



City of Appleton

100 North Appleton Street
Appleton, WI 54911-4799
www.appleton.org

Meeting Agenda Human Resources Committee

Monday, August 24, 2015

5:00 PM

Council Chambers, 6th Floor

1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting

[15-1396](#) Minutes from 7/6/2015

Attachments: [Minutes 07-06-15.pdf](#)

4. Public Hearings/Apearances

5. Action Items

[15-463](#) Request to approve Mayor salary for
2016 - 2017
2017 - 2018
2018 - 2019
2019 - 2020

Attachments: [Nonrep Attorney Mayor Increase Calculations-2004 5-11-15.pdf](#)

[Mayor Rates 4-27-15.pdf](#)

[mayor attorney email and info for 6-8-15.pdf](#)

[Elected salary proposals.pdf](#)

Legislative History

3/23/15	Human Resources Committee	held
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Next meeting on April 6

5/11/15	Human Resources Committee	held
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6/8/15	Human Resources Committee	held
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Also held 15-488 under this motion to 6/22/15 meeting.

6/22/15	Human Resources Committee	held
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7/6/15	Human Resources Committee	recommended for approval
	<i>Motion to hold failed 2-2.</i>	
	<i>\$94,686 annually for entire next elected term of office. (Motion failed 2-2)</i>	
7/6/15	Human Resources Committee	held

6. Information Items

- [15-1390](#) Changes to Accident Reporting & Investigating policy.
- Attachments:** [ACCIDENT REPORTING AND INVESTIGATING.pdf](#)
- [15-1391](#) Changes to the Volunteer Policy
- Attachments:** [Volunteer Policy 2015.pdf](#)
- [15-1392](#) Changes to Telecommuting Policy
- Attachments:** [Telecommuting Policy.pdf](#)
- [15-1404](#) Changes to the Media Relations policy
- Attachments:** [Media Relations.pdf](#)
- [15-1402](#) Changes to the Fair Labor Standards Act policy
- Attachments:** [FLSA Policy.pdf](#)
- [15-1405](#) Changes to the Family Medical Leave Act policy
- Attachments:** [FMLA policy.pdf](#)
- [15-1393](#) Report of 2015 Human Resources mid year budget
- Attachments:** [2015 HR Mid Year Report.pdf](#)
- [15-1394](#) H.R. Working Agenda 8/24/15
- Attachments:** [HR Committee Working Action Agenda 8-24-15.pdf](#)
- [15-1395](#) Recruitment Status Report 8/21/15
- Attachments:** [RSR thru 8-21-15.pdf](#)

7. Adjournment

Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.

Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.

Questions on agenda should contact Director Behnke at 832-6426 or Chairperson Konetzke at district3@appleton.org or 920 427-1868.



City of Appleton

100 North Appleton Street
Appleton, WI 54911-4799
www.appleton.org

Meeting Minutes Human Resources Committee

Monday, July 6, 2015

5:00 PM

Council Chambers, 6th Floor

1. Call meeting to order

2. Roll call of membership

Present: 4 - Alderperson Konetzke, Alderperson Baranowski, Alderperson Meltzer and
Alderperson Spears

Absent: 1 - Alderperson Williams

3. Approval of minutes from previous meeting

[15-1159](#)

Minutes from 6/22/15

Attachments: [Minutes 6-22-15.pdf](#)

**Alderperson Baranowski moved, seconded by Alderperson Spears, that the
Minutes be approved. Roll Call. Motion carried by the following vote:**

Aye: 4 - Alderperson Konetzke, Alderperson Baranowski, Alderperson Meltzer and
Alderperson Spears

Absent: 1 - Alderperson Williams

4. Public Hearings/Appealances

5. Action Items

[15-1160](#)

#9-R-15 ALDERPERSON: Baranowski

Whereas, Article 11 of the Charter Ordinances of the City of Appleton, defines the structure of elected officials, and whereas, the Mayor and the term of said office is four years effective with the new terms of the office in the year 1968, and whereas, the current term of the Mayor is set to expire in 2016, and whereas, the Common Council of the City of Appleton is required to set the salary for the position of Mayor prior to the statutory date to which candidates for the Mayor are allowed to circulate nomination papers for said office,

Therefore, be it resolved, that the appropriate committee of jurisdiction make a recommendation to the Common Council as to maintaining the current ordinance reflecting the Mayor as an elected official or to move to another structure of government incorporating a City Administrator position in lieu of, or in addition to, a Mayor position. Such recommendation to the Common Council will be made no later than October 07, 2015.

"or Manager" inserted following "City Administrator" to clarify study would include both Manager and Administrator forms.

3-0-1 on amendment (Melzer abstained)

Aldersperson Spears moved, seconded by Aldersperson Baranowski, that the Report Action Item be recommended for approval as amended. Roll Call. Motion failed by the following vote:

Aye: 2 - Aldersperson Baranowski and Aldersperson Spears

Nay: 2 - Aldersperson Konetzke and Aldersperson Meltzer

Absent: 1 - Aldersperson Williams

[15-488](#)

Request City Attorney salary for
2016 - 2017
2017 - 2018
2018 - 2019
2019 - 2020

Attachments: [Attorney Rates 4-27-15.pdf](#)
 [City attorney job description.pdf](#)

Aldersperson Baranowski moved, seconded by Aldersperson Spears, that the Report Action Item be approved. Roll Call. Motion carried by the following vote:

Aye: 4 - Aldersperson Konetzke, Aldersperson Baranowski, Aldersperson Meltzer and Aldersperson Spears

Absent: 1 - Aldersperson Williams

[15-463](#)

Request to approve Mayor salary for
2016 - 2017
2017 - 2018
2018 - 2019
2019 - 2020

Attachments: [Nonrep Attorney Mayor Increase Calculations-2004 5-11-15.pdf](#)
[Mayor Rates 4-27-15.pdf](#)
[mayor attorney email and info for 6-8-15.pdf](#)
[mayor attorney scenarios info 6-8-15.pdf](#)
[Form of Government memo 06-15-15.pdf](#)

Aldersperson Konetzke moved, seconded by Aldersperson Spears, that the Report Action Item be held. Roll Call. Motion carried by the following vote:

Aye: 3 - Aldersperson Konetzke, Aldersperson Meltzer and Aldersperson Spears

Nay: 1 - Aldersperson Baranowski

Absent: 1 - Aldersperson Williams

6. Information Items

[15-1158](#)

Recruitment Status Report 7-3-15

Attachments: [RSR thru 7-3-15.pdf](#)

This Presentation was received and filed

7. Adjournment

Aldersperson Spears moved, seconded by Aldersperson Baranowski, that the meeting be adjourned. Roll Call. Motion carried by the following vote:

Aye: 4 - Aldersperson Konetzke, Aldersperson Baranowski, Aldersperson Meltzer and Aldersperson Spears

Absent: 1 - Aldersperson Williams

Year	Non-Reps	Performance	WRS General Employee	Attorney with Non- rep increases	Attorney	Salary	Mayor with Non- rep increases	Mayor	Salary	WRS Elected Employee
2003				\$87,505			\$76,478			
2004	1.50%			\$88,818	1.50%	\$88,816	\$77,625	1.50%	\$77,625	
2005	3.00%			\$91,482	1.50%	\$90,147	\$79,954	1.51%	\$78,790	
2006	3.00%			\$94,227	1.50%	\$91,499	\$82,353	1.51%	\$79,976	
2007	2.75%			\$96,818	3.37%	\$92,872	\$84,617	3.47%	\$81,182	
2008	2.00%			\$98,754	2.08%	\$96,000	\$86,310	3.47%	\$84,000	
	1.00%			\$99,742			\$87,173			
2009	2.00%			\$101,737	2.08%	\$98,000	\$88,916	2.38%	\$86,000	
	1.00%			\$102,754			\$89,805			
2010	2.00%			\$104,809	3.06%	\$101,000	\$91,601	2.33%	\$88,000	
	1.00%			\$105,857			\$92,517			
2011	0.00%		5.80%	\$105,857	2.97%	\$104,000	\$92,517	3.41%	\$91,000	6.65%
2012	0.00%		5.90%	\$105,857	0.0%	\$104,000	\$92,517	0%	\$91,000	7.05%
2013	1.00%	1%*	6.65%	\$106,916	2%	\$106,080	\$93,443	1%	\$91,910	7.00%
2014	2.00%	2%	7.00%	\$109,054	2%	\$108,202	\$95,311	1%	\$92,829	7.75%
2015	1.50%	1.75%	6.80%	\$110,690	2%	\$110,365	\$96,741	2%	\$94,686	7.70%
23.75%			32.15%	24.06%			23.57%			36.15%

2006 + \$.20 quid

* Only employees paying WRS were eligible for the Performance 1%

MAYOR

Municipality	City Manager/Administrator or Mayor	Salary	# Reports	Benefits	Expense Account	Other
Appleton	Mayor	\$94,686	15	Health, Dental, Life, LTD, Pension	None	2015 Mileage & Travel
EauClaire	City Manager	\$137,700	8 Directors/City Clerk/Clerk/Secretary	Health, Dental, life ER WRS, 4% 457 contribution	\$500/month Auto Allowance	
Fond Du Lac	City Manager	\$132,651	8	Same as General Employees		
Green Bay	Mayor	\$82,534	9 Dept Heads, 2 Staff members	Health, Dental, Life, Pension	None	
Janesville	City Manager	\$147,000	9	\$5100 auto allowance, cell phone allowance \$1200,\$5000 DC		Car, Cell phone
Kenosha	City Administrator	\$137,000	17 Dept Heads	Health, Dental, Life, Pension option for Deferred Comp, Vision and AFLAC		
Kenosha	Mayor	\$79,272	3	Health, Dental, Life, Pension option for Deferred Comp, Vision and AFLAC	None	
LaCrosse	Mayor	\$77,200	14	Same as other full-time employees	\$2083/year	
Oshkosh	City Manager	\$138,000	12	Same as Non-rep plus \$500 auto allowance and \$120 cell phone \$300 ICMA-RC	None	
Racine	City Administrator	\$99,236		Same as non-represented		None
Racine	Mayor	\$74,110	2	Same as non-represented	None	
Sheboygan	Mayor	\$52,531	1	Health, Dental, Pension, Life	None	Mileage and Travel
Sheboygan	Chief Admin Officer	\$123,000	10	Same as non-represented		None
Waukesha	City Administrator	\$155,000	15	Health, Dental, Pension, Life, Vision, LTD, Deferred Comp, AFLAC	Auto-\$400/monthly	
Waukesha	Mayor	\$83,500	1	Health, Dental, Pension, Life, Vision, LTD, Deferred Comp, AFLAC		None
Wausau	Mayor	\$74,850	11	Same as non-represented		
West Allis	City Administrative Officer/Clerk-Treasurer	\$115,356	42	Same as other Professional and Supervisory Personnel	None	
West Allis	Mayor	\$66,000 (4/20/15)	1 shared Admin. Asst.	Health, Dental, Pension, Life	Auto-\$25/monthly	Mileage and Travel
						Mileage and Travel

Melody Rank

From: Sandy Behnke
Sent: Thursday, June 04, 2015 9:43 PM
To: Melody Rank
Subject: FW: 'Salary Review'
Attachments: Salary Review.xlsx

Categories: HR Committee

Melody:

Please attach Alderperson Baranowski's email with the City Attorney job description (from Neo.gov) along with the spreadsheet so that the committee members know why this information is being provided.

Thank you,
Sandy

From: Ed Baranowski
Sent: Friday, May 29, 2015 2:37 PM
To: Sandy Behnke
Subject: FW: 'Salary Review'

Director Behnke

To prepare for the next HR meeting, I thought it would be helpful if the Committee had a history (5yr) and an understanding of leadership salaries, any qualifications required to hold the position and how compatible those salaries are within the organization.

One of the comments I heard during the discussion of the Mayor / City Attorney discussion revolved around the balance of salaries within the organization and their respective duties and responsibilities.

I'm asking that the attached spreadsheet be completed for our next meeting. The spreadsheet will show how salaries have changed over a 5 year period for those positions which are at will, versus elected positions. It also takes into account if there were any significant salary increases, were they related to taking on more responsibilities. For example, when the facilities director took on park and rec, or city attorney took on the clerks office, or CED director took on the assessor office, etc. I have highlighted an example position to help understand what I am looking for.

The sheet is formula driven in that the entries for input are the base salary in 2009 and the percentage of raises, both yearly adjustment and performance.

In addition, could we have job descriptions / duties and responsibilities for our Mayor and City Attorney position. If these are available from comparable cities in WI, that would be helpful as well.

Should you have any questions related to my request, please feel free to contact me.

Thanking you in advance.

