City Policy and Procedure Handbook

BLUE island
est. 1835
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SECTION 1: GENERAL OPERATIONS AND ADMINISTRATION

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General Operations and Administration
Purpose and Scope

Purpose of Handbook
The rules promulgated herein are intended to establish policies and procedures which will provide for consistency in the application of standards among all employees and officials. Said policies and procedures will ensure the efficient operation of the City and establish minimum standards for City officials and employees.

THIS HANDBOOK AND POLICIES CONTAINED HEREIN DO NOT ALTER THE AT-WILL EMPLOYMENT STATUS OF ANY EMPLOYEES. NOTHING IN THIS HANDBOOK SHOULD BE CONSTRUED TO CONSTITUTE AN OFFER OR ANY OTHER CONTRACTUAL OBLIGATION REGARDING THE CONDITIONS OF EMPLOYMENT.

THIS HANDBOOK AND POLICIES DO CREATE ANY CONTRACTUAL RIGHT TO EMPLOYMENT OR PROPERTY INTEREST IN THE SAME. THIS HANDBOOK IS TO BE USED AS A GENERAL GUIDELINE AND THE PROCEDURES IDENTIFIED HEREIN ARE NOT MANDATORY AND THE CITY MAY DEViate FROM THESE PROCEDURES AT THE DISCRETION OF THE CITY.

Scope and Exemptions
This handbook shall apply to all City officials and employees excluding those who are exempted by ordinance or law and excluding union members to the extent that these policies conflict with provisions of applicable collective bargaining agreements.

The policies herein shall be construed to be in compliance with local, state and federal law and regulations. In the event of conflict, the latter shall control.

ADOPTED: May 19, 2014
General Operations and Administration
Administration

Organizational Structure
The City departments are organized as set forth in Ordinance No. 2014-018 and herein. The reporting order and chain of command is established as set forth in the chart below:

- Deputy Director of Community Development
- Marketing Coordinator
- Blue Island Television
- Special Projects Coordinator
- Accounts Payable
- Supervisor of Golf Course Operations
- Human Resources Manager
- Director of Finance and Administration
- City Attorney
- City Engineer
- Director of Municipal Services
- Supervisor of Water and Sewer
- Supervisor of Public Works
- Mayor
- Administrative and Personal Assistant
- Director of Public Health and Safety
- Chief of Police
- Deputy Chief of Police
- Fire Chief
- Deputy Fire Chief
- Supervisor of Buildings
- Supervisor of 911
- BIEMA
The following reporting structures also established:

Job Descriptions, Duties and Authorities
Departments and administrative and supervisory positions shall be established by the Mayor and/or City Council in accordance with state law. The general duties and authority of each department, administrative or supervisory position shall be approved by the Mayor and are contained in the respective position's job description. In the event of a conflict, State law and/or the employment agreement shall control.

LEGAL REFERENCES:
65 ILCS 5/3.1-30-5
65 ILCS 5/6-4-7
65 ILCS 5/3.1-30-5

ADOPTED: May 19, 2014
General Operations and Administration
Political Activities and Gift Ban

Prohibited Political Activity
The following precepts govern political activities being conducted by City employees and officials:

1. No employee shall intentionally perform any "political activity" during any "compensated time," as those terms are defined herein.

2. No City official or employee shall intentionally use any City property or resources in connection with any political activity.

3. At no time shall any City official or employee intentionally require any other official or employee to perform any political activity: (a) as part of that City official’s or employee’s duties, (b) as a condition of employment, or (c) during any compensated time off, such as, holidays, vacation, or personal time off.

4. No City official or employee shall be required at any time to participate in any political activity in consideration for that City official or employee being awarded additional compensation or any benefit, whether in the form of a salary adjustment, bonus, compensatory time off, continued employment or otherwise; nor shall any City official or employee be awarded additional compensation or any benefit in consideration for his or her participation in any political activity.

A City official or employee may engage in activities that: (1) are otherwise appropriate as part of his or her official duties or (2) are undertaken by the individual on a voluntary basis that is not prohibited by this policy.

Limitations on Receiving Gifts
Except as permitted by this policy or by law, no City official or employee, and no spouse of or immediate family member living with any City official or employee shall intentionally solicit or accept any "gift" from any "prohibited source," as those terms are defined herein, or that is otherwise prohibited by law or policy. No prohibited source shall intentionally offer or make a gift that violates this policy. The following are exceptions to the ban on accepting gifts from a prohibited source:

1. Opportunities, benefits, and services that are available on the same conditions as for the general public.

2. Anything for which the City official or employee, or his or her spouse or immediate family member, pays the fair market value.

3. Any: (a) contribution that is lawfully made under the Election Code or (b) activities associated with a fund-raising event in support of a political organization or candidate.

4. Educational materials and missions.

5. Travel expenses for a meeting to discuss business.
6. A gift from a relative, meaning those people related to the individual as father, mother, son, daughter, brother, sister, uncle, aunt, great aunt, great uncle, first cousin, nephew, niece, husband, wife, grandfather, grandmother, grandson, granddaughter, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister, and including the father, mother, grandfather, or grandmother of the individual’s spouse and the individual’s fiancé or fiancée.

7. Anything provided by an individual on the basis of a personal friendship unless the recipient has reason to believe that, under the circumstances, the gift was provided because of the official position or employment of the recipient or his or her spouse or immediate family member and not because of the personal friendship. In determining whether a gift is provided on the basis of personal friendship, the recipient shall consider the circumstances under which the gift was offered, such as: (a) the history of the relationship between the individual giving the gift and the recipient of the gift, including any previous exchange of gifts between those individuals; (b) whether to the actual knowledge of the recipient the individual who gave the gift personally paid for the gift or sought a tax deduction or business reimbursement for the gift; and (c) whether to the actual knowledge of the recipient the individual who gave the gift also at the same time gave the same or similar gifts to other City officials or employees, or their spouses or immediate family members.

8. Food or refreshments not exceeding $75 per person in value on a single calendar day; provided that the food or refreshments are: (a) consumed on the premises from which they were purchased or prepared; or (b) catered. “Catered” means food or refreshments that are purchased ready to consume which are delivered by any means.

9. Food, refreshments, lodging, transportation, and other benefits resulting from outside business or employment activities (or outside activities that are not connected to the official duties of a City official or employee), if the benefits have not been offered or enhanced because of the official position or employment of the City official or employee, and are customarily provided to others in similar circumstances.

10. Intra-governmental and inter-governmental gifts. “Intra-governmental gift” means any gift given to a City official or employee from another City official or employee, and “intergovernmental gift” means any gift given to a City official or employee by an officer or employee of another governmental entity.

11. Bequests, inheritances, and other transfers at death.

12. Any item or items from any one prohibited source during any calendar year having a cumulative total value of less than $100.

Each of the listed exceptions is mutually exclusive and independent of every other.

A City official or employee, his or her spouse or an immediate family member living with the City official or employee, does not violate this policy if the recipient promptly takes reasonable action to return a gift from a prohibited source to its source or gives the gift or an amount equal to its value to an appropriate charity that is exempt from income taxation under Section 501(c) (3) of the Internal Revenue Code.
Enforcement:
Written complaints alleging a violation of this policy shall be filed with the Mayor, Mayor's designee, or City attorney.

Definitions:
Unless otherwise stated, all terms used in this policy have the definitions given in the State Officials and Employees Ethics Act, 5 ILCS 430/1-5.

"Political activity" means:

1. Preparing for, organizing, or participating in any political meeting, political rally, political demonstration, or other political event.

2. Soliciting contributions, including but not limited to the purchase of, selling, distributing, or receiving payment for tickets for any political fundraiser, political meeting, or other political event.

3. Soliciting, planning the solicitation of, or preparing any document or report regarding anything of value intended as a campaign contribution.

4. Planning, conducting, or participating in a public opinion poll in connection with a campaign for elective office or on behalf of a political organization for political purposes or for or against any referendum question.

5. Surveying or gathering information from potential or actual voters in an election to determine probable vote outcome in connection with a campaign for elective office or on behalf of a political organization for political purposes or for or against any referendum question.

6. Assisting at the polls on Election Day on behalf of any political organization or candidate for elective office or for or against any referendum question.

7. Soliciting votes on behalf of a candidate for elective office or a political organization or for or against any referendum question or helping in an effort to get voters to the polls.

8. Initiating for circulation, preparing, circulating, reviewing, or filing any petition on behalf of a candidate for elective office or for or against any referendum question.

9. Making contributions on behalf of any candidate for elective office in that capacity or in connection with a campaign for elective office.

10. Preparing or reviewing responses to candidate questionnaires.

11. Distributing, preparing for distribution, or mailing campaign literature, campaign signs, or other campaign material on behalf of any candidate for elective office or for or against any referendum question.

