



City of Appleton

225 N. Oneida Street
Appleton WI, 54911

Meeting Agenda - Final Library Board

Tuesday, June 19, 2018

4:30 PM

225 N. Oneida Street

1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting
[18-0909](#) May 15, 2018 Meeting Minutes

Attachments: [May 15 2018 Meeting Minutes.pdf](#)

4. Public Participation & Communication

Establish Order of the Day

5. Action Items

- A. [18-0910](#) Bill Register - May 2018

Attachments: [May Bill Register.pdf](#)
[May Revenue and Expense Summary.pdf](#)
[May Grant Subledger Summary.pdf](#)

- B. [18-0911](#) City Policies: Reference, Background and Polygraphs Policy, Respirator Protections, Lead Policy, FMLA Policy

Attachments: [References Backgrounds Polygraphs 2018.pdf](#)
[Respirator Protections.doc 2018.pdf](#)
[Lead Policy 2018.pdf](#)
[Family Medical Leave Act revised 5 2018-FMLA.pdf](#)

FMLA Policy held from May 15, 2018 Meeting

6. Information Items

- A. Director's Report

- i. [18-0912](#) Building Project Update
- ii. [18-0913](#) Public Library System Re-design Report

Attachments: [PLSR Info](#)

B. President's Report

- i. [18-0914](#) Discussion on Trustee Essentials Chapter 20: The Library Board and Building Accessibility

Attachments: [Trustee Essentials Chapter 20 Building Accessibility.pdf](#)

C. Assistant Director's Report

- i. [18-0915](#) APL Hiring Process Updates
- ii. [18-0916](#) APL Safety and Security Update

D. Staff Updates

- i. [18-0917](#) Summer Library Program

7. **Other Business**

- A. [18-0918](#) Board Appointment Updates
 - School District Appointment
 - Friends Board Liaison

8. Adjournment

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



City of Appleton

225 N. Oneida Street
Appleton WI, 54911

Meeting Minutes Library Board

Tuesday, May 15, 2018

4:30 PM

225 N. Oneida Street

1. Call meeting to order

President Pat Exarhos called the meeting to order at 4:30 pm

2. Roll call of membership

Others Present: Chris Behrens, Jessica Brittnacher, Beth Carpenter, Derik Henken, Tina Krueger, Adriana McCleer, Tanya Misselt, Michael Nitz, Jan Quinlan, Colleen Rortvedt, Tasha Saecker, Maureen Ward

Present: 10 - Bergman, Hietpas, Looker, Peterson, Kellner, Exarhos, Bloedow, Scheuerman, Mann and Croatt

Others : 1 - Panella

3. Approval of minutes from previous meeting

[18-0692](#)

April 17, 2018 Meeting Minutes

Attachments: [April 17 2018 Meeting Minutes.pdf](#)

Bergman moved, seconded by Bloedow, that the April 17, 2018 Meeting Minutes be approved. Voice Vote. Motion Carried.(10-0)

4 Public Participation and Communication

[18-0693](#)

Aldersperson Chris Croatt - new aldermanic appointment

Establish Order of the Day

Looker moved, seconded by Scheuerman that item 5. D. City Policies - FMLA Policy be held until the next meeting. Voice Vote. Motion Carried (10-0)

5. Action Items

Hietpas moved, seconded by Mann, that Action Items 5. A. - 5. D. be approved. Voice Vote. Motion Carried. (10-0)

[18-0694](#)

Bill Register - April 2018

Attachments: [April Bill Register.pdf](#)
 [April Revenue and Expense Summary.pdf](#)
 [April Grant Subledger Summary.pdf](#)

This Report Action Item was approved

B. [18-0695](#)

Budget Amendment - May 2018

Attachments: [May Budget Amendment.pdf](#)

This Report Action Item was approved

C. [18-0696](#)

OWLS Membership Agreement 2019-2020

Attachments: [APL OWLS membership agreement 2019-2020.pdf](#)

This Report Action Item was approved

D. [18-0697](#)

City Policies - FMLA, Media Relations, Recruitment Selection

Attachments: [Media Relations 2018.pdf](#)
 [Recruitment and Selection strike and bold.pdf](#)
 [Family Medical Leave Act revised 2 2018-FMLA.pdf](#)

As noted in Establish Order of the Day: Looker moved, Scheuerman seconded to hold the City FMLA Policy until the next meeting. Voice Vote. Motion Carried. (10-0)

This Report Action Item was approved.

6. Information Items

A. Director's Report

i. [18-0698](#)

Building project update and the establishment of teams for process

Attachments: [May 2018 Board memo building project.pdf](#)

ii. [18-0699](#)

Friends Grant Funded Program Summaries 1st Quarter 2018

Attachments: [Friends Grant Funded Program Summaries 1st Quarter 2018 final.pdf](#)

B. President's Report

- i. [18-0700](#) President Exarhos' Appointments to the Nominating Committee

Attachments: [President Exarhos Nominating Committee Memo 2018.pdf](#)
- ii. [18-0701](#) Discussion on Trustee Essentials Chapter 22: Freedom of Expression and Inquiry

Attachments: [Trustee Essentials Chapter 22 Freedom of Expression and Inquiry.pdf](#)
- C. Assistant Director's Report
 - i. [18-0702](#) APL Hiring Process Updates
 - ii. [18-0703](#) Statistics 1st Quarter 2018

Attachments: [JAN 2018.pdf](#)
[FEB 2018.pdf](#)
[MAR 2018.pdf](#)
- D. Friends Report
 - i. [18-0704](#) Friends Annual Meeting
 - ii. [18-0705](#) New Friends Board Members
- E. Staff Updates
 - i. [18-0706](#) 2018 Summer Library Program
 - ii. [18-0707](#) 10 Years of Master Gardening Programming
 - iii. [18-0708](#) Seed Library
- 7. Adjournment

Mann moved, seconded by Bloedow that the meeting be adjourned. Voice Vote. Motion Carried. (10-0)
The meeting was adjourned at 5:27 pm

DocDocument		G/L	Explanation					
Ty	Number	Date	Alpha Name	-Remark-	Amount	Account		
PU	1002	05/17/18	PLA	C.R. REFUND PLA	475.00-	16010	6201	
PV	382500	05/23/18	CHARLES LATORRE CONSULTING LLC	hogan assessment	583.34	16010	6201	
PU	167	05/17/18	OFFICEMAX/DEPOT 6869	ASSORTED PAPER	73.35	16010	6301	
PU	186	05/17/18	OFFICEMAX/DEPOT 6869	COLOR PAPER	17.99	16010	6301	
PU	590	05/17/18	USPS PO 5602500943	BOARD PACKETS	16.56	16010	6301	
PU	868	05/17/18	AMAZON MKTPLACE PMTS	BINGO CHIPS	79.92	16010	6301	
PU	1084	05/17/18	OFFICEMAX/DEPOT 6869	PENS/INK (71.56%)	45.19	16010	6301	
PU	1085	05/17/18	OFFICEMAX/DEPOT 6869	BAGS	29.98	16010	6301	
PU	994	05/17/18	WISCONSIN LIBRARY ASSO	T.S. WLA	270.00	16010	6303	
PU	149	05/17/18	WAL-MART #1982	VOLUNTEER RECOGNITIO	67.11	16010	6305	00003951
PU	580	05/17/18	PAYPAL *WISCONSINVO	WI VOLUNTEER REGISTR	150.00	16010	6305	00003951
PU	651	05/17/18	WALGREENS #12693	VOLUNTEER GIFT	25.00	16010	6305	00003951
PU	963	05/17/18	PAYPAL *A-EVENTS	CELEBRATE VOLUNTEERS	245.00	16010	6305	00003951
PU	524	05/17/18	JIMMY JOHNS # 446	DIRECTOR LUNCH	30.67	16010	6307	
PU	540	05/17/18	FAR EAST	K-POP REFRESHMENTS	11.90	16010	6307	00003951
PU	541	05/17/18	MANDERFIELDS HOME BAKE	STAFF TRAINING	58.75	16010	6307	
PU	562	05/17/18	STONE CELLAR BREWPUB	VENDOR MEETING	46.38	16010	6307	
PU	627	05/17/18	KWIK TRIP 18200001826	STAFF MEETING	3.98	16010	6307	
PU	798	05/17/18	GLASS NICKEL PIZZA APL	MINECRAFT REFRESHMEN	25.90	16010	6307	00003951
PU	843	05/17/18	AMAZON MKTPLACE PMTS	BINGO CHIPS	9.99	16010	6307	00003951
PU	844	05/17/18	SAMSClub #6321	STAFF APPRECIATION	61.64	16010	6307	00003951
PU	869	05/17/18	TARGET 00012484	STAFF APPRECIATION	36.39	16010	6307	00003951
PU	871	05/17/18	DOLLAR TREE	STAFF APPRECIATION	29.00	16010	6307	00003951
PU	957	05/17/18	FAR EAST	ANIME NIGHT	32.86	16010	6307	00003951
PU	1235	05/17/18	PICK'N SAVE #123	DISNEY REFRESHMENTS	5.99	16010	6307	00003951
PU	711	05/17/18	FASTSIGNS 300301	SLP BANNERS	255.00	16010	6320 2	00003951
PU	930	05/17/18	VISTAPR*VISTAPRINT.COM	BUSINESS CARDS	41.47	16010	6320 2	00003951
PU	1080	05/17/18	WWW.ISTOCK.COM	SLP IMAGES	12.60	16010	6412	
PU	1081	05/17/18	FACEBK *MWAJBFJYX2	PROGRAM PROMO	8.61	16010	6412	
PU	1380	05/17/18	FACEBK *63X7EFNYX2	BUILDING MESSAGING	30.12	16010	6412	
JE	128564	05/18/18	5/18 AT&T BILL		215.80	16010	6413 7	
PU	961	05/17/18	CELLCOM	CELLPHONES	133.29	16010	6413 8	
PU	449	05/17/18	ADI	WASHINGTON SQ. GUARD	2,875.00	16010	6599	
PU	689	05/17/18	SMARTSHEET	SMART SHEETS	447.00	16010	6599	00003951
PV	382541	05/23/18	SECURITAS SECURITY SERVICES US	security guard	4,243.20	16010	6599	

DocDocument	G/L	Explanation				
Ty Number	Date	Alpha Name	-Remark-	Amount	Account	

16010				9,743.98		
				=====		
JE	128490	05/10/18 5/3 PR TRAVEL REIMBURSEMENT	MISSELT	115.54	16021 6201	
PV	382500	05/23/18 CHARLES LATORRE CONSULTING LLC	hogan assessment	111.11	16021 6201	
PU	47	05/17/18 INTERSTATE BOOKS4SCHOO	SLP PRIZES	216.75	16021 6301	00003951
PU	48	05/17/18 INTERSTATE BOOKS4SCHOO	SLP PRIZES	314.90	16021 6301	00003951
PU	49	05/17/18 US TOY/CONSTR PLAYTHIN	SLP PRIZES	424.79	16021 6301	00003951
PU	50	05/17/18 THE HOME DEPOT #4928	ELL CRAFTS	16.22	16021 6301	00003955
PU	75	05/17/18 AMAZON.COM	ART SMART EVENT	7.54	16021 6301	00003951
PU	76	05/17/18 AMAZON.COM	ART SMART EVENT	33.99	16021 6301	00003951
PU	165	05/17/18 HOLMESCUSTOMPRODUCT	SLP STAMPS	79.80	16021 6301	00003951
PU	166	05/17/18 HOLMESCUSTOMPRODUCT	SLP STAMP	24.90	16021 6301	00003951
PU	211	05/17/18 US TOY/CONSTR PLAYTHIN	TODDLER TOYS REFRESH	146.13	16021 6301	00003951
PU	276	05/17/18 WM SUPERCENTER #2958	ELL CRAFTS	4.80	16021 6301	00003955
PU	395	05/17/18 AMAZON.COM	CABINET	98.79	16021 6301	
PU	455	05/17/18 WAL-MART #2958	STREAM SUPPLIES	9.46	16021 6301	
PU	571	05/17/18 DISPLAYS2GO	SURVEY COLLECTION	57.17	16021 6301	
PU	652	05/17/18 DOLLAR TREE	STREAM SUPPLIES	15.00	16021 6301	
PU	679	05/17/18 AMAZON.COM	PAPER DOLL PROJECT	8.58	16021 6301	
PU	856	05/17/18 AMAZON MKTPLACE PMTS	PLAY AND LEARN	19.50	16021 6301	
PU	857	05/17/18 WM SUPERCENTER #1982	MAKEY MAKEYS	2.17	16021 6301	
PU	1062	05/17/18 AMAZON.COM	MAKER EQUIPMENT	99.90	16021 6301	00003951
PU	1108	05/17/18 WWW.THINGSREMEMBERED.	PAPER WEIGHTS	143.00	16021 6301	00003951
PU	1193	05/17/18 AMAZON MKTPLACE PMTS	PLAY & LEARN	34.99	16021 6301	
PU	1236	05/17/18 HOBBY-LOBBY #0193	MYSTERY MAKER	27.51	16021 6301	
PU	1241	05/17/18 WM SUPERCENTER #2958	STREAM TEAM	6.15	16021 6301	
PU	1314	05/17/18 WAL-MART #1982	MYSTERY MAKER	3.92	16021 6301	
PU	1381	05/17/18 FACEBK *83X7EFNYX2	MAKER FEST PROMOTION	4.88	16021 6301	
PU	277	05/17/18 WAL-MART #2958	ELL FOOD	29.76	16021 6307	00003955
PV	382534	05/23/18 PEASEBLOSSOM MUSIC	tom pease	450.00	16021 6599	00003951
PV	382690	05/30/18 LINDBERG, RON	slp performer	550.00	16021 6599	00003951