Edward Baranowski
Alderperson - District 5
District5@Appleton.org
920.749.1713

Information to assist with discussion for establishing salaries for Mayor and City Attorney																										
	2009			2010			2011			2012			2013			2014			2015	2015						
Position	Base Salary	Yrly Adjust	Perf	Base Salary	Yrly Adjust	Perf	Base Salary	Yrly Adjust	Perf	Base Salary	Yrly Adjust	Perf	Base Salary	Yrly Adjust	Perf	Base Salary	Yrly Adjust	Perf	Base Salary	Maximum	5 Yr Salary Change	Total Yrly Adj	Total Perf Adj	Education Qualifications Required	Experience Qualifications Required	Certifications Preferred or Required
Mayor	\$ 86,000	2.3%		\$88,000	3.4%		\$91,000	0.0%		\$91,000	1.0%		\$91,910	1.0%		\$92,829	2.0%		\$94,686	None	10.1%	9.7%	0.0%	None	None	None
City Attorney	\$ 98,000	3.1%		\$101,000	3.0%		\$104,000	0.0%		\$104,000	2.0%		\$106,080	2.0%		\$108,202	2.0%		\$110,365	None	12.6%	12.0%	0.0%	JD	None	WI Law License
Deputy City Attorney																\$93,600	1.5%	1.8%	\$96,642	\$102,814	3%	1.5%	1.8%	JD	6-7 years	WI Law License
HR Director	\$ 108,160	2.5%	2.0%	\$113,027	0.0%		\$113,651	0.0%		\$113,651	1.0%		\$114,788	2.0%	2.0%	\$119,379	1.5%	1.8%	\$123,259	\$131,810	14.0%	7.0%	5.8%	Bachelors	8-9 years	
HR Deputy Dir	\$ 93,122	2.5%	0.0%	\$95,971	0.0%		\$95,971	0.0%		\$95,971	1.0%		\$96,931	2.0%	2.0%	\$100,808	1.5%	1.8%	\$102,814	\$102,814	10.4%	7.0%	3.8%	Bachelors	6-7 years	
																										Eligible for DPI Public Library Grade I Cert
Library Director							\$82,181	0.0%		\$82,181	1.0%		\$83,003	2.0%	3.0%	\$87,153	1.5%	2.6%	\$90,752	\$121,285	10.4%	4.5%	5.6%	Masters	8-9 years	
Asst. Library Dir							\$75,005	0.0%		\$75,005	1.0%		\$75,755	2.0%	3.0%	\$79,543	1.5%	2.6%	\$82,828	\$102,814	10.4%	4.5%	5.6%	Masters	6-7 years	
C&ED Director	\$ 90,002	2.5%	2.0%	\$94,578	0.0%		\$94,578	0.0%		\$94,578	1.0%		\$95,523	2.0%	7.0%	\$104,333	1.5%	1.8%	\$107,724	\$131,810	19.7%	7.0%	10.8%	Masters	8-9 years	
C&ED Deputy Dir	\$ 79,435	2.5%	2.0%	\$83,470	0.0%		\$83,470	0.0%		\$83,470	1.0%		\$84,305	2.0%	2.0%	\$87,677	1.5%	0.9%	\$89,794	\$102,814	13.0%	7.0%	4.9%	Bachelors	6-7 years	
																										Prof Cert- International Facilities Mgmt Assc.
Park, Rec, Fac Director	\$ 92,290	2.5%	2.0%	\$96,970	0.0%		\$96,970	0.0%		\$96,970	1.0%		\$97,939	2.0%	6.0%	\$105,934	1.5%	1.8%	\$109,377	\$121,285	18.5%	7.0%	9.8%	Bachelors	8-9 years	
DD-Parks, Recreation, Fac																			\$85,592	\$102,814				Bachelors	6-7 years	
VT General Manager	\$ 97,427	2.5%	2.0%	\$102,378	0.0%		\$102,378	0.0%		\$102,378	1.0%		\$103,401	2.0%	1.0%	\$106,503	1.5%	0.9%	\$109,038	\$121,285	11.9%	7.0%	3.9%	Bachelors	8-9 years	
VT Asst. GM																			\$75,982	\$102,814				Bachelors	6-7 years	
																										WW and Water Supply Ops Cert
Utilities Director				\$96,616	0.0%		\$96,616	0.0%		\$96,616	1.0%		\$97,582	2.0%	2.0%	\$101,485	1.5%	1.8%	\$104,784	\$121,285	8.5%			Bachelors	8-9 years	WDNR Grade 4 WW & Surface Water Cert
Utilities Deputy Director				\$70,013	0.0%		\$70,013	0.0%		\$70,013	1.0%		\$70,713	2.0%	3.0%	\$74,249	1.5%	2.6%	\$77,397	\$102,814	10.5%	4.5%	5.6%	Bachelors	6-7 years	
IT Director													\$95,014	2.5%	1.0%	\$98,340	1.5%	0.9%	\$100,680	\$131,810	6.0%	4.0%	1.9%	Bachelors	8-9 years	
Public Works Director	\$ 114,858	2.5%	0.0%	\$118,290	0.0%		\$118,290	0.0%		\$118,290	1.0%		\$119,472	2.0%	1.0%	\$123,057	1.5%	0.9%	\$125,985	\$131,810	9.7%	7.0%	1.9%	Bachelors	8-9 years	PE
PW Engr. Deputy Dir	\$ 103,522	2.5%	0.0%	\$106,662	0.0%		\$106,662	0.0%		\$106,662	1.0%		\$107,729	2.0%	1.0%	\$110,961	1.5%	0.9%	\$113,360	\$113,360	9.5%	7.0%	1.9%	Bachelors	6-7 years	PE
PW Ops. Deputy Dir	\$ 66,518	2.5%	3.0%	\$70,595	0.0%		\$70,595	0.0%		\$70,595	1.0%		\$71,301	2.0%	11.0%	\$80,891	1.5%	2.6%	\$84,224	\$102,814	26.6%	7.0%	16.6%	Bachelors	6-7 years	
Health Officer	\$ 97,843	2.5%	0.0%	\$100,797	0.0%		\$100,797	0.0%		\$100,797	1.0%		\$101,805	2.0%	1.0%	\$104,859	1.5%	0.9%	\$107,355	\$121,285	9.7%	7.0%	1.9%	Bachelors	8-9 years	
Finance Director																\$113,131	1.5%	0.9%	\$115,824	\$131,810	2.4%	1.5%	0.9%	Bachelors	8-9 years	CPA
Finance Deputy Dir																\$83,200	1.5%	1.8%	\$85,904	\$102,814	3.3%	1.5%	1.8%	Bachelors	6-7 years	CPA
Police Chief																			\$108,014	\$121,285				Bachelors-MA-preferred	8-9 years	WI Law Enforce Stds Board Cert
Deputy Police Chief										\$95,971	0.0%		\$95,971	2.0%	2.0%	\$99,810	1.5%	1.8%	\$102,814	\$102,814	7.1%	3.5%	3.8%	Bachelors	6-7 years	WI Law Enforce Stds Board Cert
																										FF & Fire Instructor I Cert
Fire Chief	\$ 107,515	2.5%		\$110,760	0.0%		\$110,760	0.0%		\$110,760	0.0%		\$110,760	2.0%	1.0%	\$114,083	1.5%	0.9%	\$116,798	\$121,285	8.6%	6.0%	1.9%	Bachelors	8-9 years	
																										FF II, Fire Officer & Fire Instructor I Cert
Deputy Fire Chief	\$ 91,957	2.5%	2.0%	\$95,971	0.0%		\$95,971	0.0%		\$95,971	0.0%		\$95,971	2.0%	2.0%	\$99,810	1.5%	0.9%	\$102,186	\$102,814	11.1%	6.0%	4.9%	Bachelors	6-7 years	

*2012 Non-reps were eligible for up to an additional 1% that was paid in a lump sum - both the yearly adjustment and the performance adjustment were only for those non-reps paying WRS

*Employees who are maxed or obtained the max in their salary grade, were paid the performance adjustment (above the max) in a lump sum

*New Compensation Plan adopted in 2013

CEDC Director 5% adjustment for reclass retroactive to 7-19-12

Parks, Recreation & Facilities Management Director 5% adj for reclass retroactive to 1-1-12

PW Ops DD 8% adj for compression 1-1-14

Potential Scenarios for setting Elected Officials Salaries

Term	Mayor	City Attorney
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Proposal based on predicted CPI increases

2015-2016	\$94,686	\$110,365
2016-2017	2% \$96,580	\$112,572
2017-2018	2.25% \$98,753	\$115,105
2018-2019	2.25% \$100,975	\$117,695
2019-2020	2% \$102,994	\$120,049

Chairperson Konetzke's proposal:

2016-2017	2.44%	\$97,000	2.61%	\$113,250
2017-2018	2.32%	\$99,250	2.21%	\$115,750
2018-2019	2.27%	\$101,500	2.16%	\$118,250
2019-2020	1.97%	\$103,500	2.11%	\$120,750

Assuming Mayor and Attorney had gotten Non-rep increases-
then applying predicted CPI adjustment

2015-2016	\$96,741	\$110,690
2016-2017	2% \$98,676	\$112,904
2017-2018	2.25% \$100,896	\$115,444
2018-2019	2.25% \$103,166	\$118,042
2019-2020	2% \$105,230	\$120,402

If Attorney salary was based 10% above maximum of salary grade for Deputy City Attorney-
then applying predicted CPI adjustment

2015-2016	\$94,686	\$113,095
2016-2017	2% \$96,580	\$115,357
2017-2018	2.25% \$98,753	\$117,953
2018-2019	2.25% \$100,975	\$120,607
2019-2020	2% \$102,994	\$123,019

If no adjustment were made to the Mayor's or Attorney's salary

2015-2016	\$94,686	\$110,365
2016-2017	\$94,686	\$110,365
2017-2018	\$94,686	\$110,365
2018-2019	\$94,686	\$110,365
2019-2020	\$94,686	\$110,365

If the same percentage were applied to the Mayor's salary as approved for the City Attorney:

2015-2016	\$94,686	\$110,365
2016-2017	4.2% \$98,663	\$115,000
2017-2018	1.5% \$100,142	\$116,725
2018-2019	1.5% \$101,645	\$118,476
2019-2020	1.5% \$103,169	\$120,253

CITY OF APPLETON POLICY	TITLE: ACCIDENT REPORTING AND INVESTIGATING	
ISSUE DATE: October 2002	LAST UPDATE: January 2004; May 2005; July 2008; June 2010, April 2015	SECTION: Safety
POLICY SOURCE: Human Resources Department	POLICY APPLICATION: All City Employees and Volunteers	TOTAL PAGES: 15
Reviewed by Attorney's Office Legal Services Date: October 10, 2003 August 2005 August 2010	Finance and Administration Committee Approval Date: November 24, 2003 March 22, 2006 September 22, 2010	Council Approval Date: November 24, 2003 April 5, 2006 October 6, 2010

I. PURPOSE

The purpose of this policy is to outline responsibilities and procedures for supervisors and employees when involved in accidents or injuries on work time, **prevent future accidents**, and to meet Federal Occupational Safety and Health Administration and State Department of Workforce Development recording requirements.

II. POLICY

The City is committed to working with its employees to provide a safe working environment **and to manage and administer claims as a result of City accidents**. In order to prevent accidents, timely and accurate accident investigation is essential. This policy provides guidelines for proper investigation. Failure to follow this policy may result in disciplinary action, up to and including discharge.

III. PROCEDURES

All City of Appleton employees and volunteers should adhere to the following procedures when an accident or injury occurs. All accidents and injuries must be immediately reported to the employee's supervisor and to the Human Resources Department. A supervisor must fully investigate the incident and work with his/her employee to complete and return an Accident Investigation Report (Exhibit A) to Human Resources within 48 hours of the accident or injury if:

- The accident involves damage to City property in excess of \$500
- There is an injury requiring medical treatment
- When the accident involves non-City employees or non-City owned property (even if there is no visible damage to the property).
- The accident occurs in the Public Right of Way.

If the accident does not meet the above criteria, the incident should be documented by completing the short Accident Reporting form (Exhibit D).

A. Motor Vehicle Accidents

1. Immediately call 911 and report the accident to your supervisor.
2. Should a supervisor have reasonable suspicion to believe the employee is under the influence of alcohol or drugs or an accident involves an injury or more than \$500 worth of damage, the supervisor should follow the procedures outlined in the City's Drug-Free Workplace policies.
3. Post Accident Testing – Employees who are involved in an accident while operating a motor vehicle or City equipment may be required to submit to testing based on the circumstances.
4. The filing of a State Accident Report is at the discretion of the Police Department, per State guidelines.

B. Injuries to a City Employee

1. When the injury occurs: the employee shall immediately notify his/her supervisor. The employee or the supervisor should also contact the Police Department if the injury is a result of a motor vehicle or domestic animal bite.
2. If immediate medical attention is needed, the employee or witness shall call 911 or Gold Cross non-emergency (920-727-3034). The employee's supervisor may also provide transportation.
3. Report Incidents to 800-321-OSHA (6742). All work-related fatalities must be reported within 8 hours. All work-related inpatient hospitalizations, amputations and loss of an eye must be reported within 24 hours. Fatalities or life-threatening injuries should be reported to the employee's department director and Human Resources (920-832-5838 or 920-832-6457) immediately.
4. If immediate medical attention is not needed, the employee may obtain treatment from his/her choice of medical providers. Employees must have a physician's authorization for time lost due to a work related injury.
5. If medical attention is sought, the employee must submit a return-to-work slip (Exhibit B) to their supervisor prior to returning to work.
6. If medical attention is not sought, the employee shall log the injury into the department's first aid log, which should be initialed by a supervisor.
7. If the incident includes a possible bloodborne pathogens exposure, refer to the City's Bloodborne Pathogen policy.
8. The City has the right to verify an injury/illness through an independent medical exam.

C. Injuries to the Public or Damage to Property Not Owned by the City of Appleton

1. All accidents resulting in an injury requiring emergency medical services to any person not employed by the City of Appleton or damage to property not owned by the City of Appleton should be immediately reported to 911, the employee's supervisor and the Human Resources Department.

2. Employees should not admit liability, discuss City operations or comment on any incident or accident involving members of the public.
3. If a citizen wishes to file a claim against the City, he/she should be directed to the City Clerk's ~~Department~~office. The Clerk's ~~Department~~office will forward the claim to the Human Resources Department for follow up and response to the claimant.

D. Damage to City Property or Equipment

City owned automobiles and property that are damaged by fire, theft, vandalism, etc., are considered property damage claims. All damage should be reported to the employee's supervisor immediately.

1. If vandalism or a theft loss occurs, notify the Police Department.
2. If fire occurs, notify the Fire Department.
3. Damage estimates will be required if repairs are needed.
4. If the damage is \$500 or more, the supervisor will investigate and return the completed City Accident Investigation Report (Exhibit A) to the Human Resources Department within 48 hours.
5. If the damage is under \$500, the supervisor should complete Appleton's Accident Short Form (Exhibit D) and forward a copy to the Human Resources Department.
6. Any monetary recoveries shall be reported to the Human Resources Department and sent to the Finance Department.