12. Campaigning for any elective office or for or against any referendum question.

13. Managing or working on a campaign for elective office or for or against any referendum question.
14. Serving as a delegate, alternate, or proxy to a political party convention.

15. Participating in any recount or challenge to the outcome of any election.

With respect to an employee whose hours are not fixed, “compensated time” includes any period of time when the employee is on premises under the control of the City and any other time when the employee is executing his or her official duties, regardless of location.

“Prohibited source” means any person or entity who:

1. Is seeking official action by: (a) a City official, or (b) an employee;

2. Does business or seeks to do business with: (a) a City official, or (b) an employee, or with the City official or another employee directing that employee;

3. Conducts activities regulated by: (a) a City official, or (b) an employee or by the official or another employee directing that employee; or

4. Has an interest that may be substantially affected by the performance or non-performance of the official duties of the City official or employee.

“Gift” means any gratuity, discount, entertainment, hospitality, loan, forbearance, or other tangible or intangible item having monetary value including but not limited to, cash, food and drink, and honoraria for speaking engagements related to or attributable to government employment or the official position of a City official or employee.

LEGAL REF.: 5 ILCS 430/1-1 et seq.

ADOPTED: May 19, 2014
General Operations and Administration
Use of City Property

The intent of this policy is to ensure that all property maintained by the City is kept in the best possible working condition and to ensure proper utilization. Property shall be defined as any piece of equipment, furnishing, vehicle, building or supply purchased, leased, owned, donated or otherwise in the custodial care of the City or any person acting as its agent.

General Conditions:

1. It is the responsibility of each employee to maintain his/her work environment in an orderly fashion and follow all guidelines to ensure proper use and maintenance of City property.
2. Should any employee have knowledge of any misuse, he/she must notify a supervisor immediately.
3. All employees must exercise due care and caution while using City property, including but not limited to preventing damage to or injury to other persons.
4. Any employee found to neglect or misuse City property will be disciplined, including and up to termination. If the neglect is determined to be gross, the City may take appropriate steps to obtain reimbursement for part or all of the replacement cost.
5. No employee shall use City property for personal use. Misappropriation of property is grounds for immediate termination and possible criminal action.

City Owned or Leased Vehicles

1. Any employee for whom driving is an essential job duty must be authorized and approved to drive each type of vehicle, including possessing the appropriate licenses.
2. It is the direct responsibility of the driver to ensure the vehicle is in full operational condition before each use and in compliance with the Illinois Motor Vehicle Code, including but not limited to provisions governing headlights, tail lights, seat belts, registration and license plate display. The driver must immediately report any damage to the vehicle, non-compliant condition or any safety concerns to a supervisor and refrain from use of such vehicle.
3. Any vehicle found to be unsafe will be removed from the operational fleet until corrective actions are taken.

Electronic and Telecommunication Devices

1. Electronic devices include, but are not limited to, computers, laptops, pagers, cellular phones, telephones, printers, fax machines, Internet connections, e-mails, televisions, video players, etc.
2. No employee shall use these devices for personal use.
3. No employee should expect any privacy except that which is given by law with and the City reserves the right to monitor any communications that utilize City networks in any way, including data, voice mail, telephone logs, Internet use, network traffic, etc., to determine proper utilization.
4. All employees shall sign a release of information authorization for any City owned devices upon request by City officials.

Information

1. For the purpose of this policy, property or information shall include any City sponsored information, such as, but not limited to, any lists, such as employee, citizen, volunteer; any database information such as names, addresses, telephone numbers; any personnel file information, such as addresses, telephone numbers, employment status, wage history and any photographs, video tapes; and/or sound clips of any employee or volunteer.

2. Only those employees with authorization from the Mayor or City Council or as part of their job description may speak on behalf of the City. Additional permission is required to disseminate confidential information.

3. No employee shall knowingly dispense confidential information to any outside party unless authorization has been granted. This could include other employees who do not have the right to know such information. Any breach shall be considered a violation of the City’s policy concerning confidentiality and discipline may result.

LEGAL REFERENCES:
625 ILCS 5/1-100 et seq.

ADOPTED: May 19, 2014
General Operations and Administration

Nepotism

The City shall practice strict scrutiny in reviewing the hiring of any City employee who holds any familial or business-professional relationship with any member of the City Council or member of the Administration. This policy applies to all new hires made after the date of adoption of this handbook.

For purposes of this policy, the following definitions of these relationships apply:

Familial: Grandfather, grandmother, father, mother, son, daughter, brother, sister, spouse or domestic partner, niece, nephew, and cousin including all associated in-law and step relationships for these categories.

Business-Professional: Any such person with whom City Council members or the Administration member has currently or has had within the previous 24 months a relationship where value (monetary or other consideration) has exchanged hands between the member and the job candidate including the exchange of value with any organization in which the candidate plays a role of influence.

Qualified candidates who have applied for a job within the City, and who holds any of the above relationships with a member of the City Council or City Administration, may be offered a job so long as the individual hired is deemed to be the most qualified applicant for the job and he/she has complied with all requirements of the application process.

Any and all City Council or Administration member(s) with whom the job candidate holds the relationship shall publicly state such relationship prior to participating in the hiring decision with respect to such candidate, and the member(s) shall recuse him/herself from the decision making process.

Failure of a member to (1) recuse himself/herself from the discussion of such a candidate with whom the member holds any one or more of the relationships referenced above, (2) publicly state such a relationship referenced above or (3) recuse/abstain himself/herself may result in the public censure and/or discipline of the member.

Under no circumstances shall such candidate or any employee of the City be assigned to work for a supervisor with whom that candidate shares any such relationship as described above. This applies also to the supervisor of the employee’s supervisor.

In cases where a City Council or Administration member has a familiar relationship with an individual already employed by the City, the member shall publicly disclose the nature and extent of the relationship prior to any deliberations regarding the relative. The member shall recuse himself or herself from any deliberations on any matter related to the employee’s wages, benefits, hours, or related to any disciplinary actions pertaining to the employee.
Employee Conduct
All City employees are expected to maintain high standards in their work relationships, to demonstrate integrity and honesty, to be considerate and cooperative, and to maintain professional and appropriate relationships with staff members, citizens and others. Any employee who violates an employee conduct standard will be subject to discipline up to and including dismissal.

Outside Employment and Conflict of Interest
No City employee shall be directly or indirectly interested in any contract, work, or business of the City, or in the sale of any article by or to the City. For the purpose of acquiring profit or personal gain, no employee shall act as an agent of the City nor shall an employee act as an agent of any business in any transaction with the City. Employees shall not engage in any other employment or in any private business during regular working hours or at such other times as are necessary to fulfill appropriate assigned duties, except as approved by the Mayor or Mayor’s designee.

LEGAL REF.:
5 ILCS 420/4A-101 and 430
50 ILCS 135

ADOPTED: May 19, 2014
General Operations and Administration
Uniform Complaint Procedures

Employees or community members should notify any City Complaint Manager if they believe that the City's employees or agents have violated their rights guaranteed by the State or federal Constitution, State or federal statute, or City policy, or have a complaint regarding any one of the following:

1. Title II of the Americans with Disabilities Act;
2. Title IX of the Education Amendments of 1972;
3. Section 504 of the Rehabilitation Act of 1973;
4. Title VI of the Civil Rights Act, 42 U.S.C. § 2000d et seq.;
5. Equal Employment Opportunities Act (Title VII of the Civil Rights Act), 42 U.S.C. § 2000e et seq.;
8. Illinois Whistleblower Act, 740 ILCS 174;
10. Employee Credit Privacy Act, 820 ILCS 70

When a complaint is made, whether oral or written, the Complaint Manager shall address the complaint promptly and equitably. The right of a person to prompt and equitable resolution of a complaint filed hereunder shall not be impaired by the person's pursuit of other remedies. Use of this procedure is not a prerequisite to the pursuit of other remedies and use of this procedure does not extend any filing deadline related to the pursuit of other remedies. All deadlines under this procedure may be extended by the Complaint Manager as he or she deems appropriate. As used in this policy, "business days" means days on which the City hall is open.

Filing a Complaint
A person (hereinafter Complainant) who wishes to avail him or herself of this procedure may do so by filing a complaint with any Complaint Manager. The Complainant shall not be required to file a complaint with a particular Complaint Manager and may request a Complaint Manager of the same sex. The Complaint Manager will request the Complainant provide a written statement regarding the nature of the complaint. The Complaint Manager shall assist the Complainant as needed. If the Complainant fails to provide a written complaint, the Complaint Manager may proceed with the investigation if feasible.

