



# City of Appleton

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

## Meeting Agenda - Final

### Human Resources & Information Technology Committee

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Wednesday, May 22, 2019

6:30 PM

Council Chambers, 6th Floor

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

[19-0748](#) Minutes 4-24-19

Attachments: [Minutes 4-24-19.pdf](#)

#### 4. Public Hearings/Apearances

#### 5. Action Items

#### 6. Information Items

1. [19-0740](#) Pay for Performance demonstration
- [19-0741](#) Discuss of what committee will need from HR staff in order to set bargaining parameters.
2. [19-0742](#) Discussion on what information is needed from staff in order for committee to be able to set the City Attorney and Mayor salaries for the next 4 year term.

3. [19-0736](#) Changes to Accident Investigation & Reporting policy

Attachments: [ACCIDENT REPORTING AND INVESTIGATING 2019.pdf](#)

5. [19-0737](#) Changes to the Interpreter policy

Attachments: [Interpreter Policy 2019.pdf](#)

6. [19-0738](#) Changes to the Seasonal Employment policy.

Attachments: [Seasonal Employment policy 2019.pdf](#)

7. [19-0746](#) Changes to Conditions of Employment policy.

Attachments: [CONDITIONS OF EMPLOYMENT.pdf](#)

1. [19-0532](#) ORGANIZATIONAL MATTERS  
Elect a Vice-Chair  
Set meeting date/time  
Designate a contact person

Legislative History

4/24/19 Human Resources & Information Technology Committee received and filed  
*Contact Person: Director Matz*  
*Vice Chair: William Siebers*  
*Date/Time: will be discussed at next meeting*

4. [19-0745](#) Update on pending Human Resources staffing changes in June.

Attachments: [HR Staff Transitions.pdf](#)

8. [19-0739](#) Recruitment Status Report 5/17/19

Attachments: [RSR thru 5-16-19.pdf](#)

7. Adjournment

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

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

*Questions on agenda contact Director Matz at 920-832-6426*



# City of Appleton

100 North Appleton Street  
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## Meeting Minutes Human Resources & Information Technology Committee

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Wednesday, April 24, 2019

6:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Roll call of membership

**Present:** 4 - Spears, Van Zeeland, Thao and Siebers

**Excused:** 1 - Raasch

3. Approval of minutes from previous meeting

[19-0281](#)

Minutes from 2/13/19

**Attachments:** [Minutes 2.13.19.pdf](#)

Spears moved, seconded by Van Zeeland, that the Minutes be approved. Roll Call. Motion carried by the following vote:

**Aye:** 4 - Spears, Van Zeeland, Thao and Siebers

**Absent:** 1 - Raasch

4. Public Hearings/Appearances

5. Action Items

[19-0588](#)

Request for Public Works to change 4 Operator positions to 4 Operator I positions.

**Attachments:** [DPW reorg Operator to Op 1.pdf](#)

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

**Aye:** 4 - Spears, Van Zeeland, Thao and Siebers

**Absent:** 1 - Raasch

6. Information Items

[19-0532](#)

ORGANIZATIONAL MATTERS

Elect a Vice-Chair  
Set meeting date/time  
Designate a contact person

*Contact Person: Director Matz*

*Vice Chair: William Siebers*

*Date/Time: will be discussed at next meeting*

**This Report Action Item was received and filed**

[19-0589](#)

I.T. Department updates on:  
IT Department Responsibilities  
ERP  
Fiber/Jones Park - Memorial Park  
Migration to new servers  
MDC upgrades  
PC Upgrades

**The I.T. update was presented**

[19-0280](#)

Responses from questions at the February committee meeting.

**Attachments:** [February meeting responses.pdf](#)

**This answers were presented**

[19-0522](#)

2019 Employee Glance Chart

**Attachments:** [2019GlanceChart 4 3 19.pdf](#)

**This glance chart was presented**

[19-0529](#)

2018 Pay for Performance data.

**Attachments:** [2019 P4P adjustment for all departments.pdf](#)

**This data was presented**

[19-0590](#)

Changes to Conditions of Employment policy

**Attachments:** [CONDITIONS OF EMPLOYMENT.pdf](#)

**This policy was presented**

[19-0591](#)

Changes to Privacy Policy

**Attachments:** [PRIVACY POLICY.pdf](#)

**This policy was presented**

[19-0301](#)

Recruitment status report 4-19-19

**Attachments:**     [RSR thru 4-18-19.pdf](#)

**This report was presented**

7.     Adjournment

**Spears moved, seconded by Van Zeeland, that the meeting adjourn be approved. Roll Call. Motion carried by the following vote:**

**Aye:**   4 -   Spears, Van Zeeland, Thao and Siebers

**Absent:**   1 -   Raasch

<b>CITY OF APPLETON POLICY</b>	<b>TITLE: ACCIDENT REPORTING AND INVESTIGATING</b>	
ISSUE DATE: October 2002	LAST UPDATE: January 2004; May 2005; July 2008; June 2010, April 2015	SECTION: Safety
POLICY SOURCE: Human Resources Department	POLICY APPLICATION: All City Employees and Volunteers	TOTAL PAGES: 15
Reviewed by Legal Services Date: October 10, 2003 August 2005 August 2010 August 2015	Committee Approval Date: November 24, 2003 March 22, 2006 September 22, 2010 December 7, 2015	Council Approval Date: November 24, 2003 April 5, 2006 October 6, 2010 December 16, 2015

## I. PURPOSE

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

## II. POLICY

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

## III. PROCEDURES

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

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

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

Should a supervisor have reasonable suspicion to believe that an employee is under the influence of alcohol or drugs and is involved in any motor vehicle accident, injury to themselves or others, or property/equipment damage, the supervisor should follow the procedures outlined in the City's Drug-Free Workplace policies.

**A. Motor Vehicle Accidents**

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

**B. Injuries to a City Employee**

1. When the injury occurs: the employee shall immediately notify his/her supervisor. The employee or the supervisor should also contact the Police Department if the injury is a result of a motor vehicle, **violent act** or domestic animal bite.
2. If immediate medical attention is needed, ~~the employee or witness~~ shall call 911 or Gold Cross for non-emergencies (920-727-3034). The employee's supervisor may also provide transportation.
3. **Fatalities or life-threatening injuries should be immediately reported to the employee's Department Director and Human Resources. To contact the HR Department during normal work hours, call (920) 832-6458. Outside of normal work hours, contact either the Human Resources Director or Human Resources Deputy Director. The Human Resources Department must contact the Wisconsin Department of Safety and Professional Services within 8 hours in the event of any of the following: a) a work-related employee fatality or b) the hospitalization of 3 or more employees due to one single work-related event.**
- ~~4. Report Incidents to 800 321 OSHA (6742). All work-related fatalities must be reported within 8 hours. All work-related inpatient hospitalizations, amputations and loss of an eye must be reported within 24 hours. Fatalities or life threatening injuries should be reported to the employee's department director and Human Resources (920-832-5838 or 920-832-6457) immediately.~~
4. If immediate medical attention is not needed, the employee may obtain treatment from his/her choice of medical providers. Employees must have a physician's authorization for time lost due to a **work-related** injury.
5. If medical attention is sought, the employee must submit a return-to-work slip (Exhibit **C**) to their supervisor prior to returning to work.
6. If medical attention is not sought, the employee shall log the injury into the department's first aid log, which should be initialed by a supervisor.
7. If the incident includes a possible bloodborne pathogens exposure, refer to the City's Bloodborne Pathogen policy.
8. The City has the right to verify an injury/illness through an independent medical exam.

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

1. All accidents resulting in an injury requiring emergency medical services to any person not employed by the City of Appleton or damage to property not owned by the City of Appleton should be immediately reported to 911, the employee's supervisor and the Human Resources Department.
2. **Supervisors should take pictures of any physical damage that was caused if possible.**
3. **Employees should not admit liability, discuss City operations or comment on any incident or accident involving members of the public.**

4. If a citizen wishes to file a claim against the City, he/she should be directed to the City Clerk's office. The Clerk's office will forward the claim to the Human Resources Department for follow up and response to the claimant.

