:

All employees will maintain the confidentiality of Iroquois County information. Any breach of confidentiality will result in disciplinary action or termination of employment. Confidential information is information that is exempt from disclosure under Sections 7 or 7.5 of the Illinois Freedom of Information Act, 5 ILCS 140/7; 5 ILCS 140 7.5, or which is prohibited from being disclosed under state or federal law. If you have a question about whether information is confidential, you should speak with your Department Head or Supervisor before releasing information. Requests for records under the Freedom of Information Act should be immediately directed to the County Board Assistant.

Inquiries relating to confidential information should be directed to the Department Head or Supervisor.

III RESPONSIBILITY:

A. It is the responsibility of the Department Head or Supervisor to assure that all employees are aware of this policy and trained to recognize confidential records or information.

B. It is the responsibility of the person designated to do general orientation to instruct all new employees regarding this policy and how to recognize confidential records and information.

C. It is the responsibility of the Department Head or Supervisor or designee to review this policy at least annually with all employees.

D. It is the responsibility of the Department Head or Supervisor to assure compliance with this policy on the part of all staff. They are also responsible for investigation of any complaint of violation of the policy immediately.

E. It is the responsibility of the employees to become familiar with and observe confidentiality of Iroquois County information.

IV     PROCEDURE:

A. All new employees will be instructed as to what information is to be kept confidential.

B. Any complaints concerning violation of this policy will be investigated by the Supervisor immediately.

C. Violations may result in disciplinary action up to and including termination.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Conflict of Interest

Number: 1011

Effective Date:

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### I PURPOSE:

The purpose of these guidelines is to provide general direction so that employees can seek further clarification on issues related to the subject of acceptable standards of operation.

### II POLICY:

Employees have an obligation to conduct business within the guidelines that prohibit actual or potential conflicts of interest. This policy establishes a framework within which Iroquois County wishes to operate.

An actual or potential conflict of interest occurs when an employee is in a position to influence a decision that may result in a personal gain for that employee or for a family member or third party with whom the employee has a close relationship as a result of Iroquois County's dealings.

Personal gain may result not only in cases where an employee, family member or third party with whom the employee has a close relationship has a significant ownership in a firm from which Iroquois County does business, but also when the employee, family member or a third party with whom the employee has a close relationship receives any kickback, bribe, substantial gift or special consideration as a result of any transaction or business dealing involving Iroquois County.

No presumption of guilt is created by the mere existence of a relationship with outside firms. However, if employees have any influence on transactions involving contracts it is imperative that they disclose to the Iroquois County Board Chairman and/or State's Attorney's Office and/or Department Head/Supervisor as soon as possible the existence of any actual or potential conflict of interest so that safeguards can be established to protect all parties.

### III RESPONSIBILITY:

A. It is the responsibility of employees to notify the Iroquois County Board Chairman and/or State's Attorney's Office and/or Department Head/Supervisor of any potential conflict of interest and to avoid actual or potential conflicts of interest.



IV PROCEDURE:

A. During the recruiting of employees, interviewing of potential vendors, and searching for subcontractors for Iroquois County, the Elected Official or Department/Division Chairperson will review the individuals, groups or companies for potential conflicts of interest within their area of influence.

B. If there is a potential for conflict of interest to exist, the Elected Official or Department/Division Chairperson will notify the Iroquois County Board and State's Attorney.

C. The Elected Official or Department/Division Chairperson will obtain approval from the Iroquois County Board prior to contracting with family members of employees of Iroquois County.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Continuation of Benefits (COBRA)

Number: 1012

Effective Date:

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I PURPOSE:

The purpose of this policy is to provide general information regarding the opportunity for employees to continue their health insurance benefits.

II POLICY:

Iroquois County offers employees the opportunity to continue health insurance under Iroquois County's health insurance plan when a "qualifying event" would normally result in loss of eligibility. Some common qualifying events are resignation, termination of employment, death, reduction in employee's hours, employee's divorce or legal separation and a dependent child no longer meeting eligibility requirements.

To continue benefits, the employee or beneficiary must pay the full cost of the coverage at Iroquois County's group rate plus an administrative fee. Iroquois County will ensure each eligible employee receives a written notice describing their options. The notice contains important information and requirements pertaining to the continuation of benefits process.

III RESPONSIBILITY:

A. It is the responsibility of the employee to notify County Board Executive Assistant when a "qualifying event" would cause his/her insurance coverage to cease.

B. The County Board Executive Assistant will ensure the employee receives information regarding continuation of benefits.

IV PROCEDURE:

A. The employee will notify County Board Executive Assistant when a qualifying event occurs that would cause his/her insurance coverage to cease.

B. The County Board Executive Assistant will ensure the employee receives the necessary information regarding continuation of the employee's benefits.

C. The employee will complete any necessary documentation and return the documents as required.

# IROQUOIS COUNTY

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Section: Personnel

Subject: Emergency Preparedness – Inclement Weather – Power Failure

Number: 1013

Effective Date:

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I PURPOSE:

The purpose of this policy is to provide information for employees to know how to safely respond to unexpected weather, equipment or power failure related circumstances and early closing of County offices.

II POLICY:

Adverse weather conditions, power failure, equipment failure or other condition, may necessitate that Iroquois County close County offices during all or a portion of normal business hours. When questions arise due to such circumstances, the County Board Chairman shall be contacted and shall determine whether offices shall be closed, and whether employees, if they are at work, are permitted to leave work prior to the end of their normal shift. If the Chairman is unavailable, the Vice-Chairman shall be contacted and decide the matter. If both the Chairman and Vice-Chairman are unavailable, then a committee consisting of the resident Circuit Judge, or in his absence the Associate Circuit Judge, the Sheriff, and the County Clerk shall decide the matter. Going home early due to weather conditions does not apply to the County Highway Department.

Employees are expected to show up for work regularly and on-time. If the County facilities are closed or closed early all scheduled employees will be paid. If it is the employee's decision to not come into work when facilities are open, they must use their earned time.

Since the County provides employees with an option to stay home during inclement weather, the County will not be responsible for any personal injury or property damage that occurs if employees attempt to arrive at work.

When weather conditions make it hazardous for employees to report for work, they should:

- A. Call their designated contact person;
- B. Refer to County's website; or
- C. Listen to local radio and television stations for closure announcements.

The following payroll guidelines have been established for non-exempt employees reporting to work when the County opening is delayed due to bad weather conditions.

- A. Employees reporting within two hours of the start of their shift will receive a full day's pay.
- B. Employees reporting after within two hours of the start of their shift will be paid for hours worked.
- C. Employees who do not report to work will not be paid for the day. With Supervisory approval, they may take the day as a vacation or personal day.
- D. Overtime pay will apply to only those employees who have worked that week unless specified differently in a bargaining unit agreement.

### III RESPONSIBILITY:

- A. It is the responsibility of each employee to make reasonable attempts to report to work. If in doubt, it is the responsibility of the employee to contact their Department Head/Supervisor to determine whether their facility has been closed.
- B. If employee is unable to arrive on time to work they are to report such to their immediate Supervisor as soon as reasonably possible.
- C. It is the responsibility of the County Board to see that emergency contingency plans for natural disasters and fire are developed, posted, and regularly communicated (and practiced as required) within each building in which County employees are located.

### IV PROCEDURE:

- A. Decisions to close the workplace due to inclement weather will be made as soon as reasonably possible and communicated through as many internal (e.g. telephone tree) and external media outlets as possible in an effort to keep employees informed.
- B. Each Department Head or Supervisor periodically in his/her discretion, perform emergency preparedness activities to prepare employees for safe and effective responses at each work site.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Employee Discipline - Corrective Action

Number: 1014

Effective Date:

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I PURPOSE:

The purpose of this policy is to set forth the guidelines for employee corrective action or a performance improvement plan.

II POLICY:

The best working conditions prevail when there is mutual respect on the part of all employed. When an employee's personal conduct does not conform with the philosophy of Iroquois County Standards or in any way jeopardizes the welfare of those we serve and/or fellow employees' corrective action will be taken, up to and including termination.

If an employee's job performance is unsatisfactory or behavior is inappropriate and the employee does not respond to informal counseling by the Department Head/Supervisor, it may be necessary to initiate the formal Corrective Action/Performance Improvement Plan process.

The formal Corrective Action/Performance Improvement Plan process generally includes the following steps but the County reserves the right to bypass one or more steps, depending on the circumstances:

- Step One = Informal Counseling
- Step Two = Verbal Warning (documented)
- Step Three = Written Warning
- Step Four = Final Written Warning/Suspension
- Step five = Termination

***Informal counseling*** - Upon knowledge of a performance or conduct problem, the Supervisor will counsel the employee involved on an informal basis. The purpose of informal counseling is to make the employee aware that his/her performance and/or conduct are not meeting specified requirements. The seriousness of the problem and the possible consequences of inaction on the part of the employee in correcting the problem will be outlined, as well as a review of specific policies which apply to the situation.

***Formal Verbal / Written / Final Warnings*** - In case of a repeated or serious problem, either of performance or conduct, the Supervisor will counsel the employee involved on a formal documented basis. The purpose of the warnings is to discuss and document the nature of the problem and the specific steps to be taken by the employee in correcting it. The documented warning will include the date, a description of the problem, and a specific

corrective action to be taken by the employee over a designated period of time. The employee will review the warning documenting the session, add any comments desired, and sign the document.

***Suspension*** In cases of a need to allow for a fact-finding investigation, the Supervisor may place the employee on an unpaid suspension. If the investigation results in the allegation being unfounded, the scheduled work days work of the suspension will be paid.

***Termination*** Flagrant disregard for policies and practices, such as gross insubordination or physical violence, may warrant immediate termination. Major offenses, including but not limited to, dishonesty, breach of trust, unlawful distribution of drugs while conducting Iroquois County business, and possessing or transporting firearms in Iroquois County vehicles, (excluding those authorized to carry firearms as a part of their job) are so serious in nature that an employee may be terminated for the first violation.

The object of disciplinary action is to correct problem situations and mistakes, in a professional manner. Disciplinary action is not punitive in nature and should not be undertaken with the intent to punish.

Iroquois County reserves the right to take corrective action at the appropriate level as warranted by the circumstances. The discipline rendered may allow for discipline to begin at the counseling step or directly at the termination step depending on the circumstance. Each of the following actions by an employee may result in termination. This list of unacceptable activities is NOT all inclusive, only illustrative. Other actions or circumstance may warrant the same action:

1. Theft or inappropriate removal of possession of property
2. Falsification of records
3. Working under the influence of alcohol, cannabis or illegal drugs
4. Possession, distribution, sale, transfer, or use of alcohol, cannabis or illegal drugs in the workplace, while on duty, or while operating employer-owned vehicles or equipment
5. Fighting or threatening violence in the workplace
6. Boisterous or disruptive activity in the workplace
7. Willful damage to or negligent use of Iroquois County property
8. Insubordination
9. Disrespectful conduct or language to a fellow employee, Supervisor or citizen
10. Willful or careless disregard of safety, fire, or sanitary rules and regulations
11. Smoking in Iroquois County buildings or vehicles
12. Violation of the policy against discrimination and harassment
13. Possession of dangerous or unauthorized materials such as explosives or firearms, in the workplace (excluding those authorized to carry firearms as a part of their job)
14. Excessive absenteeism or any absence without notice
15. Unauthorized absence from work station during the workday
16. Unauthorized use of telephones, mail system, or other employer-owned equipment
17. Unauthorized disclosure of Iroquois County confidential information
18. Gambling during work hours or on County premises
19. Immoral, indecent or disorderly conduct at any time in any place

20. Failure to report injury, accidents or safety hazards
21. Failure to perform assigned duties in a satisfactory manner
22. Interference with another employee in the performance of his/her duties
23. Sleeping on duty
24. Taking excessive work breaks
25. Unauthorized distribution of literature or solicitation during working time and in working areas
26. Any other act which jeopardize health, safety, or well-being of other employees

### III RESPONSIBILITY:

A. It is the responsibility of the employee to perform his/her job to the standards set forth by Iroquois County.

B. It is the responsibility of the direct Supervisor of the employee to evaluate his/her performance on an ongoing basis.

C. It is the responsibility of direct Supervisor of the employee to notify the employee when he/she is not meeting the expectations of Iroquois County.

### IV PROCEDURE:

If the employee violates a known policy or procedure, the direct Supervisor will meet with the employee in accordance with this policy regarding the specific violation.

If the employee's performance falls below standards set forth by Iroquois County, the direct Supervisor will counsel the employee in accordance with this policy regarding his/her performance expectations.

Interviews or conversations that may result in discipline will be conducted between the Supervisor and the employee. The employee may choose to have a co-worker or representative present during the meeting. The Supervisor may also choose to have a witness present.

Disciplinary actions will be handled on a fair and equitable basis. They will be non-discriminatory in their application and be reasonable in their appropriateness to the situation. A standardized Notice of Corrective Action / Performance Improvement form will be used for consistency in documenting each step of the disciplinary process.

Some situations may warrant skipping one or more of the steps in the corrective action process. The Supervisor will determine the level of corrective action, as is deemed appropriate under the circumstances of each situation.

The employee will be given copies of any corrective action. Originals will be placed in the individual's personnel file.

Corrective action may have an effect on annual evaluations, transfers, promotions and compensation as well as other situations in which performance is a determining factor.

Each employee has the right to express his/her views concerning Iroquois County policies and practices to their Supervisor. Each employee is responsible, however, for expressing those views in a fair, honest, and professional manner.

If an employee disagrees with discipline imposed, he/she can follow the steps of the Problem Resolution/Grievance Procedure.

A sample Corrective Action / Performance Improvement standardized form to be used for consistent documentation purposes follows.



## Notice of Corrective Action/Performance Improvement

Employee:

Date:

Job Title:

Supervisor:

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Check one or more

Step 1 ☐ Oral Warning

Special Circumstance

☐ Notice of Suspension  
☐ Pending Investigation

Step 2 ☐ Written Warning

Step 3 ☐ Final Warning

☐ Other

Step 4 ☐ Termination

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**FACTS:** (Use concise, specific terms describing the employee's behavior or performance)

**OBJECTIVE:** (Indicate what specific organizational standards are being addressed)

**SOLUTIONS:** (State the plan of action to correct the issue, what the employee must do and how the employer can assist the employee.)

**ACTION/PERFORMANCE IMPROVEMENT PLAN:** (State what step is being taken now and what will happen if the performance issues are not resolved. Identify when follow-up will occur.)

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Supervisor

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Date

---

Witness

---

Date

Employee Comments:

---

Employee Signature

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Date

Copies of this form to: ☐ Employee  
☐ Personnel File

## **IROQUOIS COUNTY**

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Section:     Personnel

Subject:     Employment Classification

Number:     1015

Effective Date:

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**I   PURPOSE:**

To provide uniform and specific conditions and types of employment.

**II   POLICY:**

Iroquois County employees fall into one of the following categories of employment:

- A. Exempt Full Time (Benefit Eligible) - A salaried employee who is regularly scheduled to work a minimum of 35 hours per week and who meets minimum salary requirements and job duty criteria set forth in the Fair Labor Standards Act for exempt employees.
- B. Non-Exempt Full Time (Benefit-Eligible) - An hourly employee who is regularly scheduled to work a minimum of 35 hours per week and is designated a full-time non-exempt employee.
- C. Non-Exempt Part Time (Non-Benefit Eligible) - An hourly employee who is regularly scheduled to work less than 35 hours per week and is designated a part time non-exempt employee.
- D. Temporary - A person who is hired for a specific short-term period of time to perform a specific job or project. Temporary employees may work full or part time hours but are not eligible for benefits. Seasonal workers would fall under this classification. Temporary employees must reapply annually to be considered for rehire.

**III   RESPONSIBILITY:**

- A. It is the responsibility of the Supervisor to notify the Finance Department of personnel changes on a timely basis to assure the employee's records represent the actual employee status.
- B. It is the responsibility of the Finance Department to maintain proper records of status changes and to keep an accurate record of vacation, sick and holiday benefits accordingly.
- C. It is the responsibility of the Department Head/Supervisor to inform employees, as appropriate, when they have gone into a different benefit eligibility status.

D. It is the responsibility of the Finance Department to update the payroll file maintenance for scheduled hour changes.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Employment Separation

Number: 1016

Effective Date:

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### I PURPOSE:

The purpose of this policy is to clarify the different types and definitions for employment separation.

### II POLICY:

There are many circumstances, which can cause separation of employment. Below are examples of some of the most common:

- **Resignation** – voluntary separation of employment initiated by the Employee
- **Discharge / Termination** – involuntary separation of employment initiated by the Employer
- **Layoff** – involuntary separation of employment initiated by the Employer
- **Retirement** – voluntary separation of employment initiated by the Employee

When possible, the Department Head/Supervisor will provide an exit interview form or an exit interview at the time an employee separates. The exit interview provides an opportunity for the employee to discuss issues, opinions, suggestions or complaints that the employee may have regarding employment with Iroquois County.

Accrued vacation time will be paid out upon separation of employment. Some benefits may be continued after employment. The employee will receive written notification of the benefits options available to them and their terms and conditions. All final paychecks will be mailed to the employee's home address on the next regular scheduled pay date.

### III RESPONSIBILITY:

A. It is the responsibility of the Department Head/Supervisor to educate all employees regarding the different types separation and the definitions.

B. It is the responsibility of the employee to understand the different types of employment separation and to provide appropriate notice of any voluntary separation.

C. It is the responsibility of the Supervisor to schedule an exit interview with separated employees when possible.

D. It is the responsibility of the County Board Office to ensure that accrued vacation time is paid out on the final pay check and that the final pay check is mailed in a timely manner.

IV PROCEDURE:

- A. The employee is voluntarily or involuntarily separated from employment.
- B. The Departmental Supervisor schedules an exit interview with the employee if possible or gives the employee the exit interview form to complete and return if a face-to-face appointment is not able to be scheduled.
- C. The employee participates in the exit interview or completes the exit interview and returns it to the Department Head/Supervisor, who then forwards a copy to the County Board Office.
- D. All Iroquois County owned equipment/property will be collected.
- E. The County Board Office or designee notes the accrued vacation time to be paid on the final pay check.
- F. The Treasurer's Office or designee mails the final paycheck to the former employee.

A sample Exit Survey form follows.

## EXIT SURVEY

As a former employee, we would like to ask you a few questions and get your thoughts on your employment with Iroquois County. We continually strive to meet the needs of our employees and would appreciate your feedback. We wish you all the best in your future endeavors.

Sincerely,  
Iroquois County Board

**Employee Name (Optional):** \_\_\_\_\_

**Last Day of Employment:** \_\_\_\_\_

**Please answer the following questions:**

1. Specifically, why are you leaving County employment? (If moving, and you have not already done so, please provide forwarding address for taxes)
2. Do you feel the orientation and training provided you was worthwhile?
3. What did you like most about working here?
4. What did you like least?
5. Do you feel you were treated fairly while employed by the County?  
Please Explain.
6. Is there any problem that you know about (or heard) that you would like to share? Please explain.

**Rate your manager by placing an "X" in the appropriate box:**

	always	usually	sometimes	never
follows policies and procedures				
treats employees in a fair and equal way				
provides recognition for a job well done				
resolves complaints and problems				
gives needed information				
knows his/her job well				
welcomes suggestions				
maintains discipline				

**Rate your Department by placing an “X” in the appropriate box:**

	excellent	good	fair	poor
cooperation/teamwork in the Department				
cooperation with other Departments				
Department orientation and OTJ training				
communication				
working conditions				

**How do you feel about the following?**

	excellent	good	fair	poor
rate of pay for your job				
amount of vacation/sick earned				
health insurance program				

**I worked for Iroquois County for:**

☐ Less than 90 days      ☐ Over 1 year but less than 3  
☐ Between 91 days and 1 Year      ☐ 3 or More years

**Please mail back the completed form in the envelope provided.  
Thank you for your assistance.**

## IROQUOIS COUNTY

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Section: Personnel

Subject: Equal Employment Opportunity

Number: 1017

Effective Date:

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### I PURPOSE:

Iroquois County believes that employees are the most important asset and that all should be treated equally. This policy states Iroquois County's philosophy of equal opportunity.