Investigation
The Complaint Manager will investigate the complaint or appoint a qualified person to undertake the investigation on his or her behalf using the forms provided in Appendix A to this handbook. The complaint and identity of the Complainant will not be disclosed except: (1) as required by
law or this policy, or (2) as necessary to fully investigate the complaint, or (3) as authorized by the Complainant.

Within 15 business days of the date the complaint was filed, the Complaint Manager shall make a written report of his or her findings and provide a copy of the same to the Complainant and alleged violator. The report shall also be forwarded to the appropriate supervisor for disciplinary action if necessary. The Mayor may make a report of all complaints filed to City Council upon the conclusion of the investigation as necessary.

**Decision and Appeal**

Within 5 business days after receiving the Complaint Manager’s report, the Complainant may appeal the decision to the Mayor by making a written request to the Complaint Manager. The Complaint Manager shall promptly forward all materials relative to the complaint and appeal to the Mayor’s office. Within 10 business days, the Mayor shall affirm, reverse, or amend the Complaint Manager’s decision or direct the Complaint Manager to gather additional information.

This complaint procedure shall not be construed to create an independent right to a hearing before the Mayor or City Council. The failure to strictly follow the timelines in this complaint procedure shall not prejudice any party or prohibit the City from taking necessary action as a result of the complaint.

**Appointing Nondiscrimination Coordinator and Complaint Managers**

The Mayor shall appoint a Nondiscrimination Coordinator to manage the City’s efforts to provide equal opportunity employment opportunities and prohibit the harassment of employees and others. The Mayor shall appoint at least one Complaint Manager to administer the complaint process in this policy. If possible, the Mayor will appoint 2 Complaint Managers, one of each gender. The City’s Nondiscrimination Coordinator may be appointed as one of the Complaint Managers. The Mayor shall insert into this policy and keep current the names and telephone numbers of the Nondiscrimination Coordinator and the Complaint Managers. The same shall be posted in City Hall.

**Nondiscrimination Coordinator:** Human Resource Manager (708)396-7065

**Complaint Manager:** Director of Finance and Administration (708) 396-7066

**CROSS REFERENCE:**
1.6 (Ethics and Conduct of City Officials and Employees)
2.3 (Workplace Harassment Prohibited)
3.2 (Employee Discipline)

**ADOPTED:** May 19, 2014
SECTION 2: GENERAL PERSONNEL

2.1 At-will Employment

2.2 Employees with Disabilities

2.3 Workplace Harassment Prohibited

2.4 Compliance with the Fair Labor Standards Act

2.5 Drug and Alcohol Free Workplace

2.6 Vacation, Sick, Court, Holidays

2.6A Sick Time Accrual and Retirement Benefit Addendum

2.7 Family and Medical Leave Act (FMLA) Leave of Absence

2.8 Non-FMLA Leaves of Absence

2.9 Personal Technology and Social Media; Usage and Conduct

2.10 Responsibilities Concerning Internal Information

2.11 Personnel Records

2.12 Fitness for Duty

2.13 Attendance and Absenteeism

2.14 Accidents and Injuries
General Personnel
At-Will Employment

The City does not offer tenured or guaranteed employment. Your employment with the City of Blue Island is a voluntary one and is subject to termination by you or the City at will, with or without cause, and with or without notice, at any time so long as there is no violation of applicable federal or state law. This policy of employment-at-will may not be modified by any officer or employee and shall not be modified in any publication or document. The only exception to this policy is a written employment agreement containing the terms, conditions and length of employment or an appointment by the Mayor pursuant to the Illinois Municipal Code, whichever is applicable.

This employment-at-will relationship exists regardless of any other written statements or policies contained in this Handbook or any other City documents or any verbal statement to the contrary. Policies and procedures set forth in this handbook are not intended to create a contract, nor are they to be construed to constitute contractual obligations of any kind or a contract of employment between the City and you. The provisions of the handbook have been developed at the discretion of management and, except for its policy of employment-at-will, may be amended or cancelled at any time, at the City’s sole discretion.

While the City may elect to follow its progressive discipline procedure, the City is in no way obligated to do so. Using progressive discipline is at the sole discretion of the City in an employment-at-will workplace.

To the extent that they do not conflict with express language contained in applicable collective bargaining agreements, these provisions supersede all existing policies and past practices and may not be amended or added to without the express written approval of the Mayor.

Every employee shall be required to sign a form in substantially the same format as below:

Your employment with the City of Blue Island is a voluntary one and is subject to termination by you or the City at will, with or without cause, and with or without notice, at any time. Nothing in these policies shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of City employees.

This policy of employment-at-will may not be modified by any officer or employee and shall not be modified in any publication or document. The only exception to this policy is a written employment agreement approved at the discretion of the Mayor or the City Council, whichever is applicable. These personnel policies are not intended to be a contract of employment or a legal document.

I acknowledge receipt of the at-will employment policy and City of Blue Island Policy and Procedure Handbook.

ADOPTED: May 19, 2014
General Personnel
Employees with Disabilities

The City will provide reasonable accommodations to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship. All requests for accommodations should be directed to the Human Resource Manager using the forms provided in Appendix B to this handbook.

In the event of a request for accommodation related to a disability or medical condition, the Human Resource Manager, department head or immediate supervisor shall furnish a copy of the following documents to employees:

1. Request for Sick Leave, Medical/Disability Leave or Family Medical Leave
2. ADA Medical Certification Form (to be completed by a licensed physician)

Failure to provide the requested or other necessary information related to the employee’s disability or medical condition may result in denial of the request for accommodation. While reasonable requests for accommodations will be given due consideration, the City retains the right to choose between any effective accommodations.

LEGAL REF.:  

CROSS REFERENCE:
2.3 (Workplace Harassment Prohibited)
2.7 (Family Medical Leave Act (FMLA) Leave of Absence)
2.8 (Non-FMLA Leaves of Absence)

ADOPTED: May 19, 2014
General Personnel
Workplace Discrimination and Harassment Prohibited

The City expects the workplace environment to be productive, respectful, and free of discrimination and harassment. City employees shall not engage in discrimination or harassment or abusive conduct on the basis of an individual’s race, religion, national origin, sex or gender, sexual orientation, age, citizenship status, disability, or other protected status. Protected status includes ancestry, physical characteristics, race-linked illness, cultural characteristics related to race, or ethnicity, association. The Mayor shall also use reasonable measures to inform staff members and applicants of this policy.

The City shall also provide a workplace environment free of unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct, or communications constituting harassment on the basis of sex as defined and otherwise prohibited by State and federal law. City employees shall not make unwelcome sexual advances or request sexual favors or engage in any unwelcome conduct of a sexual nature when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment; (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or (3) such conduct has the purpose or effect of substantially interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment.

Harassment prohibited by this policy includes verbal or acts of physical aggression or unequal treatment on the basis of a protected status, pornographic depictions, offensive sexual or racial comments, vulgar or disparaging references to physical attributes or characteristics, sexually or racially oriented pictures, or offensive touching. The terms intimidating, hostile, or offensive include, but are not limited to, conduct which has the effect, or is likely to have the effect, of humiliation, embarrassment or discomfort. Examples of prohibited conduct also include, but are not limited to, offensive jokes, slurs, epithets or name calling, racially motivated physical assaults or threats of physical assaults, racial insults or put-downs, offensive objects or pictures.

Making a Complaint:
A violation of this policy will result in discipline, up to and including discharge. The progressive discipline policy does not apply to conduct which violates this policy. Any person making a knowingly false accusation regarding harassment will likewise be subject to disciplinary action, up to and including discharge. An employee’s employment, compensation, or work assignment shall not be adversely affected by complaining or providing information about harassment. Retaliation against employees for bringing bona fide complaints or providing information about harassment is prohibited.

Aggrieved persons, who feel comfortable doing so, should directly inform the person engaging in harassing conduct or communication that such conduct or communication is offensive and must stop. Employees should report claims of harassment to the Nondiscrimination Coordinator. Any person who alleges harassment by any staff member in a City facility may complain directly
to his or her immediate supervisor. Employees may choose to report to a person of the employee’s same sex. There are no express time limits for initiating complaints under this policy; however, every effort should be made to file such complaints as soon as possible, while facts are known and potential witnesses are available.

The rights to confidentiality, both of the complainant and of the accused, will be respected consistent with the City’s legal obligations and with the necessity to investigate allegations of misconduct and to take corrective action when this conduct has occurred.

Investigation shall be conducted by the City’s Non-discrimination Coordinator or Complaint Manager pursuant to the Uniform Complaint Procedure policy, unless such circumstances exist which require investigation by the City Attorney or special counsel as determined by the Mayor.

Violation of this policy is grounds for immediate discharge and progressive discipline does not apply to violations of this policy.