**D. Damage to City Property or Equipment**

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

1. If vandalism or a theft loss occurs, notify the Police Department.
2. If a fire occurs, notify the Fire Department.
3. Supervisors should take pictures of any physical damage that was caused if possible.
4. A minimum of 2 repair estimates will be required if third party automobile repairs are needed and only if the vehicle can be driven under its own power.
5. If a third party caused damage to City property, the Human Resources Department will work with the third party's liability insurance company to recover any costs the City incurs. If a third party causes damage to City property through a criminal act, the Human Resources Department will work with the City Attorney's Office to recover the cost the City incurs. Any monetary recoveries shall be reported to the Human Resources Department and sent to the Finance Department.
- ~~6. Damage estimates will be required if repairs are needed.~~
- ~~7. If the damage is \$500 or more, the supervisor will investigate and return the completed City Accident Investigation Report (Exhibit A) to the Human Resources Department within 48 hours.~~
- ~~8. If the damage is under \$500, the supervisor should complete Appleton's Accident Short Form (Exhibit D) and forward a copy to the Human Resources Department.~~
- ~~9. Any monetary recoveries shall be reported to the Human Resources Department and sent to the Finance Department.~~

#### **IV. RESPONSIBILITIES**

**A. The Human Resources Department is responsible for:**

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

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

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

**C. Supervisors are responsible for:**



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

**D. Employees are responsible for:**

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

# City of Appleton Incident / Accident Report Form – Employee’s Account | Exhibit A, Page 1

<b>INSTRUCTIONS: SUPERVISORS MUST SUBMIT ALL VEHICLE ACCIDENTS (EXCEPT FOR VALLEY TRANSIT) TO CEA. FAX TO 832-5570. THIS REPORT MUST ALSO BE SENT TO HR (FAX TO 832-5845) AND THE APPROPRIATE DEPARTMENT DIRECTOR WITHIN 48 HOURS.</b>			
Employee Name ( <i>Print</i> ):			
Employee ID:		Employee’s Department:	
Type of Incident / Accident: ( <i>check all that apply</i> )		<input type="checkbox"/>	Employee Injury
		<input type="checkbox"/>	City Vehicle / Equipment / Property Damage
		<input type="checkbox"/>	Injury to Public ( <i>involving City Vehicle, Property or Employee</i> )
		<input type="checkbox"/>	Public Vehicle / Equipment / Property Damage
Date and Time of Incident / Accident:			
Location of Incident / Accident:			
Witness Name(s), if applicable:			
Describe how the incident/accident occurred (if additional space is needed; use a separate page):			
Describe any injuries received by the employee or the affected public (if applicable); be specific:			
Did you (for employee injuries only) seek medical treatment? ____ Yes ____ No If “yes” response, I understand that I must provide a return to work certificate signed by my medical provider to my supervisor. _____ ( <i>initial here</i> ) Name of medical facility and doctor seen:			
Provide description of City vehicle(s) / property / equipment involved in the accident:			
Describe damage to City property (vehicles, equipment, etc.) and any damage to the affected public’s property (if applicable); be specific:			
What suggested changes do you have that, if made, might make it less likely for a similar incident / accident to occur in the future?			

The above statement(s) are true and correct to the best of my knowledge.

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

Date and Time Signed: \_\_\_\_\_



# City of Appleton Incident / Accident Report Form – Supervisor’s Investigation | Exhibit A, Page 2

Employee Name ( <i>Print</i> ):					
Date of Incident / Accident:					
Date Incident / Accident Reported:					
Police Incident # ( <i>if applicable</i> )					
<input type="checkbox"/>	Check here if there were witness(es) to this incident/accident. If so, obtain written witness statements ( <i>use form under Exhibit B</i> ).				
<input type="checkbox"/>	Check here if there is security or traffic camera footage of this incident/accident. If so, download this camera footage and send a copy to the Human Resources Department.				
Did employee seek medical treatment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Where:
Did employee lose time from work?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Last day worked:
<b>Incident / Accident Description:</b> Provide a detailed description of the incident ( <i>include any pertinent photographs, diagrams and police reports or police report numbers</i> ). Aid for diagrams (show vehicles/equipment as follows: City – “A” & Other – “B”. In addition, label street signs, location of signs and point of impact between vehicles and/or equipment. If additional space is needed; use a separate page.)					
<b>Possible Corrective Actions to Prevent Recurrence (check all that apply):</b>					
<input type="checkbox"/>	Isolate or guard the hazard	<input type="checkbox"/>	Improve lighting	<input type="checkbox"/>	Improve new employee orientation
<input type="checkbox"/>	Design out / remove hazard	<input type="checkbox"/>	Improve job briefing	<input type="checkbox"/>	Conduct more frequent inspections
<input type="checkbox"/>	New / different tools or equip	<input type="checkbox"/>	Additional training	<input type="checkbox"/>	Improve prev. maintenance program
<input type="checkbox"/>	Add signs / warning labels	<input type="checkbox"/>	Improve ventilation	<input type="checkbox"/>	Improve enforcement of procedures
<input type="checkbox"/>	Improve housekeeping	<input type="checkbox"/>	Improve lighting	<input type="checkbox"/>	Policy / procedure change
<input type="checkbox"/>	Obtain new / upgrade PPE	<input type="checkbox"/>	Other:		
<b>Describe correction action(s) recommended, if any, to prevent recurrence:</b>					
<i>What will be done?</i>		<i>Who will do it?</i>		<i>When will it be done?</i>	

Employee’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Reviewed by Director’s Signature \_\_\_\_\_

Date \_\_\_\_\_



## City of Appleton Witness Reporting Form | Exhibit B

Witness Name ( <i>Print</i> ):			
Witness Address:			
Witness Phone:			
Interviewer's Name ( <i>Print</i> ):			
Date & Time of Incident/Accident:			
City Employee?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Were you at the accident scene?	<input type="checkbox"/>	Before the accident occurred.	
	<input type="checkbox"/>	While the accident was occurring.	
	<input type="checkbox"/>	After the accident occurred.	
Who was involved in the accident?			
When did the accident happen?			
How did the accident happen?			
Describe in detail the events that occurred before the accident as you remember them.			
In your opinion, what were the major contributing factors which caused the accident?			

(Use back for diagram, if necessary.)



# Employee Return-to-Work Form | Exhibit C

## EMPLOYEE WORK RESTRICTIONS

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

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

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

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

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

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

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

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

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

Prescription strength medications ordered: ☐ Yes ☐ No

Medications: \_\_\_\_\_

Plan: \_\_\_\_\_

DISPOSITION: 1. ☐ Patient is unable to work at this time.  
2. ☐ Recommend his/her return to work with no limitations on (DATE): \_\_\_\_\_  
3. ☐ He/She may return (DATE) \_\_\_\_\_ with a daily time limitation of \_\_\_\_\_  
and/or with the following limitations until \_\_\_\_\_ or until re-evaluation on \_\_\_\_\_.

## CHECK ONLY AS RELATES TO ABOVE CONDITION

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

Specify Restrictions for 24 day		N	O	F	C		
Sitting/Driving						Lab Work	Yes ___ No ___
Standing/Walking						X - Rays	Yes ___ No ___
Climbing							
Bending							
Kneeling/Squatting/Crawling						R	L
Reaching-Horiz./push-pull							BIL
Reaching-Vert./above shoulder							
Gross Handling							
Finger Manipulation							
Single Grasping							
Repetitive Foot Movement							

OTHER INSTRUCTIONS AND/OR LIMITATIONS:

\_\_\_\_\_

SCHEDULED APPOINTMENTS:

☐ Referral ☐ Clinic \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

☐ Referral ☐ Clinic \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Time Out: \_\_\_\_\_ ☐ Called Employer Date \_\_\_\_\_ Signature \_\_\_\_\_

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

PATIENT'S SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_



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

Date: \_\_\_\_\_ Incident #: \_\_\_\_\_

—Date/Time Faxed to HR: \_\_\_\_\_ Date/Time Faxed to Dept. Director: \_\_\_\_\_

## CITY OF APPLETON INVESTIGATION REPORT

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

### GENERAL INFORMATION:

<b>Name:</b> _____				
Home Address	City	Stat	Zip	Home Telephone Number
Date and Time of Incident	Date Incident Was Reported	Department and Job Title		
Specific Location of Incident (Dept., Street, Road):				
Witness(s): 1. _____ 2. _____				City Vehicle Number
Photographs Taken by: _____ Were Police at Accident Scene? <input type="checkbox"/>				

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

Did the employee receive treatment? ☐ Yes ☐ No

Facility Name: \_\_\_\_\_ Doctor: \_\_\_\_\_

### INJURY INCIDENT

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

# Employee's Account

Describe the Incident/ Include details:

*Where did this occur:*

*When did this occur:*

*What were you doing just prior to the incident:* \_\_\_\_\_

*How did this incident occur:*

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

## Unsafe Practice

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

## Unsafe Condition

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

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

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

# Supervisor Analysis

1. Supervisor summary of the incident:

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

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

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

## Unsafe Practice

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

## Unsafe Condition

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

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

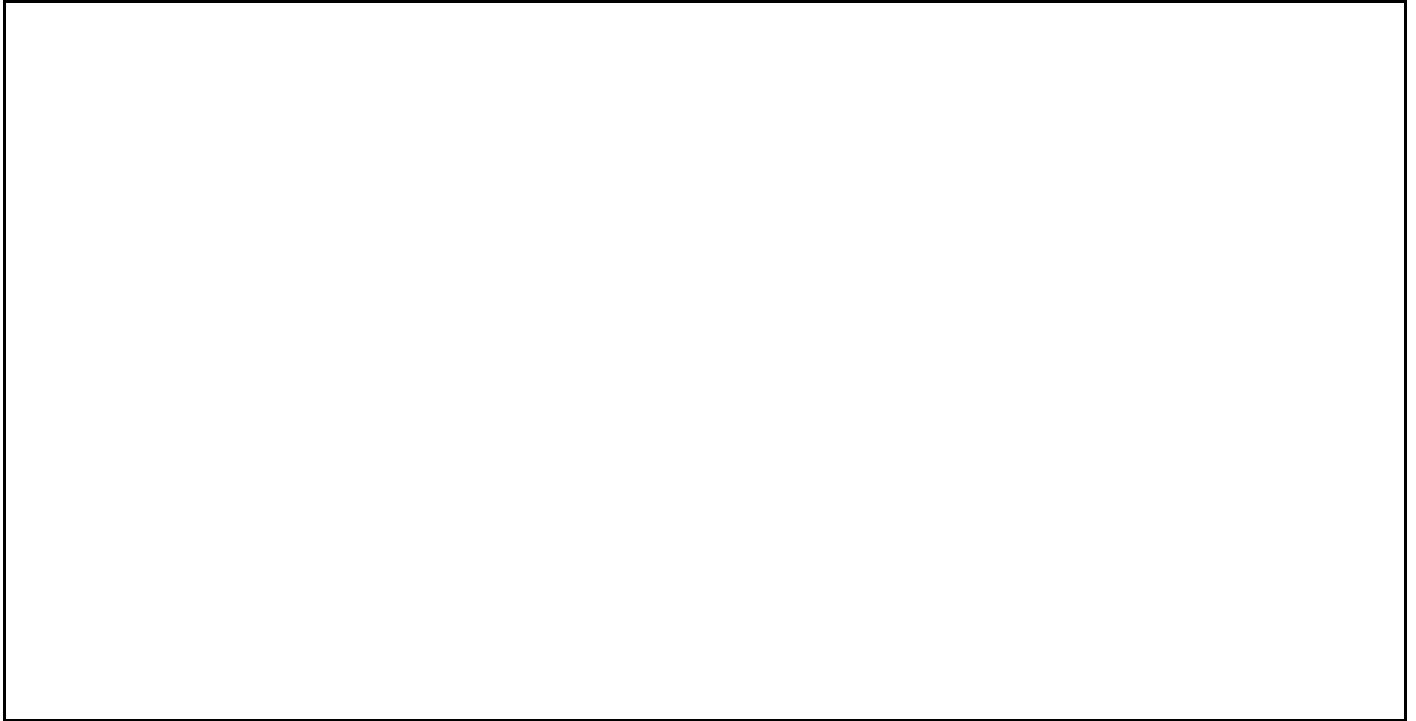
SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY DIRECTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## ACCIDENT DIAGRAM

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



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

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

NARRATIVE: \_\_\_\_\_

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

# Witness Reporting Form

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

Address: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM  
\_\_\_\_\_

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

City Employee: ☐ Yes ☐ No

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

Who was involved in the accident? \_\_\_\_\_

Where did the accident happen? \_\_\_\_\_

When did the accident happen? \_\_\_\_\_

Describe in detail the accident as you observed it:

(Use back for diagram if necessary.)

# PROPERTY DAMAGE INCIDENT

## Instructions:

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

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

~~Property Damaged:~~ ———

~~City Equipment Involved (No.):~~ ———

~~Nature of Damage:~~ ———

~~Estimated Cost:~~ ———

~~Owner Name:~~ ———

——— ~~Address:~~ ———

——— ~~City:~~ ——— ~~State:~~ ——— ~~Postal Code:~~ ———

——— ~~Phone:~~ ———

~~Insurance Company:~~ ———

## INJURY/PROPERTY DAMAGE CAUSED BY ACCIDENT

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

Accident involved (Check appropriate box)

☐ Property Damage Only \_\_\_\_\_ Were Police at Accident Scene? ☐ Yes ☐ No

☐ Bodily Injury Only \_\_\_\_\_

☐ Property Damage and Bodily Injury \_\_\_\_\_ Municipality: \_\_\_\_\_ Badge No: \_\_\_\_\_

☐ Fatality \_\_\_\_\_

☐ Fatality and Property Damage \_\_\_\_\_ Was supervisor at accident scene? ☐ Yes ☐ No

☐ All of the Above \_\_\_\_\_

☐ None of the Above \_\_\_\_\_

AMBULANCE REQUIRED	CLAIMED INJURIES	APPARENT INJURIES	PASSENGERS	PEDESTRIANS	OTHER VEHICLE	APPROXIMATE AGE
--------------------	------------------	-------------------	------------	-------------	---------------	-----------------

### INJURED PERSONS

	NAME	ADDRESS	CITY	( ) CHECK ONE OR MORE FOR EACH PERSON INJURED						
1	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PROPERTY DAMAGE TO SECOND PARTY

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

### PROPERTY DAMAGE TO THIRD PARTY

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

\_\_\_\_\_  
OPERATOR'S SIGNATURE DATE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

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

**MOTOR VEHICLE INCIDENT**

Complete if No Police Report

**TYPE OF ACCIDENT**

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

<b>VEHICLE</b>		<b>VEHICLE MOVEMENTS</b>	<b>VEHICLE</b>	
<b>City</b>	<b>Other</b>		<b>City</b>	<b>Other</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Stopped</b>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Slowing/Stopping</b>	_____ MPH	_____ MPH
<input type="checkbox"/>	<input type="checkbox"/>	<b>Changing Lanes</b>	_____ MPH	_____ MPH
<input type="checkbox"/>	<input type="checkbox"/>	<b>Turning</b>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Pulling into curb</b>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Pulling away from curb</b>	CITY VEHICLE INVOLVED (NO.): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Moving straight in its lane</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Merging</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Backing</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Parking</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Other:</b>		

**TRAFFIC & ENVIRONMENTAL CONDITIONS**

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

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

**Employee Return-to-Work Form****EMPLOYEE WORK RESTRICTIONS**

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

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

Part Time ☐ 1<sup>st</sup> Shift ☐ Sun. ☐ Thurs. ☐

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

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

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

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

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

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

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

Prescription strength medications ordered ☐ Yes ☐ No

Medications: \_\_\_\_\_

Plan: \_\_\_\_\_

DISPOSITION: 1. ☐ Patient is unable to work at this time.2. ☐ Recommend his/her return to work with no limitations on (DATE): \_\_\_\_\_3. ☐ He/She may return (DATE) \_\_\_\_\_ with a daily time limitation of \_\_\_\_\_  
and/or with the following limitations until \_\_\_\_\_ or until re-evaluation on \_\_\_\_\_.**A. CHECK ONLY AS RELATES TO ABOVE CONDITION**

☐ **SEDENTARY WORK.** Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

☐ **LIGHT WORK.** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arms and/or leg controls.

☐ **LIGHT MEDIUM WORK.** Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.

☐ **MEDIUM WORK.** Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.

☐ **LIGHT HEAVY WORK.** Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.