IV. RESPONSIBILITIES

A. The Human Resources Department is responsible for:

1. The overall coordination of the accident investigation program, including:
 - a. Monitoring and reviewing all investigations to ensure accuracy and prompt response.
 - b. Providing technical assistance to supervisors when needed.
 - c. Offering training for all individuals who conduct accident investigations.
 - d. Following up to see that recommendations made as a result of an investigation are evaluated and that an appropriate course of action is taken.

B. Each Department Director (or designee) is responsible for:

1. Ensuring that an investigation is completed for every work injury or accident that involves his/her employee(s), and reviewing all investigations to ensure accurate and prompt response.
2. Evaluating recommendations that come out of each accident investigation and taking appropriate actions to prevent future accidents.
3. Following up to see that corrective action is implemented.
4. Ensuring all departmental accident investigation forms are completed and submitted within 48 hours to Human Resources.

C. Supervisors are responsible for:

1. Promptly reporting all accidents to Human Resources. Contacting Human Resources as soon as possible if a serious accident occurs or if the employee seeks medical treatment or misses work due to an injury sustained on the job.
2. Investigating and documenting all accidents properly, including completing and submitting the City's Accident Investigation Report (Exhibit A) within 48 hours to Human Resources.
3. Working with the Human Resources Department, the employee and his/her medical provider to return the employee to work on restricted or full duty.
4. Obtaining the employee's completed Return-to-Work Slip (Exhibit B) prior to the employee returning to work. The supervisor should forward this form to Human Resources upon receipt from the employee or employee's physician.
5. Supervisors may choose to use Exhibit C to assist them when investigating an accident or injury.

D. Employees are responsible for:

1. Reporting all accidents immediately.
2. Cooperating fully with a City investigation.
3. Working with his/her supervisor to complete and submit the Accident Investigation Report (Exhibit A) to Human Resources within 48 hours of the accident or injury.
4. Providing a completed Return-to-Work slip (Exhibit B) to his/her supervisor prior to returning to work if he/she sought medical treatment or missed work due to an accident or injury sustained on the job. If the injury or accident results in an extended absence, the employee is required to keep in contact with his/her supervisor and/or HR Generalist to keep the City informed of his/her progress and anticipated treatment plan.
5. Ensuring that a supervisor initials his/her first aid log entry if the employee chooses to not seek formal medical treatment.

**REPORT INCIDENTS TO 800-321-OSHA (6742). ALL WORK-RELATED FATALITIES
MUST BE REPORTED WITHIN 8 HOURS. ALL WORK-RELATED INPATIENT HOSPITALIZATIONS,
AMPUTATIONS AND LOSS OF AN EYE MUST BE REPORTED WITHIN 24 HOURS.**
THIS REPORT MUST BE SENT TO HR AND DIRECTOR WITHIN 48 HOURS. FAX TO 832-5845
ALL VEHICLE ACCIDENTS (EXCEPT FOR VALLEY TRANSIT) MUST BE SENT TO CEA. FAX TO 832-5570

Date: _____ **Incident #:** _____

Date/Time Faxed to HR: _____

Date/Time Faxed to Dept. Director: _____

CITY OF APPLETON INVESTIGATION REPORT

This incident report is to be completed by a Supervisor and submitted to the Human Resources Director within 48 hours of the incident. If the employee is unable to complete his/her account of the incident, the supervisor is to provide the information, in addition to the analysis of the incident. An employee account is required.

GENERAL INFORMATION:

Name:					
Home Address		City	State	Zip	Home Telephone Number
Date and Time of Incident		Date Incident Was Reported		Department and Job Title	
Specific Location of Incident (Dept., Street, Road):					
Witness(s): 1: _____ 2: _____					City Vehicle Number
Photographs Taken by: _____ Were Police at Accident Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Did the employee lose time from work due to the incident? ☐ Yes ☐ No **Last day worked:**

Did the employee receive treatment? ☐ Yes ☐ No

Facility Name: _____ **Doctor:** _____

INJURY INCIDENT

When Injury/Illness occurs on the job, Supervisors will: 1. Determine the extent and nature of the injury/illness. See that proper first aid is administered. Activate EMS (911), if necessary. 2. In case of fatality or serious injury notify Human Resources Department immediately 832-5838 or 832-6457. 3. Accompany the employee to a doctor if the employee is unable to drive or call Gold Cross Medical Transport 727-3034. 4. If not an emergency, send a return to work form with the employee.				5. Complete Appleton's Investigation Report. 6. Determine the cause of Incident and correct the hazard to prevent recurrence. Replenish the first aid supply after use. 7. Advise Human Resources Dept. when an employee returns to work. Request a doctor's release before permitting return. Be sure the employee is capable of resuming his/her work.	
Type of Injury:		Type of Incident:			
<input type="checkbox"/> A. Bruise	<input type="checkbox"/> E. Acupuncture	<input type="checkbox"/> A. Caught between		<input type="checkbox"/> F. Struck against	
<input type="checkbox"/> B. Strain/Sprain	<input type="checkbox"/> F. Burns	<input type="checkbox"/> B. Struck by		<input type="checkbox"/> G. Slip, trip, fall	
<input type="checkbox"/> C. Puncture/Cut-include needle manufacturer:	<input type="checkbox"/> G. Foreign Body	<input type="checkbox"/> C. Ingested/Inhaled/Inhaled		<input type="checkbox"/> H. Strain, overexertion	
<input type="checkbox"/> D. Fracture	<input type="checkbox"/> H. Disoriented	<input type="checkbox"/> D. Sting/bite		<input type="checkbox"/> I. Lifting, pulling, etc.	
	<input type="checkbox"/> I. Infection	<input type="checkbox"/> E. Burns		<input type="checkbox"/> J. Other:	
	<input type="checkbox"/> J. Other:				
Part of body injured:				Severity of Incident:	
<input type="checkbox"/> Arm	<input type="checkbox"/> Finger	<input type="checkbox"/> Internal	<input type="checkbox"/> Shoulder	<input type="checkbox"/> First aid only	<input type="checkbox"/> Restricted Duty
<input type="checkbox"/> Back	<input type="checkbox"/> Foot	<input type="checkbox"/> Knee	<input type="checkbox"/> Toe	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Fatality
<input type="checkbox"/> Elbow	<input type="checkbox"/> Hand	<input type="checkbox"/> Leg	<input type="checkbox"/> Other:	<input type="checkbox"/> Lost Time	
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Head	<input type="checkbox"/> Mouth			

EMPLOYEE'S ACCOUNT

Describe the Incident/ Include details:

Where did this occur:

When did this occur:

What were you doing just prior to the incident:

How did this incident occur:

Can the employee and/or supervisor suggest any changes to procedure or improvements to equipment that, if made, might make it less likely for a similar incident to occur in the future?

Unsafe Practice

- | | |
|---|---|
| <input type="checkbox"/> Operating without authority | <input type="checkbox"/> Failure to use PPE properly |
| <input type="checkbox"/> Failure to warn or secure | <input type="checkbox"/> Improper loading or placement |
| <input type="checkbox"/> Operating at an improper speed | <input type="checkbox"/> Improper lifting |
| <input type="checkbox"/> Making safety devices inoperable | <input type="checkbox"/> Improper position |
| <input type="checkbox"/> Using defective equipment | <input type="checkbox"/> Servicing equipment in motion |
| <input type="checkbox"/> Using equipment improperly | <input type="checkbox"/> Inattention |
| <input type="checkbox"/> Alcohol/Drugs Suspected | <input type="checkbox"/> Horseplay |
| <input type="checkbox"/> Overexertion | <input type="checkbox"/> Failure to comply with rules or procedures |
| <input type="checkbox"/> Stress/Fatigue/Attitude | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Inadequate training | |

Unsafe Condition

- | | |
|--|---|
| <input type="checkbox"/> Inadequate guards or protection | <input type="checkbox"/> Inadequate ventilation |
| <input type="checkbox"/> Defective equipment tools or material | <input type="checkbox"/> Excessive noise |
| <input type="checkbox"/> Congestion | <input type="checkbox"/> Inadequate lighting |
| <input type="checkbox"/> Inadequate warning | <input type="checkbox"/> Assault/Horseplay |
| <input type="checkbox"/> Fire/Explosion hazards | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Poor housekeeping | <input type="checkbox"/> Other: |

The above statement is true and correct to the best of my knowledge.

Signature: _____ Date: _____ Time: _____

SUPERVISOR ANALYSIS

1. Supervisor summary of the incident:

2. ~~What can be done to prevent this type of accident in the future?~~ What improvements to equipment or procedures might make this type of accident less likely in the future?

3. Were you at the accident scene: ☐ before ☐ while occurring or ☐ after the incident?

4. Describe corrective action recommended or state why corrective action is not warranted?

Unsafe Practice

- | | |
|---|---|
| <input type="checkbox"/> Operating without authority | <input type="checkbox"/> Failure to use PPE properly |
| <input type="checkbox"/> Failure to warn or secure | <input type="checkbox"/> Improper loading or placement |
| <input type="checkbox"/> Operating at an improper speed | <input type="checkbox"/> Improper lifting |
| <input type="checkbox"/> Making safety devices inoperable | <input type="checkbox"/> Improper position |
| <input type="checkbox"/> Using defective equipment | <input type="checkbox"/> Servicing equipment in motion |
| <input type="checkbox"/> Using equipment improperly | <input type="checkbox"/> Inattention |
| <input type="checkbox"/> Alcohol/Drugs Suspected | <input type="checkbox"/> Horseplay |
| <input type="checkbox"/> Overexertion | <input type="checkbox"/> Failure to comply with rules or procedures |
| <input type="checkbox"/> Stress/Fatigue/Attitude | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Inadequate training | |

Unsafe Condition

- | | |
|--|---|
| <input type="checkbox"/> Inadequate guards or protection | <input type="checkbox"/> Inadequate ventilation |
| <input type="checkbox"/> Defective equipment tools or material | <input type="checkbox"/> Excessive noise |
| <input type="checkbox"/> Congestion | <input type="checkbox"/> Inadequate lighting |
| <input type="checkbox"/> Inadequate warning | <input type="checkbox"/> Assault/Horseplay |
| <input type="checkbox"/> Fire/Explosion hazards | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Poor housekeeping | <input type="checkbox"/> Other: |

EMPLOYEE'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

REVIEWED BY DIRECTOR’S SIGNATURE:_____DATE:_____

ACCIDENT DIAGRAM

☐ Motor Vehicle (Complete **if** No Police Report) ☐ Personal Injury ☐ Personal Property Damage

AID FOR DIAGRAMMING: *(please check included items)*

- | | |
|--|---|
| <input type="checkbox"/> Show vehicles: <input type="checkbox"/> City "A" & <input type="checkbox"/> Other "B" | <input type="checkbox"/> Illustrate position of vehicles at time of collision |
| <input type="checkbox"/> Label vehicles (A & B) | <input type="checkbox"/> Major reference points |
| <input type="checkbox"/> Label street signs/type of sign/ locations | <input type="checkbox"/> Location of victim/victim injuries |
| <input type="checkbox"/> Location of accident | |

NARRATIVE:

Witness:	Phone:		
Address:	City:	State:	Postal Code:
Witness:	Phone:		
Address:	City:	State:	Postal Code:

WITNESS REPORTING FORM

Name:

Date:

Address:

Time: AM/PM

Phone:

Interviewer:

City Employee: ☐ Yes ☐ No

Were you at the accident scene: ☐ Before accident occurred
☐ While accident was occurring
☐ After accident occurred

Who was involved in the accident?

Where did the accident happen?

When did the accident happen?

How did the accident happen? _____

Describe in detail the ~~events that occurred before the accident as you remember them~~ accident as you observed it:

~~In your opinion, what were the major contributing factors which caused the accident?~~

(Use back for diagram if necessary.)

PROPERTY DAMAGE INCIDENT

Instructions:

City property only

1. If over \$500, investigate and report to Human Resources Department.
2. If under \$500, complete Appleton's Accident Short Form (Exhibit D) and forward to Human Resources.

Private property involved

1. Must be investigated by Supervisor.
2. Notify Human Resources Department within 24 hours.
3. Copy of report to Human Resources Department within 48 hours.
4. Report to Department personnel responsible for claims.

Property Damaged:

City Equipment Involved (No.):

Nature of Damage:

Estimated Cost:

Owner Name:

Address:

City:

State:

Postal Code:

Phone:

Insurance Company:

INJURY/PROPERTY DAMAGE CAUSED BY ACCIDENT

Complete if No Police Report for each person claiming injury or property damage. Use a second form if necessary.