LEGAL REF.:  
Title VII of the Civil Rights Act, 42 U.S.C. §2000e et seq., 29 C.F.R. §1604.11.  
Illinois Human Rights Act, 775 ILCS 5/2-101(E), 5/2-102(D), 5/5-102, and 5/5-102.2.  
Sangamon County Sheriff’s Dept. v. Ill. Human Rights Com’n, 908 N.E.2d 39 (Ill., 2009).

CROSS REFERENCE:  
1.6 (Ethics and Conduct of City Officials and Employees)  
1.7 (Uniform Complaint Procedure)  
3.2 (Employee Discipline)

ADOPTED: May 19, 2014
General Personnel
Compliance with the Fair Labor Standards Act

Job Classifications
The Mayor or Mayor’s designee will ensure that all job positions are identified as either “exempt” or “non-exempt” according to State law and the Fair Labor Standards Act (FLSA) and that employees are informed whether they are “exempt” or “non-exempt.” Exempt employees are defined by the FLSA and include any employee employed in a bona fide executive, administrative, or professional capacity pursuant to Section 13(a).

The following positions shall be considered exempt positions:
- Director of Finance and Administration
- Director of Municipal Services
- Director of Public Health and Safety
- Chief of Police
- Deputy Chief of Police
- Fire Chief
- Deputy Fire Chief
- Human Resources Manager
- Supervisor of Buildings
- Deputy Director of Community Development
- Supervisor of Golf Operations
- Supervisor of Public Works
- Supervisor of Water Department

Workweek and Compensation
Non-exempt employees will be compensated for all hours worked in a workweek including overtime.

Employees are expected to work their respective assigned schedules or as assigned by a supervisor. Employees shall take all breaks and lunches as assigned within their respective departments or otherwise required by law based on the amount of hours worked. Employees will not receive compensatory time-off for hours worked outside of their respective work schedule, or for hours worked in lieu of breaks or lunches, unless previously approved by the appropriate Director. Compensatory time given in lieu of overtime shall be given at the same rate of overtime pay and shall be paid out upon termination of employment pursuant to FLSA Section 207(o) (1-4).

Overtime
“Overtime” is time actually worked in excess of 40 hours in a single workweek, exclusive of any paid time off used during the applicable pay period or work week, including but not limited to vacation days, sick days, holidays, court, bereavement, and personal days. Employees will not be paid overtime unless said employee actually worked at least 40 hours during the workweek.
The City discourages overtime work by non-exempt employees. A non-exempt employee shall not work overtime without his or her supervisor’s express approval. All supervisors of nonexempt employees shall: (1) monitor overtime use on a weekly basis and report such use to the finance department, (2) seek a director’s written pre-approval for any long term or repeated use of overtime that can be reasonably anticipated, (3) ensure that overtime provisions of this policy and the FLSA are followed, and (4) ensure that employees are compensated for any overtime worked.

Accurate and complete time sheets of actual hours worked during the workweek shall be signed by each employee and submitted to the finance department. The finance department will review work records of employees on a regular basis, make an assessment of overtime use, and provide the assessment to the Mayor and/or department directors.

Implementation
The Mayor or Mayor’s designee shall implement the policy in accordance with the FLSA, including its required notices to employees. In the event of a conflict between the policy and State or federal law, the latter shall control.

LEGAL REF.:  
820 ILCS 105/4a.  

CROSS REFERENCE:  
2.6 (Vacation, Sick, Court, Holidays)

ADOPTED: May 19, 2014
General Personnel
Drug- and Alcohol-Free Workplace

Policy
The City has a vital interest in maintaining a safe, healthy, and efficient working environment. Being under the influence of a drug or alcohol on the job poses serious safety and health risks to the user and to all those who work with the user. The use, sale, purchase, transfer, or possession of an illegal drug in the workplace, and the use, possession, or being under the influence of alcohol also poses unacceptable risks for safe, healthy, and efficient operations.

The City has the right and obligation to maintain a safe, healthy, and efficient workplace for all of its employees, and to protect the City’s property, information, equipment, operations and reputation. The City further expresses its intent through this policy to comply with federal and state rules, regulations or laws that relate to the maintenance of a workplace free from illegal drugs and alcohol.

Each employee, as a condition of employment, will be required to participate in pre-employment, post-accident and reasonable suspicion testing upon selection or request of management. As a condition of employment, all employees are required to abide by the terms of this policy and to notify the City of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.

Purpose and Scope
This policy outlines the goals and objectives of the City’s drug and alcohol testing program and provides guidance to supervisors and employees concerning their responsibilities for carrying out the program. This policy applies to all departments, all employees and all job applicants. The term employee includes contracted employees and City officials.

Definitions
“Alcohol” means any beverage that contains ethyl alcohol (ethanol), including but not limited to beer, wine and distilled spirits.

“City premises or facilities” means all property of the City including, but not limited to, the offices, facilities and surrounding areas on City-owned or City-leased property, parking lots, and storage areas. The term also includes City-owned or City-leased vehicles and equipment wherever located.

“Contraband” means any article, the possession of which on City premises or while on City business, causes an employee to be in violation of City work rule or law. Contraband includes illegal drugs and alcoholic beverages, drug paraphernalia, lethal weapons, firearms, explosives, incendiaries, stolen property, counterfeit money, untaxed whiskey, and pornographic materials.

“Drug testing” means the scientific analysis of urine, blood, breath, saliva, hair, tissue, and other specimens of the human body for the purpose of detecting a drug or alcohol.

“Illegal drug” means any drug which is not legally obtainable; any drug which is legally obtainable but has not been legally obtained; any prescribed drug not legally obtained; any
prescribed drug not being used for the prescribed purpose; any over-the-counter drug being used at a dosage level other than recommended by the manufacturer or being used for a purpose other than intended by the manufacturer; and any drug being used for a purpose not in accordance with bona fide medical therapy. Examples of illegal drugs are cannabis substances, such as marijuana and hashish, cocaine, heroin, methamphetamine, phencyclidine (PCP), and so-called designer drugs and look-alike drugs.

"Legal drug" means any prescribed drug or over-the-counter drug that has been legally obtained and is being used for the purpose for which prescribed or manufactured.

"Reasonable suspicion" means a suspicion based on objective articulable facts sufficient to lead a prudent person to suspect that a particular employee is unable to satisfactorily perform his or her job duties due to drug or alcohol impairment. Such inability to perform may include, but not be limited to, decreases in the quality or quantity of the employee’s productivity, judgment, reasoning, concentration and psychomotor control, and marked changes in behavior. Accidents, deviations from safe working practices, and erratic conduct indicative of impairment are examples of “reasonable suspicion” situations.

"Under the influence" means a condition in which a person is affected by a drug or by alcohol in any detectable manner. The symptoms of influence are not confined to those consistent with misbehavior, or to obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance. A determination of being under the influence can be established by a professional opinion, a scientifically valid test, such as urinalysis or blood analysis, and in some cases by the opinion of a layperson.

Expectations
Supervisors and other management personnel are expected to: be able to detect the signs and behavior of employees who may be using drugs or alcohol in violation of this policy; intervene in situations that may involve violations of this policy; and recognize the above activities as a direct job responsibility.

Employees are to be informed of the health and safety dangers associated with drug and alcohol use and the provisions of this policy.

Prohibited activities
Legal Drugs
The undisclosed use of any legal drug, known to have adverse side effects which may impair an employee’s ability to safely and effectively perform his or her job duties, by any employee while performing City business or while on City premises is prohibited. However, an employee may continue to work even though using a legal drug if City management has determined, after consulting with the City’s health and/or human resources officials, that such use does not pose a threat to safety and that the using employee’s job performance is not significantly affected. Otherwise, the employee may be required to take leave of absence or comply with other appropriate action as determined by City management.

An employee whose medical therapy requires the use of a legal drug known to have adverse side effects which may impair an employee’s ability to safely and effectively perform his or her job duties must report such use to his or her supervisor prior to the performance of City business. The supervisor who is so informed will contact human resources for guidance.
The City at all times reserves the right to judge the effect that a legal drug may have on job performance and to restrict the using employee’s work activity or presence at the workplace accordingly.

**Illegal Drugs and Alcohol**

The use, sale, purchase, transfer, or possession of an illegal drug or of alcohol by any employee, while on City premises or while performing City business, is prohibited.

**Discipline**

Any employee who possesses, distributes, sells, attempts to sell, or transfers illegal drugs on City premises or while on City business will be discharged.

Any employee who is found to be in possession of or under the influence of alcohol or contraband in violation of this policy will be subject to discipline up to and including discharge.