☐ **HEAVY WORK.** Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

OTHER INSTRUCTIONS AND/OR LIMITATIONS: \_\_\_\_\_

N=Never/Not Able F=Frequent up to 30x/hr.  
 O=Occasional up to 4 times/hr. C=Constant over 30x/hr.  
 Specify Restrictions for 24 day

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

SCHEDULED APPOINTMENTS: \_\_\_\_\_

☐ Referral ☐ Clinic \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_☐ Referral ☐ Clinic \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_Time Out: \_\_\_\_\_ ☐ Called Employer Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

PATIENT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

## ACCIDENT INVESTIGATOR'S CHECK LIST

Time \_\_\_\_\_ AM/PM \_\_\_\_\_ Date \_\_\_\_\_

### A. Arrival

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

### B. Gather Evidence and Document Scene

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

### C. Analysis

When did it happen? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Where did it happen? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe what  
 happened. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Were there any observable causes or contributing factors (such as weather conditions, etc)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there ways a similar incident could be avoided? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## ACCIDENT REPORTING SHORT FORM

### PROCEDURE:

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

### EMPLOYEE ACCOUNT SUMMARY

Employee name: \_\_\_\_\_


Date/time of incident: \_\_\_\_\_ Vehicle #: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Describe how the incident occurred: \_\_\_\_\_

Describe any injuries you received (if applicable). \_\_\_\_\_

Describe damage to City property (if applicable). \_\_\_\_\_

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

### SUPERVISOR ACCOUNT SUMMARY

Name of Supervisor: \_\_\_\_\_

Incident # (applicable for Police personnel only): \_\_\_\_\_

Describe how this incident occurred. \_\_\_\_\_

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

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



<b>CITY OF APPLETON PERSONNEL POLICY</b>	<b>TITLE: INTERPRETER POLICY</b>	
ISSUE DATE: 2007	LAST UPDATE: Date: November 2008 June 2009 May 2013 <u>November 2018</u>	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees and volunteers	TOTAL PAGES: 9
Reviewed by Legal Services Date: March 2007 June 2013 <u>November 2018</u>	Committee Approval Date: June 27, 2007 December 10, 2008 July 15, 2013	Council Approval Date: July 5, 2007 December 17, 2008 July 24, 2013

## I. PURPOSE

The purpose of this policy is to provide City of Appleton Employees with direction in providing services to customers with Limited English Proficiency (LEP) and to the Hearing Impaired.

## II. POLICY

It shall be the policy of the City of Appleton to use interpreters to ensure quality of service when language exists as a barrier to such service. It shall also be the policy to comply with Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency; and the City of Appleton Civil Rights Compliance Plan. The City of Appleton Civil Rights Compliance Plan is posted throughout the City with other State and Federal Postings.

## III. DISCUSSION

This policy will direct City employees in the appropriate use of interpreters and translation services. Some departments may supplement this policy with department specific policies to address their unique needs.

Responsibility for coordinating existing Interpreter programs are as follows:

Health: Public Health Nursing Supervisor  
Mayor: Diversity and Inclusion Coordinator  
Police: Clerical ~~Assistance~~ Support  
Police: ~~Deputy~~ Assistant Chief  
Fire: Deputy Chief  
Human Resources: Deputy Director of Human Resources  
Attorney: Assistant City Attorney

#### IV. DEFINITIONS

- A. Limited English Proficiency- (LEP) Those customers who cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with program service providers.
- B. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d.et.seq. and its implementing regulation at 45 CRF part 80- The law that protects individuals from discrimination based on their race, color, or national origin under any program or activity that receives Federal financial assistance.
- C. Qualified Interpreters- Qualified interpreters have: demonstrated proficiency in English and the second language; demonstrated knowledge in both languages of relevant specialized terms or concepts; and documentation of completion of training on the skills and ethics of interpretation; and awareness of relevant cultural issues.
- D. ~~—D.—~~ Confidential Information/ Personal Facts- “Personal facts” shall be defined as any information ordinarily construed as part of a medical history and physical examination and positively identifying an individual with such medical data.

All information relating to “personal facts” obtained by the staff in the conduct of official business shall constitute privileged communications and shall be held confidential and shall not be divulged without the person’s consent except as may be necessary to provide services needed by the individual or when legally permissible. Information obtained relating to individually identifiable health information shall be subject to the terms and conditions of the Health Insurance Portability and Accountability Act of 1996.

~~All information relating to “personal facts” obtained by the staff in the conduct of official business shall constitute privileged communications and shall be held confidential and shall not be divulged without the person’s consent except as may be necessary to provide services needed by the individual.~~

~~Personal facts shall be defined as any information ordinarily construed as part of a medical history and physical examination and positively identifying an individual with such medical data.~~

- E. Sensitive Information- Any information that, upon disclosure, could cause any individual or business undo embarrassment or harm, either emotionally, socially, or financially.
- F. Oral Interpretation- An individual is assisted with verbal communication by another party fluent in the language of the individual and English.
- G. Written Translation- Conversion of written documents to or from English into the language of an individual allowing the individual to understand the document.
- H. Hearing Impaired- -An individual is assisted with communication by another party with the ability to communicate through sign language or other acceptable method.
- I. Vital Documents- Any paper or electronic form that contains information that is critical for accessing the recipient's programs, services or benefits; letters or notices that require a response; letters and notices pertaining to approval, denial, reduction, or termination of services or benefits; and documents that inform participants of free language assistance.
- J. CDAC-- City Department Advisory Committee.
- K. ~~TDD-- A Telecommunications Device for the Deaf is a teleprinter, an electronic device for text communication over a telephone line, that is designed for use by persons with hearing or speech difficulties.~~

## V. PROCEDURES

### A. Qualifying Interpreters

1. City of Appleton staff shall utilize independent interpreters or interpreter agencies that have contracted with the City of Appleton. The listed interpreters should provide a variety of services including oral interpretation, sign language and written translation.
2. Background checks will be completed by the Appleton Police Department before any services are provided for the City of Appleton.
3. Representatives of the CDAC, including Mayors Office, Community and Economic Development, Health, Police, Fire, ~~Attorney~~ Legal

Services, Parks & Recreation, Finance, Department of Public Works,  
and Human Resources and Valley Transit shall meet annually to review the  
program and contracts.

4. A current list of interpreters will be kept by the Diversity and Inclusion  
Coordinator who will post the list to the City's- internal website  
Annually, The Diversity and Inclusion Coordinator ~~Community and~~  
~~Economic Development's Diversity Coordinator~~ will provide  
Directors and Deputy Directors with a list of contracted interpreter  
agencies.

#### B. Utilizing Interpreter Services

1. To initiate interpreter services, employees should obtain prior approval  
from their department supervisor (or as provided by their department-  
specific policy). ~~(Health, Police and Fire shall follow department-~~  
~~-specific Interpreter Policies and Procedures-)~~.

After obtaining approval, employees should choose an interpreter from  
the list of contracted interpreter agencies. Prior to working with the  
interpreter, employees should refer to *Attachment I* (Guidelines for  
working with interpreters).

Language Line services are appropriate in situations where the phone  
call is less than 10- minutes. If the situation may require more than 10  
minutes, an interpreter should be called with the approval of the  
department supervisor or based on a department specific policy.

~~TDD Lines are available at the Police Department (920) 832-5805 and~~  
~~at the Library Reference Desk (920) 832-6173.~~

2. When working with the interpreter, City of Appleton staff shall work  
with the interpreter to complete a form to document start and  
completion time of the interpreter services. If the interpreter does not  
have a form, Attachment II City of Appleton Interpreter Services  
Report may be used. Staff should ensure the interpreter and  
department name are clearly documented and have the form signed by  
both the interpreter and City of Appleton employee with the  
documented start and completion times. This should also be followed  
for telephone interpretation with City employee clearly identifying  
their name and department.
3. When an invoice is received from the interpreter, staff should review  
the start and end times to ensure it matches the amount billed and  
check for City employee signature as well as contacting either the Diversity and  
Diversity and Inclusion Coordinator or City Attorney Legal Services Department

contact to ensure the contracted rate matches the billed rate. If billing information is correct, continue to process for payment using the normal City Finance procedures.

4. An evaluation of the level of service is optional but encouraged. Comments should be shared with the Diversity [and Inclusion](#) Coordinator or City Attorney contacts.
5. City of Appleton staff will receive training or communication related to this policy and procedures for working with interpreters.