### II POLICY:

It is the philosophy of Iroquois County to select employees on the basis of relevant job-related criteria, including, but not limited to skills, job knowledge, work experience, personal interview, and education when applicable. The County prohibits unlawful discrimination against applicants or employees on the basis of race, color, sex, sexual orientation, gender identity, pregnancy, age, religion, creed, national origin, ancestry, genetic information, arrest record, conviction record, marital status, mental or physical disability, unfavorable discharge from military service, military status, status as a recipient of an order of protection, citizenship status or on the basis of any other protected status. Iroquois County adheres to the principle that equal employment opportunities extend to each and every position and includes all terms and conditions of employment, such as the hiring of new employees, promotions, demotions, transfers, recruitment, advertisements, lay-offs, benefits, trainings, rates of pay, discipline and terminations.

### III RESPONSIBILITY:

A. It is the responsibility of the Iroquois County Board, Department Heads and Supervisors to make certain that all Departments within the County are managed in accordance with this policy.

B. It is the responsibility of employees to comply with this policy and to report any violations of this policy immediately to their Supervisor or to use the Problem Resolution/Grievance Procedure.

C. It is the responsibility of the Supervisor to notify the employees of their responsibilities to comply with this policy and to report any violations of this policy.

D. It is the responsibility of the County Board Executive Assistant to have posted on employee bulletin boards visible to all employees the following State and Federal Equal Opportunity poster:

**Equal Employment Opportunity Under the Law (Form No: OFCCP-1420)**



#### IV PROCEDURE:

A. The County Board Executive Assistant will ensure that all State and Federal Equal Opportunity posters are appropriately displayed.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Final Pay

Number: 1018

Effective Date:

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I PURPOSE:

The purpose of this policy is to set a standard for processing and distribution of final pay checks for former employees.

II POLICY:

An existing employee's final paycheck, upon return of all Iroquois County property, will be processed in accordance with the normal payroll schedule. The exiting employee shall be invoiced if Iroquois County property is not returned. All accrued vacation time will be paid out to the employee at this time. All final pay checks will be mailed to the employee's last known home address or a new address if provided.

III RESPONSIBILITY:

A. It is the responsibility of the Finance Department or designee to process an employee's final pay check in accordance with payroll procedures noting the pay out of accrued vacation time.

B. It is the responsibility of the employee to notify the Finance Department or designee of an address change that would affect the mailing of the final pay check.

IV PROCEDURE:

A. Upon termination of an employee, the Finance Department or designee will process the employee's final pay check in accordance with standard payroll procedures.

B. The Finance Department or designee will note the accrued vacation hours that are to be paid out on the final paycheck.

C. The employee is to notify the Finance Department or designee of any address change affecting where the final pay check is to be mailed.

D. The Treasurer's Office or designee will mail the employee's final pay check to the employee's last known home address or new address if provided.

## IROQUOIS COUNTY

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Section: Personnel

Subject: General Orientation

Number: 1019

Effective Date:

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I PURPOSE:

Thorough orientation will assist new employees in becoming successful and contributing employees of Iroquois County.

II POLICY:

All new employees will receive general orientation within their first 30 days of employment. Employees will be paid at their regular rate of pay for time spent in orientation.

Specific job orientation will also begin on the first day of work.

III RESPONSIBILITY:

A. It is the responsibility of the Department Head/Supervisor to provide orientation or to designate one person to be responsible for general orientation and safety training of all new employees.

B. It is the responsibility of the Department Head/Supervisor to acquaint each new employee with specific Departmental and personnel policies.

IV PROCEDURE:

A. Each new employee will be scheduled by the Department Head/Supervisor to receive general orientation and Safety Program training beginning on the first day of employment which is to be completed no later than by the 30<sup>th</sup> day of employment.

B. The Finance Department will provide employee benefit information and conduct the enrollment process.

C. Throughout the employee's introductory period, the Department Head or designee should review facilities and Departmental policies and procedures with the employee.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Harassment

Number: 1020

Effective Date:

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I PURPOSE:

To set forth the standard of providing a work environment that is free of harassment.

II POLICY:

Iroquois County is committed to providing a work environment that is free of harassment. In keeping with this commitment, we will not tolerate harassment of employees by anyone. Harassment consists of unwelcome conduct whether verbal, physical or visual that is based upon a person's protected status such as sex, color, race, ancestry, national origin, age, disability or other legally protected group status. Iroquois County will not tolerate behavior that interferes unreasonably with an individual's work performance or that creates an intimidating, hostile or offensive working environment.

If harassment between employees occurs outside of the workplace, the employee is requested to contact their Supervisor.

III RESPONSIBILITY:

A. It is the responsibility of the Iroquois County Board to ensure all work environments are free from harassment.

B. It is the responsibility of the Department Head/Supervisor to ensure his/her Department provides a work environment that is free from harassment.

C. It is the responsibility of each employee to refrain from behaviors or conduct, whether verbal, physical or visual that may be considered harassing in nature.

IV PROCEDURE:

A. All employees, including Department Heads/Supervisors will conduct themselves in a manner that is appropriate and free from harassing behaviors or conduct whether it is verbal, physical or visual in nature.

B. Any employee that witnesses or is subject to harassment by another employee must report it immediately to their Supervisor/Department Head.

C. The Supervisor or designee will investigate all allegations of harassment and document the allegation and all findings to the County Board and States Attorney.

D. The Department Head/Supervisor will complete any disciplinary action, up to and including termination with the accused individual(s) if the allegations are substantiated.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Health Insurance Plan

Number: 1021

Effective Date:

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I PURPOSE:

To acquaint the employee with the benefit of the Health plan. This particular policy is for general information purposes only and is not to be substituted for the Summary Plan Description which takes precedence.

II POLICY:

Iroquois County Employee Group Health Plan is designed to cover both major expenses rising from serious illness and injury as well as helping to pay for more routine medical expenses.

Full-time employees who regularly work 35 hours or more per week are eligible for coverage for themselves and their dependents.

Full-time employees will be given the opportunity to enroll in the Health Plan during the first 30 days of employment. The effective date of the Plan will be the 1<sup>st</sup> day of employment, unless specified differently in a bargaining unit agreement.

Full-time employees changing status to part time become ineligible effective the date the status change goes into effect unless the employee and/or dependent are qualified for continuation of medical benefits under this policy.

Part-time employees who change status to full-time become eligible for the Plan the first of the following month provided they have been employed in excess of 30 days, unless specified differently in a bargaining unit agreement. Employee must enroll within 30 days of the change of status date.

New spouse, new child(ren), adopted child(ren) may be added to the coverage within thirty (30) days of the qualifying event.

There will be an annual enrollment each November for a December 1<sup>st</sup> effective date.

All employees enrolled in the Health plan shall have the employee / dependent contribution of their monthly employee insurance premium deducted from their paychecks. Iroquois County shall pay the cost of the remaining monthly premium on behalf of the employee.

Employees on Worker's Compensation or on Family Medical Leave Act Leave of Absence resulting from a work injury while on duty for Iroquois County who already have the Health Plan may maintain the insurance paying only the employee's portion by the first (1st) of the month; Iroquois County will continue to contribute its portion.

Employees on Medical or Military leave of absence may retain the Medical Plan benefits by paying 100% of the premium each month plus up to 2% administrative costs by the tenth (10<sup>th</sup>) of the month. If the Military service is for 30 or fewer days, the person cannot be required to pay more than the normal employee share of any premium.

Employees on F.M.L.A. may retain Medical Plan benefits by paying the normal employee share of any premium by the tenth (10<sup>th</sup>) of the month.

### III RESPONSIBILITY:

A. It is the responsibility of the Finance Department or designee to explain the Health Plan to all employees.

B. It is the responsibility of the employee to enroll during the specified periods.

C. It is the responsibility of the Finance Department or designee to promptly enroll employees who desire coverage and to remove people from the Plan once they become ineligible.

D. It is the responsibility of the "qualified beneficiary" (employee, spouse, ex-spouse, or employee's dependent children) to notify Iroquois County if continuation of Health Plan benefits is desired by completing COBRA forms within specified time.

### IV PROCEDURE:

A. The employee must complete and sign an enrollment form within thirty (30) days of the employee's date of hire or status change to full time, or prior to the 30<sup>th</sup> day of employment or during the annual open enrollment period. If health coverage is not desired, the enrollment form includes a waiver, which should be signed and filed in the employee's personnel file.

B. Any Employee contributions are made automatically by payroll deduction and begins only after the employee is covered under the Plan.

C. Employees may ask the Finance Department for full explanations of the Health Plan.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Illinois School Visitation Rights Act

Number: 1022

Effective Date:

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I PURPOSE:

To provide employed parents and guardians (who are otherwise unable to meet with educators because of work conflicts) the right to unpaid time off during the school year to attend necessary school conferences, behavioral meetings or academic conferences at their children's schools.

II POLICY:

To comply with the Illinois School Visitation Rights Act, Iroquois County Board will grant each employee who has worked at least a half-time schedule for six consecutive months and who has children in primary and secondary schools up to a total of eight hours of school visitation during the course of a normal school year to attend such events as parent teacher conferences, student counseling etc.

Time is to be given in increments of no less than one hour and no more than four hours.

Employees must provide four days advance written request of the intent to visit the child's school to their Supervisor. In emergencies, notice must be given as soon as practical.

An employee may request and receive prior approval to take paid time off during their school visitation, or may make up the time off, if a reasonable opportunity to do so exists, otherwise, the time will be unpaid. Employees will not be required to make up the lost time.

Employees will be required to provide proof that the time off was spent in school visitation.

III RESPONSIBILITY:

A. It is the responsibility of the Departmental Supervisor to comply with this policy.

B. It is the responsibility of the employee to provide notice of school visitations in accordance with this policy.

C. It is the responsibility of the employee to provide proof of the school visitation to his/her Supervisor.



IV     PROCEDURE:

- A. The Department Supervisor will ensure compliance with this policy at all times.
- B. The employee will provide his/her Supervisor with written request for time off for school visitation(s) in accordance with this policy.
- C. The Supervisor will inform the employee as to their ability to take the time as paid or unpaid time off as soon as practical.
- D. The Finance Department will track the number of hours taken for school visitation as reported on the employee's timesheet to ensure that it does not exceed eight hours per school year.
- E. The employee will provide proof of the amount of time spent in the school visitation.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Immigration Law Compliance

Number: 1023

Effective Date:

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I PURPOSE:

Iroquois County is committed to employing only United States citizens or aliens who are authorized to work in the United States and will not discriminate on the basis of citizenship or national origin.

II POLICY:

In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility prior to beginning work. Former employees who are rehired must complete the form if they have not completed an I-9 within the past three years.

Concerns regarding immigration law compliance may be raised without fear of reprisal.

III RESPONSIBILITY:

A. It is the responsibility of the Iroquois County Board to ensure compliance with this policy.

B. It is the responsibility of each employee to provide necessary documentation of identity and employment authorization before they can begin work.

IV PROCEDURE:

The Finance Department or designee will collect required documentation of identity and employment authorization from each employee and will ensure that the Employment Eligibility Verification Form I-9 is completed by and for each employee.

The employee will provide proof of identity and employment authorization and complete the appropriate section of the Employment Eligibility Verification Form I-9 upon hire.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Infectious Diseases

Number: 1024

Effective Date:

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I PURPOSE:

Iroquois County Board recognizes its' responsibility to provide a safe workplace for all employees and customers. Therefore, the nature of an infectious disease and its means of transmission will be considered when handling each specific illness.

II POLICY:

As long as employees with an infectious disease are able to meet performance standards, and medical evidence indicates that their conditions are not a significant current risk of substantial harm to themselves or others, they will report to work.

No employees or applicants who are qualified and able to perform their job responsibilities without impairing their safety or the safety of others will be denied employment, deprived employment benefits, denied promotions, or discharged as a result of an infectious disease.

Iroquois County will not routinely screen applicants or employees for infectious diseases as a condition of employment.

Any employee who is diagnosed as having an infectious disease that may be transmitted in the workplace must immediately inform his/her Supervisor. A written statement from a physician documenting the employee's ability or inability to perform assigned duties without transmitting the infectious disease must accompany such notification.

When a Supervisor has a reasonable cause to believe that an employee is unable to perform assigned duties or is endangering the health or safety of others because of an infectious disease, he/she may request a fitness for duty exam to clarify the employee's condition and guide future decisions regarding the employee.

Employees who have any concern about the possible contagious nature of an employee's illness should contact Department Head/Supervisor.

III RESPONSIBILITY:

The County recognizes that the employee's medical condition is confidential. Therefore, reasonable precautions will be taken to ensure information regarding an employee's health is provided only to those persons with a legitimate business need to know.

IV     PROCEDURE:

Any employee who is diagnosed as having an infectious disease that may be transmitted in the workplace must inform his/her Department Head/Supervisor immediately after diagnosis and provide documentation.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Probationary Period

Number: 1025

Effective Date:

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I PURPOSE:

To establish a policy and procedure for a probationary period for new employees.

II POLICY:

Employment is voluntary and employees are free to resign without cause during this time period without penalty. Employees are not subject to progressive discipline during this period. Completion of the probationary period does not change the at will status of at will employees. An at will employee may be terminated with or without cause or notice at any time during employment, even after successful completion of the probationary period.

During this period, employees may not be eligible for some benefits; however, upon successful completion of the probationary period, employees will receive credit for any accrued benefits from date of hire.

All employees who have not been evaluated earlier will be evaluated prior to their last day of the probationary period; a decision will be made then, if not earlier, as to their continued employment, based on ability to do the work and related work habits.

III RESPONSIBILITY:

A. It is the responsibility of the Department Head or Supervisor to advise new employees of the probationary period prior to their accepting the position and during the new employee orientation.

B. It is the responsibility of the County Board Office or its designee to initiate an employee evaluation form prior to the end of each new employee's probationary period, and to keep track of follow through by the Department Head.

C. It is the responsibility of the Department Head or Supervisor to evaluate each new employee during the probationary period regarding retention as a regular employee or dismissal for failure to meet the job requirements or Departmental standards. Evaluation forms must be used as applicable.

#### IV PROCEDURE:

A. The Department Head or Supervisor will inform new employees of the probationary period upon hire and any related wage practices.

B. The Department Head or Supervisor shall provide an orientation for all new employees specific to the job description, the function of the Department, benefits, policies, and the facility. The employee will be evaluated according to his/her performance and adherence to policy.

C. If at any point during the probationary period the employee is warned of unsatisfactory performance, a notation of this meeting with discussed objectives must be made, signed by the employee and placed in the personnel file.

D. If at any time during the probationary period, the employee's performance is unsatisfactory, he/she may be discharged. The Department Head should inform the employee's performance and documentation with County Board Office before terminating the employee.

E. If the employee successfully completes the probationary period it should be noted on the evaluation form.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Investigations

Number: 1026

Effective Date:

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I PURPOSE:

The County seeks to ensure compliance with policies and may, in its discretion, investigate to determine whether any policy has been violated.

II POLICY:

The County will launch an investigation any time it has reason to believe that a law or policy has been violated. In some cases, including, but not limited to cases of suspected harassment or discrimination, the County will investigate any complaint it receives, even if the complainant requests that nothing be done.

If employees ever at any time have any questions regarding the policy or the procedures of an investigation, they should not hesitate to contact the County Board Executive Assistant. The County reserves the right to use any lawful method of investigation which in its sole discretion it deems reasonable and necessary to determine whether any employee has engaged in conduct in violation of County policy.

Employees may be required to participate in an investigative technique, such as an interview, under certain conditions. Failure to participate in a required interview with the County may result in disciplinary action, up to and including discharge. An employee's failure to answer any questions will be considered a refusal to cooperate with the investigation and may lead to disciplinary action, up to and including discharge.

Typically, the results of the investigation will be made available only to those employees with the need to have access to it. Violation of County policy will subject an employee to disciplinary action up to and including termination.

The County will take steps to protect the privacy rights of employees interviewed in the course of an investigative interview to the extent permitted by law and to the extent feasible while also conducting a thorough investigation. Conversely, employees who are interviewed during an investigation are expected to maintain the integrity of the investigation by keeping the investigation confidential.

III RESPONSIBILITY:

A. The person responsible for conducting the interviews must have reasonable suspicion that those interviewed were involved or have information that is relevant to the investigation.

B. The results of the investigation will typically be made available only to those employees with a legitimate need to know.

IV PROCEDURE:

A. Immediately upon receipt of an allegation or incident of misconduct, the County will assign an investigator to the case. The investigator will make every effort to interview the complainant, the accused employee, witnesses, the employee's immediate Supervisor, and any other persons whose statements could assist in the resolution of the case.

B. Employees who make a complaint, who are accused of misconduct or who have relevant information may provide a written statement which will be provided to the investigator.

C. In certain cases, including, but not limited to complaints of discrimination and harassment, the County will investigate even if an anonymous complaint has been received.

D. Employees in certain positions will be asked to sign a consent statement for investigations with the following stipulations:

*I, \_\_\_\_\_, acknowledge that in the course of my employment I will be given access to funds and valuable material of my employer. Accordingly, I understand that the following procedures may be used by my employer to safeguard the funds and the material: polygraphs (in compliance with state and federal law), searches of personal belongings, searches of my person, searches of my work area, and searches of my locker.*

*I understand that a condition of my employment is agreeing to such procedures except where otherwise provided by law. In consideration of my wages, I hereby release and forever discharge the County for any liability for using any of the foregoing procedures.*

\_\_\_\_\_  
Date

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



## IROQUOIS COUNTY

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Section: Personnel

Subject: Job Descriptions

Number: 1027

Effective Date:

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I PURPOSE:

To define the policy and procedure of job descriptions for each County position.

II POLICY:

Typically, the County maintains a job description for each position of employment.

Job descriptions will generally include the nature of work in this classification, tasks, desirable knowledge, abilities, skills, education and experience required for the position.

Each employee will typically be asked to sign and date a copy of his/her job description upon employment-and as revised. These signed copies will be filed in the employee's personnel file. The employee will be given a copy of his/her job description during orientation.

Employees will be evaluated based on their performance in their job description and other duties and responsibilities they may have.

III RESPONSIBILITY:

A. It is the responsibility of the Iroquois County Board for enforcing job descriptions for the Department Heads/Supervisors.

B. It is the responsibility of the Department Head/Supervisor to determine job descriptions within the respective Department.

IV PROCEDURE:

A. For new positions:

1. A job description for a proposed position will be written by the Department Head / Supervisor.
2. The job description will be reviewed by Iroquois County Board prior to position approval.

- B. For existing positions:
  - 1. Job Descriptions will be reviewed by the Department Head or Supervisor as needed for changes which may have taken place since the last review.
  - 2. After the job descriptions are approved by the County Board the Department Heads will have those employees affected by changes sign a new job description.
- C. The job description will be utilized during the recruiting and employment process.
- D. All employees will have a signed job description placed in their personnel file.

# IROQUOIS COUNTY

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Section: Personnel

Subject: Jury Duty / Court Appearances

Number: 1028

Effective Date:

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## I PURPOSE:

To enable the employee to exercise his/her privilege of being involved in one of the basic rights of U.S. Citizenship as well as obedience to subpoena or by direction of proper authority.

## II POLICY:

Said absence from duty will be with full pay for each day the employee serves on jury duty. Absence from duty will be with full pay when an employee is called to testify as a witness in his or her capacity as a County employee or as a party in his or her capacity as a County employee including necessary travel time. Full time employees serving Jury Duty will receive regular salary less the Jury Duty compensation for the scheduled days spent on Jury Duty. Compensation issued for mileage may be kept by the employee. The employee will report to work when not required to be in court during regular work hours. Hours served on a jury are not counted as hours worked when calculating overtime.

