



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
[www.appleton.org](http://www.appleton.org)

## Meeting Agenda - Final

### Human Resources & Information Technology Committee

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Wednesday, July 26, 2017

6:30 PM

Council Chambers, 6th Floor

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

[17-1057](#) Minutes from 6/14/17

**Attachments:** [Minutes 6-14-17.pdf](#)

#### 4. Public Hearings/Apearances

#### 5. Action Items

[17-1059](#) Request to approve Public Works reorganization to create a Lead Clerical position and move the clerical staff supervision under the Assistant City Engineer.

**Attachments:** [DPW TO reorganization 7-11-17.pdf](#)

[17-1062](#) Request to approve new Bone Marrow and Organ Donation Leave policy

**Attachments:** [Bone Marrow and Organ Donation Leave Policy.pdf](#)

#### 6. Information Items

[17-1156](#) 2017 Information Technology mid year budget report

**Attachments:** [Information Technology Department 2017 Mid-Year Report.pdf](#)

[17-1139](#) Human Resources mid year budget report

**Attachments:** [2017 HR Mid Year Report.pdf](#)

[17-1063](#) Changes to the Ergonomic Policy

Attachments: [Ergonomics Policy.pdf](#)

[17-1064](#) Changes to the Exit Interview policy.

Attachments: [EXIT INTERVIEW.pdf](#)

[17-1065](#) Changes to the Workplace Violence policy

Attachments: [Workplace Violence 2017.pdf](#)

[17-1140](#) Changes to Aerial Bucket policy.

Attachments: [Aerial Bucket strike and bold 3-2017.pdf](#)

[17-1141](#) Changes to COBRA Administration policy.

Attachments: [COBRA Policy draft 2017.pdf](#)

[17-1142](#) Changes to Hearing Conservation policy

Attachments: [Hearing Conservation Policy strike and bold 3-2017.pdf](#)

[17-1058](#) Recruitment Status Report 7/21/17

Attachments: [RSR thru 7-21-17.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 contact Director Matz 920-832-6426.*



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
[www.appleton.org](http://www.appleton.org)

## Meeting Minutes Human Resources & Information Technology Committee

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Wednesday, June 14, 2017

6:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Roll call of membership

**Present:** 3 - Plank, Coenen and Baker

**Excused:** 2 - Konetzke and Spears

3. Approval of minutes from previous meeting

[17-865](#)

Minutes from 5-10-17

**Attachments:** [Minutes 5-10-17.pdf](#)

Coenen moved, seconded by Baker, that the Minutes be approved. Roll Call.  
Motion carried by the following vote:

**Aye:** 3 - Plank, Coenen and Baker

**Excused:** 2 - Konetzke and Spears

4. Public Hearings/Appealances

5. Action Items

[17-871](#)

Request to approve Valley Transit reorganization for the following:

- \* Add 1.0 fte Transit Operations Specialist
- \* Reduce Community Relations Specialist from 1.0 fte down to .5 fte
- \* Reduce Road Supervisors from 2.0 fte down to 1.5 fte
- \* Change Communication Technicians from 2 full time and three .5 fte positions to 3 full time and one .5 fte

**Attachments:** [VT Request to Change T.O. 06.09.2017.pdf](#)

Baker moved, seconded by Coenen, that the Report Action Item be recommended for approval. Roll Call. Motion carried by the following vote:

**Aye:** 3 - Plank, Coenen and Baker

**Excused:** 2 - Konetzke and Spears

[17-869](#)

ORGANIZATIONAL MATTERS: confirm/set meeting date time

*Confirmed meeting to be second Wednesday of month at 6:30 pm*

**Plank moved, seconded by Coenen, that the Report Action Item be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 3 - Plank, Coenen and Baker

**Excused:** 2 - Konetzke and Spears

## 6. Information Items

[17-870](#)

I.T. Update

**This Presentation was received and filed**

[17-867](#)

Recruitment Status Report 6-9-17

**Attachments:** [RSR thru 6-9-17.pdf](#)

**This Presentation was received and filed**

## 7. Adjournment

**Baker moved, seconded by Plank, that the meeting adjourn be approved . Roll Call. Motion carried by the following vote:**

**Aye:** 3 - Plank, Coenen and Baker

**Excused:** 2 - Konetzke and Spears



## MEMO

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**TO:** Municipal Services Committee  
Human Resources Committee

**FROM:** Paula Vandehey, Director of Public Works

**DATE:** July 11, 2017

**SUBJECT:** **Proposed Modification to the Department of Public Works Table of Organization – Engineering Division.**

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The Department of Public Works continues to evolve with our ever changing workforce. We have been implementing our Succession Plan to prepare for retirements, create career development opportunities, and meet the challenges of the ever changing workforce.

The Department of Public Works Managerial Accounting Coordinator is planning to retire within the next three years. This position is overloaded with staff supervision and backfilling at the 5<sup>th</sup> Floor Customer Service Desk. The front desk staff is comprised of 2 full-time and 2 part-time employees tasked with serving the Inspections, Engineering and Parking Divisions of Public Works as well as phone calls and walk-in customers for the Health Department, Community and Economic Development Department, and Assessors Office. The 5th Floor Customer Service staff serve a high volume of customers and require a wide breadth of knowledge to do so successfully.

We recently hired a new Assessment Technician that has a lot of potential and desire for career growth. This new hire, along with a modification to our Table of Organization, provides us an opportunity to address the following challenges:

1. Improved day-to-day oversight of the 5th Floor Customer Service staff.
2. Additional coverage of the 5th Floor Customer Service area by staff at a more appropriate pay grade (currently additional coverage is provided by Engineers, Supervisors, Engineering Technicians, and the Managerial Accounting Coordinator).
3. Frees up time for the Managerial Accounting Coordinator to assist with the implementation of the Tyler Munis System, which the Finance Department is hoping can continue through project completion.
4. Career Development opportunity for the Special Assessment Technician.

The proposed creation of a Lead Clerical position will have an estimated \$2,000 financial impact to the Department of Public Work's budget. The Department would cover these costs by reducing seasonal hires and/or using vacant salary dollars.

**Therefore, I request approval of the proposed modification to the Department of Public Works Table of Organization – creating a Lead Clerical Position and moving clerical staff under the supervision of the Assistant City Engineer Position.**

Attachment

C: Tony Saucerman, Finance Director  
Sandy Behnke, Human Resources Director  
Bev Matheys, Managerial Accountant Coordinator  
Mark Lahay, Assistant City Engineer