16021				3,057.25		
				=====		
JE	128559	05/18/18 5/17 PR TRAVEL REIMB	CARPENTER	72.81	16023 6201	
PU	1304	05/17/18 COUNTRY SPRING HOTEL	B.C. WAPL HOTEL	111.97	16023 6201	

DocDocument	G/L	Explanation				
Ty Number	Date	Alpha Name	-Remark-	Amount	Account	
PU	1305 05/17/18	WISCONSIN LIBRARY ASSO	B.C. WAPL CONFERENCE	169.00	16023	6201
PV	382500 05/23/18	CHARLES LATORRE CONSULTING LLC	hogan assessment	111.11	16023	6201
PU	209 05/17/18	AMAZON.COM	COLORS AND BOOKS	42.87	16023	6301
PU	1083 05/17/18	OFFICEMAX/DEPOT 6869	RUBBER BANDS (28.44%	17.96	16023	6301
16023				525.72		
JE	128559 05/18/18	5/17 PR TRAVEL REIMB	WOODLAND	211.20	16024	6201
PV	382500 05/23/18	CHARLES LATORRE CONSULTING LLC	hogan assessment	111.11	16024	6201
PU	529 05/17/18	INGRAM LIBRARY SERVICE	CULTURAL PROGRAMMING	452.20	16024	6301 00003957
PU	962 05/17/18	FOX CITIES CHAMBER	BAZAAR-BOOTH	40.00	16024	6599 00003951
PV	382112 05/01/18	BATES, JOHN	honorarium presentat	100.00	16024	6599 00003951
16024				914.51		
PV	382500 05/23/18	CHARLES LATORRE CONSULTING LLC	hogan assessment	111.11	16031	6201
PU	358 05/17/18	AMAZON.COM	DOOR STOPS	38.50	16031	6301
PU	89 05/17/18	AMAZON MKTPLACE PMTS	CARPET SHAMPOO	48.99	16031	6306
PU	357 05/17/18	UFIRST *LAUNDRY SVCS	MAT CLEANING	45.78	16031	6306
PU	703 05/17/18	AMAZON MKTPLACE PMTS	FLOOR STRIPPER	25.99	16031	6306
PU	752 05/17/18	AMAZON MKTPLACE PMTS	CARPET SHAMPOO	37.46	16031	6306
PU	791 05/17/18	AMAZON MKTPLACE PMTS	GLOVES	29.99	16031	6306
PU	960 05/17/18	UFIRST *LAUNDRY SVCS	MAT CLEANING	46.38	16031	6306
PU	88 05/17/18	MENARDS APPLETON EAST	PAINTING TOOLS	89.03	16031	6309 2
PU	236 05/17/18	MENARDS APPLETON EAST	WINDOW WASH EQUIP	198.93	16031	6327
JE	128571 05/18/18	2ND QTR CITY UTILITIES	201112400 LIBRARY	416.00	16031	6407
PV	382560 05/23/18	WE ENERGIES	4835-258-176	8,016.32	16031	6413 1
PV	382560 05/23/18	WE ENERGIES	5229-670-389	1,888.86	16031	6413 2
JE	128571 05/18/18	2ND QTR CITY UTILITIES	201112400 LIBRARY	1,150.40	16031	6413 3
JE	128571 05/18/18	2ND QTR CITY UTILITIES	201114400 LIBRARY	53.00	16031	6413 3
JE	128571 05/18/18	2ND QTR CITY UTILITIES	201112400 LIBRARY	501.28	16031	6413 4
JE	128571 05/18/18	2ND QTR CITY UTILITIES	201112400 LIBRARY	687.95	16031	6413 6
16031				13,385.97		
PV	382500 05/23/18	CHARLES LATORRE CONSULTING LLC	hogan assessment	111.11	16032	6201
PU	232 05/17/18	AZURADISC	DISC CLEANER	36.51	16032	6301
PU	288 05/17/18	NATIONALAUD	TRAYS/DIVIDERS	381.48	16032	6301
PU	342 05/17/18	AMAZON.COM	EXTERNAL HARD DRIVE	64.99	16032	6301

DocDocument		G/L	Explanation			
Ty	Number	Date	Alpha Name	-Remark-	Amount	Account
PU	523	05/17/18	DEMCO INC	TAPE	586.91	16032 6301
PU	632	05/17/18	SP * ELM USA	DISC BUFFER SUPPLY	989.95	16032 6301
PU	1025	05/17/18	PREMIUM WATERS E-BILL	DISTILLED WATER	153.36	16032 6301
PU	25	05/17/18	INGRAM LIBRARY SERVICE		2,329.39	16032 6315
PU	26	05/17/18	INGRAM LIBRARY SERVICE		616.73	16032 6315
PU	106	05/17/18	MIDWEST TAPE LLC		14.99	16032 6315
PU	107	05/17/18	HOUCHEN BINDERY		209.35	16032 6315
PU	117	05/17/18	RECORDED BOOKS		352.63	16032 6315
PU	118	05/17/18	INGRAM LIBRARY SERVICE		347.43	16032 6315
PU	119	05/17/18	RECORDED BOOKS		153.60	16032 6315
PU	144	05/17/18	RECORDED BOOKS		56.90	16032 6315
PU	168	05/17/18	RECORDED BOOKS		160.80	16032 6315
PU	200	05/17/18	AMAZON MKTPLACE PMTS		51.07	16032 6315
PU	201	05/17/18	STATE BAR OF WISCONSIN		198.17	16032 6315
PU	206	05/17/18	MIDWEST TAPE LLC		929.46	16032 6315
PU	207	05/17/18	INGRAM LIBRARY SERVICE		969.17	16032 6315
PU	208	05/17/18	UPS*2923L0J91FR		5.80	16032 6315
PU	245	05/17/18	UPS*1ZR449350390872205		8.78	16032 6315
PU	246	05/17/18	AMAZON MKTPLACE PMTS		180.84	16032 6315
PU	247	05/17/18	INGRAM LIBRARY SERVICE		354.36	16032 6315
PU	301	05/17/18	INGRAM LIBRARY SERVICE		1,185.97	16032 6315
PU	321	05/17/18	INTERNATIONAL TRANSACTION		.40	16032 6315
PU	379	05/17/18	SP * MERIT ENTERTAIN		39.80	16032 6315
PU	380	05/17/18	INGRAM LIBRARY SERVICE		392.33	16032 6315
PU	381	05/17/18	MPTV AUCTION		99.95	16032 6315
PU	417	05/17/18	INGRAM LIBRARY SERVICE		64.76	16032 6315
PU	476	05/17/18	AMAZON MKTPLACE PMTS		84.97	16032 6315
PU	505	05/17/18	INGRAM LIBRARY SERVICE		37.78	16032 6315
PU	506	05/17/18	INGRAM LIBRARY SERVICE		389.50	16032 6315
PU	507	05/17/18	INGRAM LIBRARY SERVICE		1,963.13	16032 6315
PU	508	05/17/18	UPS*1ZR449350396261122		8.17	16032 6315
PU	528	05/17/18	WIDDERSHINS WIDDERSHIN		18.99	16032 6315
PU	530	05/17/18	MIDWEST TAPE LLC		1,301.81	16032 6315
PU	593	05/17/18	INGRAM LIBRARY SERVICE		819.38	16032 6315
PU	594	05/17/18	MULTI MEDIA CHANNELS L		49.00	16032 6315

DocDocument	G/L	Explanation			
Ty Number	Date	Alpha Name	-Remark-	Amount	Account
PU	634 05/17/18	RECORDED BOOKS		157.94	16032 6315
PU	635 05/17/18	RECORDED BOOKS		215.31	16032 6315
PU	655 05/17/18	THOMSON WEST*TCD		429.36	16032 6315
PU	656 05/17/18	THOMSON WEST*TCD		854.89	16032 6315
PU	657 05/17/18	AMAZON MKTPLACE PMTS		16.94	16032 6315
PU	658 05/17/18	INGRAM LIBRARY SERVICE		678.47	16032 6315
PU	659 05/17/18	INGRAM LIBRARY SERVICE		445.63	16032 6315
PU	692 05/17/18	INGRAM LIBRARY SERVICE		2,257.16	16032 6315
PU	713 05/17/18	AMAZON.COM		85.39	16032 6315
PU	714 05/17/18	CQ ROLL CALL, INC.		3,449.00	16032 6315
PU	715 05/17/18	AMAZON.COM		27.99	16032 6315
PU	716 05/17/18	AMAZON.COM		29.97	16032 6315
PU	717 05/17/18	AMAZON MKTPLACE PMTS		16.83	16032 6315
PU	718 05/17/18	AMAZON MKTPLACE PMTS		23.98	16032 6315
PU	724 05/17/18	TCD*GALE		6,922.31	16032 6315
PU	785 05/17/18	MIDWEST TAPE LLC		1,450.54	16032 6315
PU	786 05/17/18	INGRAM LIBRARY SERVICE		316.44	16032 6315
PU	787 05/17/18	RDA*REIMAN BOOKS		32.98	16032 6315
PU	788 05/17/18	INGRAM LIBRARY SERVICE		470.23	16032 6315
PU	873 05/17/18	INGRAM LIBRARY SERVICE		964.61	16032 6315
PU	874 05/17/18	INGRAM LIBRARY SERVICE		859.95	16032 6315
PU	875 05/17/18	EBSCO INFO SERVICE BHM		1,870.00	16032 6315
PU	876 05/17/18	RECORDED BOOKS		64.40	16032 6315
PU	877 05/17/18	RECORDED BOOKS		196.80	16032 6315
PU	878 05/17/18	RECORDED BOOKS		48.02	16032 6315
PU	879 05/17/18	RECORDED BOOKS		87.20	16032 6315
PU	880 05/17/18	RECORDED BOOKS		66.40	16032 6315
PU	920 05/17/18	THE PENWORTHY COMPANY		3,288.64	16032 6315
PU	921 05/17/18	AMAZON MKTPLACE PMTS		47.75	16032 6315
PU	922 05/17/18	INGRAM LIBRARY SERVICE		1,028.64	16032 6315
PU	969 05/17/18	INGRAM LIBRARY SERVICE		336.75	16032 6315
PU	1091 05/17/18	INGRAM LIBRARY SERVICE		2,176.19	16032 6315
PU	1126 05/17/18	RECORDED BOOKS		53.79	16032 6315
PU	1127 05/17/18	INGRAM LIBRARY SERVICE		667.62	16032 6315
PU	1128 05/17/18	INGRAM LIBRARY SERVICE		694.07	16032 6315

DocDocument		G/L		Explanation			
Ty	Number	Date	Alpha	Name	-Remark-	Amount	Account
PU	1129	05/17/18	AMAZON	MKTPLACE PMTS		53.98	16032 6315
PU	1130	05/17/18	AMAZON	MKTPLACE PMTS		9.93	16032 6315
PU	1131	05/17/18	AMAZON	MKTPLACE PMTS		29.43	16032 6315
PU	1208	05/17/18	AMAZON	MKTPLACE PMTS		128.46	16032 6315
PU	1261	05/17/18	INGRAM	LIBRARY SERVICE		3,134.38	16032 6315
PU	1311	05/17/18	AMAZON	.COM		12.99	16032 6315
PU	1312	05/17/18	MIDWEST	TAPE LLC		1,227.57	16032 6315
PU	1338	05/17/18	INGRAM	LIBRARY SERVICE		878.40	16032 6315
PU	1339	05/17/18	RECORDED	BOOKS		56.90	16032 6315
PV	382513	05/23/18	ELIAS	SPORTS BUREAU, INC.	media	19.95	16032 6315
PV	382523	05/23/18	HMONG	GLOBE	media	12.00	16032 6315
PV	382530	05/23/18	MIDWEST	TAPE	media	3,643.18	16032 6315
PV	382555	05/23/18	UNIQUE	MANAGEMENT SERVICES, IN	collections	232.70	16032 6599
16032						54,858.90	
PU	453	05/17/18	HOGAN	ASSESSMENT SYSTE	D.H. ASSESSMENT	400.00	16033 6201
PV	382500	05/23/18	CHARLES	LATORRE CONSULTING LLC	hogan assessment	111.11	16033 6201
PU	244	05/17/18	AMAZON	MKTPLACE PMTS	EXTENSION CORDS	21.45	16033 6301
PU	686	05/17/18	AMAZON	MKTPLACE PMTS	POWER STRIPS	50.01	16033 6301
PU	779	05/17/18	UPS	*292361300Q4	SHIPPING COST	6.90	16033 6301
PU	911	05/17/18	MENARDS	APPLETON EAST	SECURITY FOR CAMERA	3.62	16033 6301
PU	582	05/17/18	CDW	GOVT #MJZ2730	OFFICE 365	1,638.00	16033 6327
PU	778	05/17/18	CDW	GOVT #MHF8872	PRINTER RETURN	458.16	16033 6327
PU	1198	05/17/18	AMAZON	MKTPLACE PMTS	NETWORK SWITCHES	673.79	16033 6327
PU	1318	05/17/18	DMI*	DELL HLTHCR/PTR	PRINTER & ACCESSORIE	124.99	16033 6327
PU	1319	05/17/18	DMI*	DELL HLTHCR/PTR	PRINTER & ACCESSORIE	181.50	16033 6327
PU	94	05/17/18	FARONICS	TECHN01 OF 01	DEEPPREEZE LICENSE	110.94	16033 6418
PU	243	05/17/18	CDW	GOVT #MLT1862	CATS CABLE RUNS	345.44	16033 6418
PU	409	05/17/18	CDW	GOVT #MKS3903	CDW \$88.72	88.72	16033 6418
PU	544	05/17/18	WWW	.CLEVERBRIDGE.NET	SOFTWARE LICENSE	1,411.20	16033 6418
PU	578	05/17/18	RICOH	USA, INC	PUBLIC COPIER OVERAG	288.79	16033 6418
PU	684	05/17/18	MODERN	BUSINESS MACHIN	ADMIN COPIER OVERAGE	1,500.72	16033 6418
PU	685	05/17/18	CONNECTING	POINT	CAMERA UPGRADES	2,298.28	16033 6418
PU	709	05/17/18	DNH*	GODADDY.COM	DOMAIN RENEWAL	181.53	16033 6418
PU	803	05/17/18	RICOH	USA, INC	PUBLIC COPIER	148.71	16033 6418