Attendance in court in connection with an employee's official usual duty or in connection with a case in which Iroquois County is a party, together with travel time necessarily involved, shall not be considered absence from duty within the meaning of this policy.

Said absence from duty will be without pay when an employee appears in private litigation as a plaintiff or when an employee appears as any party or witness in any case in which Iroquois County is not a party.

## III RESPONSIBILITY:

The employee is responsible for notifying his/her immediate Supervisor as soon as possible upon notification of Jury Duty summons or court appearance.

## IV PROCEDURE

A. The employee will notify his/her immediate Supervisor as soon as possible upon notification of Jury Duty summons or court appearance.

B. The employee will provide proof of being at Jury Duty during scheduled work times. If the employee is released from jury duty prior to the end of the scheduled hours, employee

is to call Department Head/Supervisor and may be requested to report to work for the remainder of the scheduled hours.

C. The employee will report pay received for Jury Duty to the Finance Department.

D. The Department Head/Supervisor will mark the employee's time sheet for the days served on Jury Duty.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Leave of Absence - Bereavement

Number: 1029

Effective Date:

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### I PURPOSE:

To allow paid time off for an employee who has experienced the loss of a family member.

### II POLICY:

Unless specified differently in a bargaining unit agreement, full-time employees will be granted up to three (3) consecutive scheduled days with pay to attend the funeral or other services, to grieve the loss of, or to attend to business necessitated by the death of an employee's spouse, father, mother, brother, sister, son, daughter, mother-in-law, father-in-law, son-in-law, daughter-in-law, or grandchild providing proper notification has been given to their immediate Supervisor. A full-time employee may use up to 3 sick or vacation days off to attend the funeral or other services, to grieve the loss of, or to attend to business necessitated by the death of a grandmother, grandfather, brother-in-law, or sister-in-law. Additional time off without pay may be granted when requested.

#### Child Bereavement

Eligible employees (as that term is defined in Section 101(2) of the Federal Family and Medical Leave Act, 29 U.S.C. 2601 et seq.) are also entitled to take a maximum of 2 weeks (10 working days) of unpaid bereavement leave to: (a) attend the funeral or alternative to a funeral of a child; (b) arrange necessitated by the death of a child; or (c) grieve the death of a child. In the event of the death of more than one child in a 12-month period, an employee is entitled to up to a total of 6 weeks of bereavement leave during the 12-month period.

Bereavement leave under this Child Bereavement Policy must be completed within 60 days after the date on which the employee receives notice of the death of the child. An employee is required to provide the County with at least 48 hours' advance notice of the employee's intention to take bereavement leave unless providing such notice is not reasonable and practicable. The County may require reasonable documentation, including a death certificate, a published obituary, or written verification of death, burial, or memorial services from a mortuary, funeral home, burial society, crematorium, religious institution or government agency.

An employee who is entitled to take paid or unpaid leave, may elect to substitute any period of paid leave for an equivalent period of unpaid bereavement leave.

The County prohibits retaliation against any employee who exercises his or her rights under this policy, opposes any practice that the employee believes to be in violation of this policy, or supports the exercise of rights of another under this policy.

III     RESPONSIBILITY:

A. It is the responsibility of the employee to notify their Department Head.

B. It is the responsibility of the Department Head to ensure that bereavement time is appropriately recorded on the employee's time card.

IV     PROCEDURE:

A. The employee will notify his/her Department Head/Supervisor as soon as possible when there is a need to have bereavement leave.

B. The Department Head will indicate on the employee's time card the appropriate days taken for the bereavement leave.

C. The employee will receive the bereavement pay along with their normal payroll check for the pay period in which the bereavement leave was taken.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Leave of Absence - Family Medical Leave Act (FMLA)

Number: 1030

Effective Date:

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### I PURPOSE:

Eligible employees are entitled under Federal law to take up to 12 weeks of unpaid leave during a 12-month period for certain family or personal health care needs (referred to as “family leave”).

### II POLICY:

#### Eligibility Requirements

Employees are eligible for family leave if, at the time of request, they have been employed for at least 12 months within the past 7 years and have worked at least 1,250 hours in the preceding 12-month period.

#### Provision for Leave

Employees may request a leave for any of the following purposes:

1. The birth of his/her child or placement of a child with the employee either through adoption or foster care.
2. For the employee’s own serious health condition.
3. To provide care for the employee’s spouse, parent or child who has a serious health condition requiring more than three days absence from work or school or which otherwise prevents that family member from performing daily activities for more than three days.
4. To care for a member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation (up to 15 days), or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness. (up to 26 weeks).
5. Because of a qualifying exigency arising out of the fact that an employee’s spouse, son or daughter, or parent is on active duty or call to active duty status in support of a contingency operations as a member of the National Guard or Reserves. Active duty is defined as a military member deployed to a foreign country. Deployment to state side disaster areas do not qualify as active duty.

### Amount and Granting of Leave

If the need for leave is foreseeable, employees are required to provide notice of the need for leave at least 30 days in advance. If the leave is not foreseeable, employees are required to provide notice of the need for leave as soon as practical; either the same business day or the business day after the employee learns of the need for leave and comply with normal call-in procedures.

The County uses the rolling, backward-looking method for determining the available FMLA leave in a 12-month period, except in cases of leave to care for a servicemember. Upon request and qualification an employee is entitled to a maximum of 12 weeks less any family leave taken in the previous 12 months. An eligible employee will be required to exhaust any vacation, personal or as applicable sick time before he/she can take FMLA leave on an unpaid basis. In other words, paid leave will run concurrently with unpaid FMLA leave. For FMLA leave requests made to care for covered servicemember with a serious injury or illness the single 12-month period begins on the first day the eligible employee takes FMLA leave.

Leave for the birth or placement of a child must be taken all in one block and must be taken within one year of the birth or placement. Leaves for other purposes may be taken intermittently or on a reduced hours basis but only to the extent medically necessary. Both paid and unpaid leave will count toward the 12-week allotment. In addition, leaves taken as part of another benefit plan will count as family leave if the reason for the leave otherwise meets the standards for family leave (e.g., disability leave).

### While on Leave

While on leave, an employee may continue in Iroquois County's health insurance plan under the same terms and conditions as active employees. The employee's share of plan costs must be paid during leave time by the employee. All other benefits will not be continued or accrued during the leave but may be continued if a particular benefit plan specifically authorizes benefits for employees on unpaid leave.

Working another job while on a leave of absence is prohibited and will be cause for disciplinary action up to and including discharge.

Failure to communicate and return from a leave of absence on the date specified will be considered job abandonment and make the employee ineligible for rehire. An employee unable to return within the approved leave time frame should contact the County to determine if the employee may qualify for other benefits, including, but not limited to a reasonable accommodation under the Americans with Disabilities Act or Illinois Human Rights Act.

### III RESPONSIBILITY:

A. It is the responsibility of the employee to promptly request a Family Leave of Absence as soon as practical.

B. It is the responsibility of the employee to timely complete and file the required FMLA forms and to maintain periodic communication as requested during the leave of absence regarding intentions to return to work.



C. Iroquois County has the responsibility and authority to take all steps necessary to administer this leave policy, including deciding which absences from work will be charged to Family Leave time. Iroquois County Policy & Procedure Committee has the responsibility to interpret this policy and to decide any issue not expressly addressed by it to the extent consistent with applicable law. Iroquois County Policy & Procedure Committee may at any time change this policy provided such changes are in accordance with applicable law.

D. Nothing in the Family Leave policy insulates an employee from the responsible application of any other County policies currently in effect under the Employee Handbook and the Personnel Policy Manual.

#### IV PROCEDURE:

A. Employees must give Iroquois County 30 days advance notice before commencing Family Leave. If this is not possible, the employee must give as much advance notice as is practical.

B. If an employee is requesting intermittent or reduced hours leave (as opposed to taking the total leave in one block of time), he/she must schedule the leave to minimize disruption to work schedules and assignments. Iroquois County may reassign the employee to another position having equivalent pay and benefits if it will better accommodate the recurring absences for intermittent or reduced hours leave.

C. All leaves involving a serious health condition require medical certification from the employee's health care provider to substantiate the existence of a condition requiring the leave. Iroquois County has the right to obtain a second medical opinion regarding the necessity for an employee to take Family Leave at County expense.

D. When an employee is able to return to work, Iroquois County will restore that employee to the same position or an alternate position with equivalent pay and restore all benefit programs and policies.

E. When an employee takes FMLA leave for the employee's own serious health condition, Iroquois County requires him/her to submit a fitness for duty certification from his/her healthcare provider to the effect that he/she is able to resume the essential functions of their work with Iroquois County.

F. If an employee fails to return to work and there are no extenuating circumstances as specified under "Provision for Leave," he/she will be required to pay all of the health insurance premiums made by the County on his/her behalf during the leave.

Standardized forms for consistent  
documentation follow

## Notice of Eligibility

### Family Medical Leave Rights & Responsibilities

#### **Part A - NOTICE OF ELIGIBILITY**

(Entire form completed by Employer)

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

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

On \_\_\_\_\_, you informed your employer that you needed a leave of absence beginning on \_\_\_\_\_ with a projected return-to-work date of \_\_\_\_\_, for the following reason:

- ☐ the birth of a child, or placement of a child with you for adoption or foster care;
- ☐ your own serious health condition;
- ☐ you to care for your ☐ spouse; ☐ child; ☐ parent due to his/her serious health condition.
- ☐ a qualifying exigency arising out of the fact that your ☐ spouse; ☐ son or daughter; ☐ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- ☐ you to provide care as a ☐ spouse; ☐ son or daughter; ☐ parent; ☐ next of kin of a covered service member with a serious injury or illness.

#### **This Notice is to inform you that you:**

☐ **Are eligible** for FMLA leave (See Part B below for Rights and Responsibilities)

☐ **Are not eligible** for FMLA leave, because:

(only one reason need be checked, although you may not be eligible for other reasons)

☐ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately  months towards this requirement.

☐ You have not met the FMLA's 1,250-hours-worked requirement.

☐ You do not work and/or report to a site with 50 or more employees within 75-miles.

#### **PART B-NOTICE OF RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE**

As explained in Part A, **you meet the eligibility requirements** for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by** \_\_\_\_\_ (15 days from this notice)

If sufficient information is not provided in a timely manner, your leave may be denied.

☐ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request ☐ **is** ☐ **is not** enclosed.

☐ Sufficient documentation to establish the required relationship between you and your family member.

☐ Other information needed: \_\_\_\_\_

☐ No additional information is requested

**If your leave does qualify as FMLA leave you will have the following RESPONSIBILITIES**

while on FMLA leave:

- You will be required to use your available paid sick, vacation, and/or other leave during your FMLA absence.
- If you do not return to work following the FMLA leave and do not seek leave under another County policy, you will be considered to have voluntarily terminated your employment.
- If you do not return to work following the 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; 2) the continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you will be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the reverse side of this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

(only checked blanks apply)

\_\_\_ Contact \_\_\_\_\_ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a 30-day grace period in which to make premium payments.

\_\_\_ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every \_\_\_\_\_. (Indicate interval of periodic reports, as appropriate for the particular leave situation).

\_\_\_ Due to your status within the County, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us.

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.

**If your leave does qualify as FMLA leave you will have the following RIGHTS** while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member with a serious injury or illness. This single 12-month period commenced on \_\_\_\_\_.
- Your health benefits will be maintained during any period of unpaid leave under the same conditions as if you continued to work providing you continue to pay your share for the premium payments.
- 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 FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)

<p><b>Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement.</b></p>
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# Family Medical Leave Employee's Serious Health Condition Certification of Health Care Provider

## SECTION I: FOR COMPLETION BY THE EMPLOYER

Employer name and contact information: \_\_\_\_\_  
\_\_\_\_\_

Employee's job title: \_\_\_\_\_ Regular work schedule: \_\_\_\_\_

Employee's essential job functions: \_\_\_\_\_

Check if job description is attached: \_\_\_\_\_

## SECTION II: FOR COMPLETION BY THE EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider.

Your name: \_\_\_\_\_  
First Middle Last

## SECTION III: FOR COMPLETION BY THE HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: \_\_\_\_\_  
\_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

### Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?  
\_\_\_ No \_\_\_ Yes. If so, dates of admission: \_\_\_\_\_

Date(s) you treated the patient for condition: \_\_\_\_\_

Will the patient need to have treatment visits at least twice per year due to the condition? \_\_\_ No \_\_\_ Yes.

Was medication, other than over-the-counter medication, prescribed? \_\_\_ No \_\_\_ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? \_\_\_ No \_\_\_ Yes. If so, state the nature of such treatments and expected duration of treatment:  
\_\_\_\_\_

2. Is the medical condition pregnancy? \_\_\_ No \_\_\_ Yes. If so, expected delivery date: \_\_\_\_\_

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his /her job functions.

Is the employee unable to perform any of his /her job functions due to the condition: \_\_\_ No \_\_\_ Yes. If so, identify the job functions the employee is **unable** to perform: \_\_\_\_\_

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment): \_\_\_\_\_

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? \_\_\_No \_\_\_Yes.

If so, estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? \_\_\_No\_\_\_Yes.

If so, are the treatments or the reduced number of hours of work medically necessary? \_\_\_No \_\_\_Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period: \_\_\_\_\_

Estimate the part-time or reduced work schedule the employee needs, if any:

\_\_\_\_\_hour(s) per day; \_\_\_\_\_days per week from\_\_\_\_\_ through\_\_\_\_\_

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? \_\_\_ No \_\_\_ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups? \_\_\_ No \_\_\_Yes. If so,

explain: \_\_\_\_\_

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g. 1 episode every 3 months lasting 1-2 days):

Frequency: \_\_\_ times per \_\_\_ week(s) \_\_\_ month(s)      Duration: \_\_\_ hours or \_\_\_ day(s) per episode

ADDITIONAL INFORMATION (if necessary): IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER

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

\_\_\_\_\_  
Date

**RETURN THIS FORM TO PATIENT**

Form WH -380-E February 2013

## **Family Medical Leave Family Member's Serious Health Condition**

### **Certification of Health Care Provider**

#### **SECTION I: FOR COMPLETION BY THE EMPLOYER**

Employer name and contact information: \_\_\_\_\_  
\_\_\_\_\_

#### **SECTION II: FOR COMPLETION BY THE EMPLOYEE**

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider.

Your name: \_\_\_\_\_

First

Middle

Last

Name of family member for whom you will provide care:.

\_\_\_\_\_

First

Middle

Last

Relationship of family member to you: \_\_\_\_\_

If family member is your son or daughter, date of birth: \_\_\_\_\_

Describe care you will provide to your family member and estimate leave needed to provide care:

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

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

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

#### **SECTION III: FOR COMPLETION BY THE HEALTH CARE PROVIDER**

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 2 provides space for additional information, should you need it. Please be sure to sign the form.

Provider's name and business address:

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

Type of practice / Medical specialty:

\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

\_\_\_No\_\_\_ Yes. If so, dates of admission: \_\_\_\_\_

Date(s) you treated the patient for condition:

\_\_\_\_\_

Will the patient need to have treatment visits at least twice per year due to the condition? \_\_\_ No \_\_\_ Yes.

Was medication, other than over-the-counter medication, prescribed? \_\_\_ No \_\_\_ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? \_\_\_ No \_\_\_ Yes. If so, state the nature of such treatments and expected duration of treatment:

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

4. Is the medical condition pregnancy? \_\_\_ No \_\_\_ Yes. If so, expected delivery date: \_\_\_\_\_

5. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

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

6. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? \_\_\_ No \_\_\_ Yes. If so, estimate the beginning and ending dates for the period of incapacity:

\_\_\_\_\_  
During this time, will the patient need care? \_\_\_ No \_\_\_ Yes If so, explain the care needed by the patient and why such care is medically necessary: \_\_\_\_\_

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

7. Will the patient require follow-up treatments, including any time for recovery? \_\_\_ No \_\_\_ Yes. Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period: \_\_\_\_\_

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

Estimate the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_

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

8. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? \_\_\_ No \_\_\_ Yes. If so, \_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

Estimate the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_

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

8. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? \_\_\_ No \_\_\_ Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6

months (e.g. 1 episode every 3 months lasting 1-2 days):

Frequency: \_\_\_ times per \_\_\_ week(s) \_\_\_ month(s)  
episode

Duration: \_\_\_ hours or \_\_\_ day(s) per

Does the patient need care during these flare ups? \_\_\_No \_\_\_Yes

If so, explain the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**ADDITIONAL INFORMATION (if necessary): IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER**

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

\_\_\_\_\_  
**Date**

**RETURN THIS FORM TO PATIENT**

Form WH-380-F February 2013



# **Military Family Medical Leave**

## **Certification of Qualifying Exigency**

### **SECTION I: FOR COMPLETION BY THE EMPLOYER**

Employer name and contact information \_\_\_\_\_

### **SECTION II: FOR COMPLETION BY THE EMPLOYEE (Parts A-D)**

INSTRUCTIONS to the EMPLOYEE: Please complete Section II fully and completely. Please be sure to sign the form on the next page.

Your name: \_\_\_\_\_

First

Middle

Last

Name of covered military member on active duty or call to active duty status in support of a contingency operation: \_\_\_\_\_

First

Middle

Last

Relationship of covered military member to you: \_\_\_\_\_

Period of covered military member's active duty: \_\_\_\_\_

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Active duty is defined as a military member deployed to a foreign country. Deployment to state side disaster areas does not qualify as active duty. Please check one of the following:

☐ A copy of the covered military member's active duty orders is attached.

☐ Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached.

☐ I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation.

### **PART A. QUALIFYING REASON FOR LEAVE**

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached. ☐ Yes ☐ No ☐ None Available

**PART B. AMOUNT OF LEAVE**

1. Approximate date exigency commenced: \_\_\_\_\_  
Probable duration of exigency: \_\_\_\_\_

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? \_\_\_No\_\_\_Yes. If so, estimate the beginning and ending dates for the period of absence:  
\_\_\_\_\_

3. Will you need to be absent from work periodically to address this qualifying exigency? \_\_\_ No\_\_\_ Yes  
If so, estimate schedule of leave, including the dates of any scheduled meetings or appointments: \_\_\_\_\_  
\_\_\_\_\_

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e. 1 deployment-related meeting every month lasting 4 hours):

Frequency: \_\_\_ times per \_\_\_ week(s) \_\_\_ month(s)      Duration: \_\_\_ hours or \_\_\_ day(s) per event.

**PART C.**

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e. either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of the Individual: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Telephone (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Describe nature of meeting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART D.**

I certify that the information I provided above is true and correct.

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

\_\_\_\_\_  
Date

**RETURN THIS FORM TO EMPLOYER**

Form WH-384 February 2013

# **Military Family Medical Leave**

## **Certification for Serious Injury or Illness of Covered Servicemember**

### **SECTION I: FOR COMPLETION BY THE EMPLOYEE (Parts A-C)**

#### **PART A. EMPLOYEE INFORMATION**

Name and Address of employer (this is the employer of the employee requesting leave to care for covered servicemember): \_\_\_\_\_

Name of Employee Requesting Leave to care for covered servicemember: \_\_\_\_\_

First

Middle

Last

Name of the Covered Servicemember (for whom employee is requesting leave to care): \_\_\_\_\_

First

Middle

Last

Relationship of Employee to Covered Servicemember requesting leave to care:

☐ Spouse   ☐ Parent   ☐ Son   ☐ Daughter   ☐ Next of Kin

#### **PART B. COVERED SERVICEMEMBER INFORMATION**

1. Is the Covered Servicemember a Current Member of the Regular Armed Forces, the National Guard or Reserves? ☐ Yes ☐ No If yes, please provide the covered service member's military branch, rank and unit currently assigned to: \_\_\_\_\_

Is the covered servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)? ☐ Yes ☐ No If yes, please provide the name of the medical treatment facility or unit: \_\_\_\_\_

2. Is the Covered Servicemember on the Temporary Disability Retired List (TDRL)? ☐ Yes ☐ No

#### **PART C. CARE TO BE PROVIDED TO THE COVERED SERVICEMEMBER**

Describe the Care to Be Provided to the Covered Servicemember and an estimate of the leave needed to provide the care: \_\_\_\_\_

### **SECTION II: FOR COMPLETION BY the Health Care Provider.**

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** The employee listed above has requested leave under the FMLA to care for a family member who is a member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating. A complete and sufficient certification to support a request for FMLA leave due to a covered servicemember's serious injury or illness includes written documentation confirming that the covered servicemember's injury or illness was incurred in the line of duty, on active duty and that the covered servicemember is undergoing treatment for such injury or illness by a health care provider listed above. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "in determinate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator). (Please ensure that Section I above has been completed before completing Section II.) Please be sure to sign the form below.