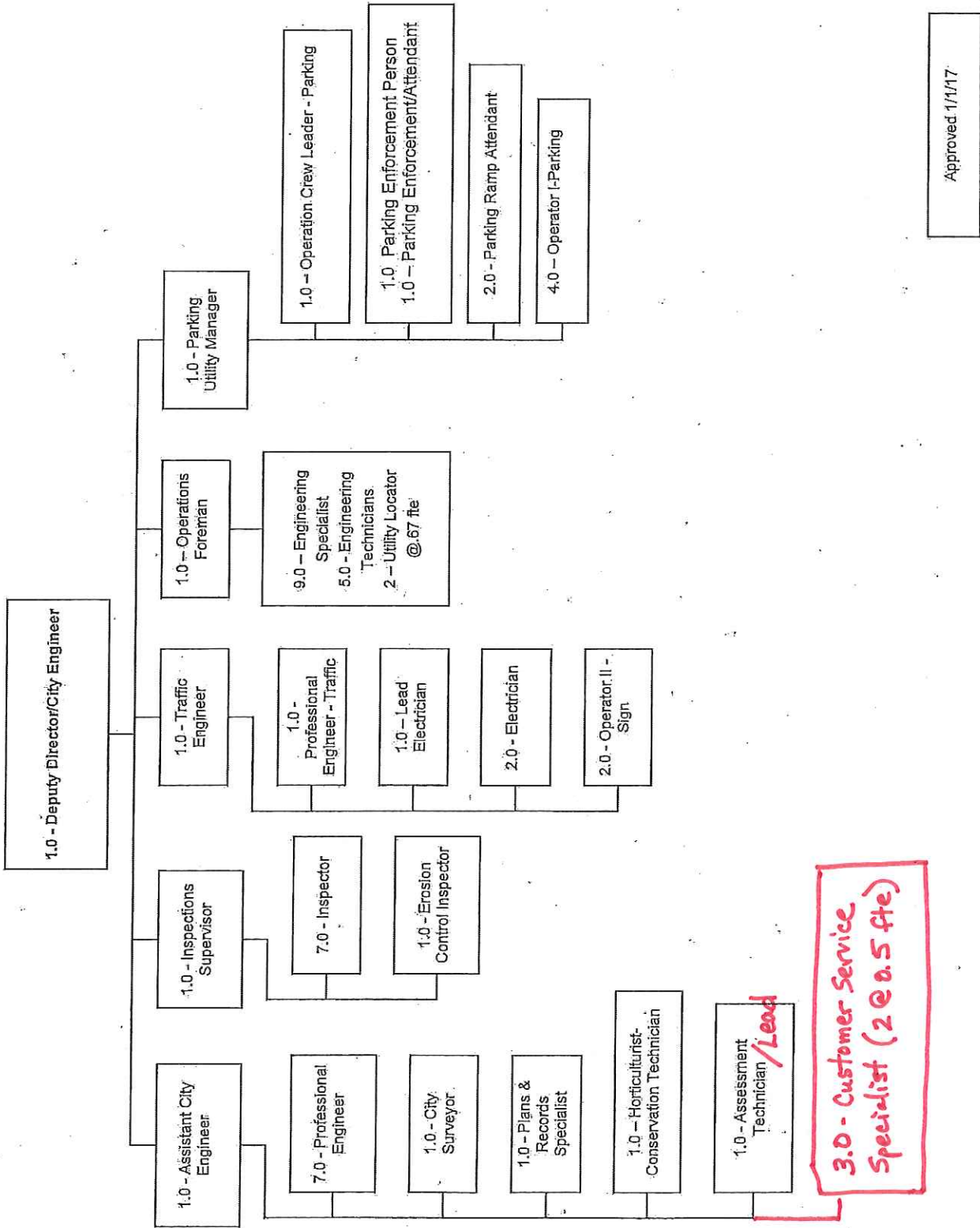
1.0 - DIRECTOR OF  
PUBLIC WORKS

1.0 - Deputy Director/  
City Engineer

1.0 - Deputy  
Director  
Operations

1.0 - Managerial  
Accounting Coordinator

~~3.0 - Customer Service  
Specialist (2 @ .5 fte)~~



Approved 1/1/17



<b>CITY OF APPLETON POLICY</b>	<b>TITLE:</b> <b>Bone Marrow and Organ Donation Leave Policy</b>	
ISSUE DATE: (Day after Council)	LAST UPDATE: November 2016	SECTION: HR
POLICY SOURCE: Human Resources Department	AUDIENCE: All City Employees	TOTAL PAGES: 5
Reviewed by Legal Services Date:	Committee Approval Date:	Council Approval Date:

## I. PURPOSE

To outline the policies, procedures and obligations of the City of Appleton and the rights and obligations of employees under the Wisconsin Bone Marrow and Organ Donation Leave law.

## II. POLICY

It is the policy of the City of Appleton to comply with the Bone Marrow and Organ Donation Leave law (Section 103.11 Wis. Stats.)

Employees are entitled to bone marrow and organ donation leave benefits if they have been employed by the City for at least 52 consecutive weeks and for at least 1000 hours during that 52-week period.

An employee may take bone marrow or organ donation leave for up to 6 weeks in a 12-month period.

## III. DISCUSSION

This policy provides an introduction to the rights and provisions of the Bone Marrow and Organ Donation Leave law. Specific questions an employee may have about this law should be directed to the City Human Resources Department.

## IV. PROCEDURE

If an employee intends to take leave for the purpose of serving as a bone marrow or organ donor, the employee shall do the all of the following:

- A. **Employee's Request:** Employees requesting leave must submit a completed health care provider certification (Exhibit 1) and submit to the employee's supervisor or Human Resources at least 30 days before the need. 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.

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

- B. **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.

- C. **Return to Work:** The employee will be required to provide a “return to work” certification (Exhibit II) 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.
- D. **Approval:** Human Resources must approve or deny all requests.
- E. **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.
- F. **No Return to Work from Leave:** 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.

## V. 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 this policy.

Exhibit I Note to provider: Job descriptions are available at [www.appleton.org](http://www.appleton.org) (City Employment, job descriptions)**MEDICAL LEAVE (for Bone Marrow & Organ Donation Leave)****HEALTH CARE PROVIDER CERTIFICATION**

Employee requesting leave: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, confirm that \_\_\_\_\_  
(Name of Health Care Provider or Christian Science Practitioner) (Patient's name)

is under my care for \_\_\_\_\_ Bone Marrow Donation \_\_\_\_\_ Organ Donation treatment.

Accordingly, I confirm that:

My area of medical practice is: \_\_\_\_\_

1. The health condition commenced on \_\_\_\_\_ and has the probable duration through \_\_\_\_\_.
  2. The patient was/is being treated on an \_\_\_\_\_ inpatient \_\_\_\_\_ outpatient basis.
  3. Was the procedure/treatment scheduled in advance or on an emergency basis? If scheduled in advance, please indicate how many days in advance the treatment was scheduled.  
Scheduled in advance \_\_\_\_\_ Emergency basis \_\_\_\_\_  
Date scheduled: \_\_\_\_\_
- Is the employee unable to work to work at this time \_\_\_\_\_ yes \_\_\_\_\_ no
  - If the employee is able to work please describe limitations here: \_\_\_\_\_  
\_\_\_\_\_
  - Is the employee limited in the number of hours per day he/she may work? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please describe the limitation \_\_\_\_\_.
  - Is an intermittent or reduced leave schedule needed? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Was medication, other than over-the-counter medication, prescribed? \_\_\_\_\_ No \_\_\_\_\_ Yes

*Notice: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibit employers and other entities covered by GINA Title II from requesting or requiring genetic information from an individual or family member of the individual, except as specifically allowed by law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic service and genetic information of a fetus carried by an individual or individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Health Care Provider\_\_\_\_\_  
Telephone & Fax Number\_\_\_\_\_  
Address\_\_\_\_\_  
City/State

### **Medical Authorization Release**

I, \_\_\_\_\_, hereby authorize the above-reference health care provider, or others to which I am directed to for care relative to the health condition set forth above, to confer with medical representatives of the City of Appleton to clarify or supplement any information set forth herein without liability. I also authorize the use or disclosure of my health information (which may also be referenced as protected health information “PHI”) as described in this authorization. I also agree to provide such further authorizations as the Company may request to process and classify my requested time off for FMLA purposes.

### **HIPAA Authorization**

I understand that I have the right to revoke this authorization at any time by notifying my supervisor or the Human Resources Department. I also understand that the revocation will only become effective after it is received and recorded by the City of Appleton. I understand that any use or disclosure made prior to the time that such revocation becomes effective will not be affected by that revocation. If I do not revoke this authorization, it will expire at the end of my FMLA leave or shortly thereafter if additional time is needed to process documentation related to my leave (for example, verification of fitness for duty). If the City of Appleton’s representatives require additional information related to my health condition after my leave request and all related documentation is completed, they must request that new authorization be signed by me.