Explanation					
DocDocument	G/L				
Ty Number	Date	Alpha Name	-Remark-	Amount	Account
PU	1332 05/17/18	WISCONSIN LITERACY	RO&R WI HEALTH ALLIA	90.00	2550 6301
PU	1375 05/17/18	DISPLAYS2GO	BROCHURE HOLDERS	53.84	2550 6301
PU	135 05/17/18	INTERSTATE BOOKS4SCHOO	RO&R #9352	37.75	2550 6315
PU	137 05/17/18	INTERSTATE BOOKS4SCHOO	RO&R #9683	60.45	2550 6315
PU	579 05/17/18	INTERSTATE BOOKS4SCHOO	EMERGENCY BOOKS	100.00	2550 6315
PU	1240 05/17/18	ALL ABOUT BOOKS, LLC	RO&R #9683	336.30	2550 6315
2550				678.34	
				=====	
				678.34	
				=====	

City of Appleton
Appleton Public Library
Revenue and Expense Summary
For the Five Months Ending May 31, 2018

Description		Prior Year Actual	Current Year Adopted Budget	Current Year Amended Budget	Current Year May Actual	Current YTD Actual	Percent of Budget
EXPENSES BY LINE ITEM							
Benefitted Personnel		2,285,524	2,297,567	2,297,567	270,159	927,248	40.36
Part-Time		240,355	210,722	211,541	29,535	101,423	47.94
Fringes		870,371	834,209	834,268	92,976	322,227	38.62
Salaries & Fringe Benefits		3,396,250	3,342,498	3,343,376	392,670	1,350,898	40.41
Training & Conferences	6201	21,538	22,514	26,514	1,856	5,488	20.70
Parking Permits	6206	19,560	19,920	19,920	0	20,280	101.81
Memberships & Licenses	6303	3,911	2,055	2,855	270	888	31.10
Awards & Recognition	6305	737	850	850	0	235	27.65
Food & Provisions	6307	1,726	1,135	1,835	140	1,464	79.78
Administrative Expense		47,472	46,474	51,974	2,266	28,355	54.56
Office Supplies	6301	52,033	54,156	59,656	2,946	10,000	16.76
Building Maintenance/Janitor	6306	9,891	11,570	11,570	235	4,209	36.38
Shop Supplies & Tools	6309	115	100	100	89	99	99.00
Books & Library Materials	6315	619,194	607,442	594,837	52,302	243,255	40.89
Printing & Reproduction	6320	85	100	500	0	0	.00
Clothing	6321	363	0	0	0	0	.00
Safety Supplies	6323	239	200	200	0	0	.00
Miscellaneous Equipment	6327	65,165	67,650	69,475	2,359	14,065	20.24
Supplies & Materials		747,085	741,218	736,338	57,931	271,628	36.89
Collection Services	6407	2,388	2,962	2,962	416	1,022	34.50
Advertising	6412	1,081	1,288	1,788	51	470	26.29
Other Contracts/Obligations	6599	71,903	82,891	136,666	7,351	79,942	58.49
Purchased Services		75,372	87,141	141,416	7,818	81,434	57.58
Electric	6413.1	98,489	110,073	110,073	8,016	33,588	30.51
Gas	6413.2	24,310	24,432	24,432	1,889	14,036	57.45
Water	6413.3	4,948	4,924	4,924	1,203	2,379	48.31
Waste Disposal/Collection	6413.4	2,063	2,052	2,052	501	990	48.25
Stormwater	6413.6	2,418	2,418	2,418	688	1,323	54.71
Telephone	6413.7	3,046	3,224	3,224	216	1,083	33.59
Cellular Telephone	6413.8	1,229	992	992	133	435	43.85
Utilities		136,503	148,115	148,115	12,646	53,834	36.35
Bldng Repair & Maintenance	6416	1,515	3,000	3,000	0	154	5.13
Equipmt Repair & Maintenance	6418	100,161	84,957	84,957	10,790	51,730	60.89
CBM Charges	6420	157,508	166,911	166,911	0	58,971	35.33
Repair & Maintenance		259,184	254,868	254,868	10,790	110,855	43.50
Software Acquisition	6815	6,120	8,498	8,498	0	255	3.00
Capital Expenditures		6,120	8,498	8,498	0	255	3.00
TOTAL EXPENSES		4,667,986	4,628,812	4,684,585	484,121	1,897,259	40.50
REVENUES							
Library Aids (County)		1,066,420	1,062,447	1,062,447	0	588,089	55.35
Library Fines		59,202	70,000	70,000	3,136	20,581	29.40
Space Rentals		30,000	30,000	30,000	0	10,000	33.33
Donations & Memorials		957	0	0	83	401	.00
Administration Reimbursements		3,500	0	3,500	0	3,500	100.00
Children's Reimbursements		0	0	5,700	0	0	.00
Community Reimbursements & Reader/Prntr		0	0	5,300	0	0	.00
Commissions (Vending)		1,502	1,500	1,500	122	305	20.33
Lost & Paid Materials	16032.5035	49,507	0	21,000	1,308	31,108	148.13
Network Reimbursements & Public Use Prntr		18,914	18,500	20,325	1,381	7,656	37.67
TOTAL REVENUES		1,230,002	1,182,447	1,219,772	6,030	661,640	54.24

Description	Prior Year Actual	Current Year Adopted Budget	Current Year Amended Budget	Current Year May Actual	Current YTD Actual	Percent of Budget
EXPENSES BY LINE ITEM						
Benefitted Personnel	0	22,138	22,138	2,602	9,045	40.86
Fringes	0	1,581	1,581	43	278	17.58
Salaries & Fringe Benefits	0	23,719	23,719	2,645	9,323	39.31
Training & Conferences 6201	0	1,160	1,160	0	448	38.62
Administrative Expense	0	1,160	1,160	0	448	38.62
Office Supplies 6301	0	73,339	73,339	144	1,397	1.90
Books & Library Materials 6315	0	0	66,700	535	12,830	19.24
Supplies & Materials	0	73,339	140,039	679	14,227	10.16
Purchased Services	0	0	0	0	0	.00
Utilities	0	0	0	0	0	.00
Repair & Maintenance	0	0	0	0	0	.00
Capital Expenditures	0	0	0	0	0	.00
TOTAL EXPENSES	0	98,218	164,918	3,324	23,998	14.55
REVENUES						
TOTAL REVENUES	0	0	0	0	0	.00

City of Appleton
Appleton Public Library
Revenue and Expense Summary
For the Five Months Ending May 31, 2018

Friends-3951

Description	Prior Year Actual	Current Year Adopted Budget	Current Year Amended Budget	Current Year May Actual	Current YTD Actual	Percent of Budget
EXPENSES BY LINE ITEM						
Benefitted Personnel	0	0	0	0	0	.00
Part-Time	10,895	0	21,000	2,193	7,327	34.89
Fringes	2,849	0	3,000	730	2,460	82.00
Salaries & Fringe Benefits	13,744	0	24,000	2,923	9,787	40.78
Training & Conferences 6201	921	0	887	0	178	20.07
Memberships & Licenses 6303	756	0	0	0	15	.00
Awards & Recognition 6305	574	0	0	487	557	.00
Food & Provisions 6307	2,412	0	0	214	835	.00
Administrative Expense	4,663	0	887	701	1,585	178.69
Office Supplies 6301	18,433	0	3,500	1,492	4,570	130.57
Books & Library Materials 6315	787	0	6,000	0	972	16.20
Printing & Reproduction 6320	3,805	0	0	296	408	.00
Miscellaneous Equipment 6327	1,823	0	4,500	0	52	1.16
Supplies & Materials	24,848	0	14,000	1,788	6,002	42.87
Advertising 6412	1,137	0	0	0	0	.00
Other Contracts/Obligations 6599	19,971	0	0	1,587	7,475	.00
Purchased Services	21,108	0	0	1,587	7,475	.00
Utilities	0	0	0	0	0	.00
Equipmt Repair & Maintenance 6418	0	0	1,000	0	0	.00
Repair & Maintenance	0	0	1,000	0	0	.00
Software Acquisition 6815	8,540	0	0	0	0	.00
Capital Expenditures	8,540	0	0	0	0	.00
TOTAL EXPENSES	72,903	0	39,887	6,999	24,849	62.30
REVENUES						
Administration Reimbursements	11,725	0	3,175	3,100	6,275	197.64
Children's Reimbursements	23,600	0	0	5,800	11,500	.00
Community Reimbursements & Reader/Prntr	24,500	0	0	5,800	11,100	.00
Lost & Paid Materials 16032.5035	1,600	0	0	800	800	.00
Network Reimbursements & Public Use Prtr	6,575	0	0	500	2,325	.00
TOTAL REVENUES	68,000	0	3,175	16,000	32,000	1,007.87

Description	Prior Year Actual	Current Year Adopted Budget	Current Year Amended Budget	Current Year May Actual	Current YTD Actual	Percent of Budget
EXPENSES BY LINE ITEM						
Benefitted Personnel	0	0	0	0	0	.00
Salaries & Fringe Benefits	0	0	0	0	0	.00
Administrative Expense	0	0	0	0	0	.00
Office Supplies 6301	0	0	1,000	0	358	35.80
Supplies & Materials	0	0	1,000	0	358	35.80
Purchased Services	0	0	0	0	0	.00
Utilities	0	0	0	0	0	.00
Repair & Maintenance	0	0	0	0	0	.00
Capital Expenditures	0	0	0	0	0	.00
TOTAL EXPENSES	0	0	1,000	0	358	35.80
REVENUES						
Children's Reimbursements	1,000	0	0	0	1,209	.00
TOTAL REVENUES	1,000	0	0	0	1,209	.00

City of Appleton
Appleton Public Library
Revenue and Expense Summary
For the Five Months Ending May 31, 2018

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Description	Prior Year Actual	Current Year Adopted Budget	Current Year Amended Budget	Current Year May Actual	Current YTD Actual	Percent of Budget
EXPENSES BY LINE ITEM						
Benefitted Personnel	0	0	0	0	0	.00
Salaries & Fringe Benefits	0	0	0	0	0	.00
Food & Provisions 6307	1,010	0	1,754	30	134	7.64
Administrative Expense	1,010	0	1,754	30	134	7.64
Office Supplies 6301	3,824	0	3,218	21	155	4.82
Supplies & Materials	3,824	0	3,218	21	155	4.82
Purchased Services	0	0	0	0	0	.00
Utilities	0	0	0	0	0	.00
Repair & Maintenance	0	0	0	0	0	.00
Capital Expenditures	0	0	0	0	0	.00
TOTAL EXPENSES	4,834	0	4,972	51	289	5.81
REVENUES						
Children's Reimbursements	9,000	0	0	0	0	.00
TOTAL REVENUES	9,000	0	0	0	0	.00

City of Appleton
Appleton Public Library
Revenue and Expense Summary
For the Five Months Ending May 31, 2018Cultural Programming
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Description	Prior Year Actual	Current Year Adopted Budget	Current Year Amended Budget	Current Year May Actual	Current YTD Actual	Percent of Budget
EXPENSES BY LINE ITEM						
Benefitted Personnel	0	0	0	0	0	.00
Salaries & Fringe Benefits	0	0	0	0	0	.00
Administrative Expense	0	0	0	0	0	.00
Office Supplies 6301	0	0	2,000	452	452	22.60
Supplies & Materials	0	0	2,000	452	452	22.60
Purchased Services	0	0	0	0	0	.00
Utilities	0	0	0	0	0	.00
Repair & Maintenance	0	0	0	0	0	.00
Capital Expenditures	0	0	0	0	0	.00
TOTAL EXPENSES	0	0	2,000	452	452	22.60
REVENUES						
Community Reimbursements & Reader/Pntr	0	0	2,000	0	2,000	100.00
TOTAL REVENUES	0	0	2,000	0	2,000	100.00

CITY OF APPLETON PERSONNEL POLICIES	TITLE: Reference, Backgrounds, Psychologicals & Polygraphs	
ISSUE DATE:	LAST UPDATE: May 11, 2005 June 2009 June 2014	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: Human Resources Dept and All Supervisors	TOTAL PAGES: 11
Reviewed by Legal Services Date: November 2002 June 2009 September 2014 <u>May 2018</u>	Committee Approval Date: January 12, 2005 June 22, 2005 September 23, 2009 October 20, 2014	Council Approval Date: January 19, 2005 July 6, 2005 October 21, 2009 November 5, 2014

I. PURPOSE

To provide guidelines on the most effective, legally sound methods of performing reference checks, giving reference information and conducting background investigations. In addition, this policy outlines when psychological evaluations and/or polygraphs will be used as part of the recruitment and selection process.