## PART A. HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name and Business Address: \_\_\_\_\_

Type of Practice/Medical Specialty: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## PART B. MEDICAL STATUS

1. Covered Servicemember's medical condition is classified as (Check One):

\_\_\_\_ **(VSI) Very Seriously Ill/Injured** - Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

\_\_\_\_ **(SI) Seriously Ill/Injured** - Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

\_\_\_\_ **OTHER Ill/Injured** - a serious injury or illness that may render the servicemember medically unfit to perform the duties of the member's office, grade, rank, or rating.

\_\_\_\_ **NONE OF THE ABOVE** (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380 or an employer-provided form seeking the same information.)

2. Was the condition for which the Covered Service member is being treated incurred in line of duty on active duty in the armed forces? \_\_ Yes \_\_ No

3. Approximate date condition commenced: \_\_\_\_\_

4. Probable duration of condition and/or need for care: \_\_\_\_\_

5. Is the covered servicemember undergoing medical treatment, recuperation, or therapy? \_\_ Yes \_\_ No  
If yes, please describe medical treatment, recuperation or therapy: \_\_\_\_\_

## PART C COVERED SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER

1. Will the covered servicemember need care for a single continuous period of time, including any time for treatment and recovery? \_\_ Yes \_\_ No If yes, estimate the beginning and ending dates for this period of time: \_\_\_\_\_

2. Will the covered servicemember require periodic follow-up treatment appointments? \_\_ Yes \_\_ No  
If yes, estimate the treatment schedule: \_\_\_\_\_

3. Is there a medical necessity for the covered servicemember to have periodic care for these follow-up treatment appointments? \_\_ Yes \_\_ No

4. Is there a medical necessity for the covered servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)? \_\_ Yes \_\_ No If yes, please estimate the frequency and duration of the periodic care: \_\_\_\_\_

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

\_\_\_\_\_  
Date

**RETURN THIS FORM TO PATIENT**

Form WH-385 February 2013

## Designation Notice Family Medical Leave

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

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided. We received your most recent information on \_\_\_\_\_ and decided:

\_\_\_ **Your FMLA leave request Is Approved. All leave taken for this reason will be designated as FMLA leave.**

- The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:
- Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: \_\_\_\_\_
- Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).
- You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position \_\_\_ is \_\_\_ is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

\_\_\_ **Additional information is needed to determine if your FMLA leave request can be approved:**

\_\_\_ The certification you have provided is **not complete and sufficient** to determine whether the FMLA applies to your leave request. You must provide the following information

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

\_\_\_\_\_ no later than \_\_\_\_\_ (7 calendar days) unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

\_\_\_ We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

\_\_\_ **Your FMLA Leave request is Not Approved.**

\_\_\_ **The FMLA does not apply to your leave request.**

\_\_\_ **You have exhausted your FMLA leave entitlement in the applicable 12-month period.**

**Employer Representative Signature:** \_\_\_\_\_

## IROQUOIS COUNTY

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Section: Personnel

Subject: Leave of Absence - Holiday

Number: 1031

Effective Date:

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I PURPOSE:

To allow employees to benefit from special days off with pay.

II POLICY:

All of the following holiday benefits are described as those for regular full-time employees, unless otherwise stated. Please see the "Type of Employment/Employment Status" policy for benefit eligibility for other classifications of employees.

Benefit-eligible full-time employees regularly scheduled 35 hours or more per week will receive holiday pay.

Iroquois County recognizes and follows the State of Illinois paid holidays calendar, unless otherwise specified in a bargaining unit agreement.

Holiday pay will be calculated based on the employee's regular rate of pay.

If the holiday falls on a Saturday, the holiday will be observed on the Friday before the holiday. If the holiday falls on a Sunday, the holiday will be observed on the Monday after the holiday.

An employee must work the last scheduled business day preceding and the first scheduled business day following the holiday in order to receive the paid holiday. The only exception to this is for scheduled vacation, bereavement time or sickness/accident time authenticated by a physician's note.

III RESPONSIBILITY:

A. It is the responsibility of the Iroquois County Board Office or designee to maintain accurate records of the use of holiday leave.

B. It is the responsibility of the Department Head or Supervisor to schedule employees off fairly rotating the holiday assignments.

C. It is the responsibility of the Department Head or Supervisor to properly identify payment of holiday leave on the timesheet and to notify the Iroquois County Board Office of any forfeiture of holiday leave.

D. It is the responsibility of the employee to work his/her scheduled hours prior to and after the holiday. The employee will forfeit holiday time if he/she does not work the entire scheduled hours prior to, on and/or after the holiday.

#### IV PROCEDURE:

A. Upon hire, the Iroquois County Board Office will maintain an accurate holiday usage record on all eligible employees

B. As each holiday is earned, the record will so note; likewise, as each holiday is used, it will also be noted.

C. Forfeiture of holiday pay for the reasons set forth above also will be noted in the employee's personnel file.

D. The Department Head or Supervisor will create a system to maintain a fair method of spreading the responsibility of working the holiday.

E. Seniority will be the deciding factor with any conflict of scheduling holidays.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Leave - Medical

Number: 1032

Effective Date:

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I PURPOSE:

This policy recognizes that employees with a short-term medical emergency may require an extended amount of time away from the job to recover. This policy enables an employee to be away from work for an approved period without creating a break in service.

II POLICY:

Employees must submit a written request along with medical certification or a note from a state licensed physician to their Department Head or Supervisor, explaining the reason for the request and the anticipated length of the absence.

Medical leaves of absences may be granted to full and part time employees who have been employed at least six (6) months, for a period not to exceed thirty (30) calendar days. All sick leave, accrued vacation and unused holidays must be exhausted before the leave of absence will begin.

A leave of absence guarantees retention of seniority, but does not guarantee a position upon return. If a position is not available when an employee returns from a leave of absence, they will have the first offering of a job vacancy for which they are qualified and capable of performing. Employees who are granted a leave of absence for any reason shall suffer no loss in net creditable service to the County as far as vacation, retirement, and length of service awards are concerned.

Total disability means that you are unable, because of sickness or injury, to perform the duties of the job description or another job description within the County for which you are qualified.

If the need for the leave of absence is immediate, a written request must be completed within seventy-two (72) hours for the employee to receive the benefit of this policy. Failure to do so may be considered job abandonment. The Department Head or Supervisor will assist the employee in this endeavor.

Failure to return from a leave of absence on the date specified will be considered job abandonment and may make the employee ineligible for rehire. An employee unable to return within the thirty (30) day time frame may be terminated and may reapply for employment.



Working another job while on a leave of absence is prohibited and will be cause for discipline up to and including termination.

An employee may continue to have health insurance while they are on a leave of absence. Health insurance benefit payments, for which the employee is responsible, are due on the first day of the month for which coverage applies. Benefits covered by employee payments will lapse if the payment is not received by Iroquois County Board Executive Assistant when it is due. Benefit accruals, such as vacation, sick leave, or holiday benefits, will be suspended during the leave and will resume upon return to active employment.

### III RESPONSIBILITY:

A. It is the responsibility of the employee to complete the request in writing and have it approved prior to the start of the leave.

B. It is the responsibility of the Department Head or Supervisor, to review each case on an individual basis. In the event the employee's need for the leave of absence is immediate, the Department Head or Supervisor is responsible for attaining it from the employee.

C. It is the responsibility of the Iroquois County Board Executive Assistant to take appropriate action for benefit considerations.

D. It is the responsibility of the employee to periodically update their Department Head or Supervisor regarding their progress while on leave.

### IV PROCEDURE:

A. The employee must complete a request for leave in writing and submit it to his/her Department Head or Supervisor at least two weeks prior to the leave date, when possible to allow for proper scheduling.

B. The Department Head or Supervisor will review the request assuring that the form is complete.

C. The Department Head or Supervisor will make a final evaluation and decision.

D. The Department Head or Supervisor will review with the employee the beginning and ending date of the leave of absence and benefit ramifications so that it is understood by all.

E. The Iroquois County Board Executive Assistant will resume benefit accrual upon return from leave of absence.

F. The employee will confirm with the Department Head or Supervisor one week prior to return, the date and time of his/her return to work.

G. The Iroquois County Board Executive Assistant will coordinate the documentation process.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Leave of Absence - Military

Number: 1033

Effective Date:

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### I PURPOSE:

Employees will be granted leave in accordance with Federal and State military leave of absence laws.

### II POLICY:

Iroquois County will grant military leaves of absence as required by law and by the needs of employees who are members of the military service.

A military leave of absence will be granted to employees who are absent from work because of service in the United States Armed Forces in accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA) and the Illinois Servicemembers Employment and Reemployment Rights Act. Advance notice of military service is required, unless military necessity prevents such notice or it is otherwise impossible or unreasonable.

Depending on the length and type of services, the employee may be eligible for unpaid leave, concurrent compensation or differential compensation in accordance with applicable USERRA and ISERRA provisions. However, employees may use any available vacation time for periods of unpaid leave or during periods when differential compensation would be owed. Employees must notify the Iroquois County Board Executive Assistant if they are electing to use vacation time. Continuation of health insurance benefits is available as required by USERRA and ISERRA based on the length of the leave and subject to the terms, conditions and limitations of the applicable plans for which the employee is otherwise eligible.

Benefit accruals, such as vacation, sick leave, or holiday benefits, will be suspended during the leave and will resume upon the employee's return to active employment.

Employees on military leave for up to 30 days are required to return to work for the first regularly scheduled shift after the end of service, allowing reasonable travel time. Employees on longer military leave must apply for reinstatement in accordance with USERRA and all applicable state laws.

Employees returning from military leave will be placed in the position they would have attained had they remained continuously employed or a comparable one depending on the length

of military service in accordance with USERRA and ISERRA. They will be treated as though they were continuously employed for purposes of determining benefits based on length of service.

To be eligible for reinstatement, the employee must have satisfactorily completed his/her military service. Generally, employees with discharges of “other than honorable,” “undesirable,” or as a result of a court martial are not eligible for reinstatement.

To be entitled to reinstatement to the same job, the individual must still be qualified to perform it. If the individual needs to acquire or practice job skills, a reasonable time will be granted for this purpose.

### III RESPONSIBILITY:

- A. It is the responsibility of the employee to provide notice of military service as far in advance as is reasonable under the circumstances.
- B. It is the responsibility of the Iroquois County Board Executive Assistant to take appropriate action for benefit considerations.
- C. It is the responsibility of the employee when the end of the leave is known to notify employer and apply for reinstatement in accordance with USERRA and ISERRA guidelines.

### IV PROCEDURE

- A. The employee must provide notice for leave of absence and application for reinstatement in accordance with USERRA and ISERRA guidelines.
- B. The Department Head or Supervisor will review with the employee the beginning date of the leave of absence and benefit ramifications so that it is understood by all.
- C. The Iroquois County Board Executive Assistant will take appropriate action for benefit considerations.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Leave of Absence - Sick

Number: 1034

Effective Date: revised October 13, 2020

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I PURPOSE:

To provide a salary continuation plan while the employee is incapacitated because of illness or non-work-related injury.

II POLICY:

Sick leave is employee income protection for illness or injury or medical appointments that cannot be scheduled during non-working hours and may not be paid for any other reason.

*NOTE: Employees who are members of an organized labor union should refer to their Bargaining Agreement for expressed Union contract provisions which supersede Employee Handbook policies. Whenever the Union contract is silent, the Employee Handbook is in force.*

All full-time employees who have worked for Iroquois County for six months or more, will receive sick days at a rate of one day per month.

Sick time can be used for employee or family member illness, injury, doctor and dental appointments or for the personal care of a family member. For purposes of this policy, “family member” is defined as an employee’s child, step child, spouse, domestic partner, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent, or stepparent. For purposes of this policy, “personal care” means activities to ensure that a covered family member’s basic medical, hygiene, nutritional, or safety needs are met, or to provide transportation to medical appointments, for a covered family member who is unable to meet those needs himself or herself. Personal care also means being physically present to provide emotional support to a covered family member with a serious health condition who is receiving inpatient or member with a serious health condition who is receiving inpatient or home care. Employee’s Supervisor may require a physician’s statement for absences of three (3) consecutive days or more or if abuse of sick leave is suspected. Abuse of this policy may be cause for disciplinary action.

Sick time may be accumulated up to sixty (60) days. For IMRF purposes, all sick days in excess of sixty (60) will be kept as a benefit for retirement purposes. Any employee who has more than thirty (30) days of sick time on November 1 may request to be paid ½ of a day’s pay for each sick day not used in excess of thirty (30) days. The request must be received in writing by October 25 and payment for the time will be on the first paycheck in November.

Accumulated unused paid sick leave shall not be paid upon voluntary or involuntary termination.

Employees going on an approved non-FMLA medical leave of absence must exhaust all sick leave before the leave of absence will begin. Employees on FMLA leave must use sick days and vacation days concurrently with unpaid FMLA leave.

IMRF provides two types of disability benefits:

1. Temporary – Paid when a member is unable to perform the duties of any position which might reasonably be assigned by the current IMRF employer.
2. Total and Permanent – Paid after temporary disability benefits have expired and if the member is unable to engage in any gainful activity for any employer.

### III RESPONSIBILITY:

A. It is the responsibility of the employee to notify a Department Head or Supervisor of their absence no later than the scheduled starting time of the same day and to complete appropriate documentation requesting sick pay.

B. It is the responsibility of the Iroquois County Board Executive Assistant to provide proper documentation on sick leave status, usage and proper payment of sick leave.

### IV PROCEDURE:

A. Upon hire and status change, the proper accrual rate and maximum hours will be entered on the payroll file maintenance form.

B. The full-time employee will earn sick leave according to the benefit summary for each month worked.

C. Employees changing from full time to part time will cease earning sick leave; a new payroll maintenance form must be completed reflecting the change in employment status and forwarded to the Iroquois County Board Executive Assistant for processing.

D. Employees changing from part time to full time will begin immediately accruing sick leave and may use it as earned for legitimate illness.

E. The Iroquois County Board Office will maintain accurate records and promptly warn abusers of this policy according to the progressive discipline policy.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Leave of Absence – VESSA (Victim’s Economic Security and Safety Act)

Number: 1035

Effective Date:

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### I PURPOSE:

To provide an employee who is a victim of domestic or sexual violence, an opportunity to make arrangements in response to their circumstances.

### II POLICY:

The Victims’ Economic Security and Safety Act (“VESSA”) provides an employee who is a victim of domestic or sexual violence, or who has a family or household member who is a victim of domestic or sexual violence, with up to twelve (12) weeks of unpaid leave per any twelve (12) month period to address issues arising from domestic or sexual violence. An eligible employee will be required to exhaust any vacation, personal or as applicable sick time before he/she can take an unpaid leave.

An employee may take VESSA leave to:

1. Seek medical attention for, or recovery from, physical or psychological injuries caused by domestic or sexual violence to the employee or employee’s family or household member;
2. Obtain victim services for the employee or employee’s family or household member;
3. Obtain psychological or other counseling for the employee or the employee’s family or household member;
4. Participate in safety planning, including temporary or permanent relocation or other actions to increase the safety of the victim from future domestic or sexual violence; or
5. Seek legal assistance to ensure the health and safety of the victim, including participating in court proceedings related to the violence.

An eligible employee is required to provide certification that VESSA leave is to be taken for one of the purposes enumerated above and that the employee or employee’s family or household member is a victim of domestic or sexual violence. An employee may satisfy such a certification requirement by providing a sworn statement of the employee, and upon obtaining such documents the employee shall provide:

- Documentation from a victim services organization, attorney, member of the clergy, or medical or other professional from whom the employee or the employee’s family or household member has sought assistance;
- A police or court record; or
- Other corroborating evidence.

VESSA leave may be taken intermittently or on a reduced work schedule. The employee shall provide the employer with at least 48 hours advance notice of the employee's intention to take leave, except in such cases where it is not practicable to provide such notice.

### III RESPONSIBILITY:

A. It is the responsibility of the employee to provide the Department Head or Supervisor with at least 48 hours advance notice of the employee's intention to take leave.

B. It is the responsibility of the employee to maintain communication with Department Head or Supervisor periodically during the leave.

C. It is the responsibility of the Department Head or Supervisor to maintain confidentiality with information shared by the employee.

D. Employers are prohibited from discharging, constructively discharging, harassing or otherwise discriminating against any employee with respect to compensation, terms, conditions, or privileges of employment, or retaliating against an employee in any form or manner.

### IV PROCEDURE:

A. The employee shall provide the Department Head or Supervisor with at least 48 hours' advance notice of the employee's intention to take leave, and maintain periodic communication as to their return to work.

B. The Department Head or Supervisor will review with the employee the arrangements of the leave of absence so that it is understood by all.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Meal Breaks

Number: 1036

Effective Date:

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I PURPOSE:

Time allotted for a meal break is important for each employee's physical nourishment and mental health.

II POLICY:

Each employee scheduled to work more than five-hour shifts is entitled to an hour unpaid meal break. During the meal break the employee will be uninterrupted and be completely relieved of duty. If the meal break is interrupted by the necessity to return to work, the meal period becomes worked time and will be paid or compensated.

III RESPONSIBILITY:

A. It is the responsibility of the Department Head or Supervisor to assure that all employees working on a shift of more than five hours duration receive a meal break.

B. It is the responsibility of Department Head or Supervisor to provide a designated area for employees to eat without interruption.

C. It is the responsibility of the employee to take the meal break; if unable to, notify the Department Head or Supervisor in writing as to why they were unable to take meal break and to ensure proper compensation.

D. It is the responsibility of the Department Head or Supervisor to make adjustments to an employee's time sheets as appropriate.

IV PROCEDURE:

A. Department Heads or Supervisors will notify employees under their supervision of the meal break schedule.

B. Employees unable to take their meal break are to notify their Department Head or Supervisor.

C. The Department Head or Supervisor will indicate on the employee's time sheet "no meal break".



## IROQUOIS COUNTY

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Section: Personnel

Subject: Nepotism – Hiring of Family Members

Number: 1037

Effective Date:

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I PURPOSE:

Iroquois County desires to fill positions with the best-qualified candidates available. However, Iroquois County Board must avoid any actions that might result in or create the appearance of giving preferential treatment to the relatives of a Iroquois County employee or Iroquois County Board Official.

II POLICY:

A relative is an employee's father, mother, son, daughter, brother, sister, uncle, aunt, niece, nephew, husband, wife, domestic partner, grandchild, grandparent, first cousin, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother or half-sister.

Employees are not allowed to work in a position where their Supervisor is a relative or where a personal relationship interferes with job performance or morale. No person should be hired for a position when to do so would violate this policy. If such a situation is created through promotion, transfer, marriage, or other changes, one of the affected employees must be transferred or resign within 30 days after the relationship is established or becomes known. The County reserves the right to terminate one or both employees in violation of this policy.

III RESPONSIBILITY:

It is the responsibility of all hiring managers to assure that this policy is followed.

IV PROCEDURE:

This policy will be applied in accordance with applicable state and federal laws. Employees who violate the policy will be subject to discipline, up to and including termination.