Accident involved (Check appropriate box)

☐ Property Damage Only

Were Police at Accident Scene? ☐ Yes ☐ No

☐ Bodily Injury Only

☐ Property Damage and Bodily Injury

Municipality:

Badge No:

☐ Fatality

☐ Fatality and Property Damage

Was supervisor at accident scene? ☐ Yes ☐ No

☐ All of the Above

☐ None of the Above

INJURED PERSONS

	NAME	ADDRESS	CITY	() CHECK ONE OR MORE FOR EACH PERSON INJURED						
				AMBULANCE REQUIRED	CLAIMED INJURIES	APPARENT INJURIES	PASSENGERS	PEDESTRIANS	OTHER VEHICLE	APPROXIMATE AGE
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROPERTY DAMAGE TO SECOND PARTY

REGISTERED OWNER		ADDRESS		CITY		PHONE	
DRIVER		ADDRESS		CITY		PHONE	
DRIVER'S LICENSE #	LICENSE PLATE #	VEHICLE MAKE & MODEL				MODEL YEAR	
INSURANCE COMPANY		POLICY #		DESCRIPTION OF DAMAGE			

PROPERTY DAMAGE TO THIRD PARTY

REGISTERED OWNER		ADDRESS		CITY		PHONE	
DRIVER		ADDRESS		CITY		PHONE	
DRIVER'S LICENSE #	LICENSE PLATE #	VEHICLE MAKE & MODEL				MODEL YEAR	
INSURANCE COMPANY		POLICY #		DESCRIPTION OF DAMAGE			

OPERATOR'S SIGNATURE DATE

SUPERVISOR'S SIGNATURE

DATE

**ALL REPORTS FOR CITY VEHICLE ACCIDENTS (EXCEPT VALLEY TRANSIT)
MUST BE FAXED TO CEA (832-5570).**

MOTOR VEHICLE INCIDENT

Complete if No Police Report

TYPE OF ACCIDENT

Collision With	Type of Collision		Pedestrian/Bicycle Accident
<input type="checkbox"/> Other Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> City Vehicle <input type="checkbox"/> Fixed Object	<input type="checkbox"/> Side Swipe <input type="checkbox"/> Rear End <input type="checkbox"/> Turn Right <input type="checkbox"/> Turn Left	<input type="checkbox"/> Angle <input type="checkbox"/> Head on <input type="checkbox"/> Broadside Backed up	<input type="checkbox"/> In Crosswalk <input type="checkbox"/> Near Curb <input type="checkbox"/> Mid-Block <input type="checkbox"/> Marked Trail

VEHICLE		VEHICLE MOVEMENTS	VEHICLE	
City	Other		City	Other
<input type="checkbox"/>	<input type="checkbox"/>	Stopped		
<input type="checkbox"/>	<input type="checkbox"/>	Slowing/Stopping		
<input type="checkbox"/>	<input type="checkbox"/>	Changing Lanes		
<input type="checkbox"/>	<input type="checkbox"/>	Turning		
<input type="checkbox"/>	<input type="checkbox"/>	Pulling into curb		
<input type="checkbox"/>	<input type="checkbox"/>	Pulling away from curb		
<input type="checkbox"/>	<input type="checkbox"/>	Moving straight in its lane		
<input type="checkbox"/>	<input type="checkbox"/>	Merging		
<input type="checkbox"/>	<input type="checkbox"/>	Backing		
<input type="checkbox"/>	<input type="checkbox"/>	Parking		
<input type="checkbox"/>	<input type="checkbox"/>	Other:		
		Direction Traveled		
		Estimated speed when danger first noticed?	MPH	MPH
		Estimated speed at time of accident?	MPH	MPH
		Type of signal given by City vehicle?		
		Type of signal give by other vehicle?		
		CITY VEHICLE INVOLVED (NO.):		

TRAFFIC & ENVIRONMENTAL CONDITIONS

Traffic Controls		Weather	Street Conditions	Light	Exterior Lights
City	Other Vehicle				<input type="checkbox"/> On <input type="checkbox"/> Off
<input type="checkbox"/>	<input type="checkbox"/> Stop Sign	<input type="checkbox"/> Overcast	<input type="checkbox"/> Dry	<input type="checkbox"/> Daylight	
<input type="checkbox"/>	<input type="checkbox"/> Signal	<input type="checkbox"/> Fair	<input type="checkbox"/> Muddy	<input type="checkbox"/> Dark	
<input type="checkbox"/>	<input type="checkbox"/> Yield	<input type="checkbox"/> Rain	<input type="checkbox"/> Snowy/Slushy	<input type="checkbox"/> Dark w/Street lights	Interior Lights
<input type="checkbox"/>	<input type="checkbox"/> Flagman/Police Officer	<input type="checkbox"/> Fog	<input type="checkbox"/> Slick/Oily	<input type="checkbox"/> Dawn	<input type="checkbox"/> On <input type="checkbox"/> Off
<input type="checkbox"/>	<input type="checkbox"/> R.R. Crossing	<input type="checkbox"/> Snow	<input type="checkbox"/> Wet	<input type="checkbox"/> Dusk	
<input type="checkbox"/>	<input type="checkbox"/> Barricades	<input type="checkbox"/> Sleet	<input type="checkbox"/> Icy		Warning Lights
<input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		<input type="checkbox"/> On <input type="checkbox"/> Off
<input type="checkbox"/>	<input type="checkbox"/> None				

**ALL REPORTS FOR CITY VEHICLE ACCIDENTS (EXCEPT VALLEY TRANSIT)
MUST BE FAXED TO CEA (832-5570).**

Employee Return-to-Work Form

EMPLOYEE WORK RESTRICTIONS

Patient Name: _____

Current Job: _____

Part Time ☐ 1st Shift ☐ Sun. ☐ Thurs. ☐

Physician Name (please print): _____

Phone: _____ Fax: _____

Date you saw patient: ____-____-____ Time In: _____ Injury Date: ____-____-____

Patient Description of Injury: _____

Diagnosis: _____

Treatment: _____

 Full Time ☐ 2nd shift ☐ Mon ☐ Fri. ☐
 Seasonal ☐ 3rd shift ☐ Tues ☐ Sat ☐
 Temporary ☐ Swing ☐ Wed ☐
 Next scheduled work day _____
 Shift _____
 Shift Supervisor: _____
Prescription strength medications ordered ☐ Yes ☐ No

Medications: _____

Plan: _____

 DISPOSITION: 1. ☐ Patient is unable to work at this time.
 2. ☐ Recommend his/her return to work with no limitations on (DATE): _____
 3. ☐ He/She may return (DATE) _____ with a daily time limitation of _____
 and/or with the following limitations until _____ or until re-evaluation on _____.
A. CHECK ONLY AS RELATES TO ABOVE CONDITION

- ☐ **SEDENTARY WORK.** Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.
- ☐ **LIGHT WORK.** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arms and/or leg controls.
- ☐ **LIGHT MEDIUM WORK.** Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- ☐ **MEDIUM WORK.** Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
- ☐ **LIGHT HEAVY WORK.** Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- ☐ **HEAVY WORK.** Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

 N=Never/Not Able F=Frequent up to 30x/hr.
 O=Occasional up to 4 times/hr. C=Constant over 30x/hr.

Specify Restrictions for 24 day

	N	O	F	C	
Sitting/Driving					Lab Work Yes ___ No ___
Standing/Walking					
Climbing					X - Rays Yes ___ No ___
Bending					
Kneeling/Squatting/Crawling					
					R L BIL
Reaching-Horiz/push-pull					
Reaching-Vert/above shoulder					
Gross Handling					
Finger Manipulation					
Single Grasping					
Repetitive Foot Movement					

OTHER INSTRUCTIONS AND/OR LIMITATIONS:

SCHEDULED APPOINTMENTS:

☐ Referral ☐ Clinic _____ Date: _____ Time: _____
☐ Referral ☐ Clinic _____ Date: _____ Time: _____
Time Out: _____ ☐ Called Employer Date _____ Signature _____

I hereby authorize my attending physician and/or hospital to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified on this form to my employer or his representative.

PATIENT'S SIGNATURE _____

Date _____

PHYSICIAN'S SIGNATURE _____

Date _____

ACCIDENT INVESTIGATOR'S CHECK LIST

Time _____ AM/PM Date _____

A. Arrival

- _____ 1. Make visual check to see if scene is properly protected against further accident situations.
 Call Police if necessary.
- _____ 2. Treat injured.

B. Gather Evidence and Document Scene

- _____ 3. Pictures taken and evidence preserved?
 Is point of impact clearly noted?
 Note any property damage.
- _____ 4. Parties involved – vehicles, make, model, license number, vehicle occupants,
 addresses, employer?
 Time of accident, exact location?
 Location and cross streets.
 Is your employee isolated from others? Do not allow them to discuss accident.
 Witnesses names, ~~and~~ addresses **and summary of what they saw**.
 Make measurements of all physical facts, including length and location of skid
 marks, and fixed objects.
 Make a sketch of accident scene.
- _____ 5. Have Police issued citations?
 Police investigators badge numbers, city, state, etc?

C. Analysis

When did it happen? _____

Where did it happen? _____

~~Why did it happen?~~ **Describe what**
happened? _____

~~What caused it to happen?~~ **Where there any observable causes or contributing factors (such as weather conditions, etc)?** _____

~~Who was responsible?~~ _____

~~How could~~ **Are there ways** a similar incident **could** be avoided ~~or corrected?~~

ACCIDENT REPORTING SHORT FORM**PROCEDURE:**

1. Complete this form for all incidents which result in damage to City property estimated under \$500.
2. The City of Appleton Accident Investigation report (long form) should be completed for injuries that result in seeking medical attention (other than first aid), damage to City property estimated over \$500, or when there is any damage to non-City owned property.

EMPLOYEE ACCOUNT SUMMARY

Employee name:

Date/time of incident:


Vehicle #:

Location of incident:

Describe how the incident occurred:

Describe any injuries you received (if applicable).

Describe damage to City property (if applicable).

Once completed, this form should be e-mailed to your supervisor for final completion. To e-mail, click the **Microsoft Office Button  (upper left hand corner), point to **Send**, and then click **E-mail**.*


SUPERVISOR ACCOUNT SUMMARY

Name of Supervisor:

Incident # (applicable for Police personnel only):

Describe how this incident occurred.

Describe corrective action recommended or state why corrective action is not warranted.

Once completed, e-mailed to Human Resources (humanresources@appleton.org). To e-mail, click the **Microsoft Office Button  (upper left hand corner), point to **Send** and then click **E-mail** or save the document and attach to an email that you prepared.*

CITY OF APPLETON POLICY		TITLE: VOLUNTEER POLICY	
ISSUE DATE: March 2011	LAST UPDATE: March 2011 April 2015	SECTION: Human Resources	
POLICY SOURCE: Human Resources Department	AUDIENCE: City Departments and Volunteers	TOTAL PAGES: 3	
Reviewed by Attorney's Office Date: July 16, 2010	Committee Approval Date: April 19, 2011	Council Approval Date: May 4, 2011	

I. PURPOSE

The City recognizes and supports the use of volunteers to assist in providing services and programs. This policy contains responsibilities of both the City and volunteers. Written policies and procedures will assure volunteers are suitably oriented and trained, written assignments and job duties are developed, supervision is appropriate to assigned duties and volunteers are told about safety and liability to the City.

II. POLICY

SCOPE

In order to maximize the effectiveness of volunteers, yet limit risk exposure to both volunteers and the City, this policy will apply to all City departments and volunteers.

These guidelines complement, but do not supersede, the statutory authority of the Library Board.

PROCEDURES

Prior to using volunteers, each department using volunteers will have procedures to supplement this policy which will address specific methods to recruit, interview, select, orient, train, supervise and recognize volunteers within their department. Department directors will designate an employee to be responsible for the volunteer program and who will serve as contact person. Some departments may have more stringent policies and procedures in place for use of volunteers within their department.

A. Selection Process

- **Recruitment.** Departments shall use recruiting procedures appropriate to the specific program area. Procedures shall be consistently followed. To assist in this initial process, potential volunteers will be required to complete an **on-line** application **through the City's website.**
- **Selection.** A selection process shall be established where potential volunteers are interviewed, references verified when appropriate, and a background check is completed.

B. Orientation

In order for both the City and volunteers to have a complete understanding of the conditions of volunteering, the following topics should be discussed during department volunteer orientation.

- **Policy and procedure.** Policy and procedure regulating volunteer duties should be discussed. Specific emphasis should be given to working safely, conditions of driving while as a volunteer and risk exposure to the City. The seasonal employee/volunteer "Safety for All Seasons" brochure should be furnished to and discussed with volunteers. Volunteers who will be driving need to complete the driver's license verification sign-off form.
- **Training.** Volunteers will receive an overview of their volunteer assignment ~~and, as appropriate,~~ **and** a list of duties and expectations, hours of service, supervision, confidentiality, call-in procedure, and the City Business Dress Code Policy. Volunteers should be issued ID badges when working in the public eye identifying them as a City of Appleton volunteer.
- **Supervision.** Volunteers will be supervised as to assignments, work performance, activity, use of equipment, etc. Performance problems will be corrected or the volunteer service terminated.

RISK MANAGEMENT CONSIDERATIONS

It is important volunteers know what coverage the City will or will not provide.

- **Personal injury.** Volunteers are not "~~subject workers~~" **employees**, as defined by the State Workers' Compensation Act; therefore, workers' compensation coverage will not be provided.
- **Damage to volunteer property.** When volunteer's personal property is damaged while **the** volunteer is serving in **an** authorized volunteer status, the City will not be responsible to reimburse for the damage.
- **Driving.** All operators of a motor vehicle, while on City business, must be qualified to drive and **must** drive safely. This applies to both City-owned and

volunteer non-city-owned vehicles. Volunteers operating City vehicles or equipment will receive instruction from the supervisor or department regarding City vehicles and equipment before being authorized to operate them. The City does not provide insurance coverage for a volunteer's privately owned vehicle. Volunteers who use non-City-owned vehicles for City business should confirm that their personal auto insurance policy provides coverage for this use. Volunteer's auto insurance will be considered primary. All volunteers who drive non-City-owned vehicles for City business shall be required to purchase (at their own expense) and maintain auto insurance at a level that meet the standards set under the City of Appleton Conditions of Employment policy.

- **Damage to private property.** When private property is damaged by a volunteer serving in an authorized volunteer status, the City of Appleton Accident Reporting and Investigating policy should be followed.

CITY OF APPLETON PERSONNEL POLICY		Telecommuting Policy	
ISSUE DATE: Nov 2010	LAST UPDATE: May 2015	SECTION: Human Resources	
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees Non- represented employees	TOTAL PAGES: 5	
Reviewed by Attorney's Office Date: November 30, 2010	Committee Approval Date: March 23, 2011	Council Approval Date: April 6, 2011	

I. PURPOSE

Telecommuting is an arrangement in which an employee may work at a place different than the traditional workplace, typically their home, for the benefit of the employees and the organizational needs of the City of Appleton.

II. POLICY

Telecommuting arrangements may vary for individuals or positions. The determination as to whether any particular position, assignment or employee is a good fit for telecommuting is at the sole discretion of the City.

- ~~Telecommuting is not an entitlement of any employee. and it is not grievable under any collective bargaining agreement.~~
- The employee agrees to work at the Official Work Location or Telecommuting Location, and not from another unapproved site.
- It is the employee's responsibility to communicate any issues or concerns regarding the telecommuting arrangement with his/her supervisor as soon as possible.
- Telecommuting employees must comply with all City policies. Failure to comply with this policy or other City policies may result in discipline up to and including discharge.