II. POLICY

The Human Resources Department will check employment references on all final candidates prior to conditional offers of employment. Exception: Police conducts reference checks for their department and seasonal positions will follow the seasonal recruitment policy. Conditional offers of employment shall be made by the Human Resources department and may be made with any of the following conditions attached: criminal background investigation, driving record verification, pre-employment physicals/drug screens, credit checks, authorizations to release personnel files from past employers, references, psychological evaluations, receipt of school transcripts and physical fitness testing components. Polygraphs will be administered to Police Officer applicants after a conditional offer of employment.

III DISCUSSION

Reference checks and background investigations are utilized to determine whether the employment, educational and general background of an individual is consistent with what was revealed through the selection process.

IV DEFINITIONS

- A. Reference checks – an opportunity to obtain information from outside sources (i.e. current/past employers, schools) about the candidates, and to verify information revealed during the selection process.

- B. Background investigations – investigating a candidate to determine if he/she has a criminal record that would create a conflict of interest or liability for the position applied for and to verify information revealed in the selection process.
- C. Psychological evaluations – used to gather information about a person's current emotional well-being, psychological or personality make-up, or academic and intellectual functioning.
- D. Polygraph Tests– tests used to render a diagnostic opinion about the honesty or dishonesty of an individual.
- E. Employment Verifications/References - information that may be verified to outside sources (i.e. prospective employers) about current or former city employees.
- F. Credit Checks - information is used by lenders to determine an individual's credit worthiness; that is, determining an individual's ability and track record of repaying a debt.

V. PROCEDURE

- A. References (Applicant)
 - 1. Following the interview selection process, reference checks will be completed on top candidate(s) for additional information to consider in the hiring decision.
 - a. Prior to the reference checks being made with current and previous employers/supervisors, the candidate will be informed that reference checks will be conducted.
 - b. Reference checks are to be completed prior to a job offer being made. If an applicant requests that a current employer only be contacted later in the process this may be honored by making this reference part of the conditional offer.
 - c. The Human Resource Department may contact the current/former employer with job-related questions to verify information obtained on the application and during the selection process and to learn more about the candidate's job history (Refer to Exhibit 1). Exhibit 1 will be used (other than in Police backgrounds or backgrounds completed by a 3rd party) to ensure no discriminatory questions are asked about the candidate (refer to the City of Appleton Affirmative Action policy for definition on protected classes).
 - d. Information obtained during a reference check is confidential and relevant information will be shared with the hiring supervisor. Any questionable information will be discussed with the City Attorney's Office prior to making the final hiring decision.
 - 1. Should any information be revealed showing inconsistencies, omissions, misrepresentation, disciplinary problems, performance problems, etc., the candidate may be disqualified.

2. Personal information obtained in this process shall not be used in making the hiring decision.

B. Background Investigations

~~1. All job offers are made contingent on a background investigation. Exceptions: Candidates for positions with the Police and Fire Departments will be subject to the background investigation prior to a job offer being made. Another exception might occur when a 3rd party background investigator is hired.~~

~~2.1.~~ Background investigations will be completed for all final candidates, including seasonal/summer employees and volunteers each year.

~~3.2.~~ Background investigations will be conducted as follows:

- a. Seasonal Employees and Intern Candidates – State of Wisconsin criminal background check, Volunteer Select, National Sex Offender Registry, and Wisconsin Circuit Court Access (CCAP) to be completed by Human Resources. A background check will also be completed in any State(s) the candidate has lived in for the past 10 years. The Police Department will complete an in-house and driver's license record check, for the State the applicant resides in, that will include driving record and active warrants.
 - b. Volunteers, State of Wisconsin criminal background check, Volunteer Select, National Sex Offender Registry, and Wisconsin Circuit Court Access (CCAP) to be completed by Human Resources. A background check will also be completed in any State(s) the candidate has lived in for the past 10 years. The Police Department will complete an in-House and driver's license record check, for the State the applicant resides in, that will include driving record and active warrants.
 - c. Police Officer Candidates ~~& Firefighter Candidates~~— The Police Department will complete a full Criminal history check through FBI interstate identification index, a driver record check through the appropriate State(s) and in-house check for local contacts. This will also be completed for positions that have certain facility and computer systems access at the Police Department.
 - d. In addition, the following are also conducted for Police Officer & Fire Fighter candidates: credit check, educational records verification, work history verification including military service, and neighborhood canvas (Police only).
1. Credit Reporting – Applicants must sign a release form before a credit check will be conducted. The following procedure will need to be followed for applicants not selected for employment in whole or in part as a result of the credit report:
 - a. The applicant must be given a copy of the their consumer credit report and “A Summary of Your Rights Under the Fair Credit Reporting Act”.

- b. The applicant must be notified orally, in writing or electronically that the action has been taken as a result of the credit report. The notice will need to include the following:
 - 1. Name, address and phone number of the Credit reporting agency that supplied the report.
 - 2. A statement that the Credit reporting agency did not make the decision and cannot give specific reasons.
 - 3. A notice of the applicant's right to dispute the accuracy or completeness of any information the agency furnished and his/her right to an additional free consumer report from the agency upon request within 60 days.
 - e. All Other Candidates - State of Wisconsin Criminal Background Check, National Sex Offender Registry, and Wisconsin Circuit Court Access (CCAP) to be completed by Human Resources. A background check will also be completed in any State(s) the candidate has lived in for the past 10 years. The Police Department will complete an in-house and driver's license record check, for the State the applicant currently resides in along with the State(s) the applicant has worked based on the employment history reported on the City of Appleton Employment Application. The check(s) will include driving record and any active warrants.
 - f. Applicants whose job requires a Commercial Drivers License must fill out a consent form to allow for Human Resources to check the applicant's history with previous employers regarding alcohol and controlled substance testing.
- C. Psychological Evaluations
 - 1. All supervisor positions (non-Sworn Police & Protected Fire positions) shall complete a pre-conditional offer psychological evaluation. The pre-employment psychological evaluation is a specialized examination of an applicant's psychological suitability for a position. This is a non-medical evaluation and is administered prior to an offer of employment.
 - 2. All public safety positions (sworn Police & Protected Fire positions) shall complete a post-conditional psychological evaluation. A post-conditional offer psychological evaluation may be "medical" in nature and may produce evidence of a disqualifying mental health condition.
- D. Polygraph Tests
 - 1. Polygraph tests will be administered as part of the selection process to candidates applying for a Police Officer position. Any Wisconsin law enforcement agency employer may administer or cause a polygraph test to be administered on a prospective officer employee of the law enforcement agency. W.S.A. 111.37(5)(bm).

2. A “Statutory Procedure For Administering a Conditional Job Offer Polygraph (Truth Verification) Test To An Employee or Prospective Employee” will be issued to candidates as notification of their rights for a polygraph test. (Refer to Exhibit 2)
 3. A “Pre-Employment Screening Booklet” will be given to Officer Candidates to complete. These questions will be asked and verified during the polygraph examination. (Refer to Exhibit 3)
 4. A polygraph test will be administered after a conditional offer of employment has been made to a law enforcement candidate.
- D. Employment Verifications/References (Current and/or Past City Employees)
1. Employment verifications are to be completed by the Human Resources Department. Should you be contacted by a current employee, former employee or by a prospective employer of a former employee, refer the person to the Human Resources Department.
 - a. Information released include: Dates of employment, position held, and rate of pay.
 - b. Letters of reference as indicated by City of Appleton Collective Bargaining Agreements or other Agreements may be provided for current or former employees upon written request by the employee. Such letters must be based on factual information supported by documentation in the employee’s personnel file. Letters of reference or recommendation must also be approved by the Department Director and Human Resources Department.
 - c. Any additional information needed by a company/organization will require the current/former employee to sign a City of Appleton “Release of Information” form prior to any information being released. (Refer to Exhibit 4a and 4b)

TELEPHONE REFERENCE FORM

Name of applicant: _____

Current/previous employer: _____

Employment dates: _____ Full time: _____ Part time: _____

Job title/summary of duties: _____
_____Quality of work: _____
_____Dependability/follow through on assignments: _____
_____Initiative: _____

Ability to work with others: _____

Attendance/punctuality: _____

Any concerns in the area of violence: _____

Any concerns in the area of harassment: _____

Has this person ever had a positive drug test: _____

Reason for leaving: _____

Eligible for rehire: _____

Areas of strength: _____

If you were to coach in one area, what would it be: _____

Recommend for hire for this position: _____

Additional remarks: _____

Name/title of person giving reference: _____

Caller: _____ Date: _____

**STATUTORY PROCEDURE FOR ADMINISTERING A CONDITIONAL JOB OFFER
POLYGRAPH (TRUTH VERIFICATION) TEST TO AN EMPLOYEE OR PROSPECTIVE
EMPLOYEE**

I have been orally informed and am informed hereby that under Wisconsin Statutes Section 111.37, the following procedure shall be followed in administering a polygraph (truth verification) test:

1. Any question asked me during such test will be presented in writing and discussed with me in an interview prior to the test.
2. Each such question shall be directly related to my performance or conduct in past or present employment, and to verify the truthfulness of answers on my written employment application, which includes, in part, a personal history form and polygraph screening booklet.
3. No questions will be asked regarding my sexual practices, religious affiliation or beliefs, racial opinions or beliefs, marital relationship, political affiliation or beliefs or labor union activities.
4. For the purpose of liability protection, in addition to the polygraph equipment, electronic hearing devices and visual observation devices may be used which include, but are not limited to, two-way mirrors, cameras and the like. Additionally, a recording of all or part of the test may be made.
5. I shall be informed of the test results, offered copies of any conclusions and opinions rendered, offered copies of questions asked and charted responses, and be offered an opportunity to explain any questionable responses or retake the test or both. If my subsequent responses or the reexamination clarify any questionable response, the results of the initial test questions shall not be reported further and will be corrected, clarified or removed from the personnel records.
6. Prospective employer may not make a decision on hiring or firing me based on the test results unless there is relevant evidence or information, obtained independently from such test, which tends to support the test results.
7. I may elect to end the test at any time.

Page 2: POLYGRAPH (TRUTH VERIFICATION) TEST

I hereby acknowledge having received reasonable oral and written notice of the date, time and location of the test. I also have been orally informed and am informed hereby that I have the right to obtain and consult with an attorney (lawyer) before each phase of the test.

I have also been orally informed and am informed hereby that I have a privilege to refuse to disclose, and to prevent another from disclosing, any oral or written communications during, or any results of, such an examination unless there is a valid and voluntary written agreement between myself and the person administering the test.

I have been further orally informed and am informed hereby that no person may require me to take such a test as a condition of my employment or administer such a test to me, and no person may disclose that I have taken such a test or the results of such a test to any person except myself, without my prior and informed consent.

I have been further orally informed and am informed hereby that I have certain legal rights and remedies available to me if the polygraph test is not conducted in accordance with Wisconsin Statutes, Section 111.37.

I have been further informed and am informed hereby that this test will not be conducted if sufficient written evidence is presented by a physician that I suffer from a medical or psychological condition or am undergoing treatment that might cause an abnormal response during the test.

The undersigned does hereby acknowledge that on _____, _____ at
a.m./p.m. this document was read to _____, the person being tested.

**FOLLOWING TO BE COMPLETED BY POLYGRAPH EXAMINER (and signed by
Candidate)**

The undersigned does hereby acknowledge that on _____, _____ at
a.m./p.m. this document was reviewed by _____, the person being
tested.

Examiner

Candidate

**CITY OF APPLETON
POLICE OFFICER APPLICANT
CONDITIONAL JOB OFFER
PRE-EMPLOYMENT SCREENING BOOKLET**

Name: _____ DOB: _____ Age: _____

Date: _____

Position Applied For: _____

Polygraph Examiner: _____

INSTRUCTION TO APPLICANT

1. Each applicant is hereby advised the contents of this booklet are held strictly **CONFIDENTIAL** and no information is disseminated to any person except when essential to the conduct of proper official police business; further, that the intentional omission or falsification of any material fact is just cause for disqualification or dismissal of applicant on grounds of dishonesty. Every answer herein entered will be checked during the polygraph examination.
2. Each and every question in the booklet must be answered. None may be left blank. If you desire to make a long explanation in your reply, answer the question briefly as best you can, then put a check mark next to the question number. The examiner will give you an opportunity to make any desired explanation regarding any question so marked.

I have read and understand the above instruction. I realize the questions I will be asked during the in-test (while attached to the polygraph) will be to verify my honesty to the questions in this booklet.

WITNESS: _____ TIME: _____

SEAL: _____ TIME: _____

(Signature of person to be examined)

RELEASE OF INFORMATION-CURRENT EMPLOYEE

I hereby empower, a City of Appleton Human Resources representative to release a copy of any and all employment records pertaining to the undersigned's employment to _____ (Company name) _____ (Company person making request) under the custody of the City of Appleton including without limitation by enumeration; performance reviews, wage histories, disciplines, etc., but excluding, unless specifically provided otherwise, medical records or records pertaining to Worker's Compensation or the Family Medical Leave Act.

Other information requested: _____

This consent is revocable except to the extent that action has been taken in reliance thereon and will remain in force until revoked, but not to exceed one (1) year from the date this document was executed.

This release is intended to release not only the above-named individual, but all officers, agents or related personnel, both individually and collectively, from any and all liability or damages of whatever kind which may at any time result to the undersigned, my heirs, my family or associates because of compliance with this authorization or legal claims or actions resulting in the release of this information, including but not limited to, slander, libel or defamation and requests to release this information and any attempt to comply with it.

Dated this _____ day of _____.