I understand that I am entitled to receive a copy of this authorization form and acknowledge receipt of one.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature  
(print name):\_\_\_\_\_

**RETURN TO WORK - EMPLOYEE WORK RESTRICTION/AUTHORIZATION***Must be completed and submitted to HR prior to return to work.*

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

Current Job: \_\_\_\_\_

Physician Name (please print): \_\_\_\_\_

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

Fax: \_\_\_\_\_

Date you saw patient: \_\_\_\_-\_\_\_\_-\_\_\_\_ Time In: \_\_\_\_\_ Injury Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Full Time ☐ 2nd shift ☐ Mon ☐ Fri ☐  
 Part Time ☐ 1st shift ☐ Sun ☐ Thurs ☐  
 Seasonal ☐ 3rd shift ☐ Tues ☐ Sat ☐  
 Temporary ☐ Swing ☐ Wed ☐  
 Next scheduled work day \_\_\_\_ Shift \_\_\_\_  
 Shift Supervisor: \_\_\_\_\_

Patient Description of Injury: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Treatment: \_\_\_\_\_

Prescription strength meds orders ☐ Yes ☐ No

Meds: \_\_\_\_\_

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 \_\_\_\_\_.

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**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: \_\_\_\_\_

Time: \_\_\_\_\_

Time Out: \_\_\_\_\_ ☐ Called Employer Date \_\_\_\_\_ Signature \_\_\_\_\_**SCHEDULED APPOINTMENTS:**
☐ Referral ☐ Clinic \_\_\_\_\_ Date: \_\_\_\_\_

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

## Information Technology Department

### Mid-Year Review

All figures approximate through June 30, 2017

#### **Significant 2017 Events to date:**

- Significant milestones met with the ERP project by the Finance Department. Tentative Finance cutover still Nov 1, 2017
- Cutover date for the CAMA (Computer Assisted Mass Appraisal) software is the week of 30
- Wireless is about 80 % deployed to the City buildings and working on Houdini Plaza
- Planning stages for Office 365 migration has begun along with staff training
- Phones, PC's and cameras set up at Erb, wireless to come, probably in the fall
- Standard day to day activities to keep the City's IT infrastructure running optimally
- Added additional programming changes for online permitting and iSeries reporting

#### **Budget Performance Summary**

Program	Actual	Budget	%
Administration	\$123,551	\$257,701	48%
Mainframe	\$180,325	\$402,217	45%
Network	\$654,355	\$1,195,129	55%

#### **Performance Indicators**

	<b><u>Actual</u></b>	<b><u>Projected</u></b>
% Virtual Servers	99%	90%
# Security Audits	0	0
# Phones Supported	770	770
# Users Supported	620	620
# PC's Supported	520	550
# Calls/Email to Helpdesk	~8000	8000

Full time person assigned to APD every Tues & Thurs cuts down on both.

# **HUMAN RESOURCES DEPARTMENT**

## **2017 REVIEW**

All figures through June 30, 2017

### **Significant 2017 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 adjustment percentage
- Ongoing collaboration with AASD on Connecting Care Clinic. Added two more staff to handle patient demand
- 72 FMLA requests processed
- Processed 5 grievances
- Transitioned the City employee deferred compensation account from Nationwide to Voya including employee communications, transition meetings and execution of plan documents
- Summary Plan Document (SPD) reviews for United Healthcare medical books and addressing errors/corrections at UHC on computer set up errors

#### **Recruitment Selection –**

- Processed 30 termination files
- Processed 34 new employee files
- Police Officer hiring process (hired 0 new officers ytd with 2+ more pending)
- Completed a Fire Fighter hiring process (five candidates hired)
- Completed successful hiring process for Diversity & Inclusion Coordinator
- Deputy Chief, Battalion Chief and Training Specialist positions at Fire

#### **Staff Training & Development-**

Conducted/Coordinated:

- 1 New employee orientation sessions conducted
- 11 General Employee training classes, 3 Supervisory training classes, 1 New Supervisor Orientation, 2 Leadership Development programs
- 4 seasonal training sessions
- 2 Administrative Professionals' events held
- Culture discussions
- Succession planning
- Stay interviews conducted

**Performance Data:**

<u>Program</u>	<u>Criteria</u>	Actual 2014	Actual 2015	Actual 2016	Projected 2017	YTD 2017
<u>14010</u>	<u>Client Benefit/Impacts</u>					
	Timely and appropriate support of departments					
	# of grievances	3	5	9	0	5
	% of increase to medical premiums	1.875%	3.375%	2.6%	5%	3.8%
	<u>Strategic Outcomes</u>					
	Consistent and understandable employment policies and procedures					
	Ave. sick hours used per employee	10.5	8.5	9.6	9.0	5.6
	Ave FMLA sick hours used per ee	10.7	9.0	10.19	7.0	4.6
	Ave PTO (sick) hrs per ee	4.9	4.4	3.41	4.5	5.4
	<u>Work Process Outputs</u>					
	# of policies developed	2	1	0	0	0
	# of policies updated	16	12	5	10	3
	<u>Fringe Benefits</u>					
	# of contracts under negotiation	0	0	3	1	1
	# of new fringe benefits	0	2	3	0	0
	# of modified fringe benefits	5	2	2	3	3
<u>14020</u>	<u>Client Benefits/Impacts</u>					
	<u>Staff Retention</u>					
	FT Employees on staff < 1 year	30	46	41	50	28
	FT Employees on staff 1-5 years	130	117	156	150	168
	FT Employees on staff 6-10 years	118	101	99	100	98
	FT Employees on staff 10+ years	345	339	330	334	339
	<u>Strategic Outcomes</u>					
	# of open positions (includes transfers & promotions)	55	71	78	75	26
	# Staff turnover	40	59	86	60	30
	<u>Work Process Outputs</u>					
	# of positions posted internally	26	16	21	20	5
	# of positions advertised externally	40	57	49	60	29
	# of telephone interviews	30	12	34	25	28
	# of face to face interviews	435	434	537	435	210
	# of candidates tested	215	271	140	250	158
<u>14040</u>	<u>Client Benefits/Impacts</u>					
	Timely, resourceful training provided					
	% of employees reported very satisfied	72%	71%	72%	70%	71%
	% of employees reported satisfied	28%	29%	28%	30%	29%



	% of employees reported not satisfied	0%	0%	0%	0%	0%
	<u>Strategic Outcomes</u>					
	% of ee's trained on required topics	93%	99%	99%	100%	60%
	<u>Work Process Outputs</u>					
	Training programs conducted					
	# training topics covered at required classes	25	24	27	26	26
	Ave. number participants per session	24	26	25	25	29

**Areas of Primary Concentration for 2017:** 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. Manage the joint City/AASD Connecting Care Clinic. Handle all recruitment processes as positions become vacant throughout the year using NEOgov process. Conduct general and supervisory training for all City employees. Facilitate new supervisor orientation, new employee orientation and leadership development programs. 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. Continue to implement and expand use of online Performance Evaluation and Onboarding system. Continue with departmental succession planning, stay interviews and individual development plans. Summarize culture discussion results and analyze data to assist with future planning. Begin bargaining with Valley Transit Teamsters. Complete WELCOA application.

### **Budget Performance Summary**

No concerns. We are at 47.2% budget spent at midyear.

<b>CITY OF APPLETON POLICY</b>	<b>TITLE: Ergonomics Policy/Program</b>	
ISSUE DATE: July 2001	LAST UPDATE: December 18, 2002 April 5, 2007 February 2011	SECTION: Safety
POLICY SOURCE: Human Resources Department	POLICY APPLICATION: All City Employees	TOTAL PAGES: 4
Reviewed by Attorney's Office Date: June 2001 June 2011	Committee Approval Date: June 26, 2001 August 22, 2011	Council Approval Date: July 18, 2001 September 17, 2011

#### I. PURPOSE

The purpose of this policy is to increase employee awareness of ergonomic issues and to proactively address the musculoskeletal disorders that employees may experience as a result of workplace conditions and job demands.