## ATTACHMENT I

### **Guidelines For Working With Interpreters**

*Reference: Southeast Asian Health Care: A Cultural Guide, Indochinese Cultural and Service Center, Portland, Oregon, 1982, p. 38-40.*

1. Choose an interpreter of the same gender as the client when possible. If it is a health matter, these issues are generally more openly communicated between members of the same gender.
2. Try not to ask a child to interpret for a parent. Although children learn new languages faster than adults, it may be a matter of shame or loss of face for the parent to require the help of a child for interpretation.
3. Schedule extra time for appointments when using an interpreter. Translated sessions, especially when teaching is done, take longer than non-translated appointments. Taking the extra time to achieve accurate information will ultimately save time and energy.
4. When assisting a customer with an interpreter, face both the client and the interpreter. Speak to the customer.
5. Observe both the interpreter and the customer during the interview for visual cues that can help increase understanding.
6. Ask the interpreter to interpret sentence by sentence. Give lengthy explanations one sentence at a time. Give instructions in small units, asking the customer to repeat the information through the interpreter to insure understanding. Unless you know the interpreter is very familiar with the information, do not allow him/her to paraphrase long explanations as this can lead to inaccurate communication.
7. Use basic words and concrete versus absolute terms. Conditional words like “maybe”, “if”, “could” and “would” may have difficult implications in other languages. Be wary of using phrases that are idioms or metaphors as these are usually not translatable.
8. Speak slowly and clearly in short, simple sentences. Speak in a normal tone of voice.
9. Because English and Southeast Asian languages generally are not directly translatable, a brief question or short description may sometimes result in a lengthy translation. If mistranslation is suspected, ask the same question again using different words or ask the customer to repeat the information through the interpreter.

10. Use a trained interpreter when possible rather than a friend or family member. A health interpreter should be trained in medical terminology as well as confidentiality.

## ATTACHMENT II

### City of Appleton Interpreter Service Report

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

Interpreter: \_\_\_\_\_

Incident # / Client Name: \_\_\_\_\_

Type of Service: \_\_\_\_\_ Language: \_\_\_\_\_

Circle One:    Scheduled Appointment / Emergency

Service began: \_\_\_\_\_ am/pm          ended: \_\_\_\_\_ am/pm

Staff Signature \_\_\_\_\_

Department \_\_\_\_\_



## ATTACHMENT III

### City of Appleton Interpreter Information & Background Check Form

All interpreters are required to complete the following information (please print).

Name \_\_\_\_\_  
Last First Middle Initial Social Security Number or  
Employer Identification #

Drivers License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is Drivers License currently valid? \_\_\_\_yes\_\_\_\_no

Do you have transportation available? \_\_\_\_yes\_\_\_\_no

Other Name(s) Used \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Or Maiden Name

Home  
Address \_\_\_\_\_  
Number and Street City State Zip

Home Phone- # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Last 5 years of previous addresses (if outside the State of WI)

\_\_\_\_\_  
Number and Street City State Zip

\_\_\_\_\_  
Number and Street City State Zip

Please list **ALL** instances in which you were convicted as an **ADULT** for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of your request to be an interpreter.

☐ **CHECK HERE IF NOT APPLICABLE.**

*Approximate* dates may be listed: (you may attach another sheet if necessary)

Date	Location	Charge	Court	Disposition of case

NOTE: A conviction record or pending arrest record does not constitute an automatic bar to interpreting and will be considered only if there is substantial relationship to the circumstances of the particular position.

Current Employer: \_\_\_\_\_

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

Interpreter agency you are employed by: \_\_\_\_\_  
(if different than above)

List any languages, other than English, that you speak fluently: \_\_\_\_\_

Do you currently translate for any other clients or municipalities?

Who? \_\_\_\_\_

\_\_\_\_\_

List three (3) -references other than family:

Name & Address

Relationship

Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Educational Background: High School Diploma/GED: Yes No

Name & Location of College

Degree Received

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certifications (please attach): \_\_\_\_\_

\_\_\_\_\_

READ CAREFULLY BEFORE SIGNING

I certify that all answers to the above questions are true and complete and authorize the City of Appleton to use the information I have provided. I understand that falsification of, or omissions from this form may result in disqualification or cancellation of my contract.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

**Independent Interpreters Only**

Cell Phone #: \_\_\_\_\_ Pager [Home](#) #: \_\_\_\_\_

Days Available: Su \_\_\_\_\_ Mo \_\_\_\_\_ Tu \_\_\_\_\_ We \_\_\_\_\_ Th \_\_\_\_\_ Fr \_\_\_\_\_ Sa \_\_\_\_\_

Hours available to translate: \_\_\_\_\_

What City departments are you interested in interpreting for? Check all that apply:

[Police](#)☐ [Fire](#)☐ [Finance](#)☐ [Health](#)☐ [Library](#)☐ [Inspections](#)☐ [Mayor](#)☐

[Comm. & Econ. Dev.](#)☐ [Parks & Rec](#)☐ [Transit](#)☐ [HR](#)☐ [DPW](#)☐ [Legal](#)☐

[Utilities](#)☐ [Any](#)☐

[Police](#) \_\_\_\_\_ [Fire](#) \_\_\_\_\_ [Health](#) \_\_\_\_\_ [Any](#) \_\_\_\_\_

CITY OF APPLETON POLICY	TITLE: <b>SEASONAL EMPLOYMENT</b>	
ISSUE DATE: August 1, 2002	LAST UPDATE: June 2, 2004 October 8, 2004 April 24, 2006 July 2007 October 2009 March 2014, <u>April 2019</u>	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All Employees	TOTAL PAGES: 10
Reviewed by Legal Services Date: November 11, 2003 November 3, 2009 June 2, 2014	Committee Approval Date: January 14, 2004 December 9, 2009 July 21, 2014	Council Approval Date: January 21, 2004 December 16, 2009 August 6, 2014

#### I. PURPOSE

To provide guidelines in the seasonal employment process including recruitment and selection, training, and performance evaluation.

#### II. POLICY

The City of Appleton will recruit and select the best qualified persons for positions with the City. The Human Resources Department, under the guidance of the Human Resources Director, is responsible for developing and facilitating an active seasonal recruitment and selection program designed to meet the current and anticipated City departments' seasonal employment needs. The procedure will be consistent with the City's Affirmative Action Program and will comply with all Equal Employment Opportunity guidelines.

#### III. DISCUSSION

The City of Appleton establishes clear and consistent guidelines to assist City supervisors and to ensure equal and unbiased treatment of all applicants and employees. The selection of seasonal employees shall be made by the respective department-hiring supervisor and in conjunction with the established guidelines.

#### IV. DEFINITIONS

- A. Seasonal Employment: Certain times of the year necessitate the hiring of temporary, non-benefited positions to assist with increased workloads or to fill recreational program activity positions. These positions shall be consistent with the seasonal pay plan and shall be for a specific time period.
- B. Seasonal Employee: Employees hired to perform seasonal work for a specific time period. Seasonal employees shall not exceed 1200 hours in any 12-month period and are not eligible for benefits. Employment terminates at the end of the season.

## V. PROCEDURES

### A. Recruitment

When it is determined to be in the best interest of the City of Appleton, seasonal employees may be hired as budgeted. Such employees shall not be eligible to receive City of Appleton fringe benefits unless specifically provided for elsewhere in this policy. The department shall establish job descriptions for each seasonal position within their department and pay rates will be established and approved by Human Resources and the Common Council as referred on the seasonal pay plan.

Hours – No seasonal employee shall exceed 1200 hours of employment in any 12-month period, unless previously authorized by the Human Resources Director. The Human Resources Benefits Coordinator will monitor the number of hours that a seasonal employee has worked and will notify a department if close to the hour limits. Seasonal employees shall not work more than 40 hours per week unless authorized by the Department Head. All hours worked over 40 must be paid at time and one-half.

#### 1. Advertising and Publicity

The Human Resources Department shall post the open positions on the City's website to accept applications for the seasonal position vacancies. A list of the open positions may also be sent to regional high schools, Wisconsin technical colleges and universities, and diversity groups, along with other resources customarily used to distribute regular weekly Open Positions Lists and/or are deemed to be appropriate by the department.

#### 2. Application Forms

All City of Appleton seasonal applications for employment must be completed on-line. Resumes will be accepted only as an attachment to the application; not in lieu of an application. Each returning seasonal employee must update their application annually.

#### 3. Applicant Tracking

Once the applications are submitted via the City's website, the applications will then be forwarded electronically to the ~~department~~ hiring supervisor.

#### 4. Candidate Selection

The hiring supervisor will screen the applications based on the job requirements outlined in the job description. After selections are made, candidates will be scheduled for an interview. Interviews can be conducted over the phone or in person. All candidates will be asked the same general questions. Supervisors should refer to their Seasonal Hiring binders for information on conducting interviews. All applicants not chosen from the initial screening will be notified by email.

#### 5. Reference Checks

The hiring supervisor will ~~make a decision~~ decide on their final candidate(s). Depending on the position, the hiring supervisor will obtain employment and/or personal references. (Exhibit 1a and 1b).

#### 6. Conditional Offer of Employment

The hiring supervisor will make the job offer contingent upon appropriate background checks using the existing seasonal pay structure.

7. Background Checks

The necessary information to conduct a background check shall be sent to Human Resources. HR Administrative staff will process the background check.