Any employee who is found through drug or alcohol testing to have in his or her body a detectable amount of an illegal drug or of alcohol will be subject to discipline up to and including discharge except that, depending on the circumstances of the case and the employee involved, the employee may be offered a one-time opportunity to enter and successfully complete a rehabilitation program that has been approved by City. During rehabilitation, the employee will be subject to unannounced drug or alcohol testing. Upon return to work from rehabilitation, the employee will be subject to unannounced drug or alcohol testing for a period of 24 months. Any test that is confirmed as positive during or following rehabilitation may result in immediate discharge.

An employee will be subject to the same consequences of a positive test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person or sends an imposter, will not sign the required forms or refuses to cooperate in the testing process in such a way that prevents completion of the test.

Progressive discipline may be suspended for violations of this policy.

**Drug and alcohol testing of job applicants**

All applicants for employment, including applicants for part-time and seasonal positions and applicants who are former employees, are subject to drug and alcohol testing at the City’s expense. An applicant must pass the drug test to be considered for employment. An applicant will be notified of the City’s drug and alcohol testing policy prior to being tested; will be informed in writing of his or her right to refuse to undergo such testing; and will be informed that the consequence of refusal is termination of the pre-employment process.

If an applicant refuses to take a drug or alcohol test, or if evidence of the use of illegal drugs or alcohol by an applicant is discovered, either through testing or other means, the pre-employment process will be terminated.

**Drug and alcohol testing of employees**

City will notify employees of this policy by providing to each employee a copy of this handbook containing the policy, and obtaining a written acknowledgement from each employee that the same has been received and read.
City will perform drug or alcohol testing:

a. Of any employee who manifests “reasonable suspicion” behavior.

b. Of any employee who is involved in an accident regardless of whether such accident results in injury or property damage and including but not limited to those accidents that result or could result in the filing of a Workers’ Compensation claim.

c. Of any employee who is subject to drug or alcohol testing pursuant to federal or state rules, regulations or laws.

An employee’s consent to submit to drug or alcohol testing is required as a condition of employment and the employee’s refusal to consent may result in disciplinary action, including discharge, for a first refusal or any subsequent refusal.

An employee who is tested in a “reasonable suspicion” situation may be suspended pending receipt of written tests results and whatever inquiries may be required.

**Appeal of a drug or alcohol test result**

An employee whose drug or alcohol test is reported positive will be offered the opportunity to:

a. Obtain and independently test, at the employee’s expense, the remaining portion of the human specimen that yielded the positive result;

b. Obtain the written test result and submit it to an independent medical review at the employee’s expense.

During the period of an appeal and any resulting inquiries, the pre-employment selection process for an applicant will be placed on hold. The employment status of an employee may be suspended. An employee who is suspended pending appeal will be permitted to use any available leave in order to remain in an active pay status. If the employee has no annual leave or chooses not to use it, the suspension will be without pay.

**Rehabilitation and employee assistance**

Rehabilitation assistance in lieu of discharge may be offered for the first offense:

a. To any employee who has requested rehabilitation assistance provided that the request is unrelated to an identification of the employee as a violator of this policy.

b. To any employee who has violated this policy, provided that the violation does not involve selling or transferring illegal drugs, or serious misconduct including conduct resulting in property damage or any legal liability whatsoever attributable to the City.

An employee who is in rehabilitation will be suspended, except that—when indicated by the circumstances of the case and the written recommendation of a licensed physician or recognized rehabilitation professional—an employee may be permitted to work while undergoing rehabilitation on an outside-of-work basis. The written recommendation must include a statement to the effect that the employee’s presence in the workplace will not constitute a safety hazard to the employee, co-workers or others. An employee whose rehabilitative therapy involves drug maintenance, hospitalization or detoxification will not be considered for the exception from suspension.
An employee who is in rehabilitation or who has completed rehabilitation will be allowed to return to work upon presentation of a written release signed by a licensed physician or recognized rehabilitation professional. The release must include a statement to the effect that the employee’s presence in the workplace will not constitute a safety hazard to the employee, co-worker or others.

Rehabilitation assistance given by City will be:

a. Limited to those medical benefits that may be available in the employee’s medical benefits plan.

b. Obtained by the employee during times that will not conflict with the employee’s work time, except that the employee may use any available sick leave or annual leave to be absent from the job with pay.

The City will provide to any employee, upon request and at no cost to the employee, information concerning local resources that are available for the treatment of drug and alcohol related problems.

Inspections and searches
The City may conduct announced general inspections and searches for drugs or alcohol on City premises or in City vehicles or equipment, wherever located. Employees are expected to cooperate.

Illegal drugs, drugs believed to be illegal, and drug paraphernalia found on City property will be turned over to the appropriate law enforcement agency and the full cooperation given to any subsequent investigation. Substances that cannot be identified as an illegal drug by a layman’s examination will be turned over to an appropriate facility for analysis.

Other forms of contraband, such as firearms, explosives, and lethal weapons, will be subject to seizure during an inspection or search. An employee who is found to possess contraband on City property or while engaged in City business will be subject to discipline up to and including discharge.

If an employee is the subject of a drug-related investigation by City or by a law enforcement agency, the employee may be suspended pending completion of the investigation.

Confidentiality
All information relating to drug or alcohol testing or the identification of persons as users of drugs and alcohol will be protected by City as confidential unless otherwise required by law, overriding public health and safety concerns, or authorized in writing by the persons in question. Such records will be maintained separate from the official personnel file of employees and shall be treated as confidential medical records subject to the Health Information Privacy Protection Act.

Drug Testing Procedures and Methods
To ensure the accuracy and fairness of our testing program, all testing will be conducted according to Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines where applicable and will include a screening test; a confirmation test; the opportunity for a split sample; review by a Medical Review Officer, including the opportunity for employees who test positive to provide a legitimate medical explanation, such as a physician’s prescription,
for the positive result; and a documented chain of custody. Testing methods may include the test of blood, breath, urine, hair or human specimen.

LEGAL REF.:  
Drug-Free Workplace Act, 30 ILCS 580

CROSS REFERENCE:  
3.2 (Employee Discipline)  
4.1 (Hiring Process and Criteria)

ADOPTED: May 19, 2014
General Personnel
Vacation, Sick, Court, and Holidays

For employees not covered by collective bargaining agreements, the following shall apply:

General Provisions
For the purpose of this policy, immediate family members include spouse by marriage or civil union, biological and adopted parents, biological and adopted children, and biological and adopted grandparents. Immediate family also includes those relationships by marriage for the familial relationships identified herein, i.e. "in-laws."

All accrued paid time off (i.e. vacation, sick, personal days, compensatory time) shall be used in half day increments only. A half day means one half of the total hours of the employee’s workday based on the employee’s normal work shift.

Sick Days
Full time personnel will receive 11 paid sick leave days per year or 88 hours. Unused sick leave shall accumulate to a maximum of 1440 hours, including the leave of the current year. Unused sick leave is not payable upon resignation or other termination of employment. Unused sick leave is also not payable upon retirement except as provided in policy 2.6(A). For employees hired prior to June 1, 2014, Illinois Municipal Retirement Fund (IMRF) eligible employees may credit unused sick leave toward service time for retirement in accordance with IMRF rules and regulations.

Sick leave is defined by State law as personal illness, quarantine at home, serious illness or death in the immediate family or household, or birth, adoption, or placement for adoption. When using sick leave to care for a new child, the use of sick leave will be limited to six weeks immediately following birth or adoption and must be used within 12 months of the arrival of the child. Absences due to appointments with health care professionals or hospitalization are eligible under sick leave provisions. In addition, other requests for sick leave related to the health and wellness of employees may be approved by supervisors. Sick leave is intended for these purposes only; employees have no vested ownership or entitlement to their accrued sick leave unless needed for the purposes specified above.

The Mayor and/or Mayor’s designee shall monitor the use of sick leave. Abuses of sick leave shall result in disciplinary action up to and including termination. After 3 days absence for personal illness, or as it may be deemed necessary in other cases, the employee may be required to furnish a physician's note or certificate of illness as a basis for pay.

Bereavement Leave
Up to three (3) days of excused leave with pay will be granted to an employee for the death of an immediate family member or member of the employee's household. However, the death of an immediate family member by marriage (i.e. in-laws) is included for the purposes of bereavement leave.
Vacation
Vacation must be pre-approved by a direct supervisor. No more than 40 hours of vacation, or the equivalent of one work week based on respective work schedules, can be carried over into the next fiscal year. All full-time employees who have completed one (1) year of service with the City shall receive the following:

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Days of Vacation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>10 working days</td>
</tr>
<tr>
<td>6-10</td>
<td>15 working days</td>
</tr>
<tr>
<td>11-15</td>
<td>20 working days</td>
</tr>
<tr>
<td>16 years or more</td>
<td>25 working days</td>
</tr>
</tbody>
</table>

Holidays
A holiday will not cause a deduction from an employee’s time or compensation. The City may require certain personnel to work on a holiday during an emergency or for the continued operation or maintenance of facilities.