## IROQUOIS COUNTY

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Section: Personnel

Subject: On Call

Number: 1038

Effective Date:

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I PURPOSE:

Employees may sometimes be required by their Supervisor to remain on-call outside their regular hours of employment.

II POLICY:

Employees who are required by their Supervisor to remain on-call after their regular workday or workweek should be available by cellular phone.

Employees are expected to respond to the call and travel to work within a reasonable amount of time.

Employees working a part-time or flextime schedule are subject to being on-call. However, employees on an approved leave of absence are not expected to be on-call.

If an individual is sick when scheduled to be on-call, another employee will be substituted. In turn, the individual who was ill will take over the next on-call shift of the substitute.

The County allows employees to trade on-call duties among themselves so that they can pursue personal activities as long as such is clearly communicated to those who may need to contact them.

The County will provide additional compensation to non-exempt employees who remain on-call after the completion of the workday or workweek. Employees will be considered engaged by the County at the time they receive the call until the work is completed. This time will be considered time worked and will be recorded as such on the employee's time sheet. On-call time will be paid at the employee's regular rate of pay or at his/her overtime rate if he/she has already worked the required hours.

Exempt employees who perform on-call duties will receive no additional compensation for this duty, since they are exempt from overtime compensation.

Employees must be fit for duty during working hours. "Fit for duty" means being in a state of physical and mental health that facilitates the performance of essential job duties in an effective manner and protects the health and safety of oneself, others, and property. "Working hours" begin with an employee's starting time and end with the employee's quitting time, including any time

an employee is on-call. All work activities are included whether or not they occur on County premises.

While employees are encouraged to pursue their personal activities during on-call time, they are restricted from doing anything that would impair their ability to perform their jobs safely if called to work. For that reason, alcohol and other intoxicants are not to be consumed when on-call.

III     RESPONSIBILITY:

It is the responsibility of on call employees to remain fit for duty and be able to perform their jobs safely if called to work.

IV     PROCEDURE:

The County will make every effort to give employees as much advance notice as practical of their on-call duties.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Overtime

Number: 1039

Effective Date:

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I PURPOSE:

Proper payment of employees is an important responsibility of Iroquois County.

II POLICY:

Overtime is paid on hours actually worked, once the overtime threshold level is surpassed. Overtime will be paid at time and one-half the employee's regular rate of pay.

Overtime must be approved by the Supervisor or Department Head. Should an employee work unauthorized overtime he/she will be paid but may also receive disciplinary action for working unauthorized overtime.

Overtime hours are computed on hours worked excluding paid sick, vacation and holiday, jury duty, or bereavement leave hours.

In accordance with the Fair Labor Standards Act, the County will pay a non-exempt employee overtime for hours worked in excess of 40 in a workweek, unless otherwise noted in a bargaining unit agreement.

III RESPONSIBILITY:

A. It is the responsibility of the Department Head or Supervisor to approve any and all overtime before an employee actually works overtime hours.

B. It is the responsibility of the employee to assure proper time records.

C. It is the responsibility of the Department Head or Supervisor to approve and initial employee's time record for all overtime hours worked.

D. It is the responsibility of the employee to submit their overtime hours with the payroll ending the pay period in which the employee has worked.

E. It is the responsibility of the Department Head or Supervisor to inform applicants of the method of overtime payment.

IV     PROCEDURE:

A. All overtime hours must be approved and recorded by the Department Head or Supervisor on the employee time record. The employee time record will be given to the County Board Executive Assistant for proper payment.

B. The Department Head or Supervisor will verify the overtime hours from the time record on each employee.

C. The Employee will verify all overtime hours are correct before submitting to the Department Head or Supervisor.

D. Employees will receive payment for all overtime hours worked along with their regular payroll check

## **IROQUOIS COUNTY**

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Section:     Personnel

Subject:     Paycheck

Number:     1040

Effective Date:

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**I     PURPOSE:**

The purpose of the paycheck is to issue a draft on Iroquois County to the employee for compensation and to notify the employee of hours paid, taxes withheld, voluntary deductions, net pay due in current pay period and year-to-date, and benefit accrual.

**II     POLICY:**

Employees will be paid every two weeks for hours worked. The paycheck should be cashed within ninety (90) days of receipt.

Employees who lose the paycheck must immediately notify their Department Head or Supervisor. A special check will be reissued within five (5) working days of a request for a reissued check and the employee will pay for the Stop Check Order.

Payroll error – overpayment must be immediately brought to the attention of the County Board Executive Assistant.

Payroll error – underpay must be immediately brought to the attention of the County Board Executive Assistant. Corrections will be reflected on the next paycheck.

**III    RESPONSIBILITY:**

A. It is the responsibility of Iroquois County Board Executive Assistant to provide an accurate, timely paycheck to the employees.

B. It is the responsibility of the employee to notify the County Board Executive Assistant of any inaccuracies, and any lost checks.

**IV     PROCEDURES:**

A. Employees may pick up their paychecks on paydays during scheduled hours to be determined by the Department Head or Supervisor.

B. Employees should review their paycheck prior to cashing. Employees noting an error in their paycheck must immediately notify the County Board Executive Assistant.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Paycheck Garnishments

Number: 1041

Effective Date:

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I PURPOSE:

To establish a standard for processing attachments and garnishments.

II POLICY:

Iroquois County will act promptly to honor attachments and garnishments when presented from any Circuit Court or District Court of the State or Federal Government.

III RESPONSIBILITY:

A. It is the responsibility of the County Board Executive Assistant for executing the attachment or garnishment and notifying the employee whose wages have been garnished or attached.

B. It is the responsibility of the County Board Executive Assistant to inform the employee whose wages have been attached.

C. Caution: Failure of Iroquois County to enforce this policy timely may make Iroquois County responsible for the total amount garnished.

IV PROCEDURE:

A. Garnishee Still Employed by The County:

1. Make a copy of the garnishment – front and reverse.
2. Write the Department name, location, employee name and number on the copy of the garnishment.
3. The County Board Executive Assistant will deduct the maximum amount allowable under law from the employee's paycheck, write a check for the amount withheld, and will send the check to the appropriate court or attorney.
4. The garnishment must be answered no sooner than thirty days and no later than forty-five days from the date it was served. This is true even if no money has been withheld. The County Board Executive Assistant will:

- a. Answer the garnishment by completing the answer form attached to the original. If no answer form was provided, use a copy of the form attached with this policy.
- b. Send the completed answer form along with the amount withheld, if any, to the court through which the garnishment was processed.
- c. Send a copy of the answer and check for the amount withheld to the plaintiff or the attorney.
- d. Retain a copy of the answer and check for the County files.

B. Garnishee No Longer Employed:

1. If the garnishee is no longer employed at the time the garnishment is served, the County Board Executive Assistant will hold the garnishment for thirty days from the date it was served and then mail it back to the court along with a statement as to date of termination of the employee and a forwarding address, if known.



## **IROQUOIS COUNTY**

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Section:     Personnel

Subject:     Pay Days / Pay Periods

Number:     1042

Effective Date:

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I     PURPOSE:

To assure that employees are accurately compensated for time worked and to provide policy for uniform maintenance of records.

II    POLICY:

Paydays are on the Friday following the end of each pay period. Paychecks will be distributed at a time designated by the County Board Executive Assistant.

When a weekend or holiday observed by Iroquois County falls on the regular payday, employees will, to the extent possible, be paid on the day before the holiday or weekend.

Separated employees will receive their final paycheck on the first scheduled payday following the pay period ending in which the last day was worked.

Paycheck errors (underage) are to be immediately discussed with the County Board Executive Assistant and corrections will be reflected on the next paycheck.

Paycheck errors (overage) are to be immediately reported to the County Board Executive Assistant.

III   RESPONSIBILITY:

A. It is the responsibility of the Department Heads & Supervisors to make all employees aware of the policy and to enforce it equally.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Pension Plan – IMRF

Number: 1043

Effective Date:

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I PURPOSE:

To assist employees in preparing financially for their retirement years and to offer a comprehensive benefit package as a means to attract and retain quality staff.

II POLICY:

IMRF (Illinois Municipal Retirement Fund) is established under the Illinois Pension Code which was adopted by the State Legislature to provide local government employees with retirement, death and disability benefits.

Please contact IMRF at 1-800-275-4673 for more specific details regarding the responsibilities and procedures for the retirement plan.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Performance Reviews

Number: 1044

Effective Date:

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I PURPOSE:

In an effort to improve job performance and help determine annual increases, all full time and permanent part time Iroquois County employees will receive an annual evaluation.

II POLICY:

Performance evaluation typically must be completed by the end of the fiscal year. All full time and permanent part time employees will receive an annual performance review as of their anniversary date. The evaluations will be prepared by the employee's Department Head or Supervisor and approved by the appropriate Department Chairman if required. It will be the responsibility of the evaluator to seek input regarding the employee's work performance for the evaluation from other Department Heads and or Board Members as appropriate.

Employees should receive a copy of their evaluation and the original evaluations should be sent to Iroquois County Board Executive Assistant for inclusion in the employee's personnel file.

III RESPONSIBILITY

A. It will be the responsibility of the evaluator to seek input regarding the employees work performance for the evaluation from other Department Heads and / or Board Members.

IV PROCEDURE

All evaluations will typically be completed by the end of the fiscal year.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Personal Appearance

Number: 1045

Effective Date:

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I PURPOSE:

To set a standard of appearance for employees that will reflect pride in themselves and their jobs and to provide protection and safety.

II POLICY:

All employees will report to work appropriately dressed and well groomed. Employees will wear clean, neat, well-fitted clothing/uniform.

These are the factors that employees should take into consideration when determining appropriate dress:

- The nature of their work;
- Safety considerations, such as necessary precautions when working near machinery or hazardous work areas (employees will be required to wear proper safety equipment at all times, without exception for any reason);
- The nature of their public contact, if any, and the normal expectations of outside parties with whom they will work;
- The prevailing dress practices of other workers in similar jobs.

III RESPONSIBILITY:

A. It is the responsibility of the Department Head or Supervisor to explain the uniform policy and basic dress and appearance requirements for the Department upon hire.

B. It is the responsibility of the person designated to conduct general orientation to explain again the Department uniform, dress, and appearance requirements to all new employees.

C. It is the responsibility of the employee to report for work in appropriate dress and with a well-groomed appearance.

D. It is the responsibility of the Department Heads and Supervisors to set a good example for employees by reporting to work in appropriate dress as well.

E. It is the responsibility of the Department Head or Supervisor to consistently enforce and counsel staff regarding appropriate dress and send him/her home to change as necessary.

IV     PROCEDURE:

A. The Department Head or Supervisor or designee will provide each employee a copy of the Department dress code upon hire.

B. The Department Head or Supervisor will review the dress code with each new employee at time of hire.

C. The employee will comply with Iroquois County and Department dress code.

D. When an employee's dress does not comply with established standards, the normal response should be to counsel with the employee regarding appropriate dress. If counseling fails to bring the desired response, the Department Head or Supervisor may initiate disciplinary action.

# **IROQUOIS COUNTY**

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Section: Personnel

Subject: Personnel Records

Number: 1046

Effective Date:

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## **I PURPOSE:**

To define the requirements of record keeping for Iroquois County employees.

## **II POLICY:**

Personnel records on all staff will be kept in a central location in Iroquois County. The County Board Executive Assistant and employee's Department Head or Supervisors may review an employee's personnel file for legitimate business reason. The employee may see his/her own personnel file in the presence of the County Board Office by appointment only within 7 days of a request (unless specified differently in a bargaining unit agreement). The employee may review all documents in his/her file, except for pre-employment references or other documents for which access is prohibited in accordance with the Personnel Record Review Act.

The County Board Executive Assistant will be given responsibility for maintaining employee records and for filing employee-related documents.

Personnel records are to be kept locked and maintained in a neat, orderly fashion.

Personnel files are the property of Iroquois County.

## **III RESPONSIBILITY:**

A. It is the responsibility of the County Board Executive Assistant or the designee to maintain the confidentiality and limit access to the files only to those with authorization.

B. It is the responsibility of the County Board Executive Assistant or designee to maintain a locked complete, neat, and orderly file on each employee.

C. It is the responsibility of the County Board Executive Assistant to ensure that records that require an employee's signature are properly signed.

D. It is the responsibility of all Department Heads or Supervisors to make sure original copies of all evaluations, disciplinary action, separation, and other related documentation are

promptly filed with the County Board Executive Assistant to be placed in the employee's personnel file.

E. All employees are responsible for notifying Iroquois County Executive Assistant of any change in personal information to include name, address, telephone number, licensure, and health status. This is needed to assure continuity in benefits and to fulfill other informational needs for both Iroquois County and employee.

F. It is the responsibility of Iroquois County Executive Assistant to retain all employee records.

#### IV PROCEDURE:

A. Upon employment, a personnel file will be established. The Department Head or Supervisor or his/her designee will assure that all documents which require employee signature are signed no later than the completion of the person's first day of employment.

B. Personnel files will be kept in two sections:

1. Active employees
2. Inactive (terminated) employees

C. Only the County Board Executive Assistant or designee will file documents into the employee files. Documents must be filed in a timely fashion.

D. Rehired employees' records will be consolidated into one current record.

E. The following documents will be retained in the personnel file or separate file as appropriate:

1. Application for employment
2. Reference inquiry
3. Orientation checklist
4. TB testing results (if applicable)
5. Federal and state withholding certificate
6. Payroll file maintenance
7. All performance evaluations
8. License, copy and as updated (if applicable)
9. Policy and Procedure Manual Acknowledgment
10. Job description (signed)
11. Requests for leaves of absence (if applicable)
12. Report of employee injury and follow up (if applicable)
13. Insurance applications (if applicable)
14. Status change memoranda (if applicable)
15. Resignation letters or form (if applicable)
16. Written grievances and documentation (if applicable)
17. Exit interview form (if applicable)

F. The following records will be maintained in files separate from employees' personnel files:

1. Medical records;
2. Equal employment opportunity documents identifying an individual's race and sex;
3. I-9 immigration forms;
4. Criminal background checks if required
5. Safety training records.
6. Reference checks

G. The County Board Executive Assistant must make records available within 7 working days (unless specified differently in a bargaining unit agreement) after employee makes request in writing (if employer cannot meet deadline due to extraordinary circumstances, may be allowed up to an additional 7 days).

H. Records may be viewed during employer's normal business hours at the County Board Executive Assistant or at employer's discretion near employee's worksite or during non-working hours at a different location.

I. After reviewing records, employee may get a copy. Employer may charge only actual cost of duplication. If employee is unable to view files at worksite, employer, upon receipt of a written request, must mail employee a copy.

J. If employee disagrees with any information in the personnel file and cannot reach an agreement with employer to remove or correct it, employee may submit a written statement explaining his/her position. Rebuttal must remain in file with no additional comment by employer.

K. Iroquois County will retain all employee personnel files for 7 years after separation from employment.



## **IROQUOIS COUNTY**

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Section: Personnel

Subject: Personnel Records - Updates

Number: 1047

Effective Date: August 26, 2019

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I PURPOSE:

To maintain accurate record of each employee's personnel data.

II POLICY:

All employees are expected to notify the County Board Executive Assistant of any change in personal information to include name, address, telephone number, licensure and direct deposit. This is needed to assure continuity in benefits and to fulfill other informational needs for both Iroquois County and employee.

III RESPONSIBILITY:

A. It is the responsibility of the employee to update personnel data as soon as a change occurs.

B. Health records are kept separate from the personal records.

IV PROCEDURE:

A. The employee will notify in writing the County Board Executive Assistant immediately of any changes in personnel data. These may include change of name, address, phone number, direct deposit information, and change in W-4 or State withholding information. The personnel data changes will then be verified verbally in person or via telephone communication.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Problem Resolution

Number: 1048

Effective Date:

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### I PURPOSE:

Iroquois County believes that all employees are to be treated with dignity, respect and fairness; without discrimination and in a harassment-free environment; in a fair and professional manner. It is important that employees have an opportunity to lodge complaints and be heard by management without fear of reprisal.

### II POLICY:

It is the policy of the County that employees be treated in a fair and professional manner with regard to business related problems and concerns, with confidence that they will receive thorough consideration and prompt resolution.

All active or former employees (within 2 weeks of separation) have the right to use this procedure without fear of reprisal.

Time frames outlined in the procedure will be strictly upheld. Exceptions will be granted only when no other alternative is available.

In the event that allegations are made toward a co-worker that after an investigation are determined to be unfounded and/or with intentional mischief, disciplinary actions may be taken with the person making the false accusations.

### III RESPONSIBILITY:

- A. It is the responsibility of the Department Head or Supervisor to provide a non-threatening work environment in Iroquois County so as to encourage the use of the problem resolution program.
- B. It is the responsibility of all Department Heads, Supervisors, and County Board Policy and Procedure Committee to promptly respond to employee problems with complete answers.
- C. It is the responsibility of all employees to voice problems and complaints to their Department Head or Supervisor.
- D. It is the responsibility of the County Board Office to keep accurate records of all problem resolutions and to maintain them in the proper files.

IV PROCEDURE:

Step 1: Informal Procedure The employee will discuss the problem with their Department Head or Supervisor. The Department Head or Supervisor will investigate and will respond to the employee within six working days. If the answer is not satisfactory, the employee may advance to the Formal Procedure - Step 2.

Step 2: Formal Procedure The employee will present a completed Problem Resolution Form to Iroquois County Policy and Procedure Committee. Iroquois County Policy and Procedure Committee will investigate the complaint and will respond with a written response within 4 weeks of receipt of the concern. The decision of Iroquois County Policy and Procedure Committee is final.

## PROBLEM RESOLUTION FORM

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

Nature of Problem (please be specific) \_\_\_\_\_

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Remedy or Resolution Requested \_\_\_\_\_

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Additional Comments, if any \_\_\_\_\_

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

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

Step 2 : Iroquois County Policy and Procedure Committee Response  
(Use additional page(s), if necessary)

[illegible]

Signatures with dates \_\_\_\_\_

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## **IROQUOIS COUNTY**

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Section:     Personnel

Subject:     Property – Iroquois County and Personal

Number:     1049

Effective Date:

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I     PURPOSE:

To provide appropriate maintenance and protection of Iroquois County property and to establish responsibility for employee's personal property.

II    POLICY:

Negligence in the care and use of Iroquois County property, or unauthorized removal or personal use of Iroquois County property, may be cause for discipline up to and including termination. Iroquois County property issued to employees, including software, manuals, keys, cell phones, laptops, proprietary information or any other property must be returned if employment with Iroquois County is terminated, either voluntarily or involuntarily. If Iroquois County property is not returned, employees will be responsible for the value of the property.

Employees are advised not to bring personal property of value to work. Iroquois County will not be responsible for the loss or theft of personal items on the premises.

III   RESPONSIBILITY:

No employee will remove Iroquois County property from the premises without permission from the Department Head or Supervisor responsible for the property in question.

IV    PROCEDURE:

An agreement to return Iroquois County Property consisting of equipment or uniforms issued to employees will be completed by the employee and the documentation will be maintained by the County Board Executive Assistant.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Reference checks

Number: 1050

Effective Date:

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I PURPOSE:

To establish guidelines for responding to requests for information on current or former employees.

II POLICY:

Iroquois County will respond to reference check inquiries but will only confirm dates of employment, Illinois's Equal Pay Act prohibits employers from inquiring of a current or former employer about an applicant or employee's past or current wages, but if a FOIA request for employee wage information, this must generally be released and position held. No other employment data will be released without a written authorization signed by the employee.

Additional information about employees' performance will be furnished only if the former employee signs a waiver and consent regarding the release of this information. Only facts about their performance will be given.

Information will be given to duly authorized requests from law enforcement agencies, including investigators, summonses, subpoenas, and judicial orders. Iroquois County need not inform an employee that personal information has been disclosed to law enforcement agencies if it concerns an investigation into the employee's on-the-job conduct, especially when an employee's actions endanger other employees or Iroquois County security or property.