Name (printed)

Social Security Number

Street Address, City, State, ZIP Code

Area Code/Phone Number

Signature of Individual Authorizing the Release

Date

Signature of Witness

Date

RELEASE OF INFORMATION-PREVIOUS EMPLOYEE

I hereby empower, City of Appleton Human Resources representative to release a copy of any and all employment records pertaining to the undersigned's employment to

_____ (Company name) _____ (Company person making request) under the custody of the City of Appleton including without limitation by enumeration; performance reviews, wage histories, disciplines, etc., but excluding, unless specifically provided otherwise, medical records or records pertaining to Worker's Compensation or the Family Medical Leave Act.

Other information requested: _____

This consent is revocable except to the extent that action has been taken in reliance thereon and will remain in force until revoked, but not to exceed one (1) year from the date this document was executed.

This release is intended to release not only the above-named individual, but all officers, agents or related personnel, both individually and collectively, from any and all liability or damages of whatever kind which may at any time result to the undersigned, my heirs, my family or associates because of compliance with this authorization or legal claims or actions resulting in the release of this information, including but not limited to, slander, libel or defamation and requests to release this information and any attempt to comply with it.

Dated this _____ day of _____.

Name (printed)

Social Security Number

Street Address, City, State, ZIP Code

Area Code/Phone Number

Signature of Individual Authorizing the Release

Date

Signature of Witness

Date

CITY OF APPLETON PERSONNEL POLICY	TITLE: Respirator Protection (29CFR 1910.134)	
ISSUE DATE: 1994	LAST UPDATE: April 2002 June 2006 February 2010 (form only) August 2012 <u>2018</u>	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: Employees who wear a respirator	TOTAL PAGES: 18
Reviewed by Attorney's Office Date: March 5, 2002 December 8, 2006 July 31, 2012, <u>May 2018</u>	Committee Approval Date: March 8, 2002 January 24, 2007 September 24, 2012	Council Approval Date: March 15, 2002 February 7, 2007 October 3, 2012

I. PURPOSE:

To coordinate the use and maintenance of respiratory protection equipment which is used to reduce employee exposure to air contaminants.

II. POLICY:

City Policy & 29 CFR 1910.134 requires that employees who use a respirator be properly trained, fit tested and have proper medical clearance to reduce their exposure to contaminants.

III. DISCUSSION:

The guidelines in this policy are designed to help reduce employee exposure to occupational air contaminants and oxygen deficiency. The primary objective is to prevent excessive exposure to these contaminants.

IV. DEFINITIONS:

- A. Donned: Put on and secure.
- B. DWD: Department of Workplace Development.
- C. ESLI: End of Service life indicator.
- D. IDLH: Immediately dangerous to life or health.
- E. NIOSH: National Institute of Occupational Safety and Health that deals with research.
- F. OSHA: Occupational Safety & Health Administration
- G. QLFT: Qualitative fit test.
- H. QNFT: Quantitative fit test.
- I. P/APR: Powered/ air-purifying respirator.
- J. APR/ - Air-purifying respirator.
- K. PLHCP: Physician or other licensed health care professional

- L. SAR: Supplied Air Respirator.
- M. SCBA: Self-Contained breathing apparatus.
- N. **APF: Applied Protection Factor**

V. PROCEDURES:

- A. RESPONSIBILITIES: The overall administration of the Respiratory Protection Program will be the responsibility of the Human Resources Generalist/Safety Coordinator. Each City department/division that uses respirators will appoint an individual to administer and monitor their program. The following departments/divisions will enforce a respirator program.

Department	<u>Example Job Tasks</u>	Program Administered by
Police	Gas mask, tear gas exposure T.B. exposure-first responder Investigators	Lieutenant -Support Services Coordinator
<u>Utilities Department</u> Wastewater	Chlorine Chemical handling, confined space, other tasks <u>See current PPE roster</u>	WW Operations Supervisor
Parks, Recreation and Facilities Management	Confined space, painting, welding, chlorine handling, painting, pesticides, asbestos concrete saw/drill/chip/grind	Facilities Manager/Grounds Manager
DPW - Municipal Garage	Confined space, painting, welding, concrete saw/drill/chip/grind	<u>Operations Supervisor</u> /Safety Coordinator
Fire	Fire fighting, hazardous materials, rescue operations TB - enter homes placed on respiratory precautions	Battalion Chief/ Training <u>Resource</u> <u>Development & Special</u> <u>Operations</u>
<u>Utilities Department</u> Water Filtration	Chlorine Chemical handling, confined space, bulk chemical handling <u>see current</u> <u>Plant PPE roster</u>	Water Operations Supervisor
Valley Transit	Painting, welding	Maintenance Supervisor
Health	T.B. exposure, pathogens, organisms	R.N. Supervisor <u>Public Health</u> <u>Supervisor</u>
Water Distribution	Asbestos	Meter Service personnel

Responsibilities at each department/division include:

1. Identifying and locating hazardous exposures.
2. Respirator selection.
3. Medical evaluation of respirator users (Human Resources Generalist/ Safety Coordinator will coordinate).
4. Employee training and qualitative respirator fit testing (Qualified fire and/or specific designee personnel, or qualified product providers will assist).
5. Cleaning, maintenance and storage of respirators.
6. Evaluation of overall respirator program.
7. Where respirator use is required.

B. IDENTIFICATION AND LOCATION OF AIR CONTAMINANT EXPOSURES

1. Based on a comprehensive industrial hygiene evaluation conducted by the various city departments, as currently identified, potential hazardous air contaminant exposures are summarized in Exhibit I. Additional air contaminant monitoring will be conducted during confined space entry whenever exposures are possible.
2. Each department that enters a confined space will conduct this monitoring. Subsequent information will be added as it is accumulated (the Fire Department will administer their respirator program and will maintain their training records).
3. Respirator Selection: All respirators shall be selected based on the criteria established by current OSHA regulations. Only respirators having NIOSH approval shall be used. Exhibit I also lists respirators currently being used by specific departments/divisions.

C. MEDICAL FORM AND EXAM

1. Employees who are required to use a respirator will complete a medical questionnaire yearly (Exhibit II).
2. SCBA users will complete a medical questionnaire yearly (Exhibit II). An exam by the City's health care provider will be scheduled based on prior history (ranging in frequency from yearly to every 5 years). Based on the finding of the medical exam and pulmonary function test the physician may also order an EKG or chest x-rays.
3. Non SCBA users may be required to undergo a medical exam and pulmonary function test based on a review of the completed medical form. (A medical professional will determine this). A physician may also require an EKG and chest x-rays.

D. TRAINING AND INFORMATION

1. Each department/division that requires the use of a respirator shall ensure that each employee can demonstrate knowledge of the following (see Exhibit III):
 - a. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
 - b. What the limitations and capabilities of the respirator are.
 - c. How to use the respirator effectively in emergency situations, including situations when the respirator malfunctions.
 - d. How to inspect, put on and remove, use and check the seals of the

respirator.

- e. Procedures for the maintenance and storage of the respirator.
2. On an annual basis, training shall be conducted in a manner that is understandable to the employee. Each department will provide their own training. This shall be done prior to requiring the employee to use a respirator in the workplace.
3. Procedures for IDLH atmospheres: Employees who wear an SCBA are to refer to the Confined Space Policy for specific rules relating to entry.
4. Procedures for interior structural fire fighting (this applies only to Firefighters):
 - a. In an interior structural fire, the city shall ensure that:
 - At least two employees enter the IDLH atmosphere and remain in visual or voice contact with one another at all times.
 - At least two employees are located outside the IDLH atmosphere.
 - All employees engaged in interior structural firefighting use SCBAs.

E. FIT TESTING

1. Each major department/division that utilizes respirators shall conduct annual fit testing, for each type of respirator the employee is required to wear, using the following procedures and complete the "Respirator Fit Test form" (see Exhibit IV).
2. Requirements:
 - a. The employee shall be allowed to pick the most acceptable respirator from a sufficient number of respirator models and sizes.
 - b. Prior to the selection process, the employee shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit.
 - c. The employee shall be informed that he/she is being asked to select the respirator that provides the most acceptable fit.
 - d. Each employee shall be instructed to hold each chosen face piece up to the face to eliminate a poor fit.
 - e. After a respirator is selected, it should be donned and worn at least five minutes to assess comfort.
 - f. Assessment of comfort shall include:
 - Position of mask on nose
 - Room for eye protection
 - Room to talk
 - Position of mask on face and cheeks
 - Tendency of respirator to slip
 - Self observation in mirror to evaluate fit and respirator position
 - g. The test shall not be conducted if there is any hair growth between the skin and the face piece sealing surface such as stubble, beard growth, beard, mustache or sideburns which cross the respirator sealing surface.
 - h. User seal check: A user seal check is required every time the wearer puts on a respirator. The purpose is to confirm the respirator is properly donned and properly sealed to the face.

F. RESPIRATOR CLEANING, MAINTENANCE AND STORAGE:

1. Cleaning and maintenance of respirators will be the responsibility of each major department/division utilizing respirators. The individual appointed to monitor the program shall on a monthly basis inspect and document that the inspection was done (see Exhibit V for sample form to use). The information will include:
 - a. Respirator type
 - b. Manufacturer
 - c. Date in service
 - d. Monthly inspection date
2. Procedures for cleaning, maintenance, storage and inspection are the following:
 - a. Respirators must be washed and disinfected after each day of use.
 - b. Remove paint accumulation.
 - c. Store in a plastic film bag and carton or approved mask bag.
 - d. Inspect the respirator with each use.
 - e. Replace parts from the same manufacturer.

G. RESPIRATOR PROGRAM EVALUATION:

1. Each department on an annual basis will conduct the overall evaluation of the respirator program (see Exhibit VI). This evaluation will include inspection of records, observation of user proficiency, and random inspection of respirators for cleanliness, deterioration, proper selection and storage.
2. A record of the evaluation will be recorded, and these records will remain within the department and be readily accessible in the event of an on-site inspection.

RESPIRATOR SELECTION SUMMARY

Location	Operation	Air Contaminants	Respirator	NIOSH Approval Number
Wastewater (see confined space entry policy)	Confined Space Entry	Lack of Oxygen Combustible Gas Hydrogen Sulfide/ Carbon Monoxide	SCBA	TC-13F-30
Wastewater Chlorine Storage Room "L" Building	Changing ton cylinders of Chlorine	Chlorine Gas	SCBA	TC-13F-30
Wastewater Sulfur Dioxide Storage Room "C" Building	Changing ton cylinders of Sulfur Dioxide	Sulfur dioxide Gas	SCBA	TC-13F-30
Wastewater Caustic Room "D" Building	Potassium Hydroxide handling	Potassium Hydroxide	Dust Mask	TC-21C-132
Wastewater "B" Building Lime area of Grit & Screen "B" Building	Calcium Hydroxide (Lime) handling	Calcium Hydroxide	3M N100 Particulate Respirator Dust Mask	TC-21C-132 TC-84A-1298
Wastewater "B" Building Sampler Room	<u>Sulfuric Acid</u> <u>Hydrochloric Acid</u> <u>Sampler Cleaning</u>	<u>Sulfuric Acid</u> <u>Hydrochloric Acid</u>	<u>Chemical Cartridge</u> <u>MSA UltraTwin APR</u> <u>with COMFO GMC</u> <u>Cartridge</u>	<u>TC-23C-47</u> <u>TC-23C-0146</u>
Wastewater "J" Building	<u>Sulfuric Acid</u> <u>Hydrochloric Acid</u> <u>Sampler Cleaning</u>	<u>Sulfuric Acid</u> <u>Hydrochloric Acid</u>	<u>Chemical Cartridge</u> <u>MSA UltraTwin APR</u> <u>with COMFO GMC</u> <u>Cartridge</u>	<u>TC-23C-47</u> <u>TC-23C-0146</u>
Wastewater "K" Building Gas Compressor Room	Potassium Hydroxide (Caustic) handling	Potassium Hydroxide	Dust Mask <u>MSA UltraTwin APR</u> <u>with COMFO GMC</u> <u>Cartridge</u>	TC-21C-132 <u>TC-23C-0146</u>
Wastewater "V" Building BFP Room	<u>Sulfuric Acid</u> <u>Hydrochloric Acid</u> <u>Belt Wash</u>	<u>Sulfuric Acid</u> <u>Hydrochloric Acid</u>	<u>Chemical Cartridge</u> <u>MSA UltraTwin APR</u> <u>with COMFO GMC</u> <u>Cartridge</u>	<u>TC-23C-47</u> <u>TC-23C-0146</u>
Wastewater "V2" Building BFP Room "V" Building	<u>Biosolids Storage</u> <u>Cleaning</u> <u>Sulfuric Acid</u> <u>Belt Wash</u>	<u>Dusts</u> <u>Sulfuric Acid</u>	<u>3M N100 Particulate Respirator</u> <u>Chemical Cartridge</u>	<u>TC-84A-1298</u> <u>TC-23C-47</u>
Police	SWAT	Tear Gas	Single cartridge tactical gas mask	TC-14G-159
	First Responder Investigators	TB Organic vapors	HEPA 6000 Filter/cartridge	N100 3m 60921
Valley Transit	Painting	Organic vapors	Supplied Air Respirator	1120 GR