#### II. POLICY

The City is committed to providing a safe and healthy workplace free from recognized hazards or harmful conditions and to incorporate employee involvement in the prevention relating to safety and ergonomics in the workplace.

#### III. DISCUSSION

The City shall make every effort to increase ergonomic awareness and lessen the risk of injury due to design of equipment, tools or work motions.

#### IV. DEFINITIONS

- A. Ergonomics: The science of fitting workplace conditions and job demands to the capabilities of the work force.
- B. WMSD: Work Related Musculoskeletal Disorder.
- C. Ergonomics Program: Systematic process for anticipating, identifying, analyzing and controlling WMSD hazards.
- D. Process: Activities, procedures and practices set up to control WMSD hazards.
- E. MSD: Musculoskeletal Disorders. These are disorders of the muscles, nerves, tendons, ligaments, joints, cartilage, or spinal discs that are not typically the result of any instantaneous or acute event (such as a slip, trip, or fall) but reflect a more gradual or chronic development. Musculoskeletal disorders include those with several distinct features, such as carpal tunnel syndrome, as well as those defined primarily by the location of the pain, as with low back pain.
- F. WMSD Management – The process of ensuring that employees with work related musculoskeletal disorders receive effective evaluation.
- G. Symptoms Survey Form – the form used to perform an ergonomic assessment (Exhibit I).

## V. PROCEDURES

### A. Policy Responsibilities

1. ~~The Human Resources .R. Generalist~~ shall:
  - a. Develop, evaluate and periodically review the policy and program.
  - b. Coordinate training.
  - c. Respond promptly to reported MSD problems.
  - d. Perform and/or coordinate ergonomic evaluations as needed.
  - e. Research new products in the field of ergonomics.
  - f. Maintain records relating to the ergonomics program.
  - g. Review all injury reports.
  - h. Solicit employee input for possible solutions to ergonomic problems.
  - i. Provide input for ~~possible~~ solutions to ergonomic problems.
  - j. Check with the Facilities department ~~when necessary~~ to explore workstation structural changes when necessary.
2. Department Directors/Supervisors shall:
  - a. Solicit employee input for possible solutions to ergonomic problems.
  - b. Prohibit practices that discourage employees from participating in the policy/program, and making reports or recommendations.
  - c. Report any problem areas to the H.R. Generalist
  - d. Attend Ergonomics training ~~involved with the Ergonomics~~ and ensure employees attend scheduled training.
3. Department Safety Coordinator or Central Safety Committee Member shall:
  - a. Review the Symptoms Survey form completed by ~~that~~ their department employees ~~complete~~.
  - b. Report any problems to the H.R. Generalist.
  - c. ~~Proactively a~~ Address any potential ergonomic problems.
  - d. Provide input for possible solutions to ergonomic problems.
  - e. Implement and follow recommendations made by the H.R. Generalist or outside consultant.
  - f. Attend ~~any~~ applicable training involved with the ergonomics policy/program.
4. Employees shall:
  - a. ~~Initially e~~ Complete a Symptoms Survey Form if requested
  - b. Attend all applicable training involved with the ergonomics policy/program.
  - c. Provide input for possible solutions to ergonomic problems.
  - d. Assist with ergonomic evaluations as needed.
  - e. Notify the Supervisor or H.R. Generalist of any problems ~~that may or may not~~ related to ergonomics.
  - f. Implement and follow the recommendations provided through the ergonomic assessment.

B. Program Responsibilities

1. Records Retention:

- a. Completed Symptoms Survey Forms shall be sent to the H.R. Generalist who will keep them on file.
- b. Accident/Injury records will be reviewed ~~periodically~~ by the H.R. Generalist to note any trends in incidents or ~~to note~~ any possible cumulative trauma or musculoskeletal related injuries.

2. Symptoms Survey Analysis Form follow-up:

- a. Supervisors, department Safety Coordinators or H.R. Generalist should ask employees having WMSD concerns the following:
  - Are they experiencing signs or symptoms of MSDs?
  - Are they having difficulty performing the physical work activities of the job?
  - Can they describe which physical work activities they associate with the problem?
  - Have they observed employees performing the jobs in order to identify factors that need to be evaluated?
  - Have they evaluated those job factors to determine which ones are reasonably likely to be causing or contributing to the problem?
  - Have they controlled the cause of the problem?

C. Training

1. Initially upon hire, and periodically thereafter the H. R. Generalist will provide training to include what ergonomics is, what to watch for and ~~steps take the appropriate steps~~ to eliminate problem areas if they are found.

D. Program Evaluation

1. After implementing changes in tools, work areas or workstations, the H.R. Generalist will follow up on any changes to determine if the changes have improved the condition.
  - a. Follow up shall include a verbal interview with person(s) performing the work task.
  - b. Re-evaluation of the workstation, work area or tool.
  - c. Observing the work being performed.
2. If it is determined that the changes have not improved the work situation then further evaluations shall be performed following the same process and/or obtaining outside ergonomic professional assistance.

**Symptoms Survey: Ergonomics Program**

Employee Name \_\_\_\_\_ Department \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_

Hours worked/week \_\_\_\_\_ Time on THIS job: \_\_\_\_\_ years \_\_\_\_\_ months

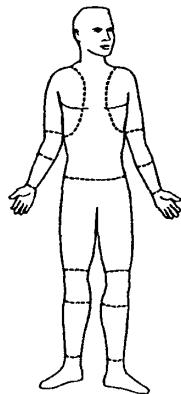
Other jobs you have done in the last year (for more than 2 weeks):

Job Title \_\_\_\_\_ Time on this job: \_\_\_\_\_ months \_\_\_\_\_ weeks

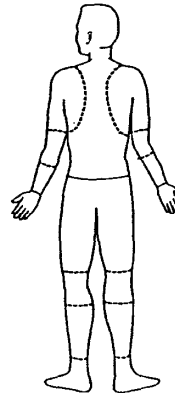
Job Title \_\_\_\_\_ Time on this job: \_\_\_\_\_ months \_\_\_\_\_ weeks  
(If more than 2 jobs, include those you worked on the MOST)

Have you had any pain or discomfort during the last year?  
\_\_\_\_\_ YES \_\_\_\_\_ NO (If NO, stop here)

If YES, carefully shade in the area of the drawing which bothers you the MOST.



Front



Back

Check area: \_\_\_\_\_ Neck \_\_\_\_\_ Shoulder \_\_\_\_\_ Elbow/Forearm \_\_\_\_\_ Hand/Wrist \_\_\_\_\_ Fingers \_\_\_\_\_ Eyes  
\_\_\_\_\_ Upper back \_\_\_\_\_ Low back \_\_\_\_\_ Thigh/Knee \_\_\_\_\_ Low leg \_\_\_\_\_ Ankle/Foot

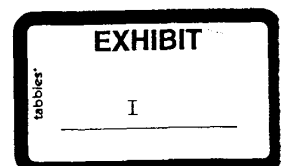
\*Fill out a separate page for each area that bothers you

1. Put a check by the word(s) that best describe your problem:

\_\_\_\_\_ Aching \_\_\_\_\_ Burning \_\_\_\_\_ Cramping \_\_\_\_\_ Dry \_\_\_\_\_ Loss of Color \_\_\_\_\_ Numbness(asleep)

\_\_\_\_\_ Pain \_\_\_\_\_ Stiffness \_\_\_\_\_ Swelling \_\_\_\_\_ Tingling \_\_\_\_\_ Weakness \_\_\_\_\_ Other –

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CITY OF APPLETON PERSONNEL POLICIES		TITLE: <b>EXIT INTERVIEW</b>	
ISSUE DATE: August 16, 2001	LAST UPDATE:	SECTION: Human Resources	
POLICY SOURCE: Human Resources Department	AUDIENCE: All Regular FT & PT employees	TOTAL PAGES: 1	
Reviewed by Attorney's Office Date: May 2007 September 2011	Committee Approval Date: August 7, 2001 June 27, 2007 December 12, 2011	Council Approval Date: August 15, 2001 July 5, 2007 December 21, 2011	

#### I. PURPOSE

The exit interview shall be used to gain insight into the effectiveness of City resources and managerial practices, to determine where Human Resources policies and procedures are in need of review or revision, and to determine where supervisory or managerial practices need modification or improvement.