III RESPONSIBILITIES:

All requests for information will be handled responsibly, by the County Board Executive Assistant and or qualified personnel.

IV PROCEDURE:

All requests for references about current, retired, or terminated employees must be referred to the County Board Executive Assistant. Department Heads or Supervisors may be authorized by the County Board Executive Assistant to provide information about current or former employees if a waiver and consent has been received from the employee have been received.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Safety Standards

Number: 1053

Effective Date:

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I PURPOSE:

The policy on General Safety Standards is established to provide guidelines for all employees for safe practices.

II POLICY:

Safety and health protection is a quality of work life issue which has a high priority. Our goal is to minimize human injury or illness and property loss, caused by accidents, fire, or other hazards.

Employees are expected to follow all safety standards. If an employee does not understand a safety standard or has not been trained in that standard, the employee is required to report it to their Supervisor. Failure to follow safety standards may result in corrective action being administered.

No employee should ever perform a task or work with equipment that he/she considers to be unsafe. It is our policy to provide a workplace free from recognized health and safety hazards. It is the responsibility of all employees, at all levels, to practice work habits that support and promote safe and healthful work conditions. We will maintain a Health and Safety Program conforming to the best practices available today. To be successful, this program must incorporate the proper attitudes towards injury and illness prevention on the part of all employees.

Iroquois County expects that its workers will give their best efforts to the prevention of industrial accident and diseases. Iroquois County will provide the necessary direction and aid to accomplish this goal and will also reward or discipline employees according to their action on behalf of safety or health concerns.

III RESPONSIBILITY:

An Employee who is injured at work is required to report the injury or work-related illness and complete the Employee Incident Report form immediately but no later than the end of the work shift. Failure to report a work-related injury or illness in the proper time frame may result in corrective action being administered.

Department Head or Supervisor will begin an investigation into work-related injury, illness, property damage near-miss incident as soon as possible, and typically no later than 48 hours after the report of the incident.

Employees are responsible for working as they are instructed to safely provide quality service. Employees are also responsible to themselves and to Iroquois County for reporting unsafe conditions or practices to their Department Head or Supervisor. It is then the Department Head or Supervisor's responsibility to respond as conditions warrant.

#### IV PROCEDURES

The first priority of every employee is the safety of citizens, other personnel, and him/herself. In case of a serious accident requiring the attention of a physician, notify Department Head or Supervisor immediately, and the County Clerk as quickly as practical. In case of emergency, call 911.

Following treatment for a work-related accident, employees must:

- complete a Workers' Compensation report as required.
- keep medical appointments as scheduled.
- return to work when cleared by a physician. Employees returning to work must provide certification from a physician indicating they will be able to work satisfactorily and safely.



## IROQUOIS COUNTY

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Section: Personnel

Subject: Sexual Harassment

Number: 1054

Effective Date:

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I PURPOSE:

To advise employees and confirm Iroquois County's policy and procedure regarding sexual harassment.

II POLICY:

Title VII of the Civil Rights Act of 1964 provides that it shall be an unlawful discriminatory practice for any employer because of the sex of any person to discharge, refuse to hire, or otherwise discriminate against that person with respect to any matter directly or indirectly related to employment. Harassment on the basis of sex violates this federal law.

According to the Federal Equal Employment Opportunity Commission Guidelines; unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature will constitute sexual harassment when:

- A. Submission to sexual conduct is an explicit or implied term or condition of employment;
- B. The submission to or rejection of sexual conduct by an individual is the basis for any employment decision affecting that individual; or
- C. Sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature have the purpose or effect of unreasonably interfering with an individual's work performance or create an intimidating, hostile, or offensive work environment.

For these purposes, the term "harassment" includes, but is not necessarily limited to slurs, jokes, or other verbal, graphic, or physical conduct relating to an individual's race, color, sex, religion, national origin, sexual orientation, age, physical or mental disability, and marital or veteran status.

Actions, words, jokes, or comment based on an individual's sex, race, ethnicity, age, religion or any other legally protected characteristic will not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of employee misconduct that is demeaning to another person, undermines the integrity of the employment relationship and is strictly prohibited. By

definition, sexual harassment is unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature where submission to or rejection of such conduct is used as a basis for the employment decisions affecting the employee, or where such conduct creates an intimidating, hostile or offensive working environment.

Iroquois County prohibits of any form of sexual harassment at the workplace, including acts of non-employees. Disciplinary action will be taken promptly against any employee, Supervisory or otherwise, engaging in unlawful sexual harassment. It is very important that every existing employee be made aware of this policy and the corresponding complaint procedure. All new employees will review the policy during the orientation process.

### III RESPONSIBILITIES

Iroquois County believes that all employees are entitled to a workplace free of harassment, and expects that all employees will treat each other and our citizens with courtesy, dignity, and respect. We take our obligation to maintain a workplace free of harassment very seriously.

Iroquois County will exercise reasonable care to prevent or correct any sexually harassing behavior by launching prompt and thorough investigations, and enforcing appropriate disciplinary actions. In order to prevent and remedy sexual harassment in the workplace as quickly as possible, employees are encouraged to take full advantage of Iroquois County's preventive, corrective, and Problem Resolution process opportunities.

### IV PROCEDURE:

- A. Any employee who feels that he/she has been the victim of sexual harassment should contact their Department Head, Supervisor or Iroquois County Board Chairman. Confidentiality will be maintained to the extent possible. The employee will be asked to provide a written statement of the allegation.
- B. After receipt of the complaint, the person who allegedly initiated the sexual harassment will be informed of the basis of the complaint to obtain feedback and response.
- C. Upon receipt of the response and after conducting a thorough investigation, the Department Head or Supervisor will submit in writing a confidential summary of the complaint, the response, and the facts of the investigation to the County Board Office for filing.
- D. After conducting a thorough review of the facts of the investigation including possible interviews with all parties involved, the Department Head or Supervisor will determine whether sexual harassment has occurred. Both parties will be notified of the decision.
- E. If it is determined that sexual harassment has occurred, appropriate disciplinary action up to and including termination will be taken.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Smoking and Tobacco Product Use

Number: 1055

Effective Date: October 13, 2013; Revised April 11, 2017

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I PURPOSE:

To provide Iroquois County employees and visitors with a smoke free environment.

II POLICY:

Smoking and use of tobacco products are permitted in designated exterior areas. All offices in Iroquois County will be non-smoking. All Iroquois County owned vehicles will be non-smoking. In compliance with State Statute 410 ILCS 82, no smoking shall be allowed within 15' of all entrances of any County building or within 15 feet of any window that opens or ventilation intake.

Employees may only smoke in the designated exterior areas and only during a recognized break time. Employees must keep this area clear of trash and used tobacco products.

III RESPONSIBILITY:

A. It is the responsibility of the Department Head or Supervisor to designate exterior smoking areas.

B. It is the responsibility of all employees to ensure that smoking only occurs in designated areas.

C. It is the responsibility of Department Heads and Supervisors to enforce this policy.

IV PROCEDURE:

A. The Department Head or Supervisor will designate exterior nonsmoking areas.

B. The Department Head or Supervisor will see that cigarette receptacles and "No Smoking" signs are placed in appropriate areas.

## **IROQUOIS COUNTY**

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Section: Personnel

Subject: Solicitation and Distribution of Literature

Number: 1056

Effective Date:

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**I     PURPOSE:**

To define solicitation and distribution of literature.

**II    POLICY:**

Solicitation is defined by the Iroquois County Board as an act of urging, cajoling, or persuading individuals to accept a product or service for sale, a doctrine to follow, or an organization to join.

Distribution of literature is defined as the handling or passing out or any other means of transmittal of any written material to an individual which would aid or help in soliciting the individual.

With respect to solicitation and distribution, the following rules are applicable.

A. Solicitation by an employee of another employee is prohibited while either person is on working time. Working time is all time when an employee's duties require that he or she be engaged in work tasks but does not include an employee's own time, such as meal periods, scheduled breaks, time before or after a shift, and personal clean up time.

B. Solicitation, distribution of literature, or trespassing by non-employees is prohibited.

C. Iroquois County owned vehicles or equipment may not be used for any solicitation purposes.

**III   RESPONSIBILITY:**

It is the responsibility of Department Head or Supervisor to assure compliance with the policy.

**IV    PROCEDURE:**

Any violations of the above stated policy shall be reported to the Department Head or Supervisor immediately.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Substance / Alcohol and Drug Use

Number: 1057

Effective Date:

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### I PURPOSE:

Iroquois County is concerned about the ultimate effects of the use of cannabis, alcohol and illegal drugs upon the health and safety of its employees and the public. We recognize that studies show that alcohol and drug abuse lead to increased accidents and medical claims. Employees who abuse drugs and alcohol present a danger to themselves, their fellow employees, Iroquois County and the public at large. In additions, the increased medical costs incurred by employees who use/abuse drugs and/or alcohol and the associated decreased productivity of these individuals, because of accidents, absenteeism and turnover adversely affect achievement of Iroquois County's mission and goals.

Iroquois County recognizes that the state legislature has accepted that modern medical research confirms the beneficial uses of cannabis in treating or alleviating the pain, nausea and other symptoms associated with a variety of debilitating medical conditions. For these reasons, the State of Illinois has decriminalized the use of marijuana both for medical and recreational purposes. Iroquois County also recognizes that under federal law, marijuana is still illegal. The United States Drug Enforcement Agency lists marijuana as a Schedule 1 drug under the Controlled Substances Act. Schedule I drugs are defined as having no approved medical use and a high potential for abuse.

Iroquois County recognizes its obligations and responsibilities under these conflicting laws to implement a reasonable drug free workplace policy to ensure the safety of employees and the public at large while protecting the rights of all employees. Iroquois County will not penalize an employee or applicant solely for his/her status as a registered qualifying patient or registered designated caregiver under the Compassionate Use of Medical Cannabis Program Act, unless failing to do so would put Iroquois County in violation of federal law or unless failing to do so would cause it to lose a monetary or licensing-related benefit under federal law or rules. Iroquois County prohibits the use and storage of both medical and recreational cannabis on its property, at all workplaces and in any employer-owned vehicles.

No part of this policy, nor any of the procedures hereunder, guarantees employment, continued employment, or terms or conditions of employment or limits in any way Iroquois County's rights to manage its workplace or discipline employees.

## II POLICY:

A. Alcohol, Cannabis or Illegal Drugs or substances: The possession, sale, purchase, use, distribution, delivery or transfer of alcohol, cannabis or an illegal drug or substance while on Iroquois County's premises, while on Iroquois County's time or while driving a vehicle owned, operated, rented, leased or under the control of Iroquois County is expressly prohibited. This includes cannabis used for medical purposes in accordance with the Compassionate Use of Medical Cannabis Program Act. In addition, employees may not report to work, be on Iroquois County's premises or on Iroquois County time under the influence of alcohol or cannabis or with any traceable illegal drug or substance in their system.

Employees who drive commercial motor vehicles, operate or repair heavy or large immobile equipment or perform other safety-sensitive functions including covered positions such as police officers, correctional officers, firefighters, EMTs and health care providers with direct patient care in addition to the prohibitions above must not consume alcohol for four hours prior to duty time and up to eight hours following an accident or until the employee undergoes a post-accident test, whichever comes first.

Individuals who are registered users of medical cannabis will not be disqualified from employment based solely on the detected presence of cannabis on a drug test, unless failing to do so would put Iroquois County in violation of a federal law of cause it to lose a federal contract or funding. Individuals who are registered users of medical cannabis in accordance with the Compassionate Use of Medical Cannabis Program Act and individuals who use cannabis in accordance with the Cannabis Regulation and Tax Act may not report to work under the influence of cannabis. This policy prohibits the undertaking of any task under the influence of cannabis, when doing so would constitute negligence, professional malpractice or professional misconduct. Any violation of this policy may result in immediate discharge and may subject an employee to legal action.

B. Legal Drugs: Iroquois County does not condone the abuse of legal drugs or working under the influence of legal drugs to the extent that job performance and/or safety is adversely affected. Employees using prescriptions, over-the-counter and/or other legal drugs are responsible for being aware of any potential effect such drugs may have on their judgment or ability to perform their duties.

C. DOT Regulations (49 CFR Section 40.85) provides the five drugs or classes of drugs that must be tested for in a DOT drug test. They are; (a) marijuana metabolites, (b) cocaine metabolites, (c) amphetamines, (d) opioids, and (e) phencyclidine (PCP). Iroquois County cannot exclude cannabis from a drug test performed pursuant to DOT Regulations. The DOT Regulations also prohibit a Medical Review Officer from Verifying a test as negative based on information that a physician prescribed the use of marijuana or another Schedule I drug.

D. Pre-Employment Substance Testing: Upon receipt of a contingent offer of employment, candidates for safety-sensitive or security-sensitive positions may be subject to pre-employment drug testing. Individuals to whom a contingent offer is made and whose pre-employment drug test returns positive for cannabis, alcohol or illegal drugs may be ineligible to employment. Candidates who test positive may have their contingent offer of employment revoked.

E. Random Selection Testing: Iroquois County is a drug-free workplace and reserves the right to conduct random testing on employees with safety-sensitive or security-sensitive job duties. The following positions include safety-sensitive or security-sensitive functions, and as such are subject to random testing: those employees who drive commercial motor vehicles, operate or

repair heavy or large mobile equipment, police officers, correctional officers, firefighters, EMTs and health care providers with direct patient care. Where random testing is prohibited or restricted by applicable federal, state or local statute or regulations, or other legally-binding agreement, Iroquois County will conform to all applicable laws, regulations, and/or agreements notwithstanding the provisions of this policy.

F. Reasonable Suspicion Testing: If Iroquois County's representative has a reasonable suspicion that an employee is impaired based on the representative's observations of the employee at work, and in good faith can describe specific, articulable symptoms of that employee while working that decrease or lessen his or her performance of the duties or tasks of the employee's job position, including symptoms of the employee's speech, breath, physical dexterity, agility, coordination, demeanor, irrational or unusual behavior, negligence or carelessness in operating equipment or machinery, disregard for the safety of the employee or others, or involvement in an accident that results in serious damage to equipment or property, disruption of a production or manufacturing process, or carelessness that results in any injury to the employee or others, then Iroquois County may conduct reasonable suspicion testing.

G. Post-Accident Testing: If Iroquois County has reasonable cause to believe an employee has caused an on-the-job injury that is considered recordable under OSHA guidelines (i.e. requiring medical treatment) as a result of being under the influence, the supervisor may require the injured employee to undergo a post-accident Substance test. The employee will also be required to undergo post-accident testing if required by FMCSA, DOT or other applicable regulation.

H. Fitness for Duty: employees suspected of being unfit for duty as a result of the use or reasonably suspected use of substances may be subject to substance testing. Employees who have successfully completed a substance abuse or rehabilitation program will be required to submit to and successfully pass a fitness for duty substance test before being permitted to return to work.

I. Blood Alcohol Concentration: A driver subject to FMCSA or DOT regulations, or another employee who is required to perform a safety-sensitive function and who is found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall not perform, nor be permitted to perform, safety-sensitive functions for at least 24 hours.

J. Illinois law defines a person under the influence of cannabis as follows: "If there was tetrahydrocannabinol concentration of 5 nanograms or more in whole blood or 10 nanograms or more in of other bodily substance as defined in section (625 ILCS 5/11-501), it shall be presumed that the person was under the influence of cannabis".

K. Reasonable Zero Tolerance or Drug-Free Workplace Policy: Under the law, Iroquois County has the right to implement a reasonable zero tolerance or drug-free workplace policy that is applied in a non-discriminatory manner. With the enactment of the Cannabis Regulation and Tax Act and the amendment to the Right to Privacy in the Workplace Act, Iroquois County is limited in its ability to prohibit or limit the use of cannabis and other substances considered legal under Illinois law by Iroquois County employees while off duty and not on-call unless those employees perform safety sensitive functions. For employees in safety sensitive positions, such as those employees who drive commercial motor vehicles, operate or repair heavy or large mobile equipment, police officers, correctional officers, firefighters, EMTs and health care providers with direct patient care, it is reasonable for Iroquois County to implement and consistently apply a zero tolerance or drug-free workplace policy that includes a prohibition on off duty use and to terminate any safety sensitive employee who violates this policy. Such a restrictive policy is reasonable because if these employees used cannabis or other substances while off duty,

they could cause great human loss while at work before any signs of impairment become noticeable to supervisors or others. For those employees who work in non-safety sensitive positions, Iroquois County can test the employee for cannabis or other substances if first Iroquois County's representative can articulate after observing the employee at work that a reasonable suspicion of impairment exists.

1. Searches: Upon reasonable suspicion, authorized representatives or agents of Iroquois County may conduct searches of personal effects, vehicles, lockers, desks and rooms for drugs/alcohol and related paraphernalia, dangerous weapons, Iroquois County property or property of other employees. Items discovered through such searches may be turned over to law enforcement authorities.
2. Employees must notify Iroquois County within 5 days of any criminal drug statute conviction.
3. Iroquois County, with the development and implementation of this policy, is making a good faith effort to maintain a drug/alcohol-free workplace.
4. The Designated Employer Representatives responsible for receipt of testing results and removal of employees from safety sensitive functions when they violate this policy are Iroquois County Department Heads.
5. Employees who have questions about this policy or who would like more information regarding the effects of alcohol misuse and controlled substances on an individual's health, work and personal life, signs and symptoms of an alcohol or drug problem, and available methods of intervening when an alcohol and or controlled substance problem is suspected should contact his/her Department Head.

### III RESPONSIBILITY:

A. It is the responsibility of the employee to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

B. It is the responsibility of the employee's Department Head or Supervisor to observe employees to ensure that the employee is in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

C. It is the responsibility of other employees to notify a Supervisor if a fellow employee is not in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

### IV PROCEDURE:

A. Testing: Iroquois County may require an employee or candidate to provide a urine specimen, submit to a blood test, provide saliva samples, and/or undergo breath/alcohol testing for laboratory analysis at a medical clinic or other location as designated by Iroquois County, immediately upon the request of authorized Iroquois County representatives or agents in accordance with this policy.



1. Where Iroquois County has reasonable suspicion that an employee is under the influence of a substance, he or she will be removed from the work area and provided with transportation to the place of testing. Iroquois County should call the emergency contact indicated by the employee or, if unavailable, arrange for the employee to be transported home following the test.
2. Prior to submitting to testing, an employee or candidate may confidentially disclose to the independent medical examiner any prescription drugs or over-the-counter medications that he/she has taken or known medical condition that might interfere with an accurate test result. Such information will only be revealed to Iroquois County as permitted by law.
3. At the discretion of Iroquois County, employees suspected of violating this policy may be placed on administrative leave without pay pending test results. If the test results are negative; the employee will be reimbursed for any salary lost during administrative leave.
4. Specimens reported by the testing laboratory as adulterated or substituted will be considered a refusal to test, and may be grounds for immediate termination of employment or ineligibility for hire.
5. Should a candidate or employee fail the initial drug test, he or she will be notified of the results and will not be allowed to perform work on behalf of Iroquois County. The candidate or employee will have the option of requesting testing of the split specimen within 72 hours at Iroquois County's expense unless the candidate or employee presents documentation that serious injury, illness, lack of actual knowledge of the verified test result or inability to contact the Medical Review Officer prevented a timely request. If the candidate fails to request testing of the split specimen within 72 hours and the candidate or employee has not presented sufficient documentation to excuse the delay, Iroquois County will take appropriate action including but not limited to discipline or discharge.
6. If the test of the split specimen is also positive, the candidate or employee will have the opportunity to explain the results. Iroquois County retains the discretion to determine the appropriate disciplinary action, including discharge, following two positive drug tests.
7. An employee who has been removed from the work area or barred from the working as a result of violating this policy, may be subject to disciplinary action up to and including immediate discharge. If an employee has not been terminated as a result of a violation, he or she may not commence or return to work unless he or she provides sufficient documentation that he or she has tested negative for the presence of a substance and is not under the influence of a substance; has been approved to commence or return to work under the terms of this policy; has received an evaluation from a Substance Abuse Professional, has successfully complied with the recommendations

of the Substance Abuse Professional, and testing for the presence of a substance and the handling of test specimens was conducted in accordance with guidelines for laboratory testing procedures and chain-of-custody procedures established by applicable federal or state regulation.