The following days are designated holidays, except in emergency and for necessary City operations for employees not covered by collective bargaining agreements:

- New Year’s Day
- Martin Luther King’s Birthday
- President’s Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veteran’s Day
- Thanksgiving Day
- Christmas Eve
- Christmas Day

In addition to the above-listed holidays, non-union employees will receive their birthday as a paid holiday. Should a holiday fall on a Saturday, the preceding Friday shall be the designated holiday. Should a holiday fall on a Sunday, the following Monday shall be the designated holiday.

Personal/Paid time off
All employees shall be permitted four (4) paid personal days or thirty-two hours per fiscal year. Severance of employment terminates all rights of the employee to receive compensation for personal days. Personal days do not accrue. An employee must obtain prior approval from a supervisor to use a personal day. Personal days cannot be used in lieu of or substituted for sick days, unless an employee has exhausted all sick leave and obtains prior approval of a supervisor.
Leaves for Service in the Military
Leaves for service in the U.S. Armed Services or any of its reserve components and the National Guard, as well as re-employment rights, will be granted in accordance with State and federal law. The employee requesting leave must submit a copy of military orders at the time of the request. Any employee returning to work after a military leave shall return to the position held prior to the leave with the same seniority dates, status, and pay as if the employee had been continuously employed by the City. The employee must submit a return to work request in writing to the Mayor’s office within 30 days of military discharge or the end of the applicable military assignment.

Any employee who has at least six (6) months or more of continuous actual service and is a member of the Illinois National Guard or any of the Reserve components of the U.S. Armed Forces shall be entitled to leave of absence with full pay for limited service in field training, cruises, and kindred recurring obligations. Such leave will be limited to eleven (11) working days.

General Assembly
Leaves for service in the General Assembly, as well as re-employment rights, will be granted in accordance with State and federal law.

Court or Jury Duty
The City will pay full salary during the time an employee is on jury duty or serves as a witness in any City-related matter pending in court. Any compensation received by the employee for jury duty shall be turned over to the City. An employee should give at least 5 days' prior notice of pending court duty to his or her supervisor.

Religious Holidays
Supervisors shall grant an employee's request for time off to observe a religious holiday if the employee gives at least 5 days prior notice and the absence does not cause an undue hardship. Employees may use earned vacation time, or personal leave to make up the absence, provided such time is consistent with the City's operational needs. A per diem deduction may also be requested by the employee.

LEGAL REF.:  
20 ILCS 1805/30.1 et seq.
820 ILCS 147 and 180/1 et seq.
Religious Freedom Restoration Act, 775 ILCS 35/5.
775 ILCS 5/2-101 and 5/2-102.
820 ILCS 147/1 et seq. and 180/1 et seq.

CROSS REFERENCE:
2.13 (Attendance and Absenteeism)
3.2 (Employee Discipline)

ADOPTED: May 19, 2014
For those employees employed prior to June 1, 2014, unused sick leave will be payable upon retirement based on the following schedule:

<table>
<thead>
<tr>
<th>Length of employment</th>
<th>Sick leave payout entitlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Years or more</td>
<td>90 days of accrued sick leave</td>
</tr>
<tr>
<td>Less than 20 years</td>
<td>45 days of accrued sick leave</td>
</tr>
</tbody>
</table>

Employees hired on or after June 1, 2014 shall not receive compensation for unused accrued sick leave upon retirement or termination of employment except to the extent allowed as per IMRF.

ADOPTED: June 1, 2014
General Personnel

Family and Medical Leave Act (FMLA) Leave of Absence

Leave Description
An eligible employee may use unpaid family and medical leave (FMLA leave), guaranteed by the federal Family and Medical Leave Act, for up to a combined total of 12 weeks in a 12 month period. During a single 12-month period, an eligible employee’s FMLA leave entitlement may be extended to a total of 26 weeks of unpaid leave to care for a covered service member (defined herein) with a serious injury or illness. The “single 12-month period” is measured forward from the date the employee’s first FMLA leave to care for the covered service member begins.

While FMLA leave is normally unpaid, the City will substitute an employee’s accrued sick time for unpaid FMLA leave. All policies and rules regarding the use of paid leave apply when paid leave is substituted for unpaid FMLA leave. Any substitution of sick leave for unpaid FMLA leave will count against the employee’s FMLA leave entitlement.

Use of FMLA leave shall not preclude the use of other applicable unpaid leave that will extend the employee’s leave beyond 12 weeks. Employees will not be required to exhaust vacation days and personal days while on FMLA and may elect to use such days in lieu of FMLA. Any full workweek period during which the employee would not have been required to work is not counted against the employee’s FMLA leave entitlement.

FMLA leave is available in one or more of the following instances:

1. The birth and first-year care of a son or daughter.
2. The adoption or foster placement of a son or daughter, including absences from work that are necessary for the adoption or foster care to proceed and expiring at the end of the 12-month period beginning on the placement date.
3. The serious health condition of an employee’s spouse, child, or parent.
4. The employee’s own serious health condition that makes the employee unable to perform the functions of his or her job.
5. The existence of a qualifying exigency arising out of the fact that the employee’s spouse, child, or parent is a covered military member on active duty (or has been notified of an impending call or order to active duty) in support of a contingency operation. A “covered military member” must be either a member of a Reserve component or a retired member of the regular Armed Forces or Reserve. “Qualifying exigencies” exist in the following categories: short-notice deployment, military events and related activities, childcare and school activities, financial and legal arrangements, rest and recuperation, post-deployment activities, and additional activities as provided in the FMLA regulations.
6. To care for the employee’s spouse, child, parent, or next of kin who is a covered service member with a serious injury or illness. A “covered service member” is a member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty for which he or she is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list.
If spouses are employed by the City, they may together take only 12-weeks for FMLA leaves when the reason for the leave is 1 or 2, above, or to care for a parent with a serious health condition, or a combined total of 26 weeks for item 6 above.

An employee may be permitted to work on an intermittent or reduced-leave schedule in accordance with FMLA regulations.

Eligibility
To be eligible for FMLA leave, both of the following provisions must describe the employee:

1. The employee is employed at a worksite where at least 50 employees are employed within 75 miles; and
2. The employee has been employed by the City for at least 12 months and has been employed for at least 1,250 hours of service during the 12-month period immediately before the beginning of the leave. The 12 months an employee must have been employed by the City need not be consecutive. However, the City will not consider any period of previous employment that occurred more than 7 years before the date of the most recent hiring, except when the service break is due to National Guard or Reserve military service or when a written agreement exists concerning the City’s intention to rehire the employee.

Requesting Leave
If the need for the FMLA leave is foreseeable, an employee must provide the Human Resource Manager with at least 30 days’ advance notice using the forms in Appendix C before the leave is to begin. If 30 days’ advance notice is not practicable, the notice must be given as soon as practicable, but in all cases prior to the commencement of leave. The employee shall make a reasonable effort to schedule a planned medical treatment so as not to disrupt the City’s operations, subject to the approval of the health care provider administering the treatment.

Failure to give the required notice for a foreseeable leave may result in a delay in granting the requested leave until at least 30 days after the date the employee provides notice.

Certification
Within 15 calendar days after the Human Resource Manager makes a request for certification for a FMLA leave, an employee must provide one of the following:

1. When the leave is to care for the employee’s covered family member with a serious health condition, the employee must provide a certificate completed by the family member’s health care provider.
2. When the leave is due to the employee’s own serious health condition, the employee must provide a certificate completed by the employee’s health care provider.
3. When the leave is to care for a covered service member with a serious illness or injury, the employee must provide a certificate completed by an authorized health care provider for the covered service member.
4. When the leave is because of a qualified exigency, the employee must provide a copy of the covered military member’s active duty orders or other documentation issued by the military indicating that the military member is on active duty or call to active duty status.
in support of a contingency operation, and the dates of the covered military member’s active duty service.

The City may require an employee to obtain a second and third opinion at its expense when it has reason to doubt the validity of a medical certification. The City may require recertification at reasonable intervals, but not more often than once every 30 days. Regardless of the length of time since the last request, the City may request recertification when the, (1) employee requests a leave extension, (2) circumstances described by the original certification change significantly, or (3) City receives information that casts doubt upon the continuing validity of the original certification. Recertification is at the employee’s expense and must be provided to the City within 15 calendar days after the request. The City may request recertification every 6 months in connection with any absence by an employee needing an intermittent or reduced schedule leave for conditions with a duration in excess of 6 months. Failure to furnish a complete and sufficient certification on forms provided by the City may result in a denial of the leave request.