Location	Operation	Air Contaminants	Respirator	NIOSH Approval Number
Park & Rec (see confined-space policy)	Confined Space Entry Spraying pesticides Welding Concrete sawing, drill, grind, chipping	Lack of oxygen Combustible gas Hydrogen Sulfide/ Carbon Monoxide Organic vapors Gases Silica Dust	SCBA - ???? APF 10 respirator 6000 series cartridge 9920 Dust/Fumes	TC-13F-30 TC-23C-1062 N 10095
Fire	Putting out fires Confined space First Responder Inspectors HazMat	Unknown Unknown T.B.Pathogens/ Organisms Dusts	SCBA SABA HEPA Cartridge PAPR APR	TC-13F-130 N100
Municipal Garage	Confined Space Entry Welding, Painting Concrete sawing, drill, grind, chipping	Lack of oxygen Combustible gas Hydrogen Sulfide Carbon Monoxide Silica Dust Organic Vapors	SAR APF 10 respirator	MSA 7-212-6 N100 N95,N100, 6000 Series/P100
Water Distribution	Removing asbestos	Asbestos		
Health Dept.	Communicable Disease	Biological organisms	HEPA	N100

Location	Operation	Air Contaminants	Respirator	NIOSH Approval Number
All Locations	Painting	Paint Fumes	Cartridge Respirator	TC-23C-435
Water Plant CO ₂ alarm - Softener Gallery #005	CO ₂ Leak	Lack of Oxygen & CO ₂	SCBA	TC-13F-30
Water Plant Access Gallery #002 & Contactor Gallery #003	Acidizing PH Probes and Turbidity Meters	Acid	Cartridge Respirator	Yellow TC-23C-0146 Olive TC-84A-6702/TC-84A-0359 / Magenta
Water Treatment Facility (see confined space policy)	Confined Space entry (Level 2)	Lack of Oxygen Combustible Gas hydrogen Sulfide Carbon Monoxide	SCBA	TC-13F-30
Water Plant Lime Rooms #156 & 159	Checking Equipment	Lime Dust	Dust Mask	N 100 TC-84A-1298
			Cartridge Respirator	P-100 / TC-84A-0359Magenta
Water Plant Lime Feed Room #156, 159 & 153 Softening Room	Cleaning Equipment	Acid	Cartridge Respirator	TC-23C-0146Yellow
		Lime Dust / Acid		TC-84A-6702Olive / TC-84A-0359Magenta
Water Towers - Water Plant	Disinfecting Water Towers	Calcium Hypochlorite	Cartridge Respirator	TC-23C-47 / TC-23C-0146Yellow

Water Plant North Tower - Chlorine Feed	Disinfecting Water	Calcium Hypochlorite	Cartridge Respirator	TC-23C-47 / TC-23C-0146 <u>Yellow</u>
Water Plant Carbon Room #158	Unloading Carbon	Carbon Dust	Dust Mask	TC-84A-1298N-100
	Cleaning Equipment	Carbon Dust	Cartridge Respirator	TC-84A-1298P-100 / TC-84A-0359 <u>Magenta</u>
Water Plant Tank Room - Fluoride Room #142	Precaution in Case of Spill	Fluorocisicic Acid	SCBA	TC-13F-30
Water Plant Tank Room #142	Cleaning Equipment	Sodium Hydroxide	Cartridge Respirator	TC-84A-6702 <u>Olive / TC-84A-0359</u> <u>Magenta</u>
Water Plant Chemical Sump Pit Room #142	Cleaning of Sump Pit	Ammonia, Fluoride, Sodium Hydroxide, Sodium Hypochlorite	Cartridge Respirator	TC-84A-6702 <u>Olive / TC-84A-0359</u> <u>Magenta</u>
			SCBA	TC-13F-30
Water Plant Chemical Room #155 - Polymer Feed	Cleaning Tank - Mist Present	Ciba-LT25 <u>AS1919</u>	Dust Mask	TC-84A-1298N-100
Water Plant Membrane Room # 151	Clean in Place, Chemical Enhanced Backflush	Hydrochloric Acid, Sodium Hydroxide, Koch Kleen	Cartridge Respirator	TC-23C-0146 <u>Yellow</u>
				TC-84A-6702 <u>Olive / TC-84A-0359</u> <u>Magenta</u>
Water Plant HVAC Chiller System Room #8	Chiller Refrigerant	SUVA 134a	SCBA	TC-13F-30
Water Plant Lake Pump Station -KMNO4 Room	Cleaning KMNO4 Room	Sodium Bisulfite Solutions 38%	Dust Respirator <u>Severe Case</u> SCBA	TC-21C-335
Water Plant Chemical Room #142	Cleaning Lines	Aqua Ammonia	SCBA	TC-13F-30
			SAR	
Water Plant Maintenance Shop Room #136	Sandblasting	Silica Sand & Dust	Dust Mask	TC-84A-1298N-100



RESPIRATOR USAGE INFORMATION ATTACHMENT B

Company Name: _____

JOB TITLE that this is being completed for: _____

{An employee may have two job descriptions which require a respirator to be worn. Example: An employee's full-time job position is a pipe fitter, which he/she wears a respirator for, and this employee is ALSO a part of a first responder team, firefighter team, or Hazmat team. You would use the job description which has the highest potential for level of usage, which would be the first responder team, firefighter team, etc.}

Date Completed: _____ Completed by: _____

1. Type of respirator used by employee
 - a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only)
 - b. _____ Half face piece type
 - c. _____ Full face piece type; powered-air purifying
 - d. _____ Self Contained Breathing Apparatus (SCBA)

2. Frequency of Use	Duration of use
---------------------	-----------------

_____ Never	_____ Rescue	_____ Less Than ¼ hour
_____ Seldom	_____ Escape	_____ Less than ½ hour
_____ Monthly	_____ Weekly	_____ ½ hour to 1 hour
_____ Daily		_____ More than 1 hour

3. The expected physical work effort during the period of use of respirator

Level of use	Definition
_____ Light	Sitting while writing, typing, drafting, or performing light assembly work; or standing while controlling machines
_____ Moderate	Sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35lbs) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs) on a level surface.
_____ Heavy	Lifting a heavy load (about 50 lbs) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs)

4. Any additional protective clothing and equipment to be worn YES / NO
If yes please explain.

5. Will there be any temperature and humidity extremes that may be encountered YES/ NO
If yes, please explain.

EXHIBIT II (page 2 of 7)

Attachment B (continued)



RESPIRATOR CLEARANCE EVALUATION DEFINITIONS To determine if usage is Light, Moderately Strenuous, or Heavy)

Our respirator approval is classified as a Level 1, Level II, Level III, or HazMat/Fire- fighting. This is based on the type of use, type of respirator and degree of effort.

The following is a definition of the effort levels we use:

♦ LIGHT

- Less than 2 METS
- Examples: Sedentary work, light machine operation, bench top assembly work, sitting, small copper tooling, small assembly work, standing, sweeping floor, walking one mile an hour.

♦ MODERATELY STRENUOUS

- 2-5 METS
- Examples: Auto repair, chisel carving with mallet, drill press operation, hammering nails, janitorial work, lathe operator. Painting, hand polishing, power sander operation, electronic assembly, scrubbing-standing, using manual hand tools, walking 2 miles an hour. Brick laying, cleaning windows, lifting 3-5 pound objects overhead repetitively, machine assembly, machinist-engineer, pushing the equivalent of a power lawn mower, planing soft wood, power hand sawing, pushing wheelbarrow with 100 pound load, scrubbing on knees, sweeping or raking, walking at 3 miles an hour, welding moderate load. Assembly line work, light carpentry and masonry, mopping floor painting, pushing a wheelbarrow of 115 pounds at 2.5 miles an hour, walking 3.5 miles per hour.

♦ HEAVY

- Greater than 5 METS
- Examples: Carrying 20 pounds, digging and mixing soil, pumping a tire by hand, walking 4 miles an hour, medium to heavy carpentry, carrying 50 pounds, shoveling for 10 minutes with 10 pounds per shovel load, sawing by hand, walking 5 miles an hour and carrying 80 pounds, jogging 5 miles per hour. Climbing stairs with 17 pound load, climbing then descending two flights of stairs, hand planing hard wood, shoveling 14 pounds per shovel load for 10 minutes, pushing furniture, lifting 85-100 pounds and climbing a ladder. Firefighting – Peak (12-14 METS).

EXHIBIT II (page 3 of 7)



ThedaCare At Work - Appleton
2809 N Park Drive Lane Appleton WI 54911
PHONE: (920) 380-4999 FAX (920) 380-4961

ThedaCare At Work - Oshkosh
600 N Westhaven DR Oshkosh, WI 54904
PHONE: (920) 237-5600 FAX: (920) 237-5601

OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

If you have any questions, contact ThedaCare At Work - Appleton (920) 380-4999

To the employee: Can you read (check yes or no): ☐ Yes ☐ No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by **every employee** who has been selected to **use any type of respirator** (please print).

1. Today's Date: _____ (month/day/year) Company Name: _____

2. Print Your Name: _____ Social Security #: _____ - _____ - _____

3. Address: _____

4. Your Age (to nearest year): _____ 5. Sex: ☐ Male / ☐ Female 6. Your height: _____ ft _____ in
7. Your Weight: _____ pounds 8. Your Job Title: _____
9. A phone number where you can be reached by the healthcare professional who reviews this questionnaire (include the Area Code): (_____) _____ - _____

Best time to phone you at this number: _____

10. Has your employer told you how to contact the healthcare professional who will review this questionnaire (check yes or no): ☐ Yes ☐ No
11. Check the type of respirator you will use (you can check more than one category):

<input type="checkbox"/> N, <input type="checkbox"/> R, or <input type="checkbox"/> P Disposable Respirator (filter-mask, non-cartridge type only)
<input type="checkbox"/> Half- or full-face piece type, powered-air purifying, supplied-air
<input type="checkbox"/> Self-contained breathing apparatus (SCBA)

12. Have you worn a respirator? ☐ Yes ☐ No If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please check "yes" or "no").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: ☐ Yes ☐ No
2. Have you ever had any of the following conditions?

Seizures (fits)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes (sugar disease)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Allergic reactions that interfere with your breathing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Claustrophobia (fear of closed in places)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Trouble smelling odors	<input type="checkbox"/> YES <input type="checkbox"/> NO

3. Have you ever had any of the following pulmonary or lung problems?

Asbestosis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Silicosis	<input type="checkbox"/> YES <input type="checkbox"/> NO
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	Pneumothorax (collapsed lung)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chronic Bronchitis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Lung Cancer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Emphysema	<input type="checkbox"/> YES <input type="checkbox"/> NO	Broken Ribs	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pneumonia	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any chest injuries or surgeries	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tuberculosis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any other lung problem that you've been told about	<input type="checkbox"/> YES <input type="checkbox"/> NO

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

Shortness of Breath	<input type="checkbox"/> YES <input type="checkbox"/> NO
Shortness of breath when walking fast on level ground or walking up a slight hill or incline	<input type="checkbox"/> YES <input type="checkbox"/> NO
Shortness of breath when walking with other people at an ordinary pace on level ground	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have to stop for breath when walking at your own pace on level ground	<input type="checkbox"/> YES <input type="checkbox"/> NO
Shortness of breath when washing or dressing yourself	<input type="checkbox"/> YES <input type="checkbox"/> NO
Shortness of breath that interferes with your job	<input type="checkbox"/> YES <input type="checkbox"/> NO
Coughing that produces phlegm (thick sputum)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Coughing that wakes you early in the morning:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Coughing that occurs mostly when you are lying down:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Coughing up blood in the last month:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wheezing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wheezing that interferes with your job:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chest pain when you breathe deeply:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any other symptoms that you think may be related to lung problems:	<input type="checkbox"/> YES <input type="checkbox"/> NO

5. Have you ever had any of the following cardiovascular or heart problems?

Heart attack	<input type="checkbox"/> YES <input type="checkbox"/> NO	Swelling in your legs or feet (not caused by walking)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Stroke	<input type="checkbox"/> YES <input type="checkbox"/> NO	Heart arrhythmia (heart beating irregularly)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Angina	<input type="checkbox"/> YES <input type="checkbox"/> NO	High blood pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO
Heart Failure	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any other heart problem that you have been told about	<input type="checkbox"/> YES <input type="checkbox"/> NO

6. Have you ever had any of the following cardiovascular or heart symptoms?

Frequent pain or tightness in your chest	<input type="checkbox"/> YES <input type="checkbox"/> NO	In the past two years have you noticed your heart skipping or missing a beat	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pain or tightness in your chest during physical activity	<input type="checkbox"/> YES <input type="checkbox"/> NO	Heartburn or indigestion that is not related to eating	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pain or tightness in your chest that interferes with your job	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any other symptoms that you think may be related to heart or circulation problems	<input type="checkbox"/> YES <input type="checkbox"/> NO

7. Do you currently take medication for any of the following problems?

Breathing or Lung Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	Blood Pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO
Heart Trouble	<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizures (fits)	<input type="checkbox"/> YES <input type="checkbox"/> NO

8. If you've used a respirator, have you ever had any of the following problems?

(If you've never used a respirator, go to question 9)

Eye Irritation	<input type="checkbox"/> YES <input type="checkbox"/> NO	General weakness or fatigue	<input type="checkbox"/> YES <input type="checkbox"/> NO
Skin Allergies or Rashes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any other problem that interferes with your use of a respirator	<input type="checkbox"/> YES <input type="checkbox"/> NO
Anxiety	<input type="checkbox"/> YES <input type="checkbox"/> NO		

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?

☐ Yes ☐ No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently)?