8. Iroquois County will take steps to ensure the integrity of the testing process and to ensure that all test results are attributed to the correct employee.
- B. Consent: The employee may be required to sign a consent form authorizing the medical clinic or other location as designated by Iroquois County to perform the aforementioned tests and release the results of the testing to Iroquois County.
- C. Chain of Custody Procedures: At the time specimens are taken, standard 'chain of custody' or 'chain of possession' procedures will be followed and the employee shall be given a copy of these specimen collection procedures.
- D. Confidentiality and Privacy: The employee's right to privacy will be respected, and the results of any testing shall be kept strictly confidential by Iroquois County to the extent required and permitted by law. However, Iroquois County may use the results to decide upon an action to be taken towards an employee, or to the extent necessary, to defend its actions in any subsequent grievance, arbitration or legal or other proceeding.
- E. Treatment: An employee who voluntarily informs Iroquois County that he/she has a drug or alcohol abuse problem and desires rehabilitation assistance may be granted a leave of absence, in accordance with Iroquois County's Family Medical Leave Act Policy. The sole purpose of such leave is to obtain the necessary rehabilitation assistance. An employee with an alcohol abuse problem may also qualify for an accommodation under the Americans with Disabilities Act, if appropriate. The employee may be required to periodically provide proof that he/she is participating in an appropriate rehabilitation or after-care program. Any employee who returns to work after completion of a rehabilitation program and who subsequently violates the substance abuse policy may be immediately discharged without regard to a request for further rehabilitation.

**APPLICABILITY:**

- A. This policy applies to all employees and volunteers of Iroquois County as well as candidates for employment with Iroquois County who have been given conditional offers of employment. Such persons are responsible to be familiar with and comply with this policy.
- B. The provisions of this policy are subject to any federal, state or local laws that may prohibit or restrict their applicability and testing for substances shall be conducted and in accordance with and limited by such laws, notwithstanding any terms of this policy to the contrary.

## DEFINITIONS:

A. Premises: include all work sites, work areas, property owned or leased by Iroquois County or vehicles owned, operated, leased, or under the control of Iroquois County. Privately-owned vehicles parked or operated on property owned, leased or managed by Iroquois County is also included under the definition.

B. Iroquois County's time: include all times during which an employee is on Iroquois County's premises, meal and break times on or off Iroquois County's premises, or performing work off the premises for the benefit of Iroquois County or as a representative of Iroquois County.

C. On-Call: purposes of the Cannabis Regulation and Tax Act means when an employee is scheduled with at least 24 hours' notice by his or her employer to be on standby or otherwise responsible for performing tasks related to his or her employment either at the employer's premises or other previously designated location by his or her employer or supervisor to perform a work-related task.

D. Legal drug: means any substance the possession or sale of which is not prohibited by law, including prescription drugs that have been prescribed for the employee, over-the-counter drugs and (after January 1, 2020) cannabis as outlined in the Cannabis Regulation and Tax Act.

E. Illegal drug: means any controlled substance the possession or sale of which is prohibited by law.

F. Cannabis or Marijuana: a mixture of dried, shredded leaves, stems, seeds and flowers of the hemp plant, cannabis sativa. The main active chemical in cannabis is tetrahydrocannabinol (THC), a psychoactive ingredient that produces a "high" or feeling of being "stoned". The strength of the cannabis or marijuana is correlated to the amount and potency of the THC it contains.

G. Cannabidiol or CBD: one of over 60 different cannabinoid compounds in marijuana. CBD a non-psychoactive ingredient of cannabis and does not make a person feel "high" or "stoned". CBD is used to provide relief from chronic pain, anxiety, inflammation and epilepsy and its benefits are still being researched. Currently, there are no uniform standards for production of CBD so it is very possible that a CBD product contains small amounts of THC that would show up on a drug test. Such a test result would violate Iroquois County's drug-free workplace policy.

H. Substance: means any alcohol, drugs or other substances (whether ingested, inhaled, injected subcutaneously, or otherwise) that have known mind altering or function-altering effects upon the human body or that impair one's ability to safely perform his or her work, specifically including, but not limited to, prescription drugs and over-the-counter medications; alcohol, drugs, and other substances made illegal under federal or state law; "synthetic or designer" drugs; illegal inhalants; "look-alike" drugs; amphetamines; cannabinoids (marijuana and hashish); cocaine; phencyclidine (PCP), and opiates; and any drugs or other substances referenced in Schedule I through V of 21 C.F.R. Part 1308 (whether or not such drugs or other substances are narcotics).

I. Traceable in the employee's system: means that the results of a laboratory's analysis of the employee's urine, saliva, breath or blood specimen is positive for the tested substance.

J. Reasonable suspicion of impairment: means that Iroquois County's representatives have observed and in good faith can describe specific, articulable symptoms of an

employee while working that decrease or lessen his or her performance of the duties or tasks of the employee's job position, including symptoms of the employee's speech, breath, physical dexterity, agility, coordination, demeanor, irrational or unusual behavior, negligence or carelessness in operating equipment or machinery, disregard for the safety of the employee or others, or involvement in an accident that results in serious damage to equipment or property, disruption of a production or manufacturing process, or carelessness that results in any injury to the employee or others, or detection of a prohibited substance in the area where an employee has/had been working. A registered qualifying user of medical cannabis under the Compassionate Use of Medical Cannabis Program Act must first be given a reasonable opportunity to contest the basis of the suspected impairment before being subject to discipline based on the employer's good faith belief of impairment. A user of cannabis under the Cannabis Regulation and Tax Act must also first be given a reasonable opportunity to contest the basis of the suspected impairment before being subject to discipline based on the employer's good faith belief of impairment.

K. Under the influence: means the condition wherein any of the body's sensory, cognitive, or motor functions or capabilities is altered, impaired, diminished, or affected due to drugs or alcohol. This also means the detectable presence of Substance(s) within the body, regardless of when it (they) may have been consumed, having an alcohol concentration within the violation range specified by the laws of the State of Illinois, and /or having a positive test for any other Substance(s). with respect to employees subject to the Federal Motor Carrier Safety Administration (FMCSA) regulations, U.S. Department of Transportation regulations, or performing safety-sensitive functions including those who drive commercial motor vehicles, operate or repair heavy or large mobile equipment, police officers, correctional officers, firefighters, EMTs and health care providers with direct patient care, under the influence of alcohol is defined in accordance with FMCSA regulations as having an alcohol concentration of 0.04 or greater (compared to the BAC of 0.08 for non-safety sensitive positions). Under the influence of cannabis currently means testing positive for any amount of cannabis (until the legislature determines a specific level of THC in the blood that constitutes statutory impairment).

L. Safety sensitive function: was defined by the United States Supreme Court as any job function fraught with such risks of injury to others that even a momentary lapse of attention can have disastrous consequences. The category of safety sensitive functions includes job duties described as safety sensitive by applicable FMCSA or other applicable regulations, statutes, or case law. Courts have also held that an employer may prohibit the off-duty use of cannabis, alcohol and other drugs by an employee in a safety sensitive position because these employees can cause great human loss before any signs of impairment become noticeable to supervisors or others.

M. Work related cause: means the employee has: incurred a work-related injury requiring medical attention at a medical facility; caused the injury of another person on Iroquois County premises or during Iroquois County time; caused damage to any Iroquois County owned or leased property; or commits repeated and/or flagrant violations of safety standards.

#### Disciplinary Actions:

A. Any employee who possesses, sells, purchases, uses, distributes, delivers or transfers alcohol, cannabis or any illegal substance on Iroquois County's premises will be removed from the work area, and may be subject to immediate disciplinary action up to and including discharge.

B. Any employee who reports to work under the influence of alcohol, cannabis or with an illegal drug or Substance traceable in his/her system will be removed from the work area, and may be subject to immediate disciplinary action up to and including discharge.

C. An employee who refuses to submit to testing when required under this policy will be removed from the work area, and may be subject to immediate disciplinary action up to and including discharge. Refusal to submit to testing shall include, but may not be limited to: (1) failure to appear for any test within a reasonable amount of time, after being directed to do so by Iroquois County, consistent with this policy and/or applicable regulations, including but not limited to FMCSA or DOT regulation; (2) failure to remain at the testing site until testing is complete; (3) failure to provide a sufficient breath, saliva, blood or urine specimen for any drug or alcohol test required by this policy or applicable FMCSA or DOT regulation; (4) in the case of directly observed or monitored collection in a drug test, failure to permit the observation or monitoring of the provision of a specimen; (5) failure to provide a sufficient amount of saliva, breath, blood or urine when directed, and it has been deterred, though a required medical evaluation, that there was no adequate medical explanation for the failure; (6) failing or decline to take a second test that Iroquois County or the collector has directed the employee to take; (7) failure to undergo a medical examination or evaluation, as directed by the Medical Review Officer as part of the verification process or as directed by the Designated Employer Representative; (8) failure to cooperate with any part of the testing process; (9) having a verified adulterated or substituted test result as reported by the Medical Review Officer.

D. Any employee who refuses to participate in rehabilitation/treatment, as recommended as a result of a positive test and evaluation by a substance abuse professional, will not be allowed to perform work for Iroquois County and may be subject to disciplinary action up to and including discharge.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Telephone Usage

Number: 1058

Effective Date:

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I PURPOSE:

The purpose of this policy is to set forth standards for telephone usage by Iroquois County employees.

II POLICY:

When answering an Iroquois County telephone, calls are to be handled promptly and courteously. Iroquois County phones, including cellular phones provided to employees, are to be used for business purposes only.

Cellular telephone use for business purposes must comply with State requirements.

Employees are prohibited from accessing their personal cell phones during business hours, except in emergencies. Personal cell phone use should be limited to lunch hours and breaks, also, employees should turn off ring tones to limit disruptions to other employees.

III RESPONSIBILITY:

A. It is the responsibility of the employee to comply with the telephone usage policy.

B. It is the responsibility of Iroquois County Department Heads and Supervisors to enforce the telephone usage policy with all employees equally.

IV PROCEDURE:

A. When the County has an incoming call, the employee answering the phone must be courteous and helpful while handling the call promptly and as quickly as possible.

B. Personal calls should be kept to an absolute bare minimum.

## **IROQUOIS COUNTY**

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Section: Personnel

Subject: Time Records / Schedules

Number: 1059

Effective Date:

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**I     PURPOSE:**

Accurate record keeping is important to properly compensate employees and to comply with federal and state requirements.

**II     POLICY:**

Employees will be paid for all hours worked. Time records are the property of Iroquois County. Correction of time records must be properly supported with an explanation and be initialed and dated by the Department Head or Supervisor and employee.

Each employee will have his/her name placed on a work schedule which will be posted prior to the effective date of the schedule.

Each employee will follow their specific Department requirements to notate their starting time immediately upon starting the shift and immediately upon completing the shift.

An employee will enter only their own time and attendance record. Failure to report hours worked, or entering another employee's time will result in disciplinary action up to and including termination.

**III    RESPONSIBILITY:**

- A. It is the responsibility of the employee to assure the time sheets are correct.
- B. It is the responsibility of the employee to submit time sheet to the Department Head or Supervisor according to the payroll schedule.
- C. It is the responsibility of the County Board Executive Assistant to process payroll.
- D. It is the responsibility of the employee to use only his/her designated time sheet.

**IV     PROCEDURE:**

Department Heads or Supervisors will establish appropriate time recording systems for their Departments and those systems will be communicated to and approved by the County Board.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Travel Expense Reimbursement

Number: 1060

Effective Date:

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I PURPOSE:

This policy is designed to ensure all employees have a clear and consistent understanding of policies and procedures for business travel and expenses.

II POLICY:

Iroquois County will reimburse employees for all reasonable and necessary expenses while traveling on authorized Iroquois County business needed to accomplish job duties. The rate for mileage reimbursement when using a personal vehicle will be determined by the current amount allowed under the Internal Revenue Code.

III RESPONSIBILITY:

A. It is the responsibility of the employee to have proper authorization prior to incurring an expense on behalf of Iroquois County.

B. Employees should submit an expense report accompanied by receipts to the Department Head/Supervisor within 5 working days.

C. Employees are expected to limit expenses to reasonable amounts.

IV PROCEDURES:

When travel is completed, employees should submit completed expense reimbursement requests to the Department Head or Supervisor within 5 working days.



IROQUOIS COUNTY					
TRAVEL EXPENSE REIMBURSEMENT					
EMPLOYEE:					
	<b>NTE \$140/night</b>	<b>Total Meals &amp; Other NTE \$50/day</b>			
<b>DATE</b>	<b>LODGING*</b>	<b>MEALS</b>	<b>OTHER EXPENSES</b>		<b>LINE TOTALS</b>
			<b>Description</b>	<b>Amount</b>	
					\$0.00
<b>TOTALS</b>					<b>\$0.00</b>
Purpose of Travel:					
<b>MEALS and EXPENSES</b>					
Per Diem Rate: \$50.00					
for all meals and any other		Traveler's Signature			Date
expenses including tolls/parking/etc.					
<b>HOTEL/LODGING</b>					
Per Diem Rate: \$140.00 including		Dept. Head/Supervisor			Date
all taxes, fees, etc. No movies or					
in room snacks allowed					
Receipts for all expenses must be attached. Amounts for missing receipts will not be reimbursed.					
Meals reimbursed only with overnight stay or over 12 hour trip. Liquor will not be reimbursed.					

## IROQUOIS COUNTY

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Section: Personnel

Subject: Use of Iroquois County Owned Vehicles

Number: 1061

Effective Date:

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I PURPOSE:

The purpose of this policy is to establish expectations for the use of Iroquois County owned vehicles.

II POLICY:

Due to their position, some Iroquois County employees are given the use of an Iroquois County owned vehicle. It is the policy of Iroquois County that the vehicles provided for our employees are to be used only for Iroquois County business. The only position that is exempt from this policy is the County Sheriff. Iroquois County vehicles represent a considerable investment by Iroquois County Board. For that reason and because these vehicles must be in excellent condition at all times, the following rules apply to their use:

A. Iroquois County owned vehicles are to be driven only by those employees who are specifically authorized to do so. Any employee who is authorized to drive an Iroquois County owned vehicle, and who engages in unauthorized use of the vehicle will be subject to disciplinary action, up to and including immediate dismissal. Similarly, any employee who is authorized to drive an Iroquois County owned vehicle and who permits an unauthorized person to operate or ride in the vehicle will be subject to disciplinary action up to and including termination.

B. Iroquois County vehicles are for Iroquois County business only and are not to be used for personal use.

C. Employees will be allowed to utilize Iroquois County vehicles and or equipment with prior approval from a Department Head or Supervisor.

III RESPONSIBILITY:

It is the responsibility of authorized drivers to obey all traffic laws including wearing seatbelts at all times. All Iroquois County owned vehicles will be non-smoking.

IV PROCEDURE:

All requests for permission to use Iroquois County vehicles and or equipment will be in writing and approved by the employee's Department Head or Supervisor.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Use of Iroquois County Board Owned EMA Vehicles

Number: 1061.A

Effective Date: August 14, 2018

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I PURPOSE:

The purpose of this policy is to establish expectations for the use of Iroquois County owned vehicles, specific to the Emergency Management Agency (EMA).

EMA vehicles are to be used for the assist in the prevention, protection, response, recovery, and mitigation of disasters and threats. This includes responding to incidents, attending local and regional planning meetings, trainings, and conferences, setting up recovery centers, and in general having a public presence to facilitate public education and security.

II POLICY:

Due to their position, some Iroquois County employees are given the use of an Iroquois County owned vehicle. It is the policy of Iroquois County that the vehicles provided for our employees are to be used only for Iroquois County business. The only position that is exempt from this policy is the County Sheriff. Iroquois County vehicles represent a considerable investment by Iroquois County Board. For that reason and because these vehicles must be in excellent condition at all times, the following rules apply to their use:

A. Iroquois County owned vehicles are to be driven only by those employees who are specifically authorized to do so. Any employee who is authorized to drive an Iroquois County owned vehicle, who engages in any other unauthorized use of the vehicle will be subject to disciplinary action, up to and including immediate dismissal. Similarly, any employee who is authorized to drive an Iroquois County owned vehicle and who permits an unauthorized person to operate or ride in the vehicle will be subject to disciplinary action up to and including termination.

B. Specific to EMA, vetted volunteers that meet specific guidelines may use the EMA vehicle(s) with prior permission from the department head or higher Iroquois County authority. In order for a volunteer to be considered to drive any County vehicle, they must complete training as specified by the department head. The department head can revoke driving permissions at any time for any reason.

C. Iroquois County vehicles are for Iroquois County business only and are not to be used for personal use.

- D. Employees will be allowed to utilize Iroquois County vehicles and or equipment with prior approval from a Department Head or Supervisor.

III     RESPONSIBILITY:

It is the responsibility of authorized drivers to obey all traffic laws including wearing seatbelts at all times. All Iroquois County owned vehicles will be non-smoking.

IV     PROCEDURE:

All requests for permission to use Iroquois County vehicles and or equipment will be in writing and approved by the employee's Department Head or Supervisor.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Paid Leave

Number: 1062

Effective Date: Revised June 11, 2024 to replace Vacation Leave

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### I PURPOSE:

Paid Leave for All Workers Act (PLAWA) (820 ILSC 192/1 et seq.) is available to eligible employees to use for any reason of their choosing. An employee is not required to provide the employer with a reason for taking paid leave.

### II POLICY:

*NOTE: Employees who are members of an organized labor union should refer to their Bargaining Agreement for expressed Union contract provisions which may supersede Employee Handbook policies. Whenever the Union contract is silent, the Employee Handbook is in force.*

Full-time employees scheduled 35 hours or more per week shall receive paid leave. Paid leave will begin to accrue on the commencement of their employment (anniversary) or on the effective date of the PLAWA and employees may begin using paid leave 90 days following the commencement of their employment or 90 days following the effective date of the PLAWA, whichever is later. Full-time employees will receive paid leave based on the following:

- First day of employment to year 1      40      working hours  
(Employees shall be permitted to use accrued paid leave beginning on March 31, 2024 or ninety days after the commencement of their employment.
- After 1 year through 7 years      10      working days
- After year 7 through 14 years      15      working days
- After year 14 and beyond      20      working days

Hourly part-time, seasonal and temporary employees will receive one hour of paid leave for every forty hours worked in a 12-month period, up to a maximum of forty hours of paid leave in a 12-month period. Paid leave will start on the commencement of their employment (anniversary) or on the effective date of the PLAWA.

Iroquois County does have piece work employees and recognizes these employees as part-time. Work hours shall be determined by date of work. Each date will equate to seven working hours. One hour of paid leave will be received for every forty hours worked in a 12-month period, up to a maximum of forty hours of paid leave in a 12-month period. Paid leave will start on the commencement of their employment (anniversary) or on the effective date of the PLAWA.

Paid leave can be used in increments as small as two hours unless the employee's scheduled work day is less than two hours, in which case, the employee's scheduled work day shall be used to determine the amount of paid leave taken. Paid leave not taken within the twelve months following the award date may be carried over with the written approval of the Department Head or Supervisor.

The employer may require employees to provide seven calendar days' notice of the employee's intent to take paid leave. If, however, the employee's need to take paid leave is not foreseeable, the employee must provide notice as soon as is practicable after the employee is aware of the necessity of taking paid leave. Employer may deny an employee's request to use paid leave if granting leave would significantly impact business operations. The following is an illustrative (not exhaustive) list of reasons why requests to use paid leave may be denied:

- 1) Staffing would fall below minimum levels necessary to provide effective public service;
- 2) Emergency circumstances exist requiring employee attendance;
- 3) Employee absence would hamper employer's ability to meet critical workflow obligations or deadlines.