**Conditions While on FMLA**

During FMLA leave of absence, engaging in other employment may result in cancellation of the approved leave of absence or termination of employment in accordance with state and federal law.

During FMLA leave, employees are entitled to continuation of health benefits that would have been provided if they were working. Any share of health plan premiums being paid by the employee before taking the leave, must continue to be paid by the employee during the FMLA leave. The City’s obligation to maintain health insurance coverage ceases if an employee’s premium payment is more than 30 days late and the City notifies the employee that coverage will cease.

**Changed Circumstances and Intent to Return**

An employee must provide the Human Resource Manager reasonable notice of changed circumstances (i.e., within 2 business days if the changed circumstances are foreseeable) that will alter the duration of the FMLA leave. The Human Resource Manager, taking into consideration all of the relevant facts and circumstances related to an individual’s leave situation, may ask an employee who has been on FMLA leave for 8 consecutive weeks whether he or she intends to return to work.

**Return to Work**

If returning from FMLA leave occasioned by the employee’s own serious health condition, the employee is required to obtain and present certification from the employee’s health care provider that he or she is able to resume work. No employee shall return to work until all necessary documents have been submitted to the Human Resource Manager. Any employee who returns to work without proper authorization may be disciplined.

An employee returning from FMLA leave will be given an equivalent position to his or her position before the leave, subject to: (1) permissible limitations the City may impose as provided in the FMLA or implementing regulations, and (2) the City’s reassignment policies and practices.
Implementation
The Human Resource Manager shall ensure that: (1) all required notices and responses to leave requests are provided to employees in accordance with the FMLA; and (2) this policy is implemented in accordance with the FMLA. In the event of a conflict between the policy and the FMLA or its regulations, the latter shall control. The terms used in this policy shall be defined as in the FMLA regulations.

LEGAL REF.: 

ADOPTED: May 19, 2014
Short Term Leave of Absence
In the event of an illness, injury, medical condition, or other health-related work restriction, the City may authorize short-term leave of absence (STL) to full-time employees who have been employed for a minimum of 90 calendar days.

Short term leave of absence will be considered only after exhaustion of all paid and unpaid leave, including but not limited to vacation days, sick days, personal days, compensatory time, and leave pursuant to FMLA. Time away from work will generally not exceed three (3) months in a "rolling" 12-month period. Intermittent leave under this policy is not permitted.

All requests pursuant to this policy may require appropriate medical documentation at the discretion of the Human Resources Manager. The employee is expected to provide at least 30 days' notice when requesting leave. When an employee becomes aware of a need for leave less than 30 days in advance, the employee must provide notice of the need for the leave either the same day, the next business day, or as soon as reasonably practicable. Leave requests that are not submitted according to policy and as soon as practicable will be denied.

Certification for the employee's serious health condition may be required and the same process shall be followed as set forth in the City's FMLA Policy.

Conditions While on Short Term Leave of Absence:
Absences covered under Non-FMLA Medical Leave will not be counted as occurrences of absenteeism. However, employees may be subject to cancellation of the leave of absence and discipline up to an including employment termination if, during their leave, they engage in activities inconsistent with the stated purpose for the leave. For example, employees are prohibited from engaging in other similar employment during leave under this policy. Misrepresentations or any act of dishonesty related to these leave will also be grounds for discipline, up to and including employment termination.

Upon approval of the leave request, the employee shall be placed on unpaid leave status. Accrued time off ceases when the employee moves to unpaid status. Accrued time off will restart upon the employee's return to paid status.

While an employee is on leave, the City will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work as long as the employee pays his or her portion of the health care premium.

While on unpaid leave, the employee must continue to make this payment to the City by means to be arranged and approved by the Human Resources Manager. The payment must be received by the first day of every month. A 30-day grace period applies. If full payment is not received within the 30-day grace period, the employee's benefits may be terminated.
Job Restoration:
Prior to an employee returning to work following a leave of absence under this policy, the employee must provide written certification of the ability to return to work from a treating physician; such certification should note any limitations on the proper City forms obtained from the Human Resource Manager.

Positions may not be held open indefinitely when an employee is unable to fulfill job responsibilities. Reinstatement to the same or equivalent job following a leave of absence will be available for absences of twelve (12) weeks or less, under the Family and Medical Leave Act (FMLA) to qualified employees. After 12 weeks, the same or equivalent job is not guaranteed.

Requests for short term leave of absence will be considered on a case-by-case basis and decisions will be based on the City's departmental needs, college policy and procedure, budgetary resources, and the employee's education and training for the job. In the event the City is declines to restore the employee, the employee will receive written notice from Human Resources.

Unable to Return from Non-FMLA Medical Leave
If the employee is not medically released to return to work at the end of his or her leave and the employee has not been granted any additional leave, employment ends as "unable to return from leave" effective the last day of the approved leave, unless a continuation of leave has been granted as an accommodation under the ADA or for other reasons.

Failure to Return from Non-FMLA Medical Leave
Any employee who fails to return to work as scheduled after leave will be subject to dismissal from employment. Employees who exceed their leave, without extension(s) of their leave approved under appropriate leave provisions, will be subject to termination of employment. If the employee chooses not to return to work for reasons other than a continued serious health condition of the employee or the employee's family member or a circumstance beyond the employee's control, the City may require the employee to reimburse the City the amount it paid for the employee's health insurance premium during the leave period.

Leaves for Victims of Domestic or Sexual Violence
An unpaid leave from work is available to any employee who: (1) is a victim of domestic or sexual violence, or (2) has a family, or household member who is a victim of domestic or sexual violence whose interests are not adverse to the employee as it relates to the domestic or sexual violence. The unpaid leave allows the employee to seek medical help, legal assistance, counseling, safety planning, and other assistance without suffering adverse employment action.

The Victims' Economic Security and Safety Act governs the purpose, requirements, scheduling, and continuity of benefits, and all other terms of the leave. Accordingly, an employee is entitled to a total of 12 work weeks of unpaid leave during any 12-month period. Neither the law nor this policy creates a right for an employee to take unpaid leave that exceeds the unpaid leave time allowed under, or is in addition to the unpaid leave time permitted by, the FMLA.

ADOPTED: May 19, 2014
General Personnel
Personal Technology and Social Media; Usage and Conduct

Definitions
Includes - Means “includes without limitation” or “includes, but is not limited to.”

Social media - Media for social interaction, using highly accessible communication techniques through the use of web-based and mobile technologies to turn communication into interactive dialogue. This includes Facebook, LinkedIn, MySpace, Twitter, Instagram and YouTube.

Personal technology - Any device that is not owned or leased by the City or otherwise authorized for City use and: (1) transmits sounds, images, text, messages, videos, or electronic information, (2) electronically records, plays, or stores information, or (3) accesses the Internet, or private communication or information networks. This includes smartphones such as BlackBerry®, android®, iPhone®, and other devices, such as, iPads® and iPods®.

Usage and Conduct
All City employees who use personal technology and social media shall adhere to and be subjected to the following. All employees shall:

1. Adhere to the high standards for appropriate relationships in the City’s ethics and conduct policy at all times, regardless of the ever-changing social media and personal technology platforms available. This includes City employees posting inappropriate images or private information about themselves or others in a manner readily accessible to other employees or persons, including conduct as defined by the City harassment policy and the City’s ethics and conduct policy.

2. Not interfere with or disrupt the working environment.

3. Comply with City policies concerning internal information. This means that personal technology and social media may not be used to share, publish, or transmit information about or images of employees without proper approval. For employees, proper approval may include implied consent under the circumstances.

4. Refrain from using the City’s logos without permission.

5. Use personal technology and social media for personal purposes only during non-work times or hours. Any duty-free use must occur during times and places that the use will not interfere with job duties or otherwise be disruptive to the work environment or City operations.

6. Be subject to remedial and any other appropriate disciplinary action for violations of this policy ranging from prohibiting the employee from possessing or using any personal technology or social media at work to dismissal and/or indemnification of the City for
any losses, costs, or damages, including reasonable attorney fees, incurred by the City relating to, or arising out of, any violation of this policy.

LEGAL REF.:

CROSS REFERENCE:
1.6 (Ethics and Conduct)
2.3 (Workplace Harassment Prohibited)
2.10 (Responsibilities Concerning Internal Information)
2.11 (Personnel Records)
4.1 (Hiring Process and Criteria)

ADOPTED: May 19, 2014
General Personnel
Responsibilities Concerning Internal Information

City employees are responsible for maintaining: (1) the integrity and security of all internal information, and (2) the privacy of confidential records, including but not limited to: personnel records, and the minutes of, and material disclosed in, a closed City council meeting. Internal information is any information, oral or recorded in electronic or paper format, maintained by the City or used by the City or its employees. The Mayor or Mayor’s designee shall manage procedures for safeguarding the integrity, security, and, as appropriate, confidentiality of internal information.