Management retains the right to modify the telecommuting agreement and to remove the employee from the arrangement for any reason ~~at all~~. With proper notice, the employee may stop participating in the telecommuting arrangement at any time.

For purposes of Library administered systems and networks, Library Administration and Network Services serve the review and approval functions of Human Resources and **Information Technology Services** as listed below. Library rules and procedures are subject to review and approval by Human Resources, **Information Technology Services** and the City Attorney.

III. DISCUSSION

Employees who wish to engage in a telecommuting arrangement must meet the following criteria:

1. A minimum of 6 months of continuous employment.
2. ~~An Excellent or Good sick leave rating over the past 2 years.~~
3. **2.** A history of reliable and responsible completion of work duties at a performance level that meets or exceeds expectations.

- 4.3. Employee must demonstrate a history of and maintain regular, punctual and predictable attendance.
- 5.4. Employee must provide broad band internet access at their own expense.
- 6.5. Employee must utilize a City owned computer.

In the event that an individual meets the above mentioned criteria and wishes to engage in a telecommuting arrangement, the position and adaptability of the person will be evaluated to determine if both are suitable to telecommute.

IV. PROCEDURES:

Managers should take into account the following when considering an employee for telecommuting:

- Face-to-face communication is not a daily requirement of the position and communication can be effectively accomplished over the telephone, e-mail, ~~or via mail~~, or other appropriate means.
- The individual already works in a self-directed role and produces clearly defined output and work products or the work activities are measurable.
- The employee must be self-motivated, self-disciplined, self-directed with the ability to establish, manage, communicate, and collaboratively determine priorities.
- The employee must clearly demonstrate skills in planning, organizing, managing time, and meeting clear standards and objectives.
- The employee must maintain regular, punctual and predictable attendance.
- The employee must maintain an above average performance level.
- The employee can maintain a safe and ergonomically sound home office free from distractions.
- Risk Management and/or Information Technology Services may complete an onsite inspection of the designated work area.

The employee agrees to be available during their scheduled work hours for communication through phone, ~~voice mail, cell phone or e-mail~~, in-person or other appropriate communication tools (text or skype). Employee initiated schedule changes must be approved by their supervisor.

The employee agrees that City representatives may make on-site visits to the telecommuting site during established work hours and that such visits may be made without notice.

The ~~telecommuter~~ employee will try to schedule any off-site business meetings on telecommuting days in order to maximize the time they are available at the Official Work Location. On occasion, it may be possible for employees to teleconference into the meetings that are scheduled on telecommuting workdays.

The employee will meet with the supervisor according to procedures previously agreed upon to receive assignments and to review completed work as necessary. The evaluation of the employee's job performance will be based on established standards and the employee's performance must meet or exceed expectations to ~~remain a telecommuter~~ continue to telecommute.

All records, papers, and correspondence done at the telecommuting location are considered the City's business and may be subject to open records disclosure.

The employee will apply safeguards to protect records from unauthorized disclosure or damage.

The employee agrees to maintain all information which is protected by federal or state regulations in a confidential manner. Phone contacts involving such information will be conducted in a private area. Passwords and protected entry codes to the City's software will be kept confidential. The employee agrees that family members and others will not have access to protected information at any time.

Home Office Requirements:

Employees wishing to telecommute must have safe and adequate work space to work from home. Following are criteria that must be met for home office safety requirements:

- The temperature, noise, ventilation and lighting levels of the dedicated office area must be adequate for maintaining normal levels of job performance.
- File cabinet doors and drawers are arranged so they do not open into walkways.
- Phone lines, electrical cords and other extension wires are secured.
- Aisles, corners and doorways in the work area are free of obstructions.

In addition to meeting safety requirements in the home office, a telecommuting workstation must be ergonomically suited for the employee. Employees will be responsible for ensuring they maintain the following ergonomic guidelines while working from home:

- Chair should be adjusted so feet are flat on floor or footrest and legs are vertical to ground.
- Computer monitor should be directly centered in front of the user. User should not have to look up, down, left or right for better viewing. Additionally, the monitor should be at a comfortable viewing distance.
- Use good posture when keyboarding. Elbows should be at a 90 degree angle. Wrists should be level with the keyboard.

Equipment:

The City reserves the right to make the determination as to the appropriate equipment which is subject to change at any time. Equipment needs may be periodically assessed by the **Information Technology Services** Department to ensure that the individual is equipped for telecommuting based on the needs of the position. The City may provide necessary computer and telephone equipment for a fully functional real and virtual office for telecommuting employees.

The City's **Information Technology Services** Department can supply the following equipment for approved telecommuters:

City laptop pre-loaded with required programs

VoIP capable phone that connects to internal phone system

Printer, if required for the job

Set up of the telecommuting account (VPN)

Instructions and training on how to get connected to the internal network

The costs related to the equipment, installation and maintenance may be the responsibility of the requesting department.

Employees must make arrangements regarding the use of the City's equipment in their remote office. The **Information Technology Services** Department requires at least one (1) week advance notice and the Department Director's approval for any equipment set up for telecommuting. Also, the Technology Services Department has the authority to determine for employees who

work at multiple locations whether it will provide a single laptop which is transported between locations rather than maintaining a workstation at each location.

In no event shall the use of the City's equipment change the ownership of or impede the City's access to the equipment. All equipment and materials provided by the City shall remain the City's property. The employee agrees to return all City owned furniture, equipment and supplies in proper working condition and agrees to take financial responsibility for missing and/or broken items upon the termination of the telecommuting arrangement or termination from employment. If the employee's own home equipment such as personal cell phone or home phone is used, it will be at the employee's expense. Special supplies not normally provided by the City (ink cartridges, toner, etc) may be the employee's responsibility. Expenses for supplies normally available in the office may or may not be reimbursed depending on the circumstances.

Equipment provided by the City must not be used for purposes other than City business and must be kept in a secure location and protected against damage and unauthorized use.

City owned equipment will be serviced and maintained by the City. Equipment provided by the employee will be at no cost to the City and will be maintained by the employee. The City is not liable for repairing or replacing your own equipment if it breaks while performing work for the City.

If equipment requires repair or replacement where it is impossible for the employee to work at the remote location, the employee may be temporarily assigned to another location or may suffer loss of pay for hours not worked. Any lost hours may be made up within the confines of the Fair Labor Standards Act ~~and/or, the departmental policies or any collective bargaining agreement.~~

The City will not be responsible for operating costs, home maintenance, or any other incidental costs (e.g. utilities) associated with the use of the employee's residence. The City is not responsible for insuring ~~your~~ **any personal** equipment in ~~your~~ **the employee's** remote office. The ~~telecommuter-employee~~ understands that he or she is responsible for any tax and insurance from this arrangement and for conforming to any local zoning regulations.

Liability:

The City will not be liable for damages to the employee's property resulting from participation in the telecommuting program. By participating in the telecommuting arrangement, the employee agrees to hold the City harmless against any and all claims including injuries to others at the telecommuting location.

If an employee is injured while working at home, the employee should follow the City's established procedures for reporting on-the-job injuries.

Employment Laws:

Telecommuting employees will be held to the same employment law standards as employees in the traditional office. (~~Non-~~**Exempt** employees will continue to be required to complete timesheet records.) They will adhere to normal work schedules and will have to obtain prior management approval for any change to their normal work schedule (including overtime).

Time Off:

Telecommuting employees agree to follow established procedures for requesting and obtaining approval of leave, including Paid Time Off. In the event that a telecommuting employee is ill, he or she must follow the City's ~~Sick Leave~~ **Attendance** Policy.

Child/Elder Care:

Telecommuting is not an alternative for child care or elder care and the telecommuter agrees to make regular dependent care arrangements during telecommuting periods.

Employees must not use work hours for any other purposes than City business related duties.

~~Sick Leave:~~

PTO

Telecommuting may be used as a temporary arrangement in lieu of ~~sick or other leave~~ **paid time off** at the Department Director's and Human Resources Director's discretion.

Miscellaneous:

Occasionally a telecommuting employee's presence may be required in the traditional office for meetings or other purposes and it is the responsibility of the employee to be present when requested. In most cases the employee will be notified in advance of the requirement, however, advanced notification may not be feasible in some cases.

The telecommuting employee understands that they may be required to forfeit the use of a personal office or work station in favor of a shared arrangement to maximize the City's office space needs.

**CITY OF APPLETON
Telecommuting Request Form**

Employee Name:	
Current Position:	
Start date of telecommuting:	
End date of telecommuting:	
Reason for telecommuting:	
Address of employee, phone number & specific area employee will work from:	

The employee's telecommuting work schedule will be:

Telecommuting Days:

Mon Tue Wed Thu Fri

Telecommuting Time:

Start Time:

Finish Time:

Breaks (if applicable):

Total Telecommuting Hours Per Day:

Will the employee perform the duties of their current position? Yes No

If no, which duties will the employee perform? _____

This agreement is subject to the terms and conditions stated in the City of Appleton Telecommuting Policy, a copy of which has already been made available to the employee. I have read and understand both the City of Appleton Telecommuting Policy and this agreement. I agree to abide by and operate in accordance with the terms and conditions outlined in both documents. I agree that the sole purpose of this agreement is to regulate telecommuting and it neither constitutes an employment contract nor an amendment to any existing contract. I understand that this agreement may be terminated at any time.

If the reason for the telecommuting request is due to a medical condition, documentation must be attached to this form supporting this request. Furthermore, the employee agrees to operate within any work restrictions they might have as a result of their own medical condition.

Employee Signature: _____ Date: _____

Supervisor approval: _____ Date: _____

Department Head approval: _____ Date: _____

HR Director approval: _____ Date: _____

*if request is approved, a copy needs to be sent to the Information Technology Services Director

CITY OF APPLETON PERSONNEL POLICY		TITLE: MEDIA RELATIONS POLICY	
ISSUE DATE: (Day after Council)	LAST UPDATE: December 2000 September 10, 2003 June 2008 July 2015	SECTION: Human Resources	
POLICY SOURCE: Human Resources Department	AUDIENCE: Applies to City employees and volunteers	TOTAL PAGES: 4	
Reviewed by Legal Services Attorney's Office Date: December 2000 September 12, 2003 June 23, 2008	Administrative Services Committee Approval Date: July 10, 2001 September 24, 2003 August 13, 2008	Council Approval Date: July 18, 2001 October 1, 2003 August 20, 2008	

I. PURPOSE

The purpose of this policy is to establish guidelines and assign responsibilities for the media relations function of the City of Appleton.

II. POLICY

To provide timely and accurate information to the media **when requesting information concerning business, in accordance with applicable laws, regulations and City policies.** ~~adhering to prescribed guidelines and procedures for releasing information.~~

To provide continual internal communications to assure the alderpersons, Mayor's office and City department spokespersons are appraised of events that will be in the media (prior to release, if possible). Note: Fire, Library, Police and Valley Transit matters will be handled by their respective media personnel. Violations of this policy are subject to discipline, up to and including termination.

III. DEFINITIONS

- 1) Citywide **Communications Specialist** ~~Media Relations Coordinator~~ (central contact person): City employee who facilitates or documents discussions with the media about City **business and activities issues or functions.** He/She would also coordinate media contacts regarding citywide **business issues** and unpublicized City plans. **For the purpose of this policy, the citywide Communications Specialist will be referred to as the Communications Specialist.** ~~The Mayor will designate this Coordinator.~~
- 2) Authorized Department Spokesperson: An employee in a specific department who would serve

as the key media relations contact for that department. This spokesperson would be available to field media inquiries and discuss information about his/her department. In addition, this spokesperson would work with the ~~Communications Specialist Citywide Media Relations Coordinator~~ to inform the ~~Communications Specialist Coordinator~~ of media contacts (and what information was shared) or to assist the ~~Communications Specialist Citywide Media Relations Coordinator~~ in disseminating information to internal employees and the public. (See Attachment 1.)

- 3) City Employee: For purpose of this policy, “employee” includes all employees and volunteers who work for the City, except for alderpersons.
- 4) Routine information: Information about the City, its services or its personnel that is provided to the media on an ongoing basis, including such information as staff announcements, general events, current happenings, status of Citywide projects or general community and Common Council business.
- 5) Substantial, non-routine information: Information about the City, its services or its personnel that is not considered normal or routine maintenance news. Examples of substantial, non-routine information may include a bomb threat at a municipal building or a water main break in the City.
- 6) Unpublicized City information: Any information concerning tentative major programs or plans, unfinalized, unfinanced or uncoordinated with other department heads that has not been presented in a public meeting. This information should only be released by the Mayor or Citywide Media Relations Coordinator, unless with prior approval by the Mayor.

IV. RESPONSIBILITIES

- A. ~~Communications Specialist Citywide Media Relations Coordinator~~ will be the primary liaison with the media. The ~~Communication Specialist Coordinator~~ will:
 - 1) Assist media representatives in covering newsworthy activities of the City.
 - 2) Review and disseminate press releases that involve multiple departments or unpublicized City plans (see definition above).
 - 3) Prepare and distribute press releases on citywide issues.
 - 4) Forward the appropriate City department spokesperson’s name to the media for information on a specific department.
 - 5) Collect articles/recordings, which result from media contacts.
 - 6) Maintain a current list of all media contact information and share this information with department spokespersons when requested.
 - 7) Facilitate media training with department spokespersons.
 - 8) Keep alderpersons and department spokespersons apprised of current City issues.
 - 9) Arrange for/Assist at news conferences.
 - 10) Serve as ~~the main a~~ point of contact for media during a citywide crisis situation (unless

otherwise noted in City Emergency Operations Plan).

11) Maintain ongoing professional relationships with media contacts.