8. Offer Letter

The HR department will prepare a conditional offer letter, contingent on the successful completion of a background check after the supervisor determines a start date and end date (or annual background refresher date) with the candidate. The conditional offer letter will be sent with the appropriate instructions for paperwork that the employee must complete on or before the first day of employment. The required paperwork could include: I-9 form, W-4 form, ACH Direct Deposit Authorization (all seasonal employees are required to sign-up for direct deposit of their payroll checks), and a Child Labor Permit (if applicable) a policy sign off sheet and policy brochure, and any other required paperwork. (The City reimburses employees for the child labor permit.)

B. Auto Insurance

The City does not provide insurance coverage for an employee's privately-owned vehicle. Employees who use non-City-owned vehicles for City business should confirm that their personal auto insurance policy provides coverage for this use.

All employees who drive non-City-owned vehicles for City business shall be required to purchase (at their own expense) and maintain auto insurance at a level that meets one of the following minimum standards:

The minimum acceptable coverage is:

Single limit of liability - \$200,000 for bodily injury and property damage

OR

Split limit of liability with limits of \$100,000 each person bodily injury,  
\$300,000 each accident bodily injury, \$50,000 property damage

All seasonal employees are required to sign the Driver's License Information Update form (Exhibit 2) if they are required to use their own vehicle for City business and/or if they will be using a City-provided vehicle.

A seasonal employee must be 18 years of age to drive a vehicle for City business.

C. Seasonal Employee Orientation and Training

1. The department supervisor should follow the Seasonal Employee Orientation Checklist to orient the new employee(s). (Exhibit 3)
2. The Staff Training and Development Coordinator for the Human Resources Department will coordinate the necessary policy training with each of the department supervisors.
3. Once a new seasonal employee is hired, he/she should attend one of the scheduled training courses. The employee's supervisor is responsible for notifying employees of the training dates and confirming the employee's attendance with the Human Resources Department. The courses include the training that is required by federal and state law and City policy. At the end of each training course, the employee will be asked to sign a form stating that he/she took the class and understands that he/she must abide by the policies covered in it.

4. If the employee cannot attend the training course, the supervisor will be responsible for sending a required training brochure, along with a sign-off form to the employee. The employee is required to return the signed form to their supervisor prior to beginning his/her job. All hard copies of the sign-off form will be filed with the employee's application for future reference. The Human Resources Department will keep such files on-line for all seasonal employees.

D. Evaluation Forms/Process

At the end of each employment period, the supervisor shall fill out a Seasonal Performance Evaluation Form (Exhibit 4) for each seasonal employee who worked under his/her supervision. The supervisor shall sit down with the employee to discuss the evaluation, then obtain the employee's signature as acknowledgment of the evaluation. Supervisors who are in charge of a large number of seasonal employees may complete the evaluation and mail or email two copies to the seasonal employee, provided the employee has met the minimum performance requirements of the position. The evaluation should be accompanied by a letter (Exhibit 5) explaining the evaluation and requesting that the employee sign and return one of the copies to the supervisor. All employees who fall below minimum performance requirements must be evaluated in person. In order to be eligible for re-hire, the employee must have a prior year satisfactory evaluation on file. Seasonal staff evaluations are kept electronically. If an employee receives a "not eligible for re-hire" evaluation, the supervisor will meet with the employee to discuss the details. It is the supervisor's responsibility to track this for future years. Supervisors from other programs/departments have access to see these evaluations from former years.

E. Seasonal Pay Schedule

Seasonal employment shall be compensated on a per hour or per event basis at a rate established by the Human Resources Director and approved by the Common Council. A new seasonal hire will start at ~~the 1<sup>st</sup> year step of the~~ any step within the applicable seasonal ~~applicable~~ pay grade. A returning seasonal employee can advance to the next step, up to the 4<sup>th</sup> year step, each year that they return if the position they are returning to is the same position or similar in duties to the one they previously held, and as long as they are deemed eligible for re-hire for the position. Any exception to the above must be approved by the Department Director and the Human Resources Director.

A seasonal employee's rate of pay is based on the rate that applies in the year when the program starts. (For example, a lifeguard starting in October 2014 will be paid at the starting Lifeguard rate for 2014, even if the employee continues his/her employment into calendar year 2015. If the employee begins a new position and/or program in 2015, then their rate will reflect the 2015 rate.)

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

**SEASONAL EMPLOYMENT  
TELEPHONE REFERENCE FORM**

**EXHIBIT 1b**

Name of applicant: \_\_\_\_\_

Name & title/relationship of person giving reference: \_\_\_\_\_

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

---

Job title or nature of relationship to applicant (i.e. teacher, coach): \_\_\_\_\_

Quality of work/assignments: \_\_\_\_\_

Dependability/follow through on tasks or assignments: \_\_\_\_\_

Ability to work with others: \_\_\_\_\_

Attendance/punctuality: \_\_\_\_\_

Additional remarks or anything you would like to share about this individual? \_\_\_\_\_

**Use the following only if the contact is from a previous employer**

Reason for leaving: \_\_\_\_\_

Eligible for rehire/would you hire them again? \_\_\_\_\_

Any concerns in the area of violence or harassment: \_\_\_\_\_

Has this person ever had a positive drug test at work: \_\_\_\_\_

**DRIVER'S LICENSE INFORMATION UPDATE \_\_\_\_\_**

Please print CLEARLY

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Do you have a **valid** Driver's License? ☐ Yes ☐ No

Date your Driver's License expires (mm/dd/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

List any restrictions on your Driver's License (i.e. glasses, occupational, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is your responsibility to notify Human Resources or your Supervisor immediately when your driver's license is restricted, suspended or revoked. Failure to do so may result in disciplinary action up to and including discharge.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Department\_\_\_\_\_  
Date**AUTO INSURANCE**

The City does not provide insurance coverage for an employee's privately owned vehicle. Employees who use non-City-owned vehicles for City business should confirm that their personal auto insurance policy provides coverage for this use.

All employees who drive non-City-owned vehicles for City business shall be required to purchase (at their own expense) and maintain auto insurance at a level that meets one of the following minimum standards:

(a) Single limit of liability - \$200,000 for bodily injury and property damage

**OR**

(b) Split limit of liability with limits of: \$100,000 each person bodily injury \$300,000 each accident bodily injury \$50,000 property damage.

Proof of insurance must be provided prior to mileage reimbursement payment. Employees who cannot provide proof of this level of insurance will not be entitled to receive mileage reimbursement, and will not be allowed to drive for City business. Failure by the employee to maintain required insurance limits may affect employment status, as stated in the Conditions of Employment policy.

Health Department employees who are reimbursed monthly for mileage must provide regular insurance policy updates to the HR Department.

☐ I anticipate I may drive a non-City owned vehicle in the conduct of my job duties and I understand that, should I use a non-City-owned vehicle in the conduct of my job duties, I must have and maintain adequate insurance coverage (as noted above) for that vehicle.

☐ I do not anticipate that I may drive a non-City owned vehicle in the conduct of my job duties. However, I understand that should I need to use a non-City-owned vehicle in the conduct of my job duties, I will verify that I have adequate insurance coverage (as noted above) for that vehicle, prior to using the vehicle for my job.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Department\_\_\_\_\_  
Date

## SEASONAL EMPLOYEE ORIENTATION CHECKLIST

*(To be completed the first week of employment)*

EMPLOYEE: \_\_\_\_\_

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

DEPARTMENT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

### TO BE COMPLETED PRIOR TO FIRST DAY OF EMPLOYMENT

☐ Complete new hire paperwork with HR and turn-in work permit (if applicable)