#### II. POLICY

The Human Resources Department shall initiate either a written or personal exit interview for all regular full-time and part-time employees who retire or voluntarily terminate their employment with the City.

#### III. DISCUSSION

Information gathered from the exit interview process may be shared with the applicable supervisor, Department Head, and Human Resources staff.

#### IV. PROCEDURE

A. An exit interview shall be conducted when possible regardless of length of service, or position.

- (1) Department Heads shall notify the Human Resources Director or designee as soon as they learn that one of their employees is leaving. Human Resources staff shall then schedule a time and place for the exit interview ~~and if applicable, schedule a hearing test~~, which shall normally take place prior to the employee's last workday.
- (2) The Human Resources Director or designee shall analyze the results of each exit interview.
- (3) If a face-to-face interview is not possible or preferred by the employee, Human Resources shall send an exit interview form to the employee with a return envelope to be returned to the Human Resources Department.
- (4) All exit interview notes will be kept in the former employee's personnel file.

**Commented [JR1]:** This is scheduled by the Supervisor and is a separate process from the exit interview. The reminder to schedule the exit hearing test is on the Supervisor Termination Checklist.

CITY OF APPLETON POLICY		TITLE:  WORKPLACE VIOLENCE	
ISSUE DATE: 11-03-99		LAST UPDATE: 2-19-04 08-05 02-10 10-11	SECTION: Human Resources
POLICY SOURCE: Human Resources Department		AUDIENCE: All City Employees	TOTAL PAGES: 3
Reviewed by <del>Attorney's Office</del> <u>Legal Services</u> Date: 10-21-99 08-10-05 03-08-10 10-27-11		<del>Administrative Services</del> Committee <u>Approval</u> Date: 10-28-99 02-25-04 08-24-05 03-24-10 12-12-11	Council Approval Date: 11-03-99 03-03-04 09-07-05 04-07-10 12-21-11

## I. PURPOSE

The purpose of this policy is to provide a preventive plan to protect all employees, visitors, and customers from aggressive behavior and violent acts.

## II. POLICY

It is the policy of the City of Appleton to provide an environment free from violence. All aggressive behavior and violent acts are unacceptable conduct and will not be tolerated. Under this policy, no acts or threats of physical ~~or verbal~~ violence, ~~including bullying~~, which affect City of Appleton employees, visitors or customers will be tolerated. Employees who demonstrate such conduct will be subject to corrective action up to and including termination and/or possible civil/criminal prosecution.

The City of Appleton will take appropriate steps to prevent workplace violence from occurring, to enable employees to respond appropriately in the event of workplace violence, and to provide for follow up in the event workplace violence does occur.

## III. DEFINITIONS

- A. Violent behavior or conduct – any action or threat which is intended to harm or intimidate any person. Violent behavior is also any action or threat to damage property. It does not matter who owns the property that was damaged.
- B. Aggressive behavior or conduct – any action that is threatening in nature and includes, but is not limited, to: verbal assaults, harassment and intimidation, threats, hazing and other forms of verbal abuse.

- C. Weapons – something used to injure, defeat, or destroy (e.g., any type of gun, archery or hunting equipment, non-household purpose knife with a blade more than 3” long, electronic weapons, brass knuckles, throwing stars, billy club, etc.).

#### IV. PROCEDURES

##### A. Prevention

1. City of Appleton employees are expected to conduct themselves in a manner conducive to positive relationships and effective teamwork. Behavior that escalates a situation toward aggressive or violent acts is not appropriate for employees or visitors.
2. City of Appleton employees are required to report all restraining orders that they file. The report should be made to any supervisor or the Human Resources (H.R.) Department. The restraining order will be kept in the employee’s confidential personnel file and disposed of when it expires.
3. City of Appleton employees are prohibited from bringing firearms or weapons into any City-owned or occupied building or facility, or carrying firearms or weapons in/on any City-owned vehicle or City equipment during the course of their job duties unless a weapon is part of the standard equipment required for the job. If a City employee chooses to bring a firearm in their personal vehicle on to City grounds, the firearm must be unloaded and stored out of sight in the vehicle.

Notes: Employees may carry pepper spray or other similar legal products for purposes of personal protection. With the Department Director’s authorization, members of the Appleton Fire Department, Appleton Police Department Facilities, Grounds and Construction Management Department Operations staff may carry a non-household purpose knife with a blade up to 4” long to assist in performing their job responsibilities.

##### B. Awareness

City of Appleton employees should be aware of behaviors that may be early warning signals of potentially aggressive or violent conduct. Training will be provided to help all employees understand potential warning signs. Such behaviors may include but are not limited to:

1. Verbal or written threats
2. Threatening actions to intimidate or instill fear in coworkers
3. Bizarre or obsessive behavior.

A sign prohibiting employees and visitors from bringing firearms and weapons into City buildings and facilities shall be posted at the entrances of every City-owned or occupied building.



## C. Reporting

### All Civilian Employees:

1. For any situation that involves an immediate threat of violence, an employee should notify local law enforcement immediately.
2. Employees who believe they have been or are currently subjected to aggressive or violent conduct should report the occurrences to any available supervisor or H.R. immediately.
3. An employee who receives information of a potential occurrence involving aggressive or violent conduct towards them or another employee should contact any available supervisor or H.R. immediately.
4. An employee who is threatened outside of work is advised to report the occurrence to law enforcement. The employee is also encouraged to contact any available supervisor or H.R. immediately regarding the threat.
5. If an employee sees another employee or visitor with a firearm or dangerous weapon and there is an imminent threat, the employee should call 911 immediately. If there is not an immediate threat, the employee should contact the police department non-emergency number (832-5500) as soon as possible to report the incident, and notify his/her supervisor. The supervisor should then contact ~~Human Resources~~ H.R.

### Sworn Employees:

1. Citizen vs. Employee Violence  
City of Appleton police officers have the statutory authority and responsibility to investigate crimes committed against them. If the investigating officer determines that a violation of the law has occurred, then the officer may make a custodial arrest, refer the complaint to the district attorney's office, or issue a municipal summons. He/she should follow the reporting procedures set by the Appleton Police Department to report such crimes.
2. Employee vs. Employee Violence
  - a. Employees who believe they have been or are currently subjected to aggressive or violent conduct or for any situation that involves an immediate threat of violence should ~~call 911, then~~ report the occurrences promptly to an on-duty supervisor or H.R.
  - b. An employee who receives information of a potential occurrence involving aggressive or violent conduct towards them or another employee should contact an on-duty supervisor or H.R. immediately.
  - c. If an employee is threatened outside of work, the employee should notify an on-duty supervisor or H.R. immediately.

## D. Response and follow-up

The nature and circumstances of each occurrence involving aggressive or violent conduct will dictate the response.

1. If an employee is injured (physically or psychologically) by aggressive or violent conduct, he/she should seek appropriate medical care. The employee will be required to complete an accident investigation report to be given to his/her immediate supervisor. A copy of this report should be forwarded to H.R. within 48 hours of the incident.
2. Employees who have been affected by aggressive or violent conduct will be encouraged to utilize the City's Employee Assistance Program (EAP).
3. Employees who are victims of aggressive or violent behavior should report the incident to a supervisor or H.R. so that steps may be taken to protect the employee and co-workers from further aggressive or violent behavior. Depending on the circumstance, considerations will be given to notifying law enforcement. Supervisors should notify ~~the H.R. Department~~ of any threats made towards his/her employees.
4. With the assistance of the Appleton Police Department, the H.R. Director will evaluate the need for additional security measures after an incident. (The Appleton Police Department will evaluate and determine the need for additional security measures for all sworn personnel incidents.)
5. All victims will also receive information regarding the options available to them, both civil and criminal.