☐ Yes ☐ No

11. Do you currently have any of the following vision problems?

Wear contact lenses	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you color blind?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wear glasses	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any other eye or vision problem?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you wear glasses at work?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

12. Have you ever had an injury to your ears, including a broken ear drum?

☐ Yes ☐ No

13. Do you currently have any of the following hearing problems?

Difficulty hearing? <input type="checkbox"/> YES <input type="checkbox"/> NO	Wear a hearing aid? <input type="checkbox"/> YES <input type="checkbox"/> NO	Any other hearing or ear problem? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---	---

14. Have you ever had a back injury?

☐ Yes ☐ No

15. Do you currently have any of the following musculoskeletal problems?

Weakness in any of your arms, hands, legs, or feet?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Difficulty fully moving your head side to side	<input type="checkbox"/> YES <input type="checkbox"/> NO
Back Pain	<input type="checkbox"/> YES <input type="checkbox"/> NO	Difficulty bending at your knees	<input type="checkbox"/> YES <input type="checkbox"/> NO
Difficulty fully moving your arms and legs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Difficulty squatting to the ground	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pain or stiffness when you lean forward or backward at the waist	<input type="checkbox"/> YES <input type="checkbox"/> NO	Climbing a flight of stairs or a ladder carrying more than 25 lbs	<input type="checkbox"/> YES <input type="checkbox"/> NO
Difficulty fully moving your head up or down	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any other muscle or skeletal problem that interferes with using a respirator	<input type="checkbox"/> YES <input type="checkbox"/> NO

Part B: Any of the following questions, & other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet), or in a place that has lower than normal amounts of oxygen: ☐ Yes ☐ No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: ☐ Yes ☐ No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g. gases, fumes, or dust), or have you come into skin contact with hazardous chemicals:

If "yes" name the chemicals if you know them: ☐ Yes ☐ No

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

Asbestos	<input type="checkbox"/> YES <input type="checkbox"/> NO	Coal (e.g. mining)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Iron	<input type="checkbox"/> YES <input type="checkbox"/> NO	Silica (e.g. in sandblasting)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tin	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tungsten/cobalt (e.g grinding or welding this material)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Beryllium	<input type="checkbox"/> YES <input type="checkbox"/> NO	Dusty Environments	<input type="checkbox"/> YES <input type="checkbox"/> NO
Aluminum	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any other hazardous exposures?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If "yes," to question 3 page 12, describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services? ☐ Yes ☐ No

If "yes", were you exposed to biological or chemical agents (either in training or combat): ☐ Yes ☐ No

8. Have you ever worked on a HAZMAT team? ☐ Yes ☐ No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): ☐ Yes ☐ No

If "yes," name the medications, if you know them: _____

10. Will you be using any of the following items with your respirator(s)?

HEPA Filters?	Canisters (e.g. gas masks)	Cartridges
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

11. How often are you expected to use the respirator(s) check "yes" or "no" for all answers that apply to you)?:

Escape only (no rescue)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Emergency rescue only	<input type="checkbox"/> YES <input type="checkbox"/> NO
Less than 5 hours per week	<input type="checkbox"/> YES <input type="checkbox"/> NO	Less than 2 hours per day	<input type="checkbox"/> YES <input type="checkbox"/> NO
2-4 hours per day	<input type="checkbox"/> YES <input type="checkbox"/> NO	Over 4 hours per day	<input type="checkbox"/> YES <input type="checkbox"/> NO

12. During the period you are using the respirator(s), is your work effort:

LIGHT WORK EFFORT - Sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs) or controlling machines.

a. Light (less than 200 kcal per hour):

☐ Yes ☐ No

If "yes", how long does this period last during the average: Shift: _____ Hours _____ Minutes

MODERATE WORK EFFORT - Sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs) on a level surface.

b. Moderate (200 to 350 kcal per hour):

☐ Yes ☐ No

If "yes", how long does this period last during the average: Shift: _____ Hours _____ Minutes

Examples of **HEAVY WORK** are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8 degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

c. Heavy (above 350 kcal per hour):

☐ Yes ☐ No

If "yes," how long does this period last during the average: Shift : _____ Hours _____ Minutes

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator:

☐ Yes ☐ No

If "yes," describe this protective clothing and or equipment: _____

14. Will you be working under hot conditions (temp. exceeding 77 degrees. F):

☐ Yes ☐ No

15. Will you be working under humid conditions:

☐ Yes ☐ No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the **FIRST** toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the **SECOND** toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the **THIRD** toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

EXHIBIT III

Respirator User Training and Education

1. The user will be instructed in the nature of the hazards for which the respiratory protection is being provided and informed of possible consequences which may occur if exposed to the hazard without adequate protection.
2. Instruction will include a discussion of the respirator's capabilities and limitations.
3. A detailed discussion of the user's responsibility for inspection of equipment prior to use and methods of inspection will be included. Each user will have a respirator during this part of training.
4. Instruction and training will include storage, cleaning and maintenance.
5. Instructions on donning methods, proper fitting and adjustment of the equipment will be given. Each user will then don the equipment in an atmosphere of normal air, prior to a fit testing exercise.
6. Fit testing specific for the particular respirator will be given.
7. A record of employees and the dates and types of initial training and subsequent refresher training will be maintained.

TRAINING RECORD

Name	Department	Respirator Type	Date

(Signature of Trainer)

EXHIBIT IV

RESPIRATOR FIT TEST FORM

(The respirator should be worn for at least 5 minutes before the start of the fit test.)

Employee will fill in this section:

Employee Name: _____ **Date:** _____

Department: _____ **Job Title:** _____

Date of last spirometry/physical: _____

Type and brand of respirator: _____ Size: _____

Respiratory Hazards Encountered: _____

Supervisor will observe this section:

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Employee shown how to don and adjust respirator for proper fit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Position of mask on nose, chin and cheeks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Room for eye protection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Room to talk? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Proper fit observed by evaluator? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Supervisor will observe the following

Note: The respirator should be worn at least 5 minutes before start of the test

Fit Testing:

Positive Pressure Test

Employee closes off exhalation valves, exhales and tests for slight pressure build up. ☐ Yes ☐ No

Negative Pressure Test

Employee closes off inlets, inhales and tests for slight face piece collapse that lasts for 10 seconds.

☐ Yes ☐ No

Note: a. Fire personnel or other qualified individuals will perform this

b. The respirator shall not be adjusted once the fit test exercise begins. Any adjustment voids the test.

Fit Test Method Used (Circle which one is used: irritant smoke, saccharine, amyl acetate, other)

(Circle which type: basic smell test, machine monitored, loss of pressure)

- | | | |
|--|-------------------------------|-------------------------------|
| 1. Normal breathing (no talking) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 2. Deep breathing (slowing and deeply) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 3. Turning head side to side (slowly) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 4. Moving head up and down | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 5. Talking | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 6. Grimacing (smiling or frowning) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 7. Bending over | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 8. Normal breathing | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

Test Conductor: _____

Employee Signature: _____

EXHIBIT V

Non-Routine; Emergency; and Self-Contained Respirators

Respirator Use and Maintenance Record

Respirator Type: _____

Manufacturer: _____

Model Number: _____

NIOSH Approval No. _____

Date Placed in Service: _____ Cartridge Exp. Date: _____

Shelf Life: _____

Assigned to whom: _____

Inspection and Maintenance Record:

Date	Serviced By	Comments

Respiratory Program Evaluation

1. Are records complete and up to date? Yes _____ No _____
If no, what action has been taken to improve future performance?

2. Has air contaminant monitoring been conducted at operations where new materials or production processes are in use? Yes _____ No _____

3. Are employees wearing the proper respirators? Yes _____ No _____
If no, what action has been taken to ensure that employees wear appropriate respirators?

4. Have employees who wear respirators had a medical evaluation and were they fit tested?
Yes _____ No _____

5. Have all employees completed their initial or refresher respirator training?
Yes _____ No _____

6. Do employees who have completed training understand limitations, use and inspection of respirators?
Yes _____ No _____

If no, what improvements in the training program are being implemented?

Date: _____ Signature: _____

CITY OF APPLETON HUMAN RESOURCES POLICY	TITLE: LEAD POLICY	
ISSUE DATE: May 2, 2007	LAST UPDATE: April 2007 August 2011	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees and volunteers	TOTAL PAGES: 9 pages
Reviewed by Legal Services Date: March 23, 2007 September 28, 2011 May 16, 2018	Committee Approval Date: April 25, 2007 December 12, 2011	Council Approval Date: May 2, 2007 December 21, 2011

POLICY

The City of Appleton is committed to providing a safe and healthy work environment for all our employees. In addition, the City of Appleton's goal is to comply with the OSHA Lead Standards 29 CFR 1910.1025 & 1926.62, incorporated by reference in SPS 332.15.

PURPOSE

The purpose of the lead policy is to inform employees of the potential hazards of working with lead, limit exposure to lead, and establish procedures for working with lead. This policy is not intended to address community or public health exposures related to lead or lead based paint regulated under Wisconsin Department of Health Services (DHS) Chapter 162 and 254.

SCOPE

The City of Appleton shall ensure that all lead disturbing activities involving facilities or equipment is to be done in accordance with this policy to maintain employee or occupant exposures below the established permissible exposure limit of 50 ug/m³ (defined as units for the amount of chemical vapors, fumes, or dust in the ambient air) calculated over a time weighted average of 8 hours. This policy also applies to exposures to lead at or above the action level 30 ug/m³. Lead exposure related to the use of the Appleton Police Department indoor firearms range are covered the Police Department Facility Control, Maintenance and Use of Department Equipment policy.

AUTHORITY AND RESPONSIBILITY

The lead program administrator is the Director of Parks Recreation & Facility Management. The implementation of this program shall be the responsibility of the program administrator and the various departments to which it applies.

The program administrator is responsible for:

- Responding to sampling requests or employee inquiries;
- Performing frequent and regular inspections of job sites, materials, and equipment;
- Conducting air monitoring for employees to establish exposure levels for each activity type if requested;
- Disclosing sample results
- Procuring services of licensed lead abatement contractors for work activities.
- Disclosing the presence of lead to any outside contractors conducting work activities which will involve the disturbance of lead.
- Notifying the building occupants of any lead abatement activities.

Supervisors are responsible for:

- Notifying all employees of the purpose and intent of the Lead Policy and procedures;
- Conducting periodic inspections of job sites to ensure appropriate procedures and work practices are being followed;
- Assuring that all employees are trained in the procedures;
- Contacting the program administrator for lead based paint testing and procurement of lead abatement contractors; and
- Contacting the program administrator when there is a production, process control, or personnel change which may result in new or additional exposure.

Employees are responsible for complying with the procedures identified in this policy.

Contractors and sub-contractors are responsible for complying with the Occupational Safety and Health Administration's (OSHA) Standard's 29 CFR 1926.62 and 29 CFR 1910.1025, WI DHS Chapter 254, Environmental Health; WI DHS Chapter 163, Certification for Identification, Removal and Reduction of Lead Based Paint Hazards and the appropriate sections of this policy.

LEAD INVENTORY AND DESCRIPTION

The City of Appleton is not aware of any lead hazards in any of the City's facilities, but if lead is discovered, the City will prepare a written inventory for the facilities. Typical exposures may include welding, sanding, cutting, or otherwise disturbing lead or lead containing materials. Also, sand blasting bridges, vehicle maintenance, and maintaining playground equipment installed prior to 1980. The inventory shall be reviewed by the program administrator to determine how exposures should be addressed. The program administrator will maintain a master file of inventories by facility as appropriate.

This inventory list should include the description of the operation; e.g. machinery used, material processed, controls in place, crew size, employee job responsibilities, operating procedures and maintenance practices. The specific means for controlling the lead exposure shall also be identified.

LEAD IDENTIFICATION

The following warning signs shall be posted in each work area where an employee's exposure to lead is above the PEL.

DANGER

LEAD

MAY DAMAGE FERTILITY OR THE UNBORN CHILD

CAUSES DAMAGE TO THE CENTRAL NERVOUS SYSTEM

DO NOT EAT, DRINK OR SMOKE IN THIS AREA

These signs shall be illuminated and cleaned as necessary so that the legend is readily visible. Signs that contradict or detract from the meaning of the sign are prohibited.

PERSONAL AIR SAMPLING

OSHA has an Action Level for lead of 30 micrograms per cubic meter of air (30 ug/m^3) averaged over an 8-hour period. The Permissible Exposure Limit (PEL) is 50 ug/m^3 over an 8-hour period. When employees are exposed above the Action Level or PEL, OSHA has requirements for worker protection outlined in the lead standard 1910.1025(d).

This standard states exposure monitoring frequency should be as follows:

- If the initial monitoring reveals employee exposure to be below the action level the measurements need not be repeated unless there has been a production, process, control or personnel change which may result in new or additional exposure to lead, or whenever the employer has any other reason to suspect a change which may result in new or additional exposures to lead.
- If the exposure is at or above the Action Level but below the Permissible Exposure Limit (PEL) then monitoring shall be conducted at least every 6 months. This monitoring should continue until at least two consecutive measurements, taken at least 7 days apart, are below the action level at which time the employer may discontinue monitoring for that employee.
- If the exposure is above the Permissible Exposure Limit (PEL) then monitoring shall be conducted quarterly. This monitoring should continue until at least two consecutive measurements, taken at least 7 days apart, are below the action level at which time the employer may revert to conducting tests at least every 6 months. This monitoring should continue until at least two consecutive measurements, taken at least 7 days apart, are below the action level at which time the employer may discontinue monitoring for that employee.

The areas that require protection should be identified and proper Personal Protective Equipment (PPE) should be provided. Results of testing should be maintained.

Exposure records must be maintained for 30 years and medical records for the duration of employment plus 30 years. First aid records and experimental toxicological research records are excluded from the 30-year retention requirements.