### TO BE COMPLETED THE FIRST WEEK OF EMPLOYMENT

<input type="checkbox"/> <del>Schedule appointment with HR to complete new hire paperwork with employee</del> <u>Review parking</u>	<input type="checkbox"/> Review Departmental communications (i.e. Bulletin board, staff meetings, etc.)
<input type="checkbox"/> Schedule seasonal training with HR or have employee read and sign the Seasonal Training Brochure	<input type="checkbox"/> Review Departmental Activities (i.e. Casual Fridays)
<input type="checkbox"/> <del>Collect Work Permit (if applicable)</del> <u>Fire Drill/Evacuation Procedure</u>	<input type="checkbox"/> Show video of department, if applicable
<input type="checkbox"/> <del>Make sure employee brought appropriate documentation to sign new employee paperwork in HR</del> <u>Issue PPE (Personal Protective Equipment)</u>	<input type="checkbox"/> Discuss performance evaluation format, if any
<input type="checkbox"/> Issue keys, if applicable	<input type="checkbox"/> Fill out applicable employment forms (if required by specific department)
<input type="checkbox"/> Employee Introductions	<input type="checkbox"/> Train employee on applicable equipment
<input type="checkbox"/> Office/Facility Tour	<input type="checkbox"/> Train employee on phone system
<input type="checkbox"/> Review of work rules, departmental policies, etc.	<input type="checkbox"/> Review Department policy on public relations
<input type="checkbox"/> Review of reporting requirements	<input type="checkbox"/> Review Chain of Command
<input type="checkbox"/> Review of work hours, time cards (if applicable), and location	<input type="checkbox"/> Review of Department Mission and Beliefs
<input type="checkbox"/> Review job description	<input type="checkbox"/> Review all departmental safety/compliance issues
<input type="checkbox"/> Give job assignment	<input type="checkbox"/> <del>Issue PPE (Personal Protective Equipment)</del>
<input type="checkbox"/> <del>Review parking</del>	<input type="checkbox"/> <del>Fire Drill/Evacuation Procedure</del>

EMPLOYEE SIGNATURE: \_\_\_\_\_

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

SUPERVISOR SIGNATURE: \_\_\_\_\_

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

SEASONAL PERFORMANCE EVALUATION FORM

Department: Parks & Recreation Employee: \_\_\_\_\_ Job Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the following evaluation near the end of the employment period and review it with the employee prior to the end of his/her employment. Place an 'X' in the box which best indicates employee performance.

Area of Evaluation (X-out those that do not pertain)	Excep- tional	Exceeds Require- ments	Meets Require- ments	Needs Improvement	Unsatis- factory	Comments
<b>Job Knowledge</b> - Consider how well employee understood duties and retained and applied knowledge						
<b>Quality of Work</b> - Consider neatness, accuracy and effectiveness						
<b>Quantity of Work</b> - Consider amount and speed of work output, timeliness						
<b>Cooperation</b> - Consider employee's ability to work effectively with others						
<b>Dependability</b> - Consider employee's ability to complete job assignments						
<b>Attendance</b> - Consider employee's punctuality and attendance						
<b>Initiative</b> - Consider employee's willingness to help others and seek out work and perform tasks assigned						
<b>Attitude</b> - Was the employee's attitude positive, professional and supportive of the City						

**DETERMINATION OF OVERALL EVALUATION (Please choose one)**

<input type="checkbox"/>	Demonstrates consistent exceptional performance. Far exceeds requirements of position.
<input type="checkbox"/>	Consistently exceeds requirements of position.
<input type="checkbox"/>	Consistently meets requirements of position.
<input type="checkbox"/>	Meets minimum requirements of position. Indicates need for improvement.
<input type="checkbox"/>	Consistently falls below minimum requirements of position.

Do not rehire  
in this  
position

Not eligible for  
rehire within  
department

Is employee eligible for rehire?

Number of years in this position: \_\_\_\_\_

Yes		
-----	--	--

EVALUATOR COMMENTS:

**Employee:** This performance review has been completed as a guide to help you in your job performance and development. Your signature does not necessarily imply you agree with the comments or rating, but that you read and understand the review.

Employee Signature

Date

Evaluator Signature

Date

EMPLOYEE: PLEASE USE REVERSE SIDE FOR COMMENTS.

Supervisor Signature

Date



**Appleton Parks Recreation  
and Facilities Management**

1819 Witzke Boulevard

Appleton, WI 54911

Phone: (920) 832-5905

Fax: (920) 832-5950

"Date"

"First Name" "Last Name"

"Address"

"City", "State" "Zip Code"

Dear "First Name",

I would like to thank you for your hard work and effort put forth this past summer for the Appleton Parks Recreation and Facilities Management Department. Your time and dedication is greatly appreciated and made this year a rewarding and memorable one.

Enclosed you will find your employee evaluation for this year's program. Please read, sign, and return a copy for our files. Keep a copy for your personal records. If you have any questions regarding your evaluation, please feel free to call me at (920) 832-3926.

Sincerely,

Recreation Program Supervisor  
Appleton Parks Recreation and  
Facilities Management Department

Enclosure

CITY OF APPLETON PERSONNEL POLICIES	TITLE: CONDITIONS OF EMPLOYMENT	
ISSUE DATE: July 18, 2002	LAST UPDATE: July 2002; April 24, 2006; November 4, 2010; August 2012; June 2014 (clarification to “at will statement”); January 2017; <u>February 2019</u>	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees. <i>All employees (last section as noted applies only to employees not covered by a CBA)</i>	TOTAL PAGES: 5
Reviewed by Legal Services Date: June 2002 October 2010	Committee Approval Date: July 10, 2002 December 12, 2011 February 20, 2017	Council Approval Date: July 17, 2002 December 21, 2011 March 1, 2017

## I. PURPOSE

The purpose of this policy is to outline the Conditions of Employment for City of Appleton employees.

## II. POLICY

It is the policy of the City of Appleton to treat employees consistently and fairly in matters affecting the conditions of their employment.

A Collective Bargaining Agreement with more specific language than what is in the policy shall be the language applied.

## III. DISCUSSION

The City of Appleton shall enforce all conditions of employment as outlined in this policy. Failure to comply with this policy may result in corrective action up to and including discharge.

### Hours of Work

The normal work week for City employees shall be forty hours per week, except in those departments where the nature of work requires more than forty hours. Each Department Director/ or designee shall determine the hours based on the needs of the department.

### Paid Breaks and Clean up time

Paid Breaks: Employees may be allowed up to 30 minutes for break(s) per 8 hour shift based on supervisory approval. Breaks not taken are lost. Breaks cannot be accumulated or used to shorten the work day, unless approved by a supervisor in advance and on an infrequent basis. Break times are to be arranged between the employee and their supervisor or Department Director provided time permits. It is the Department Director's responsibility to assure that adequate staff coverage is provided if breaks are scheduled.

Clean up time may be approved based on the needs of the department and supervisory approval.

#### Review Period

Original appointments to regular positions will normally be made with a review period of 3 and 5 months, and annually thereafter. Employees may be subject to periodic reviews and goal setting after the completion of the initial review period.

#### Auto Insurance

The City does not provide insurance coverage for an employee's privately owned vehicle, with the exception that all Valley Transit employees are covered by Transit Mutual Insurance when using personal vehicles while conducting Valley Transit business. Employees who use non-City-owned vehicles for City business should confirm that their personal auto insurance policy provides coverage for this use.

All employees who drive non-City-owned vehicles for City business shall be required to purchase (at their own expense) and maintain auto insurance at a level that meets one of the following minimum standards:

(a) Single limit of liability - \$200,000 for bodily injury and property damage.

OR

(b) Split limit of liability with limits of; \$100,000 each person bodily injury, \$300,000 each accident bodily injury, \$50,000 property damage

#### Inclement Weather

If, during periods of inclement weather, conditions begin to reach the stage where travel may become extremely hazardous, the Mayor may deem it appropriate to allow non-essential personnel to return home for their own safety. The time lost for any employee who chooses to leave or not come in to work shall be without pay. An employee may use compensatory time, paid leave such as vacation, PTO or floating holiday pay, or may request approval of their department director to make the time up within the payroll period.

#### Lay-Offs

Lay-off plans shall be approved by the Human Resources Director before they are implemented and shall be based on the needs of the organization. Any layoffs for budgetary



reasons shall first go through the committee of jurisdiction and are subject to final council approval before they are implemented. Lay-offs as a result of elimination of grant funding will be reported as information to the Committee of Jurisdiction.

### Complaint Procedure

Employees who have work-related concerns are encouraged to discuss them with their supervisor as soon as possible after the event(s) that cause the concern. If the concern is not resolved with the employees' supervisor, the employee may bring the issue to Human Resources. Human Resources will mediate and facilitate towards a workable solution. Any complaint of harassment or discrimination shall be covered under the City's Harassment and Discrimination in the Workplace policy and complaints involving employee discipline, employee termination and workplace safety shall be covered under the City's Grievance Procedure policy.

### Position Elimination

No position will be eliminated from the table of organization without the approval of Council. Individual(s) in the eliminated position will remain in service until the change to the table of organization is approved by Council.