B. Authorized Department Spokesperson

- 1) Share substantial, non-routine press releases (or those that affect multiple departments) with the **Communications Specialist** ~~Media Relations Coordinator~~ prior to release, if feasible. If in doubt of the impact of the press release or its content, seek input from your Department Director or the **Communications Specialist** ~~Media Relations Coordinator~~.
- 2) Promptly respond to media to answer any questions or gather information for them.
- 3) For issues that impact more than your department, refer the media to the **Communications Specialist** ~~Media Relations Coordinator~~.
- 4) Keep your department employees informed of citywide issues that appear in the news.
- 5) Participate in training for all department spokespersons.

C. Employee/Volunteer

As a general rule, employees are discouraged from releasing information over the telephone. However, to maintain a good working relationship with the media, sometimes you may need to release limited information via telephone to the media. When doing so, you should follow these guidelines:

- 1) When contacted, immediately obtain the caller's name, news organization and timeliness of his/her request.
- 2) If contacted by the media regarding issues *about the City or your department*, politely decline making comments and refer all questions to the **Communications Specialist** ~~Media Relations Coordinator~~ or your department spokesperson.
- 3) If contacted by the media *regarding your personal opinions*, answer the media's questions (if you wish), but make it clear that these comments are your personal opinions and not made on behalf of the City **or because of your role as a City employee**.
- 4) Inform the **Communications Specialist** ~~Media Relations Coordinator~~ or your department spokesperson prior to distributing any press releases. Give them a copy of the press release **for review and/or approval before release, if time permits** ~~in case they receive any questions~~.
- 5) Assist **Communications Specialist** ~~Media Relations Coordinator~~ or department spokesperson in compiling information for the media. Forward this information to the **Communications Specialist** ~~Media Relations Coordinator~~ when requested.
- 6) Alert **Communications Specialist** ~~Media Relations Coordinator~~ of any unusual media contacts or incorrect published information about the City **as soon as possible** (so the error can be corrected).

*This policy applies to all City employees and volunteers. For questions on this policy, please contact the City of Appleton Human Resources Department or the **Legal Services** ~~City Attorney's~~ office.*

City of Appleton Media Relations Departmental Contacts (3/15)

Citywide ~~Communications Specialist~~ Media Relations Coordinator: Chad Doran (832-5814/Cell: 419-0292)

Departmental Spokespersons:

- **Community Development** Karen Harkness, Department Director (832-6408)
- **Facilities /Parks & Rec** Dean Gazza, Department Director (832-5572)
- **Finance** Tony Saucerman, Department Director (832-6440)
- **Fire** Len VanderWyst, Fire Chief (832-1703)
- **Health** Kurt Eggebrecht, Department Director (832-6433)
- **Human Resources** Melody Lewis, Staff Dev./Training (832-3941)
- **Legal Services (Attorney)** Jim Walsh, City Attorney (832-6423)
- **Library** Tina Babler, Library Assistant Marketing (832-1695)
- **Mayor**
 - 1) Mayor Hanna (832-6400)
 - 2) Nancy Kohlman (832-6400)
- **Police** Dave Lund, Public Information Officer (832-5509)
- **Public Works**
 - 1) Paula Vandehey, Dept. Director (832-6474)
 - 2) DPW—Ross Buetow, Deputy Director (832-6474)
 - 3) MSB—Nate Loper, Deputy Director (832-5804)
- **Information Technology Services** Dean Fox, Department Director (832-5892)
- **Utilities** Chris Shaw, Department Director (832-2362)
- **Valley Transit** Nicole Voelzke, **VT Communications Specialist** Marketing Coordinator (832-2293)

CITY OF APPLETON POLICY	TITLE: FAIR LABOR STANDARDS ACT	
REVIEW DATE: December 2006 August 2009	LAST UPDATE: August 2009	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All Employees	TOTAL PAGES: 4
Reviewed by Attorney's Office Date: September 2004 February 2005 August 2009	Administrative Services Committee Approval Date: October 13, 2004 September 23, 2009	Council Approval Date: October 20, 2004 October 21, 2009

I. PURPOSE

The Fair Labor Standards Act (FLSA) establishes minimum wage, overtime pay, recordkeeping, and child labor standards affecting full-time and part-time workers in the private sector and in federal, state, and local governments. The purpose of this policy is to apply the Fair Labor Standards Act (FLSA) to City of Appleton employees.

II. POLICY

It is the policy of the City of Appleton to comply fully with the provisions of the FLSA as well as applicable state laws and City of Appleton Collective Bargaining Agreements. **Questions regarding this policy can be directed towards the employees supervisor, Human Resources, or the City Legal Services department.** Failure to follow this policy will result in discipline up to and including discharge of employment.

III. PROCEDURES

A. Covered Employees

The FLSA identifies two types of covered employees: exempt and non-exempt. The employee's duties, responsibilities, and salary determine whether or not an employee is considered exempt or non-exempt under the FLSA.

1. Designation of exempt or non-exempt status is the responsibility of the Human Resources Department. Human Resources and/or the City's compensation consultant will review the positions based on the actual work responsibilities and salary assigned to each position.
2. Employees who are covered by the Wage and Hour provisions of FLSA and are eligible for overtime after 40 hours worked in a work week are considered FLSA non-exempt employees.
3. Employees exempted by the Wage and Hour provisions of FLSA must meet certain category criteria as stated in the regulations. FLSA exempts some employees from its overtime pay and minimum wage provisions and others from the overtime pay provisions if their work assignments fall into one of the following categories: executive, professional, outside sales, administrative, and certain skilled computer professionals. Also certain seasonal recreational employees can be considered exempt from specific provisions. Exempt

employees are expected to put in those hours necessary to complete their job and are not eligible for overtime.

B. Non-covered Employees

Non-covered employees include elected officials and their personal staff, policy-making appointees, legal advisors, legislative employees, volunteers, independent contractors, prisoners and certain trainees.

C. Work Period

1. The standard FLSA work period is a fixed period of seven (7) consecutive calendar days. Note: Fire Protection and Law Enforcement employees may have a fixed work period of up to 28 calendar days.
2. The work period defines the time of day and day of the week when the employee's work period begins and ends.
3. An established work period may be changed if the change is intended to be permanent and not for the purpose of avoiding the accrual of FLSA overtime.

D. Time Worked

1. Time worked includes all time non-exempt employees are required to be on duty at their prescribed work places and all time during which they are permitted to work.
 - a. Non-exempt employees will be compensated for all time they are required or asked to work which supervisors know or have reason to know they are working.
 - b. Non-exempt employees who work without authorization are subject to disciplinary action, up to and including discharge.
 - c. Non-exempt employees are required to report all time worked and are required to accurately reflect this on their timecard or in the City's time system. Failure to correctly record or falsification of actual work time is subject to disciplinary action, up to and including discharge.
 - d. Supervisors are not to ignore work that non-exempt employees do on their own time, **unless de minimis (8 minutes or less)**. This is a violation of policy and illegal under FLSA.
 - e. The supervisor who signs an employee's time card or approves his/her time record must have personal knowledge of the hours worked by the employee and may not ask an employee to record more or fewer hours than were actually worked. Such an action is not only a violation of policy but is also illegal under FLSA and may subject the employee and or supervisor to disciplinary action up to and including discharge. Any illegal act may also result in legal action.
2. Exempt employees are paid on a salary basis and are not eligible for overtime. Time records for exempt employees should still reflect an accurate accounting of time worked and paid time off.

E. Meal Periods - Although meal periods are not required by FLSA, it is the policy of the City of Appleton that meal periods are provided to employees. If meal periods are not provided, there must be specific work-related reasons or departmental needs for not allowing the meal period. (Refer to the applicable Collective Bargaining Agreements and departmental policies for represented employees and to the Conditions of Employment Policy for non-represented employees).

F. Break Periods - Break periods are not required by FLSA. However, up to two 15-minute break periods per day may be authorized for City employees as per the applicable Collective Bargaining Agreement, ~~or the Conditions Of Employment Policy~~ for non-represented employees, **or through department Work Rules.**

G. Meetings/Training – Time spent by non-exempt employees attending meetings, training, and similar activities must be counted as time worked unless ALL of the following criteria are met:

1. The attendance is outside of the non-exempt employees' regular working hours;
2. The attendance is voluntary;
3. The meeting, training, or similar activity is not directly related to the non-exempt employees' positions; and
4. The non-exempt employees perform no work related to their positions while in attendance.

Lunch breaks at training are not considered time worked for non-exempt employees, provided the employee is free to leave and there is no formal instruction during the lunch period.

H. Travel

1. Normal travel, for a non-exempt employee, from home to work and return to home is not work time. This is true whether the non-exempt employee has a fixed workplace or works at different locations.
2. Travel to work assignments at sites within reasonable commuting distance of the non-exempt employee's primary work site is considered in the "home to work" category and is not work time. If, however, a non-exempt employee is required to stop by the primary work site for instructions or to pick up materials, the travel from the primary work site to the work assignment will be counted as time worked.
3. Travel between a non-exempt employee's normal work site and another place of assignment, or travel between one assignment and another during the work day, is considered time worked.
4. Travel associated with a one-day assignment at a different location will be considered time worked to the extent that the travel exceeds the time spent in the non-exempt employee's normal travel between home and work.
5. FLSA exempt employees are not entitled to any FLSA compensation for travel time either outside of, or in addition to, their normal hours of work.

I. Overtime

1. If overtime occurs (non-exempt employee working more than 40 hours in a work period) the non-exempt employee is to receive time and a half compensation or FLSA compensatory time at the same rate for the amount of overtime worked.
2. Non-exempt employees must receive prior approval from their supervisor to work overtime.
3. Non-exempt fire protection employees, who have an assigned work period of 28 calendar days, are entitled to overtime compensation after working 212 hours in the work period.
4. Non-exempt law enforcement employees, who have an assigned work period of 28 calendar days, are entitled to overtime compensation after working 171 hours in the work period.

- 5. FLSA exempt employees are not entitled to overtime compensation or FLSA compensatory time for time worked over 40 hours in a work period unless specifically provided for in another policy.
- J. Exempt employees can be subject to an unpaid disciplinary suspension of a full workweek or one or more full days for violations of an employer's workplace or conduct rules, as defined in the regulations, without destroying the exempt status.
- K. Non-exempt employees can be subject to unpaid disciplinary suspensions of one or more full days for violations of an employer's workplace or conduct rules, as defined in the regulations.
- L. Child Labor Laws – The type of work that may be performed by employees under the age of 18 is restricted by federal and state laws. Please refer to the Federal and State Posting in each worksite for more detail.

IV. COMPLAINT PROCEDURE

Any employee who feels he/she has had improper pay deductions or has not been paid appropriately should **immediately** file a **written** complaint with the Human Resources Department ~~immediately.~~ **that includes specific information supporting the basis of the complaint of an inappropriate payment or improper deduction.** The Human Resources Department will review the situation and determine if an improper deduction has been made and, if so, work with the employee to resolve the situation and, if applicable, ensure proper reimbursement is made **within a reasonable period of time and will take steps to prevent a similar inappropriate payment or improper deduction from occurring in the future.**

CITY OF APPLETON POLICY	TITLE: FMLA (Family Medical Leave Act)	
ISSUE DATE: (Day after Council)	LAST UPDATE: February 25, 2003 September 23, 2004 (pg. 5) August 30, 2006 (pg. 2) April 2008 (reference to Military Family Leave) October 2009 August 2010 October 2013 August 2015	SECTION: HR
POLICY SOURCE: Human Resources Department	AUDIENCE: All City Employees	TOTAL PAGES: 10
Reviewed by Attorney's Office Legal Services Date: February 1999 May 2008 July 2015	Committee Approval Date: March 25, 1999 June 25, 2008	Council Approval Date: April 7, 1999 July 2, 2008

I. PURPOSE

To outline the conditions that permit an employee to request time off for a period as prescribed by law with no loss of benefits or accumulated service if the employee returns to work. This policy will also serve to document employee rights and responsibilities.

II. POLICY

It is the policy of the City of Appleton to comply with all applicable State and Federal laws concerning military family leave, family, medical or caretaking leave.

This policy applies only to leave designated under State or Federal law. Leave designated under this policy may overlap or duplicate leave available under collective bargaining agreements or other personnel policies. Sick leave, vacation and leave of absence provisions under any collective bargaining agreements remain in effect.

Leave provided by the City which is taken for the same reasons as leave covered by the FMLA is not in addition to leave provided under the FMLA. If leave qualifies for family or medical leave under either or both the Federal and State laws, the leave used counts against the employee's entitlement under both State and Federal FMLA concurrently. Leave covered by the FMLA will be deducted from the entitlement under the FMLA.

Both State and Federal Family and Medical Leave entitlement will be counted based on a calendar year (January-December).

In order for employees to be eligible for leave under the Federal Family Medical Leave provisions, they must have been employed by the City for at least 12 months (whether consecutive or not) and must have worked for at least 1250 hours during the 12 month period immediately preceding the commencement of the requested leave. (Periods of employment preceding a 7-year break in service shall not count toward the 12 months.

- a. Any absence from work due to military service covered under the Uniformed Services Employment and Reemployment Rights Act (USERRA) must be counted toward the employee's 12 month employment period when determining FLMA eligibility.
- b. Time spent on paid or unpaid leave does not count in determining the 1,250 hour eligibility.

In order for employees to be eligible for leave under the Wisconsin Family Medical Leave provisions, they must have been employed by the City for at least 52 consecutive weeks, and must have been paid for at least 1000 hours during the preceding 52-week period. If an employee is maintained on the payroll for any part of the week, the week counts as a week of employment.

Wisconsin law allows employees:

1. Up to 6 weeks of family leave for the birth or adoption of a child. This leave must commence within 16 weeks of the birth or adoption of a child. If nonconsecutive leave is taken, the last increment of the nonconsecutive leave must commence no later than 16 weeks after the birth or adoption date.
2. Up to 2 weeks of family leave to care for a child, legal ward, spouse, domestic partner or parent (including parent-in-laws and parents of a domestic partner) suffering from a serious health condition.
3. Up to 2 weeks of medical leave for an employee to care for his/her own serious health condition which renders him/her unable to perform the essential functions of the job.