<b>CITY OF APPLETON PERSONNEL POLICY</b>	<b>TITLE:</b> <b>AERIAL BUCKET/SCISSOR LIFTS</b> <b>29 CFR 1910.67</b>	
ISSUE DATE:	LAST UPDATE: 2007 June 2011 <u>March 2017</u>	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: Any city employee who uses an aerial bucket	TOTAL PAGES: 3
Reviewed by Attorney's Office Date: September 2001 May 2007 July 2011	Committee Approval Date: September 25, 2001 June 27, 2007 August 22, 2011	Council Approval Date: October 2001 July 5, 2007 September 9, 2011

#### I. PURPOSE

The purpose of this policy is to establish guidelines and assign responsibilities for the operation of Aerial Buckets and Scissors Lifts.

#### II. POLICY

The City is committed to providing a safe workplace for all its employees. Employees are expected to follow all rules and regulations relating to this policy. Failure to comply with this policy shall lead to disciplinary action up to and including discharge.

#### III. DISCUSSION

The policy outlines the regulations and requirements mandated by the Occupational Safety and Health Administration (OSHA) and the Department of ~~Workplace Development (DWD)~~. Safety and Professional Services (DSPS)

#### IV. DEFINITIONS

- A. Aerial device – Any vehicle-mounted device, telescoping or articulating, or both, which is used to position personnel.
- B. Aerial Ladder – An aerial device consisting of a single or multiple section extensible ladder.
- C. Articulating boom platform – An aerial device with two or more hinged boom sections.
- D. Extensible boom platform – An aerial device (except ladders) with a telescopic or extensible boom. Telescopic derricks with personnel

platform attachments shall be considered to be extensible boom platforms when used with a personnel platform.

- E. Insulated aerial device – An aerial device designed for work, on energized lines and apparatus.
- F. Scissor Lifts – A device considered to be mobile scaffolding, governed by 29CFR 1926.452(w).
- G. Mobile unit – A combination of an aerial device, its vehicle and related equipment.
- H. Shall – is interpreted to mean required.
- J. PPE – Personal protective equipment.

V. PROCEDURES/Employees

- A. Only trained and authorized employees shall be allowed to operate the controls and be carried aloft in the aerial bucket.
- B. Before starting work, the operator shall test to insure that all ground is level and bucket controls are in proper working order.
- C. The brakes shall be set and outriggers, when used, shall be positioned on pads or a solid surface. Wheel chocks shall be in place before using an aerial lift.
- D. All work shall be conducted as if the truck, boom, and aerial bucket were not electrically insulated.
- E. Operators of aerial buckets shall exercise extreme caution when operating such devices in close proximity to energized lines or equipment.
- F. A full body harness shall be worn and a lanyard attached to the boom or the basket when working from an aerial lift. (Fire personnel will follow their set standards.)
- G. No employee shall be transported more than a consecutive block while in the bucket. The bucket must be in a stowed position and the driver may not travel more than five miles per hour. This procedure is only to be used when placing banners or flags.
- H. Employees shall always stand firmly on the floor of the basket, and shall not sit or climb on the end of the basket or use planks, ladders, or other devices for a work position. (Fire personnel will follow their set standards.)
- I. When the boom must be maneuvered, the bucket operator shall always face in the direction in which the bucket is being moved.
- J. Climbers shall not be worn while performing from an aerial lift.

- K. Depending on the activity all necessary PPE, including a hard hat, shall be worn while in the bucket. Ground personnel shall also wear necessary PPE and hardhat.
- L. Before moving an aerial lift for travel, the boom(s) shall be inspected to see that it is properly cradled and outriggers are in stowed and locked position.
- M. Emergency lights/strobes on the truck shall be used at all times while work is being done on road right-of-way. When work is being done in the road right-of-way, the work zone will be protected in accordance with the City's Temporary Traffic Control Manual. Reflective cones shall be placed approximately 3 to 5 feet out from the affected corners of the vehicle on the traffic side.
- N. An aerial lift truck may not be moved when the boom is elevated in a working position with employees in the basket except for equipment which is specifically designed for this type of operation as outlined in the OSHA policy, and as outlined in G. above.
- O. Guardrail systems are required when using scissors lifts. When the use of a guardrail system is not feasible, a full body harness must be worn.

#### PROCEDURES/Supervisors/Safety Coordinators

- A. Supervisors/Safety Coordinators shall ensure that all employees using an aerial bucket follow the procedures and guidelines as outlined in this policy.

#### PROCEDURES/Training

- A. Prior to operating the equipment, all employees shall be trained.
- B. The vehicle manufacturer, safety coordinator or supervisor will provide yearly training.

CITY OF APPLETON POLICY		TITLE: COBRA POLICY	
ISSUE DATE: May 4, 2000	LAST UPDATE: April 2005 November 2007 <u>March 2017</u>	SECTION: Human Resources	
POLICY SOURCE: Human Resources Department	AUDIENCE: Any Qualified Employee or Dependent	TOTAL PAGES: 5	
Reviewed by Attorney's Office Date: April 2000 November 2007	Committee Approval Date: April 27, 2000 May 11, 2005 December 12, 2007 December 12, 2011	Council Approval Date: May 3, 2000 May 18, 2005 December 19, 2007 December 21, 2011	

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## I. PURPOSE

The purpose of this policy is to be in compliance with Federal regulations ensuring that employees and their dependents are offered insurance as required by law.

## II. POLICY

It is the policy of the City of Appleton to follow the federally mandated Consolidated Omnibus Budget Reconciliation Act of 1985 (commonly known as COBRA) and the Health Insurance Portability and Accountability Act of 1996 (commonly known as HIPAA).

## III. DISCUSSION

This policy defines how the City of Appleton will follow the federal regulations and any changes made to the laws.

## IV. DEFINITIONS

A. A. — COBRA (Consolidated Omnibus Budget Reconciliation Act): A Federal law that requires employers who sponsor health care plans to offer its employees and their dependents continuation when coverage would otherwise end because of a qualifying life event at group rates.

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B. Effective Date of COBRA Coverage: The Qualified Beneficiary will be removed from the City's policy coverage as of the date of loss of coverage. If the Qualified Beneficiary elects coverage, then the City will reinstate their coverage retroactive to the date after the loss of coverage.

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B. Election Notice: A document specifying details for a qualified beneficiary of the opportunity to continue qualified health care plan coverage(s).

- C. Election Period: The time frame during which the qualified beneficiary may choose to elect continuous coverage.
- D. Group Health and Dental Plans: A plan to provide health and dental coverage to the employees, former employees or their dependents who were otherwise eligible for coverage. This plan will be rated as a group plan rather than an individual policy.

E. HIPAA: is the acronym for the Health Insurance Portability and Accountability Act that was passed by Congress in 1996. HIPAA does the following:

- Provides the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs;
- Reduces health care fraud and abuse;
- Mandates industry-wide standards for health care information on electronic billing and other processes; and
- Requires the protection and confidential handling of protected health information.

~~E. A Federal law that regulates employer group health plans and health insurance companies. It is designed to improve availability and portability of health coverage by:~~

- ~~1. Restricting pre-existing condition exclusions and limitations in plans.~~
- ~~2. Providing credit for prior coverage to reduce or eliminate pre-existing condition limitations.~~
- ~~3. Providing new rights to enroll in plans in situations when other coverage is lost~~
- ~~4. Prohibiting discrimination based on health status.~~
- ~~5. Guaranteeing the availability and renewability of health plans for small employers.~~

~~F. Pre-Existing Condition: A physical and/or mental condition of an insured person that existed prior to the issuance of his/her policy.~~

F. Premium Payment Deadlines: The Qualified Beneficiary has a forty-five day grace period after electing COBRA to make their initial payment. The Qualified Beneficiary must pay all premiums back to the COBRA effective date. After initial payment, the Qualified Beneficiary will have to make payment the first of each following month with a 30 day grace period each month.