If an employee is separated from employment with employer, and is rehired within twelve months of separation from employer, previously accrued paid leave that has not been used by the employee shall be reinstated, and the employee shall be entitled to use it at the commencement of reemployment. If an employee is transferred to a separate division, entity or location but remains employed by the employer, the employee is entitled to use all paid leave in accordance with this policy.

Upon separation of employment, employees will be paid for unused paid leave. Paid leave is paid at the employee's regular rate of pay. It does not include overtime or other special forms of compensation such as differentials or bonuses.

### III RESPONSIBILITY:

A. It is the responsibility of the County Board Executive Assistant to ensure that proper records are kept.

B. The employer will not retaliate against any employee because the employee exercises rights or attempts to exercise rights under PLAWA, opposes practices which the employee believes to be in violation of PLAWA or supports to exercise of rights of another person under PLAWA. The employer will not consider the use of paid leave by an employee as a negative factor in any employment action that involves evaluating, promoting, disciplining or counting paid leave under a no-fault attendance policy.

C. It is the responsibility of the employee to take paid leave within 12 months from time of award.

### IV PROCEDURE:

A. The County Board Executive Assistant will maintain accurate records as employees use paid leave on the payroll records as paid leave is used.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Weapons

Number: 1063

Effective Date:

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### I PURPOSE:

To ensure that Iroquois County provides a safe work environment for all employees.

### II POLICY:

A safe working environment is very important to all of us. For this reason, no employee or visitor may enter Iroquois County Government property with any type of weapon. This includes visible and concealed weapons, even those for which the owner has obtained the necessary permits. The Concealed Carry Act allows permit holders to store their firearms in a locked container in their vehicle. While this list is not all inclusive, weapons include firearms, knives with a blade longer than 4", any explosive materials, or any other objects that could be used to harass, intimidate, or injure another individual.

This policy applies to all employees, temporary workers, visitors, customers, and contractors on County buildings, regardless of whether or not they are licensed to carry a concealed weapon. The only exceptions to this policy are police officers, security guards, or other persons who have been given written consent by the County Board to carry a weapon in the buildings.

In the case of a concealed weapon, any employee who reasonably believes that an employee or visitor is carrying any kind of weapon should notify his/her Supervisor immediately. Employees should not attempt to disarm another employee or visitor. Any employee or visitor found carrying a concealed weapon will be turned over to the police and will be subject to disciplinary action, which may include termination.

We reserve the right to conduct searches of any person, vehicle, or object that enters onto County property. We may also search lockers, desks, purses, briefcases, baggage, toolboxes, lunch boxes, clothing, vehicles parked on County property, and any other item in which a weapon may be hidden. Law Enforcement will be involved in making the decision to complete an employee search of their personal property. The County may also authorize searches by law enforcement personnel without the employee being present. Employees have the right to refuse such a search, but they may be terminated for doing so.

Employees are required to provide copies of their licenses before storing firearms in their locked car on County parking lots.

Any driver employed by the County who is properly licensed and carrying a concealed firearm, upon request of an officer of a law enforcement agency at the time of investigative or traffic stop must disclose to the officer that he or she is in possession of a concealed firearm, present the license upon the officer's request, and identify the location of the concealed firearm.

Anyone in violation of this policy will be asked to leave the premises immediately. The County will also make a report of the incident to local law enforcement personnel concerning a violation of our weapons policy.

Employees who threaten another employee or a Supervisor with a weapon will be terminated immediately. Local law enforcement authorities will also be notified for possible criminal prosecution.

### III RESPONSIBILITY:

A. It is the responsibility of the employee to comply with this policy.

B. It is the responsibility of all employees to report any actions or behaviors that do not comply with this policy. The employee may report any actions or behaviors to the police authorities and or their Department Head or Supervisor.

C. It is the responsibility of the Department Head or Supervisor to enforce this policy to its fullest extent.

D. It is the responsibility of the Department Head or Supervisor and or police authorities to investigate all allegations of violations of this policy.

### IV PROCEDURE:

A. All allegations of workplace violence or threats of violence must immediately be reported to the Department Head or Supervisor and or police authorities.

B. The Department Head or Supervisor and or police authorities will thoroughly investigate and act on all allegations.



## IROQUOIS COUNTY

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Section: Personnel

Subject: Whistle blowing

Number: 1064

Effective Date:

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I PURPOSE:

The County will protect employees who report in good faith what they reasonably believe to be a violation of state or federal law or conditions or practices that would put the health or safety of employees at risk.

II POLICY:

Employees are expected to first report the alleged violation, condition, or practice to a person with Supervisory authority over the employee and give the County time to remedy the situation. The Problem Resolution Process is available for this purpose.

No employees will be discharged, threatened, or discriminated against in any manner for reporting what they perceive to be wrongdoing.

These are examples of the kinds of activities which all employees have a right to participate in without being subject to disciplinary action or harassment:

- filing discrimination charges with the Equal Employment Opportunity Commission or a state human rights agency;
- filing unfair labor practice charges with the Public Labor Relations Board or a state agency;
- filing a Workers' Compensation claim;
- filing a complaint with Occupational Safety and Health Administration about safety hazards or refusing an assignment because of fear that it might be dangerous;
- engaging in lawful union activities;
- claiming an equal pay or wage/hour law violation;
- opposing or publicizing policies that violate laws, such as Equal Pay Act, antitrust protection, or fraudulent tax returns;
- reporting fraud, corruption, or other forms of lawbreaking covered by the Racketeering and Corruption Organization Act, the Sarbanes-Oxley Act, the Whistleblowing Protection Act of 1989, or state whistleblower statutes.

III     RESPONSIBILITY:

A. It is the responsibility of all employees to voice problems and complaints to their Department Head or Supervisor.

B. It is the responsibility of the Department Heads and Supervisors to provide a non-threatening work environment so as to encourage problem resolution.

C. It is the responsibility of all Department Heads or Supervisors to promptly respond to employee problems.

IV     PROCEDURE:

A. The employee will discuss any work-related concern or problem with their Department Head or Supervisor. If not satisfied with the response, the employee will follow the Problem Resolution process.

B. The Department Head or Supervisor will investigate and will respond to all employee concerns through the Problem Resolution Process.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Workers' Compensation

Number: 1065

Effective Date:

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I PURPOSE:

To ensure that Iroquois County complies with all applicable workers' compensation regulations and that employees who are injured on the job or have a work-related illness receive workers' compensation benefits applicable to the State of Illinois.

II POLICY:

Iroquois County will comply with all regulations pertaining to workers' compensation benefits and will ensure that all employees who suffer a work-related injury or illness receives those benefits. If there is a difference between state law and this policy, state law prevails

Iroquois County provides workers' compensation insurance coverage for all its employees. This coverage offers protection to employees against loss of wages and medical expenses for work related injuries and illnesses.

Iroquois County will post a workers' compensation poster to provide notice of coverage. This must be posted in a conspicuous place for employees.

According to the Illinois Worker's Compensation Commission, the first three days of a lost time accident are not paid by worker's compensation unless the lost time accident lasts more than fourteen days, in which case the first three days are paid. Worker's compensation pays approximately two-thirds (2/3rds) of the average daily wage earned in the previous twelve months. Employees may use vacation, sick and unused holiday time to cover time missed during the first three days of lost time and may use vacation, sick and unused holiday time to make up the difference between worker's compensation payments for subsequent days of lost time and the employee's regular wages, once the injury is affirmed compensable under the Illinois Worker's Compensation Act. Combined payment will not exceed the employee's normal take home pay.

On days when an employee is working, time spent in waiting for and receiving medical attention on the premises during the employee's normal working hours constitutes hours worked. Iroquois County should coordinate payments to the employee through the Workers' Compensation Insurance Company to which Iroquois County has been assigned.

### III RESPONSIBILITY:

A. It is the responsibility of the County Clerk to administer and coordinate all procedures relating to workers' compensation.

B. It is the responsibility of the employee to report work related injuries or illnesses and to complete the Employee Incident Report form immediately, but no later than the end of the work schedule.

C. It is the responsibility of the Department Head or Supervisor with the employee to complete the Report of Employee Occupational Injury or Illness form and forward to the County Clerk.

D. It is the responsibility of the County Clerk to inform the Worker's Compensation Insurance Company of all work-related injuries and illnesses that are OSHA recordable and to process all claims for expenses with that carrier.

### IV PROCEDURE:

A. The employee will immediately notify his/her Department Head or Supervisor of the injury or work-related illness. The employee will also complete the Employee Incident Report form.

B. The Supervisor/Supervisor will ensure that the employee receives proper medical treatment. Sound judgment should be exercised when evaluating the severity of an injury. The Supervisor/Supervisor will also complete the Report of Occupational Injury or Illness form and forward both forms to the Administrator.

C. The County Clerk will initiate all required forms and send them to workers' compensation insurance County immediately.

D. If there is suspicion regarding the validity of a claim, it is the Department Head or Supervisor's duty to attach a note of explanation to the insurance company. The claim will be investigated by the insurance company before payment is made.

E. Employees returning to work from injury or work-related illness of one or more days must complete the Return to Work form and provide the signed release by a qualified physician. Iroquois County reserves the right to seek the opinion of a second physician if to do so would be in the best interest of Iroquois County which would be at Iroquois County's expense.

F. The documentation on a claim should be kept in a separate file from the employee's personnel file.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Workplace Violence Prevention

Number: 1066

Effective Date:

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I PURPOSE:

To prevent workplace violence and maintain a safe work environment for all employees.

II POLICY:

Iroquois County strives to prevent workplace violence and to maintain a safe work environment. Given the increasing violence in society in general, Iroquois County has adopted the following guidelines to deal with intimidation, harassment, or other threats of (or actual) violence that may occur during business hours or on its premises.

Employees are expected to refrain from fighting, “horseplay”, or other conduct that may be dangerous to others. Firearms, weapons, and other dangerous or hazardous devices or substances are prohibited from Iroquois County work areas.

Conduct that threatens, intimidates, or coerces another employee, a vendor, or a member of the public at any time, including off-duty periods, will not be tolerated. This prohibition includes all acts of harassment, including harassment that is based on an individual’s sex, race, age, or any characteristic protected by federal, state, or local law and is non-police / law enforcement related.

All threats of (or actual) violence, both direct and indirect, should be reported as soon as possible to your Department Head or Supervisor. This includes threats by employees, as well as threats by customers, vendors, solicitors, or other members of the public. When reporting a threat of violence, you should be as specific and detailed as possible.

All suspicious individuals or activities should also be reported as soon as possible to police authorities or Department Head or Supervisor. Call 911 in case of emergency. Do not place yourself in peril. If you see or hear a commotion or disturbance near your work area, do not try to intercede or see what is happening.

Iroquois County will promptly and thoroughly investigate all reports of threats of (or actual) violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as is practical. In order to maintain workplace safety and the integrity of its investigation, Iroquois County may suspend employees, either with or without pay, pending investigation.

Anyone determined to be responsible for threats of (or actual) violence or other conduct that is in violation of these guidelines will be subject to corrective action up to and including termination of employment.

Iroquois County encourages employees to bring their disputes or differences with other employees to the attention of their Department Head or Supervisor before the situation escalates into potential violence. The County is eager to assist in the resolution of employee disputes, and will not discipline employees for raising such concerns.

### III RESPONSIBILITY:

A. It is the responsibility of the employee to comply with this policy and refrain from any inappropriate behavior or actions.

B. It is the responsibility of all employees to report any actions or behaviors that do not comply with this policy or that are deemed inappropriate for the workplace. The employee may report any actions or behaviors to the police authorities and or their Department Head or Supervisor.

C. It is the responsibility of the Department Head or Supervisor to enforce this policy to its fullest extent.

D. It is the responsibility of the Department Head or Supervisor and or police authorities to investigate all allegations of workplace violence and take the necessary actions.

### IV PROCEDURE:

A. All allegations of workplace violence or threats of violence must immediately be reported to the Department Head or Supervisor and or police authorities.

B. The Department Head or Supervisor and or police authorities will thoroughly investigate all allegations.

C. The employee accused may be suspended pending the results of the investigation.

D. Once the investigation is completed, the Department Head or Supervisor must take the following actions:

- 1.If founded, corrective action up to and including termination may be occurred.
- 2.If unfounded, the employee may return to work on his/her next scheduled shift and any scheduled work missed during the suspension will be paid.
3. The accuser is to be informed as to the results of the investigation.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Personal Day

Number: 1067

Effective Date: July 11, 2017

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I PURPOSE:

One personal day per year is available to eligible employees to provide them with the opportunity to address any personal business.

II POLICY:

*NOTE: Employees who are members of an organized labor union should refer to their Bargaining Agreement for expressed Union contract provisions which may supersede Employee Handbook policies. Whenever the Union contract is silent, the Employee Handbook is in force.*

All regular full-time employees scheduled 35 or more hours per week shall be awarded one personal day per year as of the first day of the fiscal year, December 1.

The personal day can be used in increments no less than one-half (1/2) day at a time. Awarded personal benefit hours not taken within the twelve months following the award date may not be carried over. The unused hours are forfeited if not used by the last day of the fiscal year.

To apply for personal time off, employees should submit a written request to their Department Head or Supervisor for approval. Requests will be reviewed based on a number of factors including operating needs and seniority.

Personal time is paid at the employee's regular rate of pay. It does not include overtime or other special forms of compensation such as differentials or bonuses.

Upon separation of employment, employees are not paid for unused personal time.

III RESPONSIBILITY:

A. It is the responsibility of the County Board Office to ensure that proper records are kept.

B. It is the responsibility of the immediate Department Head or Supervisor to:

1. Approve personal time requests
2. Make employees aware of this policy

C. It is the responsibility of the employee to schedule and take personal time off within 12 months from time of award.

IV     PROCEDURE:

- A. The County Board Office will maintain accurate records as employees use earned personal time noting on the payroll records as personal time is used.
- B. Personal time off must be approved by the Department Head or Supervisor.



# IROQUOIS COUNTY

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Section: Personnel

Subject: Social Media Policy

Number: 1068

Effective Date: May 14, 2019

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## **Social Media Policy**

### **I PURPOSE:**

To provide guidance for employees / staff regarding the use of any website or medium (including video) that allows for open communication. Examples include, but are not limited to, social networking sites, social media applications, online forums, blogs, message boards, and chat rooms.

### **II POLICY:**

The following guidelines and principles apply to all staff members regarding the professional use of social media on behalf of the Iroquois County agencies as well as personal use of social media.

- A. Staff members are prohibited from posting any materials that could be viewed as discriminatory in nature, malicious, threatening, or intimidating. This would include material that would result in defamation of character, creating a negative or hostile work environment, harassing or bullying behavior, or disparaging comments in relation to race, color, religion, national origin, gender, political affiliation, disability, veteran status, age, or sexual orientation.
- B. Staff members are not to publish, post, or release any information that is considered confidential. Confidential information includes information that is prohibited from being disclosed by state or federal law. It also includes information that is exempt from disclosure under the Freedom of Information Act. If an employee is uncertain whether information is confidential, they must first speak with their supervisor before disclosing the information.
- C. Staff members are not to comment on any legal matters on behalf of the County unless they have direct approval from the department head regarding the subject. Legal opinions or communications with the County's attorney should never be posted.
- D. Any media generated or media request from published social media content will be referred to the Public Information Officer (PIO) or department head in the absence of the PIO.

- E. If assigned as a publisher of a social media page (determined by the department head), it is the staff member's responsibility to use good judgment when posting content. Any individual assigned as a publisher on any Iroquois County social media page, other than the department head, must sign off on having read and understood this policy.
- F. Iroquois County agencies have sole ownership of any content produced through the respective agency social media account. A staff member posting on behalf of Iroquois County is not entitled to ownership.
- G. Staff members are not to remove comments posted by either the Iroquois County agency or the public on any Iroquois County social media sites without the approval of the respective department head. Postings may be subject to disclosure under the State of Illinois' Freedom of Information Act.
- H. The department head reserves the right to add, remove, or modify content; block disruptive users; and/or discontinue use of any of the respective Iroquois County agency's social media outlets at any time.
- I. Staff members will always be aware of copyright laws and obtain the appropriate approval to use a third party's information for Iroquois County purposes.
- J. Staff members must obtain a signed publicity release prior to the use of photos, videos, or recordings with children or anyone outside of the agency.
- K. Staff members may have photos taken at Iroquois County events or deployments that could be used for public relations purposes and will be notified as such. Staff members have the right to decline the use of their photo, video, or recording.
- L. When a staff member is publishing personal content that is associated with their respective Iroquois County agency, a disclaimer will be used, such as, "The postings on this site are my own and do not necessarily represent Iroquois County's positions, strategies, or opinions."
- M. Staff members will not use social media while on Iroquois County time unless it is work-related.
- N. Staff members must keep personal accounts separate from Iroquois County agency accounts.
- O. Staff members will not use their County e-mail address to register on social networking sites, blogs, or other on-line tools for personal use.
- P. Any activity that violates this policy, or other County policies, will be subject to an employee disciplinary action up to and including termination.
- Q. If a staff member is uncomfortable with creating a post, or its content, and needs guidance, staff members will see their department head or PIO.
- R. In summary, staff members will be aware of the effect their actions may have on Iroquois County and will use good judgment.
- S. "Staff members" is defined as any employee, full or part-time, or registered volunteer of a specific Iroquois County agency.

The County may discipline employees for making a comment or posting any material that might otherwise cause damage to the County's reputation or bring it into disrepute. When the employee's comment is made as a citizen and not as an employee and is made on a matter of public concern, the County may discipline the employee in situations where the interests of the County in promoting efficient operations outweighs the interests of the employee in commenting on such matters of public concern.

Nothing in this policy shall be interpreted in a manner that unlawfully prohibits the right of employees to engage in protected concerted activity under the Illinois Public Labor Relations Act. The County has and always will comply fully with the obligations under the Illinois Public Labor Relations Act. Likewise, nothing in this policy should be construed to violate an employee's rights under the federal or state constitutions. The employer has and always will comply with its obligations under federal and state law.

A violation of this policy may subject an employee to discipline, up to and including termination.

## IROQUOIS COUNTY

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Section: Personnel

Subject: Change of Job Position

Number: 1069

Effective Date: October 13, 2020

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### **Change of Job Position**

#### **I PURPOSE:**

To define the steps to be taken when an employee moves from a full-time position to part-time or becomes an Elected Official.

#### **II POLICY:**

##### Personal Days

- A. Personal Days accrued will be paid out at the rate and as of the date of the job position change. This includes a full-time employee going to part-time or a full-time employee moving to an Elected Official position.
- B. Full-time employees moving to part-time will no longer accrue personal days.
- C. Full-time employees moving to an Elected Official position will no longer accrue personal days.

##### Vacation Days

- A. Vacation Days accrued will be paid out at the rate and as of the date of the job position change. This includes a full-time employee going to part-time or a full-time employee moving to an Elected Official position.
- B. Full-time employees moving to part-time will no longer accrue vacation days.
- C. Full-time employees moving to an Elected Official position will no longer accrue vacation days.

##### Sick Days

- A. Sick Days accrued will remain in a non-accrual status. The sick days can be used for length of service credit or paid at ½ of a day's pay at retirement.
- B. Accumulated unused paid sick leave is an earned benefit granted during employment and shall not be paid out upon voluntary or involuntary termination.

### III     RESPONSIBILITY:

- A. It is the responsibility of the employee and Department Head to notify the County Board Office of impending job position changes.
- B. It is the responsibility of the County Board Office to provide proper documentation on personal, vacation and sick leave status, usage and proper payment.

### IV     PROCEDURE:

- A. Upon status change the proper accrual rate and maximum hours for personal, vacation and sick leave will be entered on the payroll maintenance form.
- B. The County Board Office will maintain accurate records and promptly warn abusers of this policy.