Federal law allows employees a total of 12 weeks for:

1. Family leave for the birth of an employee's child or because of the placement of a child with the employee for adoption or foster care.
2. Family leave to care for a child, legal ward, spouse, parent, or covered servicemember suffering from a serious health condition.
3. Medical leave for an employee to care for their own serious health condition which renders them unable to perform the essential functions of the job.
4. Exigency leave due to a spouse, child or parent who is on active military duty, or has been notified of an impending call to active duty status in the National Guard or Reserves, in support of a contingency operation. Also included are

servicemembers in the regular armed forces who are on active duty in a foreign country or are called to active duty in a foreign country.

- a. Eligible employees may take leave to care for a military member's parent who is incapable of self-care when the care is necessitated by the member's covered active duty.
- b. The amount of time an eligible employee may take for Rest and Recuperation qualifying exigency leave is expanded to a maximum of 15 calendar days.

Federal law also allows employees a total of 26 weeks of leave in a single 12-month period for:

1. Caring for a spouse, son, daughter, parent or next of kin who is a covered servicemember/veteran recovering from a serious illness or injury sustained in the line of duty.
 - a. A covered veteran is defined as an individual who was discharged or released at any time during the five (5) year period prior to the first date the eligible employee takes FMLA to care for the covered veteran. A dishonorable discharge disqualifies the veteran from coverage.

III. DISCUSSION

This policy provides an introduction to the rights and provisions of the family and medical leave laws. Specific questions an employee may have about this law should be directed to the City Human Resources Department.

IV. DEFINITIONS

- A. **FMLA:** Family and Medical Leave Act
- B. **Parent:** The biological parent of the employee, or an individual who stands or stood in loco parentis.
- C. **Son/Daughter (Federal FMLA definition):** A biological, adopted or foster child, a stepchild, a legal ward who is either under 18 years of age, or a child 18 years of age or older and incapable of self-care because of a physical or mental disability as defined by the Americans with Disabilities Act. (For the purposes of exigency and military leave a son/daughter is simply defined as a biological, adopted, foster child, or stepchild, without reference to age)
- D. **Son/daughter (State FMLA definition):** A biological, adopted or foster child, a step child, or legal ward.
- E. **In Loco Parentis:** An individual who stands in place of the parent, this may include day-to-day responsibilities to care for and/or financial support of a child. A biological or legal relationship is not necessary.
- F. **Domestic Partners: (~~State FMLA definition~~)**
Registered same-sex domestic partners must meet the following requirements:
 - a. Be at least 18 years old and competent to consent to the relationship

- b. Not married or in a domestic partnership with anyone else
- c. Reside together
- d. Not related closer than second cousins
- e. Be members of the same-sex
- f. Have registered their domestic partnership with the Register of Deeds in the county in which they reside

Unregistered same or opposite sex domestic partners must meet the following requirements:

- a. Be at least 18 years old and competent to enter into a contract
- b. Not married or in a domestic partnership with anyone else
- c. Reside together
- d. Not related in a way that would prohibit marriage under Wisconsin law
- e. Consider themselves members of each other's immediate family
- f. Agree to be responsible for each other's living expenses

~~G. **Spouse:** A husband or wife or domestic partner, as defined or recognized under Wisconsin law for purposes of marriage.~~

G.

H. **Injured Servicemember:** A member of the Armed Forces, National Guard or 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.

I. **Qualifying exigencies:** Include one or more of the following:

- a. Short notice deployment
- b. Military events and related activities
- c. Childcare and school activities
- d. Financial and legal arrangements
- e. Counseling
- f. Rest and recuperation
- g. Post-deployment activities and/or
- h. Such additional activities agreed to in advance by the Employer.

There are limits on the amount of leave available for a particular qualifying exigency and such limits may be less than 12 weeks.

J. **Next of Kin:** The nearest blood relative of the servicemember in the following order of priority: Blood relatives who have been granted legal custody of the covered servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative.

K. **Active Duty:** Under a call or order to active duty under a provision of law referred to in section 101(a)(13)(B) of Title 10, United States Code. Section 101(a)(13)(B) of Title 10 cover a broad array of military assignments during a war or national emergency.

L. **Contingency Operation:** Any military operation or hostilities against an enemy of the United States or a broad array of military assignments during a war or national emergency, as designated by the U.S. Secretary of Defense.

- M. **Outpatient Status:** The status of a member of the Armed Forces assigned to a military medical treatment facility as an outpatient or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.
- N. **Temporary Disability Retired List:** Members of the Armed Forces who are not fit for duty but that may become fit for duty at a later time are placed on this list. This is not a permanent classification, rather the status of each person is reviewed periodically.
- O. **Serious Health Condition:** Under **Wisconsin** FMLA, a serious health condition is defined as a disabling physical or mental illness, injury or impairment involving:
- a. Inpatient care in hospital, nursing home or hospice; or
 - b. Outpatient care with continuing treatment or supervision by a health care provider.

Serious Health Condition: Under **Federal** FMLA, a serious health condition is defined as physical or mental illness, injury or impairment that involves:

- a. Inpatient care in a hospital, hospice or residential medical care facility; or
- b. Continuing treatment by a health care provider which includes:
 - i. A period of incapacity of more than three (3) full consecutive calendar days, and any subsequent treatment or period of incapacity that involves:
 - (A) treatment two or more times by a health care provider the first visit within 7 days, second visit within 30 days of the first day of incapacity, unless extenuating circumstances exist.
 - (B) treatment by a health care provider on at least one occasion within 7 days of the first day of incapacity that results in a regimen of continuing treatment (i.e., prescription medication or other treatment) which is under the supervision of a health care provider.
 - ii. Incapacity due to pregnancy or prenatal care.
 - iii. Incapacity or treatment for such incapacity due to chronic serious health condition. A chronic serious health condition is one which requires periodic visits, continues over an extended period of time and may cause episodes of incapacity. "Periodic" is defined as at least two (2) visits per year.
 - iv. Incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider.
 - v. Any period of absence to receive multiple treatments (including any

period of recovery) by a health care provider either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three (3) consecutive days in the absence of medical intervention or treatment.

P. **Serious Injury or Illness for a Covered Veteran:** An injury or illness that was incurred or aggravated by the member in the line of duty on active duty in the Armed Forces and manifested itself before or after the member became a veteran, and is:

- a. A continuation of a serious injury or illness that as incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank or rating; OR
- b. A physical or mental condition for which a covered veteran has received a VA Service Related Disability Rating (VASRD) or 50 percent or greater and such VASRD rating is based, in whole or in part, on the condition precipitating the need for caregiver leave; OR
- c. A physical or mental condition that substantially impairs the veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service or would do so absent treatment; OR
- d. An injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

V. PROCEDURE

A. **Employee's Request:** Employees requesting leave must complete FMLA forms and submit to the employee's supervisor at least 30 days before the need. The supervisor must forward the written request to the department head and Human Resources Department. If the 30-day notice is not possible, the employee will notify his/her supervisor as soon as reasonable and practical. This should be interpreted to mean within one to two working days of the employee learning of the need for leave.

In emergencies, if the leave request cannot be made by the employee in writing, the supervisor must fill out the leave request in writing and forward it to the department head and the Human Resources Department.

Employees who take medical leave should make reasonable efforts to schedule planned medical treatments so as not to unduly disrupt business operations.

Employees who return from an absence that they desire to be counted as FMLA must give notice within two days of returning to work. If notice is not timely, the employee may not assert FMLA protection.

Spouses employed by the City of Appleton are entitled to 12-week(s) each of leave, if the leave is taken:

1. For the birth of a son or daughter or to care for the child after birth;
2. For the placement of a son or daughter for adoption or foster care, or to care for the child after placement; or

3. To care for a parent with a serious health condition.
4. For exigency leave of a spouse, child or parent who is on active military duty, or has been notified of an impending call to active duty status in the National Guard or Reserves, in support of a contingency operation.

Spouses employed by the City of Appleton are entitled to 26-week(s) each of leave if the leave is taken for care for a covered servicemember recovering from a serious illness or injury sustained in the line of duty.

- B. **Employer Designation:** The City of Appleton will require completion of the FMLA forms when an employee misses more than three consecutive scheduled work days due to a qualifying FMLA event. If the leave is determined eligible, it will automatically be counted against the employee's FMLA entitlement.
- C. **Medical Certifications:** Prior to leave commencing, medical certifications will be required to support a claim for leave for an employee's own serious health condition or to care for a seriously ill child, spouse, parent or military family leave. All requests for family and medical leaves of absence due to illness must include sufficient medical certification from the physician stating:

1. The date on which the serious health condition began;
2. The probable duration of the condition and;
3. The appropriate medical facts that the health care provider knows about the condition.

For the employee's own medical leave, the certification must include a statement that the employee is unable to perform the functions of their position. For leave to care for a seriously ill child, spouse, or parent, the certification must include an estimate of the amount of time that the employee is needed to provide care.

The employee will be responsible for obtaining these certifications from the health care provider. These forms are available from Human Resources and department Supervisors. Forms must be completed and returned no later than 15 days of receipt. If the employee does not obtain the certification from the health care provider within 15 days, the leave will be treated as other available paid leave or unpaid leave.

The City of Appleton Human Resources Department may directly contact the health care provider or other third-party to verify and clarify information contained in the certification. Employees are responsible for signing or obtaining any authorization necessary to permit the health care provider or other third-party to provide the City of Appleton with the required information.

Military Certifications: Prior to leave commencing, military certifications will be required to support a claim for leave. Certifications shall be in the form of military orders or discharge documents and shall identify who the leave is for.

- D. **Status while on Leave:** During the leave the employee must update their supervisor at least every 30 days of his/her status with health care provider certification and the

intention to return to work.

- E. **Second Opinion:** The City may require a second opinion and periodic recertification. If a first and second opinion differ, the City may require the binding opinion of a third health care provider, approved jointly by the City and the employee and paid for by the City.
- F. **Workers Compensation:** Workers' compensation will automatically be counted against your Federal Family Medical Leave entitlement provided it meets the requirements.
- G. **Intermittent Leave:** Under the Wisconsin FMLA provision, intermittent leave may be taken as long as it does not unduly disrupt the department's operations. Departments must notify Human Resources before approving such a request.

Under the Federal FMLA provision, intermittent leave may be taken for a birth or placement of a child for adoption, foster care or military family leave. Employees may take leave intermittently or on a reduced leave schedule with prior approval by the Department Director and Human Resources. When FMLA is taken to care for a sick family member or for an employee's own serious health condition, leave may be taken intermittently or on a reduced leave schedule when medically necessary.

- H. **Substitution:** Under the Wisconsin FMLA, employees have the ability to substitute leave.

Under the Federal FMLA, the City of Appleton requires the leave to be charged against any leave available such as vacation, floating holidays, personal days or compensatory time in the order to be chosen by the employee. Sick leave may be used only if the reason for the sick leave use qualifies under current City policy or collective bargaining agreements, whichever applies. Leave can only be substituted up to the amount the employee has accrued and on the books.

During the first 30 days of unpaid leave, an employee will continue to accrue all benefits provided by City policies and collective bargaining agreements. Benefits other than health care coverage will cease to accrue beyond 30 days of unpaid leave. Employees substituting accrued paid leave for FMLA will continue to accrue benefits as provided by and consistent with City personnel policies and or applicable collective bargaining agreements.

Leave beyond the FMLA entitlement must be approved in advance, and is subject to any collective bargaining agreements or policies and procedures.

- I. **Proof of parentage or placement:** May be required prior to family leave being granted.
- J. **Return to Work:** Employees off on medical leave will be required to provide a "return to work" certification before they return to work indicating that the essential functions of the job can be performed. This must be obtained from the health care provider.
- K. **Approval:** Human Resources must approve or deny all requests.

- L. **Return from FMLA:** Upon return from family or medical leave, an employee will be returned to the position he/she held immediately prior to the leave if the position is vacant. If the position is not vacant, the employee will be placed in an equivalent employment position. Job restoration upon returning from FMLA leave can be denied if:
1. The employee would have been laid off had they not been on leave;
 2. The employee fraudulently obtained leave under the Acts; or
 3. The employee fails to provide medical certification that they can return to work.

If the employee extends his/her leave beyond the FMLA provisions and has had prior approval, job restoration and recall is subject to the terms of City personnel policies and or the applicable collective bargaining agreement.

- M. **Group Health Coverage:** Group health care coverage will continue for employees on leave as if they were still working. If applicable, employees who are granted a leave under this policy are advised to arrange to pay their share of premiums during the absence. If the leave is paid, premiums will continue to be paid through payroll deductions. If the leave is unpaid, employees are responsible for making sure the City receives premium payments by the normal payroll dates. If payments are not received within 30 days of the due date, coverage may be discontinued. This includes other benefits such as life, dental, flexible spending accounts, etc.
- N. **No Return to Work from FMLA:** If an employee chooses not to return to work (i.e. return to work for 30 calendar days) after an approved leave, the City may recover from the employee the cost of any premiums made to maintain the employee's health insurance, unless the failure to return is because of a serious health condition or reasons beyond the employee's control. Benefit entitlements based on length of service will be calculated as of the last paid workday before the start of the unpaid absence. If the employee substitutes leave, the length of service will be calculated as of the last paid workday substituted.
- O. Any correspondence sent to the employee will be sent to their last known address filed with Human Resources. Employees must notify Human Resources with any change of address.
- P. **Nursing Mothers:** Under the section 4207 of the Patient Protection and Affordable Care Act of 2010, employees are allowed unpaid reasonable break time to express breast milk. Interested employees should contact their supervisor or Human Resources and a private location will be identified.

VI. FALSIFICATION OF FORMS

An employee will be subject to disciplinary action up to and including discharge for falsifying any information required or requested as part of the application process, or receiving leave or benefits under the FMLA or this policy.