G. Qualified Beneficiary(s): An individual covered under a group health plan the day before a qualifying event occurs (i.e., the employee, employee's spouse and employee's dependent children). ~~Domestic partners and any dependent not related to the employee are not qualified beneficiaries for purposes of COBRA.~~

H. Qualified Employee: Any employee that would otherwise be eligible for benefits.

I. Qualifying Event: A specified event that results in the loss of group plan coverage.

## V. PROCEDURES

### A. COBRA

#### 1. Employer Notification Requirements

The City of Appleton shall send to each covered employee and spouse of the employee at the time of commencement of coverage under the plan, written notice of any rights provided under COBRA.

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Notices will also be sent to newly covered spouses of current employees within 30 days of the date of marriage.

Election notices of COBRA rights will be mailed to all covered employees and spouses when their eligible group plan coverage(s) terminate(s).

## 2. Employee Notification Requirements

It is the responsibility of the employee to notify the City of Appleton Human Resources ~~Department~~ Benefits Coordinator when a qualifying event occurs. The employee or family member must give this notice within 60 days after the qualifying event occurs.

Under the law, continuation coverage must be elected within 60 days after Plan continuation ends, or if later, 60 days after the date of the notice of the right to elect continuation coverage.

## 3. Coverage Periods & Qualifying Events

- a. 18 Months Coverage for Qualified Employee & Beneficiaries for:
  1. Any voluntary or involuntary termination of employment for any reason other than for “gross misconduct”.
  2. Reduction in employment hours which would result in the loss of coverage.
- b. 24 Months Coverage:
  1. For employees who are absent due to service in the uniformed services and/or their dependents.
  2. Coverage will continue until the earlier of 24 months beginning the first day of absence from employment due to service in the uniformed services or the day after the employee fails to return to employment as required by USERRA, after completion of a period of service.
  3. Under federal law, the period of coverage available under USERRA shall run concurrently with the COBRA period available to an employee and/or eligible dependents.
- c. 36 Months Coverage for Qualified Beneficiaries for:
  1. Employee’s death
  2. Employee’s entitlement to Medicare
  3. Divorce or legal separation from a covered employee
  4. Loss of dependent status under the plan provisions
- d. 29 Month Qualifying Event
  1. Any qualified beneficiary disabled within 60 days of the qualifying event is entitled to up to a total of 29 months of COBRA coverage in order to remain covered until Medicare. The qualified beneficiary must provide notice of such determination prior to the end of the initial 18 months continuation period to be entitled to the additional 11 months of coverage.
  2. HIPAA allows entire family of disabled individual to continue an additional 11 months



e. Multiple Qualifying Event

1. When a death, divorce, legal separation or dependent ineligibility occurs during an 18-month continuation, qualified beneficiaries may extend coverage for 36 months from the original qualifying event date.
2. Employee's entitlement to Medicare - If the employee is entitled to Medicare at the time of an initial qualifying event due to termination or reduction of hours worked, then the period of continuation for other qualified beneficiaries is the later of 36 months from the date of Medicare entitlement, or 18 months from the date of the qualifying event. If, on the other hand, the employee becomes entitled to Medicare during the initial continuation period of 18 months following the original qualifying event, then the other qualified beneficiaries will be entitled to continuation not to exceed 36 months from the date of the original qualifying event.

An individual electing COBRA coverage must pay the current monthly premium directly to the City of Appleton.

4. Termination of Coverage

The City will cancel COBRA coverage if:

- a. Qualified beneficiary fails to make timely payments, ~~T~~the first grace period is 45 days from date of election and subsequent grace periods ~~is~~ 30 days from beginning of each month.
- b. Qualified beneficiary becomes covered by another group health plan, ~~unless there are pre-existing conditions not covered by the plan.~~
- c. Qualified beneficiary becomes entitled to Medicare.
- d. The City of Appleton terminates coverage for all similarly situated active employees.
- e. Qualified beneficiary ceases to be disabled according to Social Security after the 29-month extension has started. Qualified beneficiary is to notify the City of Appleton within 30 days of no longer qualifying for Social Security Disability.
- f. The occurrence of any event (e.g. submission of a fraudulent claim) permitting termination of coverage for cause under the Plan.

B. Flexible Spending Account (FSA) Coverage Options

1. Employee can cancel their Flex Account as of their last day of employment. The employee must submit any claims to the FSA vendor within 30 days from their last day to request their money out of their account. Dates of service being submitted must be prior to the last day of employment with the City.
2. Elect COBRA continuation for the remainder of the plan year. The City can take the remaining annual election off the final paycheck on a pre-tax basis. This will give the employee the ability to claim all the money elected for the year for any claims dated through December 31<sup>st</sup>.
3. Elect COBRA continuation for a selected number of months. Payments would be made monthly to the City with after tax dollars but would allow the employee to extend the date of service claims during the additional months paid for. (For example – employee terms May 25 but dependent child is getting braces on July 15. This allows employee to pay for two months COBRA flex spending and allows all money contributed through July 31 to be withdrawn for any claims dated January 1 through July 31.)

4. Requirements: Employee must elect continuation coverage within 60 days of the loss of coverage date. Elections made after the final payroll check is cut will be paid with after tax dollars. Employee must make timely payments to the City.

C. HIPAA

1. Requirements

~~The City of Appleton's current medical and dental insurance has no pre-existing limitation clause if the employee and/or new eligible dependent is added to the plan within 30 days of the qualifying event.~~

If the qualified employee or dependent is losing eligibility on another group health plan, they may have the right to special enroll (enroll without waiting until the next open season for enrollment) in the City's group health coverage. elects to enroll after 30 days from the qualifying event, they shall supply the Human Resources Department with a certificate of coverage from their prior carrier. If no certificate of coverage is received, the applicable pre-existing condition will apply. To have a special enrollment opportunity, the employee or dependent must have had other health coverage when they previously declined the City's coverage. They must request special enrollment within 30 days from the loss of their job-based coverage with the Human Resources Benefits Coordinator.

2. Certificate of Coverage

a. ~~The City of Appleton will provide certificates of creditable coverage: Whenever coverage ceases under the plan for any reason. For COBRA qualified beneficiaries: must be provided no later than when a COBRA election notice must be provided. For individuals whose coverage has ceased but are not eligible for COBRA: within a reasonable time after coverage ceases. For individuals whose COBRA coverage has ceased: within a reasonable time after COBRA coverage ceases.~~

a. "On Request" certificates of creditable coverage must will be provided: whenever an individual requests a certificate. When requested within 24 months after coverage ceased for the individual. Whenever a request has been made in a reasonable and prompt manner.

b. A certificate of creditable coverage will be requested of the employee if they are electing coverage in the City's plan outside of the regular open enrollment process. The certificate would be provided by the Employer of the plan they are losing or from the insurance company of the prior plan.

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<b>CITY OF APPLETON PERSONNEL POLICY</b>	<b>TITLE:</b> <b>HEARING CONSERVATION PROGRAM</b> OSHA 29 CFR 1910.95	
<b>ISSUE DATE:</b> May 1988	<b>LAST UPDATE:</b> July 12, 1994 October 1, 1998 August 2, 1999 August 28, 2002 March 12, 2007 June 2011 <u>March 2017</u>	<b>SECTION:</b> Safety
<b>POLICY SOURCE:</b> Human Resources Department	<b>POLICY AUDIENCE:</b> All City Employees	<b>TOTAL PAGES:</b> 3
<b>Reviewed by Attorney's Office Date:</b> December 2, 1999 May 23, 2007 July 8, 2011	<b>Committee Approval Date:</b> December 9, 1999 June 27, 2007 August 22, 2011	<b>Council Approval Date:</b> December 15, 1999 July 5, 2007 September 7, 2011

**I PURPOSE:**

The purpose of this policy is to prevent hearing loss and comply with OSHA Standard 29 CFR 1910.95 – “Occupational Noise Exposure,” Hearing Conservation Amendment.