AIR APPARATUS TESTING

On an as needed basis, air exchange equipment should be tested and inspected. Consider using an HVAC technician to assist in this process. Verify that the unit is providing an acceptable amount of air exchanges. Testing results should be maintained.

LEAD ABATEMENT PROJECTS

All lead abatement projects within the City of Appleton shall be performed under controlled conditions by a certified lead abatement contractor. All abatement project documents and contractor's certification documents will be maintained in the Parks, Recreation, and Facilities Management Department.

EMPLOYEE TRAINING

All City of Appleton employees exposed to lead at or above the action level (30mg/m³) or who may suffer skin or eye irritation from lead compounds must be trained prior to initial assignment to areas where there is a possibility of exposure at or above the action level. Annual training is required thereafter unless further exposure at or above the action level will not occur. The training shall cover:

- The content of the 1910.1025 & 1926.62 standards and its appendices
- Specific hazards related to their work environment – including locations and potential sources of lead exposures in the buildings/facilities
- The purpose, proper selection, fitting, use, and limitations of respirators
- The purpose and description of the medical surveillance program
- The engineering controls and work practices associated with employee's job assignment
- Contents of compliance plans in effect
- Instructions to employees that chelating agents (these agents remove certain heavy metals from the bloodstream) should not be routinely used to remove lead from their bodies
- Protective measures which can be taken
- Potential health effects associated with lead exposure
- Their rights under the standards

OUTSIDE SERVICE CONTRACTOR INFORMATION

All outside service contractors will be notified of the presence of lead-containing materials prior to beginning work activities. When contractors are required to work in areas where lead is present or there is a possibility of disrupting lead-containing materials, the City of Appleton will provide:

- Notification of the known locations of lead present (or suspected to be present) in the area where the contractor will work.

Contractors should contact the lead program administrator in the event that suspected lead-containing materials are discovered during work activities.

EMERGENCY RELEASE/DISTURBANCE

The lead program administrator shall be notified of any activities performed by the City of Appleton employees that could result in the disturbance of suspected or confirmed lead containing materials.

All emergency lead work shall be conducted by a currently licensed lead abatement contractor. Emergencies include situations where a rapid response is necessary to mitigate damage or prevent further serious damage to the building or its occupants in which lead containing or suspected lead containing material has become damaged and has the potential to become airborne.

*In case of an emergency, immediately contact the lead program administrator.

HYGIENE

Eating, drinking, applying cosmetics, smoking, or chewing tobacco is prohibited in work areas where there is lead exposure or a potential for lead exposure. The City of Appleton will provide space away from the work area where the employee can eat and drink. The City of Appleton will also provide employees with facilities to wash their hands and face. If an employee should ever be exposed above the PEL the employee will be provided a place to shower and change in and out of their work clothes.

MEDICAL SURVEILLANCE AND MEDICAL REMOVAL

City of Appleton employees who are exposed at or above the action level (30 ug/m^3) for more than 30 days per year must receive blood tests, a medical exam and consultation. Blood sampling and analysis for lead and zinc protoporphyrin levels will be conducted at least every 6 months for each employee that is exposed as described above.

A medical examination and consultation shall be made available upon initial assignment to an area at or above the action level for lead, whenever the employee notifies the employer that they have developed signs and symptoms of lead intoxication, or at least annually for each employee that is exposed at or above the action level for more than 30 days per year for whom a blood sampling test conducted at any time during the preceding 12 months indicated a blood lead level at or above 30 ug/m^3 .

If the employee's blood level reaches 40 ug/m^3 they will be tested every two months. This frequency shall continue until two consecutive blood samples and analyses indicate a blood lead

level below 40 µg/dl of whole blood. If the employee's blood lead level is at or above 50 ug/m³, they will be tested again within two weeks.

The City of Appleton will remove the affected employee from exposure to lead if their blood lead level is still at or above 50 ug/m³ on the second test or if it is necessary for other medical reasons.

Within 5 working days after the receipt of biological monitoring results, the City of Appleton shall notify in writing each employee whose blood lead level is at or above 40 ug/m³.

HOUSEKEEPING

Vacuum cleaners with HEPA filters (high-efficiency particulate) are recommended. Wet mopping and other cleaning methods that keep dust from getting into the air shall be used. Dry sweeping or shoveling should be avoided. Compressed air should not be used to clean.

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 July 2015	SECTION: HR
POLICY SOURCE: Human Resources Department	AUDIENCE: All City Employees	TOTAL PAGES: 10
Reviewed by Legal Services Date: February 1999 May 2008 July 2015	Committee Approval Date: March 25, 1999 June 25, 2008 August 24, 2015	Council Approval Date: April 7, 1999 July 2, 2008 September 2, 2015

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.

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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. **Registered Domestic Partners:**
 - a. Registered same-sex domestic partners must meet the following requirements:
 - b. Be at least 18 years old and competent to consent to the relationship
 - c. Not married or in a domestic partnership with anyone else

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- ~~e.d.~~ Reside together
- ~~d.e.~~ Not related closer than second cousins
- ~~e.f.~~ Be members of the same-sex
- ~~f.g.~~ Have registered their domestic partnership with the Register of Deeds in the county in which they reside
- g. Have registered their domestic partnership with the Register of Deeds in the county in which they reside prior to April 1, 2018.
- ~~Unregistered same or opposite sex domestic partners must meet the following requirements:~~
- ~~e.~~ Be at least 18 years old and competent to enter into a contract
- ~~d.~~ Not married or in a domestic partnership with anyone else
- ~~e.~~ Reside together
- ~~f.~~ Not related in a way that would prohibit marriage under Wisconsin law
- ~~g.~~ Consider themselves members of each other's immediate family
- ~~h.a.~~ Agree to be responsible for each other's living expenses

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- G. **Spouse:** A husband or wife or registered domestic partner.
- 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.

The Library Board and Building Accessibility

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Role of the Board / Role of the Director / Role of the Municipality

As the governing body for the library, the board has a responsibility to ensure that the library and its policies are in compliance with all laws, including the federal Americans with Disabilities Act (ADA). The director has the responsibility to keep the board aware of current issues related to building accessibility. Although the municipality, as the parent agency for the library, is ultimately responsible for ADA compliance, it is very important that the board and director work closely with the municipality to ensure equitable access to the library for all people in the community.

ADA Background on Building Compliance

The Americans with Disabilities Act is a federal law passed in 1990. It is a civil rights law for people with disabilities that ensures people are not discriminated against because they have a disability. Two parts of the law apply particularly to public libraries. Title I requires equal employment opportunities for individuals with disabilities. Title II prohibits discrimination on the basis of disability in state and local government services (including public library buildings and services).

The law provides that all people, including those who have disabilities, have essentially the same rights of access to public buildings and services. The law requires certain universal design characteristics to make buildings accessible to people with disabilities. These building specifications are called ADAAGs (ADA Accessibility Guidelines) and the UFAS (Universal Federal Accessibility Standards). Since the 1970s, Wisconsin's building codes for public buildings have followed higher standards than the federal guidelines. For that reason, many Wisconsin library buildings were already in compliance with the federal law when it was passed. However, some older public libraries remain inaccessible.

The law requires funding agencies to write and maintain an ADA Accessibility Plan. The first step in developing a plan is to evaluate the building and identify areas that do not meet the standards. Then the plan has to specify how the building will be modified, or in some cases replaced, to attain compliance. Finally, the plan has to indicate a time frame within which the problem shall be addressed, typically within five years. The plan should also be updated regularly.

The law requires "reasonable" modifications to buildings. The law permits buildings to remain unchanged if the modifications would be too costly, as long as the plan indicates that the problems are to be resolved if remodeling is undertaken or a new building is built.

While many libraries have made excellent progress toward compliance, some libraries have made little or no progress in making their buildings accessible. The

In This Trustee Essential

- The role of the board and the library director in ensuring that the library building is accessible
- How the library building can equitably accommodate all members of the community, including those with disabilities

responsibility to address and correct the problems is one that is shared by the board and the municipality.

General Access Issues

Below is a general overview of the requirements of the law. For details on each requirement, please refer to the Americans with Disabilities Act Technical Assistance Manual, or contact the Great Lakes ADA Center. See below for contact information.

All buildings open to the public must meet federal specifications, but government buildings are held to a higher standard by those specifications. There are some specific regulations for public libraries, which are discussed below. There are also some exceptions for designated historical buildings.

Outside the Library

Your review can start with consideration given to features outdoors. There should be appropriate curb cuts at the sidewalk, and there must be adequate parking reserved for people with disabilities. The law specifies how many parking stalls must be provided, the way the stalls must be painted, the wording on the signs for that parking area and their placement. The law also specifies how buildings must be signed to indicate accessible entrances.

The entrance itself is of critical importance to an accessible building. It may be necessary to create a new entrance if a ramp cannot easily resolve the problems steps create. Automatic door openers are not required by the ADA but are certainly very helpful to people who have disabilities. If the library does not have an automatic door opener, the law requires a doorbell or some other way for the person who uses a wheelchair or who cannot open the door to signal a need for assistance. The law specifies the acceptable weight limit for the door and the type of door handles that must be used.

Inside the Library

The federal specifications indicate that all *public* areas of the building should be accessible to those with physical disabilities; e.g., to someone who uses a wheelchair. However, if a staff person should become disabled, or a person with a disability is hired, all staff areas would have to be modified to make them accessible as well.

The regulations define an “accessible path” and specify the width of doorways and aisles, turn radius at certain points in the room, requirements for the floor surfaces, and bathrooms’ signage and design, including stalls, toilets, counter tops, legroom under counters and placement of grab bars, mirrors, soap, and towel dispensers. The law specifies the placement and design of water fountains and public telephones. The height of service desks is also specified. Lever door hardware must be used, rather than round doorknobs.

All levels of the building must be accessible, and all meeting rooms. The person with a disability should not be expected to leave the building and enter a

lower level from an outside entrance; he or she should be able to get to different levels in the building using an elevator.

The federal law, updated in 2011, indicates that certain types of permanent directional signs must have certain font size and spacing, tactile characters and Braille, contrast, and positional mounting. The most common ones include labels on rooms, such as bathroom doors, and elevator instructions.

Specific ADA Regulations for Public Libraries

Public libraries must meet all the general requirements indicated above and address the following areas as well.

Reading and Study Areas—A certain percentage of the seating area must be accessible to people using wheelchairs so that they can sit at a table. Specific clearances must be allowed between pieces of furniture so people who use wheelchairs can move between them.

Checkout Areas—At least one part of the checkout desk has to be a specific height for people who use wheelchairs. Security gates must accommodate wheelchairs.

Library Catalogs— Accessible workstations must be available for use of an online catalog. (Though not specifically addressed in the technical guidelines, this point falls under the need to make services accessible.)

Magazine and Reference Areas—There must be access to these areas for people who use wheelchairs, and there is a maximum height for shelving in these areas.

Book Stacks—There is not a maximum height for the general book stacks, but the library staff must accommodate people by helping them get the materials they need. There are width specifications between the book stacks, and there must be a turn radius at the end of each one.

Everyone Benefits When the Libraries are Accessible

Generally, when the topic of accessible buildings comes up, people tend to think that the benefit of the modifications is for people who use wheelchairs or walkers, or perhaps people who use leg braces or crutches. But the reality is that accessible buildings make life easier for everyone. Most people become at least temporarily disabled at some point in life. They may break an arm and not be able to open a heavy door. They may be using crutches because they broke a leg, had a hip replacement, or had surgery for a sports injury.

When parents arrive at the library with a child in a stroller, they appreciate being able to walk right in and not having to squeeze through aisles and around tables. Healthy, active seniors appreciate not having to struggle with heavy doors and having safety bars in the bathroom. Children appreciate service counters that are at their height and don't force them to stand on tiptoe or look way up to talk to library staff. And busy library staff appreciate doors that open automatically when they approach with an armload of heavy books.

Discussion Questions

1. Has the municipality or board completed an ADA Plan and building assessment? If so, has it been updated?
2. What accessibility concerns were identified in the early 1990s and what has been done to resolve them? Can more progress be made?
3. How many taxpayers in the community are unable to access the services of their public library because they cannot enter or move freely through the building, due to a disability? What would the impact be on the library if it could increase its services to about ten percent more of the community who are not currently being served? (Ten percent is the general estimate of people with disabilities in most communities.)
4. Have board members experienced difficulty in getting themselves or family members into non-accessible buildings? Do board members appreciate electronic doors at the grocery store and elevators in multistory buildings? How do these features make life easier for them, and how might an accessible library building benefit the community?
5. Are other municipal buildings accessible? Are there community meeting rooms in other buildings that are accessible? Are area stores, doctors' offices, post offices, etc., accessible? How does the library building compare?

Sources of Additional Information

- *Americans with Disabilities Act*. The most helpful section for building accessibility questions is the *Title II Technical Assistance Manual* available at: www.ada.gov/taman2.html.
- *Pocket Guide to the ADA: Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities, Version 3.0* edited by Evan Terry Associates. International Code Council, 2010.
- Great Lakes ADA Center (MC 728), 1640 W. Roosevelt Road, Room 408, Chicago, IL 60608, (312) 413-1407 or (800) 949-4232, www.adagreatlakes.org
- Your library system staff (See Trustee Tool B: Library System Map and Contact Information.)
- Division for Libraries and Technology staff (See *Trustee Tool C: Division for Libraries and Technology Contact Information*.)

This Trustee Essential provides only a general outline of the law and should not be construed as legal advice in individual or specific cases where additional facts might support a different or more qualified conclusion.

Trustee Essentials: A Handbook for Wisconsin Public Library Trustees was prepared by the DLT with the assistance of the Trustee Handbook Revision Task Force.

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