VII. EMPLOYER RESPONSIBILITIES

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

VII. UNLAWFUL ACTS BY EMPLOYERS

FMLA makes it unlawful for any employer to :

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

HUMAN RESOURCES DEPARTMENT 2015 REVIEW

All figures through June 30, 2015

Significant 2015 Events:

Administration-

- Processed all employees who elected to switch medical plans with the majority going in the high deductible health plan with the Health Savings Account
- Processed all rate changes through the Performance Evaluation process based on scores and approved performance percentage
- Completed several compensation surveys for other municipalities
- Processed the annual City employee health risk assessment wellness program (309 participants in the health screening, with 160 that completed a coaching session)
- Continue to work on Health Care Reform Strategic Impact Study and necessary changes for the pending implementation of HCR law. Set up payment for first tax payment on per member fee in 2015.
- Ongoing collaboration with AASD on possible combined health center
- Went out for bids and processed the banking change for the employee Health Savings Accounts from Chase Bank to Associated Bank

Recruitment Selection –

- Processed 41 termination files
- Processed 40 new employee files
- Police Officer hiring process (to establish a new eligibility list)
- Completed a Fire Fighter hiring process (four candidates hired and an eligibility list established)
- Departmental reorganization requests processed for Police, Fire and Public Works

Employee/Labor Relations-

- 55 FMLA requests processed
- Processed 1 grievance
- Valley Transit departmental meeting

Staff Training & Development-

Conducted/Coordinated:

- 2 New employee orientation sessions conducted
- 13 General Employee training classes, 3 Supervisory training classes
- 3 seasonal training sessions
- 2 Administrative Professionals' events held

Performance Data:

<u>Program</u>	<u>Criteria</u>	<u>Actual 2012</u>	<u>Actual 2013</u>	<u>Actual 2014</u>	<u>Projected 2015</u>	<u>YTD 2015</u>
<u>14010</u>	<u>Client Benefit</u>					
	Client Benefit Impacts Timely and appropriate support of departments--% of internal customers who rated HR services as satisfactory overall.	n/a	n/a	80%	80%	n/a
	<u>Strategic Outcomes</u>					
	# of employment practices claims	1	0	0	0	0
	<u>Work Process Outputs</u>					
	# of policies developed	0	0	2	0	0
	# of policies updated	19	0	16	11	5
	# of policy training sessions	229	139	375	200	130
	# of new fringe benefits	2	0	0	2	1
	# of modified fringe benefits	5	15	5	2	1
	# of fringe benefit training sessions	21	9	8	25	18
<u>14020</u>	<u>Client Benefits/Impacts</u>					
	FT Employees on staff < 1 year	42	22	30	40	32
	FT Employees on staff 1-5 years	125	104	130	140	139
	FT Employees on staff 6-10 years	111	165	118	110	109
	FT Employees on staff 10+ years	351	340	345	344	354
	<u>Strategic Outcomes</u>					
	# of open positions	57	37	55	60	43
	# Staff turnover non-union positions	29	23	30	35	26
	# Staff turnover union positions	8	5	10	15	9
	<u>Work Process Outputs</u>					
	# of positions posted internally (job postings)	13	13	26	20	12
	# of positions advertised externally	44	23	40	50	31
	# of telephone interviews	38	2	30	25	10
	# of face to face interviews	415	458	435	450	217
	# of assessment centers	0	0	1	0	0
	# of candidates tested	270	88	215	240	226
<u>14030</u>	<u>Client Benefits/Impacts</u>					
	# of grievances	8	4	3	1	1
	# of grievances sent to arbitration	2	0	0	0	0
	<u>Strategic Outcomes</u>					
	Ave. sick hours used per employee	14.98	4.1	10.5	8.5	4.2
	Ave fmla sick hours used per ee	14.5	5.2	10.7	9.0	3.25

	Ave PTO (sick) hrs per ee	5.4	3.5	4.9	6.0	3.1
	<u>Work Process Outputs</u>					
	# of contracts under negotiations	1	1	0	0	0
	# of contracts sent to arbitration	0	0	0	0	0
14040	<u>Client Benefits/Impacts</u>					
	% of employees reported very satisfied	71%	n/a	72%	70%	n/a
	% of employees reported satisfied	29%	n/a	28%	30%	n/a
	% of employees reported not satisfied	0%	n/a	0%	0%	n/a
	<u>Strategic Outcomes</u>					
	% of FT & PT ee's trained on required topics	100%	98%	93%	100%	73%
	<u>Work Process Outputs</u>					
	# training topics covered during required classes	26	24	25	25	24
	Ave. number participants per session	20	25	24	25	27

Areas of Primary Concentration for 2015: Continue to monitor all federal/state legal changes with respect to Health Care Reform, educate employees and continue with implementation of impact study. Continue promoting wellness related activities. Continue to update policies to comply with changes in regulations. Handle all recruitment processes as positions become vacant throughout the year using NEOgov process. Conduct general and supervisory training for all City employees. Prepare and conduct annual training for all seasonal employees. Seek legal clarification and education on the many quickly changing regulations impacting HR practices and benefits. Facilitate any training needs for departments throughout the year. Complete On-boarding system implementation. Continue to implement and expand use of online Performance Evaluation system.

Budget Performance Summary

No concerns. We are at 46.0% budget spent at midyear.

83500
TEACHERA
MIDYER HR

City of Appleton
Human Resources
Summary Budget to Actual Report
For the Six Months Ending June 30, 2015

1
07/09/15
09:38:05

Description	Year to Date Expense	Full Year Amended Budget	Percent of Amended Budget
Human Resources			
HR Administration	121,533	267,342	45.5 %
Recruitment & Selection	86,133	183,188	47.0 %
Employee Relations	46,688	105,985	44.1 %
Staff Development & Training	68,609	146,005	47.0 %
Total	322,963	702,520	46.0 %

			HR Committee Working Action Agenda					Revision Date: 8/24/2015
Budget / Action Category	Project	Status	Projected Resolution Date	Dates Critical	Process Point	Committee/Council Accountability	Action Needed	NOTES
					*Pending *Stalled	*Active *Complete	*Informational *Direction *RATIFICATION	Note: Items involving contract negotiations or arbitrations may need closed session discussion prior to Committee and Council action.
14010 General Administration:								
Compensation Plan:	Compensation Administration	Open	12/31/2015		Active		Informational	Updating Market data-will present recommendations to Committee this Fall.
PE System Implementation								
	Performance Management System:	Open			Active		Informational	Ongoing training and enhancement of PE system
								Implementing employee onboarding
								Educational presentation to committee on Competencies, PE system and P4P system.
Health Care Reform	Health Insurance Planning and Administration:	Open		9/30/2015	Active		Informational	Waiting for final renewal numbers
Employee Clinic	Discussion with Outagamie County and Appleton Area School District about an employee clinic	Open	12/31/2015	Ongoing	Active		Ratification	Setting up meeting in September to review ROI information and to discuss next steps.
Plan Design	Discussion future benefit design and modifications	Open	12/31/2015	9/30/2015	Active		Ratification	Introducing Biometric testing incentives. 2016-Employee only, 2017 and 2018-EE and Spouse and 2019-Results. Proposal to Council later this year for approval
							Informational	Urgent care and Smart Choice MRI
							Informational	Change in how oral surgeries are covered
							Informational	Health Care Reform update for committee
Policy Updates:								
	Accident Reporting and Investigation	OPEN	12/30/2015		Active		Ratification	HR Staff Reviewing
	Affirmative Action	CLOSED	12/30/2015		Complete		informational	HR Staff Reviewing
	Attendance	OPEN	12/31/2015		Active		Ratification	HR Staff Reviewing
	FLSA	OPEN	12/31/2015		Active		Ratification	HR Staff Reviewing
	FMLA	OPEN	12/31/2015		Active		Ratification	HR Staff Reviewing
	Harrassment & Discrimination	CLOSED	12/30/2015		Complete		informational	HR Staff Reviewing
	Media Relations	OPEN	12/31/2015		Active		Ratification	Waiting for Communications Coordinator's response
	Moving Expense	CLOSED	12/31/2015		Complete		informational	No longer have a need for this policy
	Public Records	CLOSED	12/30/2015		Complete		informational	Presented 5-11-15 to HR Committee
	Restricted Duty	CLOSED	12/30/2015		Complete		informational	HR Staff Reviewing

Budget / Action Category	Project	Status	Projected Resolution Date	Dates Critical	Process Point	Committee/Council Accountability	Action Needed	NOTES
	Right to Know	OPEN	12/31/2015		Active		Ratification	HR Staff Reviewing
	Telecommuting	OPEN	12/31/2015		Active		Ratification	HR Staff Reviewing
	Training and Development/Talent Management	OPEN	12/31/2015		Active		Ratification	HR Staff Reviewing
	Volunteers	OPEN	12/31/2015		Active		Ratification	HR Staff Reviewing
	Voluntary Benefits:							
	Deferred Compensation Benefit	OPEN	12/31/2015		Active		Informational	Working on RFP for Advisor
	Identity Theft Insurance	OPEN	12/31/2015		Active		Informational	Not pursuing at this time
	Accident, Disease, Critical Care Insurance	OPEN	12/31/2015		Active		Informational	Will be meeting with employees to discuss Accident Coverage for 1/1/16
	Employee Assistance Program	OPEN	12/31/2015		Active		Ratification	Reviewing RFP responses. Presentations scheduled for 8/31 and 9/1
	Deferred Compensation Benefit	OPEN	12/31/2015		Active		Informational	Finalizing the documentation of the plan
14020 Recruitment:	Recruitment Processes	OPEN	ONGOING		Active		Informational	Please refer to the Recruitment Status Report
	Labor Relations:							
Valley Transit (Teamsters)	Valley Transit:							Settled through 2016-Beginning Labor/Management discussions in September
Police (APPA)	Appleton Professional Police Association:							Settled through 2016
Fire (IAFF)	Appleton Professional Fire Fighters-Local #257:							Settled through 2016
14040 Staff Development and Training:	Training and Staff Development	OPEN	ONGOING		Active		Informational	Please refer to the 2015 Budget for objectives
								Educational session to committee on employee status and employment termination procedures.
	HealthSmart Initiatives	OPEN	ONGOING		Active		Informational	Ongoing. 100 Day Challenge in final Days. Promoting the Fall Bootcamp through Parks & Rec.
								Meeting with AASD about Fall Wellness Fair

**RECRUITMENT STATUS REPORT
UPDATES THRU 8-21-15**

STAFF PERSON	POSITION	DEPT.	Date of Vacancy	RTF Approval Date	# of Openings	STATUS
KIM	Service Person	DPW	4/3/15	3/25/15	1	Resignation of Nick Rogan Adam VerVoort starting 9/2/15
	Engineering Tech	DPW	6/12/15	6/15/15	1	Resignation of Josh Felhofer Start date pending on final candidate
	Laborer (2 nd Shift)	DPW	6/30/15	7/6/15	1	Resignation of Mike Wilson Application deadline 8/30/15
	PT Service Person	VT	4/20/15	4/15/15	2	Resignation of Chab Vue and Jim Garrow Background and references pending on one candidate Application deadline 8/23/15
	Operator I – Street	DPW	5/1/15	4/15/15	1	Rudy Borneman retirement Application deadline 8/30/15
	Operator I – Street	DPW	TO Change	TO Change	1	Application deadline 8/30/15
	Operator I – Storm Water	DPW	TO Change	TO Change	2	TO change and Lance Wilkinson promotion Application deadline 8/30/15
	Operator II – Street Mason	DPW	8/17/15	Vacancy as part of TO Change	1	Promotion of Josh Fassbender Application deadline 8/30/15
	Operator II – Sewer Crew	DPW	5/15/15	5/14/15	1	Tony Foytik resignation Application deadline 8/30/15
	Operator I – Sanitation	DPW	8/7/15	8/6/15	1	Retirement of Bruce Schmidt Application deadline 8/30/15
	Liquids Operator	Utilities	8/4/15	7/21/15	1	Resignation of Cory Marcott Interviews 8/31/15
JAY	Police Officer	Police	Overhire	7/1/15	1	Timothy Hayes start date 8/31/15
	Community Service Officer	Police	NA	3/20/14	3 + Elig List	Two conditional offers extended and medicals pending. Final offer extended to Mallory von Haden and start date 8/27/15
	Crossing Guard	Police	6/5/15	6/12/15	1 + Elig List	Background pending
	Communication Technician	Police	TBD	6/24/15	1	Reviewing additional applications
	City Clerk	Legal Services	7/23/15	7/6/15	1	Skype interviews 8/27/15 and 8/28/15
	Bindery Clerk	Library	8/30/15	8/6/15	1	Application deadline date 8/30/15
	Operations Clerk (6108 – non-benefitted)	Library	7/27/15	8/19/15	1	Application deadline date 9/6/15
	Page Clerk (.5 FTE)	Library	8/24/15	8/6/15	1	Application deadline date 8/30/15
	Library Assistant – Acquisitions	Library	8/30/15	Pending	1	Linda Muench retiring 8/30/15
	Library Clerk (6108 – non-benefitted)	Library	NA	8/18/15	1	Application deadline date 9/6/15

TOTAL POSITIONS OPEN = 25 TOTAL ELIGIBILITY LISTS = 2

Note: Part time non-benefitted positions do not (per Recruitment Policy) require authorization outside the department. The Mayor has asked departments to scrutinize.

POSITIONS ON HOLD

STAFF PERSON	POSITION	DEPT	Date(s) of Opening(s)	RTF Approval Date	# of Openings	Person Vacating Position/Status
JAY	Administrative Assistant (Half-time)	Health	1/5/15	Dept. recommended not filling	1	Department recommended not filling
	Systems Analyst	IT	7/6/15	Hold	1	Department re-evaluating position
	Deputy City Clerk	Legal Services	7/10/15	7/6/15	1	Hiring process on hold pending outcome of Clerk hiring process
	Public Health Nurse	Health	8/5/15	Pending	1	Resignation of Tina Pelishek. Request to fill pending
KIM	Arborist	DPW	T O change adds one in 2016	T O Change	1	Will use eligibility list to fill vacancy approved for 1/2016

TOTAL POSITIONS ON HOLD = 5 TOTAL ELIGIBILITY LISTS = 0