**II POLICY:**

The administration of the program will be the responsibility of the Human Resources Department as well as the supervisors and staff/safety coordinator at each major department/division. Violation of this policy will be subject to disciplinary action, up to and including discharge.

**III DISCUSSION:**

This policy outlines the regulations, testing and training requirements mandated by OSHA 29 CFR.1910.95 and addresses how the City will administer its hearing conservation program.

**IV DEFINITIONS:**

Standard threshold shift (STS) – an average shift of 10dB or more at 2000, 3000, 4000 Hz.  
 OSHA – Occupational Safety and Health Association  
 ANSI – American National Standards Institute

**V PROCEDURES**

A. The Human Resources Department will coordinate the following:

1. Yearly hearing tests for all employees identified as being in the field a major portion of their working day or employees who are exposed to an eight-hour time-weighted average of 85 decibels or greater noise level. (Fire Department Operations employees will

- complete annual tests as part of the annual NFPA physicals.)
2. Record keeping.
  3. Evaluating the program on a yearly basis.
    - a. Coordination of and supervision of noise exposure monitoring.
    - b. Identify employees to be included in the Hearing Conservation Program.
- B. Departments will be responsible for the following:
1. Ordering and selecting at least three different kinds of hearing protection.
  2. Development of departmental policies relating to the use of hearing protection.
  3. Providing employee training programs annually.
  4. Where and whenever possible, using engineering controls to reduce noise exposures.
- C. The following guidelines have been established to ensure hearing protection for all City employees.
1. Noise Level Readings – Readings will be conducted:
    - a. When requested by an employee
    - b. When requested by a department supervisor or safety representative
    - c. When new equipment is purchased/implemented in an area not previously requiring hearing protection
    - d. When a hearing test detects a significant loss in an group of employee's within the same work area/work grouphearing
  2. Individuals who are familiar with the testing equipment will conduct the monitoring.
  3. The results of the monitoring will be kept in the Human Resources Department.
- D. Testing
1. The following permanent City employees will be tested on a yearly basis:
    - All fire personnel (excluding clerical)
    - All police officers
    - Public Works (all field personnel)
    - Environmentalists
    - Valley Transit Mechanics, ~~Utility Person~~ and Service Person
    - Water Plant personnel (excluding clerical)
    - Waste Water personnel (excluding clerical)
    - Facilities Grounds and Construction Management personnel
  2. Employees will have the opportunity to be tested during regular work hours. The test will be provided at no cost to the employee. Employees who fail to attend a scheduled appointment in the mobile unit will be sent to ThedaCare ~~Workplace Solutions-~~ At Work and the cost of this visit will be paid by their department.
  3. Personnel certified in hearing conservation and testing will conduct audiometer testing and training. Testing will be conducted with equipment that meets the specifications of

ANSI3.6-1969 and OSHA. The technician will be responsible to a physician.

4. Tests will be pure tone, air conduction, hearing threshold examinations at test frequencies of 500, 1000, 2000, 3000, 4000, 5000 and 6000 Hz. Each ear will be tested separately.
5. The functional operation of the audiometer will be checked by biological calibration prior to each day's use. An acoustic check will be performed if the biological calibration indicated deviations of 10 dB or greater, and an exhaustive calibration will be performed if the biological calibration indicated deviations of 15 dB or greater.
6. If an STS (an average shift in either ear of 10dB or more at 2000, 3000 and 4000 Hz) is identified:
  - a. The employee will be notified in writing.
  - b. The use of hearing protection will be mandatory and this shall be enforced.
  - c. The employee will be refitted and retrained in the use of hearing protection.

#### E. Hearing Protection

1. The City shall make hearing protection available to all employees exposed to an eight-hour time-weighted average of 85 decibels or greater and for those who work in the field. Hearing protection will be provided at no cost to the employee.
2. Employees shall be given the opportunity to select their hearing protection from a variety of suitable hearing protection provided by the employer. (Per law at least three different types of hearing protection must be available.) Hearing protection will be available in an accessible place at all times.
3. The supervisor/safety coordinator at each major department/division shall ensure that hearing protection is worn by any employee who is exposed to an eight-hour time-weighted average of 85 decibels or greater.

#### F. Employee Training

1. Personnel certified in hearing conservation and testing as well as departmental supervisors and the City Safety Coordinator will conduct annual training for employees who are tested yearly. Information will include: the effects of noise on hearing, the purpose and the use of hearing protectors, the advantages and the disadvantages of various types, instructions in the selection, fitting, use and care of hearing protectors, and the purpose of audiometric testing and an explanation of the test procedures.

#### G. Record Keeping

1. Audiometric tests will be retained in the employee medical file for the duration of a worker's employment. At the time of separation the medical file will be kept for an additional 30 years.
2. All records required by this section shall be provided upon request to employees and former employees or representatives designated by the individual employee.

**RECRUITMENT STATUS REPORT  
UPDATES THRU 07/21/17**

STAFF PERSON	POSITION	DEPT.	Date of Vacancy	RTF Approval Date	# of Openings	STATUS
KIM	PT Bus Driver	VT	NA	NA	Flexible	Will keep process open with new flex schedule options Testing pending for next group
	Bus Driver	VT	5/2/17 7/6/17	5/23/17 Pending	1 1	Application deadline 8/6/17 Resignation of Todd Schafer
	Communication Technician	VT	4/3/17	3/20/17	1	Candidate withdrew Application deadline date 8/6/17
	Administrative Assistant .6 FTE	VT	6/28/17	RTF pending	1	Transfer of Laura VanHoorweghe
	Road Supervisor (.5 FTE)	VT	2/2/17	T.O. 6/21/17	1	Application deadline 7/30/17
	Transit Operations Specialist	VT	T.O. change	6/21/17	1	Final candidate to Dr. Fico
	Operations Crew Leader	DPW	8/7/17	7/5/17 From Water OPII process	1	Application deadline 8/6/17
	Operator I – Street	DPW	7/10/17	5/31/17	1	Interviews pending
	Operator II – Water	DPW	8/2/17	7/5/17	1	Transfer date pending for Josh Fassbender
	Recreation Coordinator	PRFM	5/24/17	6/7/17	1	Resignation of Lisa Volkman Interviews 7/24/17
JAY	Police Officer	Police	6/5/7 6/2/17	Pending	2 + Elig list	One conditional offer extended and one final offer extended with start date pending Panel interviews 8/1/17 and 8/2/17
	Communication Specialist	Police	7/7/17	7/14/17	1	Application deadline date 8/6/17
	Administrative Assistant	Health	7/16/17	6/28/17	1	Panel interviews 7/28/17
	Operations Clerk	Library	6/3/17	5/18/17	1	Travis Jensen start date 7/31/17
	Training and Resource Development Specialist	Fire	Re-org/newly created	Re-org approved 3/1/17	1	Panel interviews 7/31/17

**TOTAL POSITIONS OPEN = 16    TOTAL ELIGIBILITY LISTS = 1**

**Note: Part time non-benefited 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	Systems Analyst	IT	7/6/15	Hold	1	Department re-evaluating position. Using part-time temporary staffing to fill current need
KIM	Community Relations Specialist .5 FTE	VT	1/13/17	Pending	1	Resignation of Nikki Voeltzke Re-org approved by Council on 6/21/17 (to .5)

**TOTAL POSITIONS ON HOLD = 2    TOTAL ELIGIBILITY LISTS = 0**