### Corrective Action

The purpose of corrective action is to correct job behavior and performance problems of employees. Employees shall be informed of standards of conduct and performance by their respective departments and such rules and standards shall be consistently applied. All copies of documented verbal reprimands, written reprimands, suspensions, demotions, and terminations shall be provided to the employee, employees' supervisor, Department Director and Human Resources Director, and kept in the employee's Personnel File located in Human Resources. Demotions and suspensions shall be discussed with the Department Director and Human Resources Director before such action is taken. Terminations shall be discussed with the Department Director, Human Resources Director and the City Attorney. In the event that immediate action is required and the Human Resources Director or City Attorney cannot be reached, the employee can be placed on administrative leave with pay pending investigation. Employees shall have access to the City's grievance procedure provided the issue is related to discipline, termination or safety reasons. A complaint procedure will be available for issues not covered by the grievance procedure.

### Return of City Equipment

Employees leaving City employment must return uniforms, cell phones, pagers, keys, key cards, credit cards or procurement cards, tools and equipment on or before their last day of work. It will be the supervisor's responsibility to ensure that all City property is returned.

## Outside Forms of Compensation

All fees, gratuities, witness fees, honorarium or any other form of compensation for outside service's performed while being paid by the City shall be turned over to the City and any such activities for which such compensation is paid shall be reported to their Department Director. This subsection shall not be construed to apply to situations which result from a non work related situation, while an employee is on a bona fide vacation, PTO day, taking floating or other holidays, or to part-time employees except during those times when they are actually performing services to the City, and it shall not apply to the reimbursement of actual and necessary expenses occurring under such circumstances.

## Police and Fire Protective employees reaching age 55

Protective employees who reach age 55 are required to complete an annual physical, determined by the City with the City's Occupational Health provider. The NFPA physical for Fire employees shall suffice for this requirement provided they are deemed Fit for Duty by the City's Occupational Health provider.

***THE SECTIONS LISTED BELOW APPLY TO ALL EMPLOYEES WHO ARE NOT COVERED BY A COLLECTIVE BARGAINING AGREEMENT.***

## Outside Services or Employment

The City's policy on outside duties or employment shall be as follows:

- (a) City employees may not engage in outside employment which conflicts with or affects the performance of their duty with the City.
- (b) No person shall hold more than one full or part-time City position at the same time without the Department Director and Human Resources Director approval.

## Severance Pay

The Human Resources Director, City Attorney and Mayor shall be responsible for developing and offering severance packages if applicable. The accepted package shall be reported to the Human Resources Committee in a closed session.

## Transfers

Employees may apply for transfer to another vacant City position for which they are qualified. Such application should be made to the Human Resources Department. If the employee is selected and if the work performance of the transferred employee is not regarded as satisfactory, the Department Director involved may agree to the return of the employee to their former

department if a vacancy is available.

## Resignations

Employees in pay grades B-J of the Compensation Plan wishing to leave City employment shall submit a resignation in writing to their Department Director at least two weeks in advance of their planned departure. Employees in pay grades K through T of the Compensation Plan shall submit a resignation in writing to their Department Director or the Mayor whichever is appropriate at least four weeks in advance of their planned departure. All other employees shall submit a resignation in writing to their Department Director at least two weeks in advance of their planned departure. All notices shall be exclusive of any accrued paid time off taken unless for unavoidable circumstances, or if prior approval is obtained from the Department Head. Employees who give the above noted notice shall be paid out for accrued benefits owed them. It is expected that employees will give as much notice as possible in order to facilitate recruitment and orientation of new staff members.

## Last Day of Work

Employees retiring or resigning from their position may not extend their final date of employment using unused paid time off (ie: vacation, PTO, Floating Holiday, Sick). The employee's last day of employment shall be defined as the last day the employee is physically at work unless special circumstances exist where the employee is unable to return to work due to an FMLA qualifying event or other medical condition.

## At-will Status

Employment with the City is strictly "at-will" unless you are a non-probationary employee covered under a collective bargaining agreement, department director or the terms of your employment are subject to a written contract or other express legal authority. As an at-will employee, you may terminate your employment at any time for any or no reason at all. Likewise, the City has the right to terminate your employment at any time, with or without notice, and for any or no reason at all.

Good Afternoon,

I am writing today to make you aware of some exciting changes within the Human Resources Department.

Most of you know by now that Debby has announced her official retirement date as June 6, 2019. Debby has been with the City for over twenty years and leaves behind an extremely positive imprint both within our department and within the organization. Debby is looking forward to spending time with her grandchildren and family, traveling and doing whatever she wants!

While we are all sad about Debby's departure, we are very thrilled to announce that Jay Ratchman will replace Debby as Deputy Director. As part of our department succession planning, we have been preparing Jay for this transition. Jay has obtained his Master's degree in organizational development and brings over 20 years of experience in the Human Resources Field. Jay is very excited and looking forward to working with all of you in his new role.

Also, as part of our succession plan, we are very excited to announce the internal promotion of Allison Keller to fill Jay's role as Human Resources Generalist for Library, Police, Fire and City Hall. Allison has a Bachelor's degree in Marketing Analytics, and has over 5 years of experience in Human Resources for Scheels. She joined the HR Team a year ago and has been involved in a number of Human Resources functions including most recently working with our Seasonal and Library recruitment. Allison is also very excited to begin working with her departments in the Generalist role.

We are looking forward to these transitions, changes and challenges and are very confident that Allison and Jay are both prepared to fill their new roles and as such made the decision to handle the promotions from within without a competitive process. Just as we challenge departments about whether to run a process or not, we too challenged ourselves about how best to fill our own positions. Because of our succession planning and development as well as our confidence in both Allison and Jay, we decided that we have what we believe to be top candidates to provide the service you all expect and balance the fit within our own team. Both will begin transitioning immediately with an official transition date of June 7, 2019.

Lastly, as many of you already know, Brian Margan joined our team in January of this year. Brian brings over 22 years of experience in safety management and over 12 years in public risk management. Brian has been a great addition to our team. Brian will work closely with Allison to take a more active role in safety programs and worker's compensation with the public safety departments.

Please help with welcoming Brian to the City, Jay and Allison in their new roles, and please take some time to reach out to Debby to thank her for her service, assistance and guidance. We are planning a formal farewell on her last day if you are able to stop to see her.

Thank you,

Sandy



# RECRUITMENT STATUS REPORT

UPDATES THRU 05/16/19

STAFF PERSON	POSITION	DEPT.	Date of Vacancy	# of Openings	STATUS
KIM	Bus Driver	VT	Multiple	6	Background and references pending on one candidate. Determining next testing date. Application deadline 7/28/19.
	Part-Time Bus Driver	VT	N/A	1	Determining next testing date. Application deadline 7/28/19.
	Part-Time Service Person (.5FTE)	VT	1/14/19	1	Panel interview 5/17/19.
	Communication Technician	VT	1/21/19	1	Applications under review.
	Administrative Support Specialist	DPW	5/8/19	1	Applications under review.
	Operator I - Parking	DPW	3/8/19	1	Levi Schoenfelt start date 6/3/19.
	Engineering Technician	DPW	4/3/19	1	Medical pending on top candidate.
	Engineering Technician	DPW	5/29/19	1	Contacting candidate from previous recruitment.
	Part-Time Service Person (.5 FTE)	DPW	1/24/19	1	Panel interviews 5/22/19.
	Liquids Operator	Utilities	4/30/19	1	Panel interviews 5/24/19.
JAY	Police Officer	Police	NA	Elig list	Backgrounds pending. Panel interviews 5/30/19 and 5/31/19.
	BC-Fire Prevention & Public Education	Fire	3/15/19	1	Background and references pending on top candidate.
	Emergency Management Coordinator	Health	New Position	1	Israel Estrada start date 6/3/19.
ALLISON	Supervisor Environmental Health	Health	4/10/19	1	Application process open until the position is filled.
	Public Health Nurse (.5FTE)	Health	5/29/19	1	Application deadline 5/19/19.
	Administrative Assistant (.8FTE)	HR	6/7/19	1	Application deadline 5/26/19

TOTAL POSITIONS OPEN = 19 TOTAL ELIGIBILITY LISTS = 1

## POSITIONS ON HOLD

STAFF PERSON	POSITION	DEPT	Date(s) of Opening(s)	# of Openings	Person Vacating Position/Status
KIM	Operations Supervisor	VT	5/18/19	1	Resignation of Gerald Chapa, Jr.
JAY/ALLISON	Systems Analyst	IT	7/6/15	1	Using part-time temporary staffing to fill current need
	Administrative Support Specialist	Police	2/27/19	1	Department re-evaluating structure/responsibilities of this position.

TOTAL POSITIONS ON HOLD = 3

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