LEGAL REF.:
20 U.S.C. §1232g.
45 C.F.R. §164.502.
5 ILCS 140/1 et seq.
50 ILCS 205/1 et seq.
820 ILCS 40/1 et seq.

CROSS REF.:
2.11 (Personnel Records)

ADOPTED: May 19, 2014
General Personnel
Personnel Records

The Mayor or Mayor's designee shall manage a process for responding to inquiries by a prospective employer concerning a current or former employee's job performance. When requested for information about an employee by an entity other than a prospective employer, the City will only confirm position and employment dates unless the employee has submitted a written request to the Mayor or Mayor's designee.

The Mayor or Mayor's designee shall manage the maintenance of personnel records in accordance with State and federal law. Records, as determined by the Mayor, shall be retained in accordance with the Illinois Records Retention Act and may be retained for all employment applicants, employees, and former employees given the need for the City to document employment-related decisions, evaluate staff effectiveness, and comply with government recordkeeping and reporting requirements. Official personnel records shall be maintained under the Mayor's or Mayor's designee's direct supervision and custody. There shall be one official personnel file for every employee. Individual departments shall not maintain or keep originals or copies of any personnel documents.

Access to personnel records is available as follows:

1. An employee will be given access to his or her personnel records according to State law and guidelines developed by the Mayor.
2. An employee's supervisor or other management employee who has an employment or business-related reason to inspect the record is authorized to have access.
3. Anyone having the respective employee's written consent may have access.
4. Access will be granted to anyone authorized by State or federal law to have access.

LEGAL REF:
745 ILCS 46/10.
820 ILCS 40.
5 ILCS 140, et seq.
820 ILCS 130/5.

ADOPTED: May 19, 2014
General Personnel
Fitness for Duty

Definitions
Fitness for Duty- Whether an employee is physically and mentally capable of safely performing the essential functions of his/her job with or without reasonable accommodation.

Fitness for Duty Evaluation- Evaluation by an impartial, independent health care professional with appropriate expertise in one or more of the following: medical conditions, psychological conditions, and/or conditions related to the use or abuse of alcohol or other substances.

Policy statement
The City of Blue Island is committed to providing a safe environment for all employees and officials. In order to provide a safe work environment, employees must be able to perform their job duties in a safe, secure, productive and effective manner and remain able to do so through the entire time they are working. Employees who are not fit for duty may present a safety hazard to themselves, to other employees, to the City, or to the public.

Employees are responsible for:
1. Managing their health in such a way that they can safely perform their essential job functions, with or without reasonable accommodation.
2. Notifying their supervisors when they are not fit for duty.
3. Notifying the supervisor when they observe a coworker acting in a manner that indicates the coworker may be unfit for duty. If the supervisor's behavior is the focus of concern, an employee may inform the upper level manager or Human Resource Manager for further guidance.

Directors and supervisors are responsible for:
1. Observing the attendance, performance, and behavior of the employees they supervise.
2. Following this policy's procedures when presented with circumstances or knowledge that indicate that an employee may be unfit for duty.

Confidentiality of medical records
Any document containing medical information about an employee is considered a medical record and is regarded as confidential. The Human Resource Manager will maintain medical records in a file separate from all other employee or personnel records.

Procedures
The supervisor who receives information that an employee may be unfit for duty, or through personal observation believes an employee to be unfit for duty, will validate and document the information or observations immediately or as soon as practicable. The supervisor will determine whether the employee should leave the workplace immediately for safety reasons.
If reasonable under the circumstances, the supervisor will present the information or observations to the employee at the earliest possible time in order to validate them and will allow the employee to explain his or her actions. Actions that may trigger the need to evaluate an employee’s fitness for duty include, but are not limited to, problems with dexterity, coordination, concentration, memory, alertness, vision, speech, inappropriate interactions with coworkers or supervisors, inappropriate reactions to criticism, or suicidal or threatening statements.

The determination by a supervisor to refer an employee for a fitness for duty evaluation must involve consultation with the Human Resources Manager. Supervisors requesting a fitness-for-duty evaluation shall complete a Fitness for Duty Observation Report in Appendix F and include any supporting documentation and provide the same to the Human Resources Manager.

In situations where there is a basis to think that a crime may have been committed and/or the employee is making threats to harm himself or herself or others, or is acting in a manner that is immediately dangerous to himself or herself or others, the supervisor shall contact Blue Island Police Department.

Employees being referred for a fitness for duty evaluation will be relieved of duties and placed on administrative leave pending completion of the evaluation and receipt of the results by the City. If an employee is found to be unfit for duty, his/her employment and pay status will be determined on a case-by-case basis. Applicable employee leave accruals will be used to cover continued approved leaves of absence from work. In all cases an employee who has been referred for a fitness-for-duty evaluation must provide documentation from the independent evaluator indicating his/her fitness for duty in order to return to work.

Non-compliance with a request for a fitness-for-duty evaluation shall constitute misconduct leading to disciplinary action, up to and including dismissal.

CROSS REFERENCE:
2.10 (Responsibilities Concerning Internal Information)
2.11 (Personnel Records)

ADOPTED: May 19, 2014
General Personnel
Attendance and Absenteeism

Purpose:
Absenteism and tardiness negatively impact the City’s ability to effectively govern and provide services to the citizens. The purpose of this policy is to establish the requirements for reporting absences, to provide guidelines for the handling of tardiness, early departures, and unscheduled absences, and to outline employees’ need to adhere to established work schedules.

Policy:
Employees must arrive and be prepared to commence work at their scheduled start time. All exempt employees shall be required to punch in.

All non-exempt employees are required to punch in and punch out upon arrival and departure from work using the appropriate mechanism and manner as instructed. Employees are responsible for immediately notifying a direct supervisor of absences, late arrivals, or early departures each day of the absence, tardiness, or early departure, in accordance with established call-in procedures. Failure to punch in/out or failure to report a missing punch within 24 hours may result in being docked for pay, charged with paid day and/or disciplinary action.

Unscheduled absences, tardiness, and unscheduled early departures (whether excused or unexcused), failure to provide appropriate notification, or abuse of sick leave or other paid time off may result in disciplinary action up to and including termination of employment. Non-exempt employees may be docked for unscheduled absences, tardiness and unscheduled early departures and will only be paid for hours, if any, worked on the day in question. The use of accrued paid time off for unscheduled absences, unscheduled early departures and tardiness will only be allowed in exceptional circumstances.

Absences, tardiness, and early departures due to pre-approved FMLA leave, Non-FMLA leave of absence, ADA leave, workers’ compensation, other pre-approved leave, or reasonable accommodation as required by law will not be counted as occurrences.

Definitions:
No call/no show: An unscheduled absence without proper notification to the employee’s supervisor.

Pattern Absences: Unscheduled absences the day before or after a scheduled holiday, vacation, or personal day; on a desirable day off, a specific day of the week, or a weekend; a specific or unique work day; or as sick leave or other paid time off is accrued.

Scheduled Absence: A scheduled absence occurs when an employee requests and is approved to take time off in accordance with department and City policies and applicable union contract. Some examples of scheduled absences include approved vacation, personal holidays, jury duty, military related, bereavement leave, FMLA leave, and Non-FMLA leave.
Tardy: Failure to report to an employee's assigned work area and be prepared to start work at his or her scheduled start time, including returning from breaks and meal periods, or a pattern of missed punches.

Unscheduled Absence: Failure to report to work on a scheduled workday or working less than half of a scheduled workday due to tardiness or leaving early without a written and approved time-off request. Unscheduled absences also include call-offs when no accrued time is available for use to the employee or when the employee’s payroll status is “no-pay” status. Some examples of unscheduled absences include absences due to car trouble, caring for a family member who has the flu, and home emergency.

Unscheduled Early Departure: Failure to work a complete workday due to an early departure without a written and approved time-off request. Please refer to Unscheduled Absence above when an early departure results in working less than half of a scheduled workday.

Guidelines:
1. An employee who will be unable to report to work as scheduled, tardy, or leaving early must contact his or her supervisor or the City’s designated call-in number as far in advance as possible, and at the latest, prior to the start of the shift or the departure. Notification and acknowledgment of tardiness, unscheduled early departure, or unscheduled absence will not excuse it.

2. Immediate supervisors are responsible for reviewing and verifying attendance records and recording occurrences, if applicable, to ensure the accuracy of the records and consistent application of City attendance guidelines and policy.

3. An unscheduled absence will be recorded as one (1) occurrence. Each tardy or unscheduled early departure will be recorded as one-half (1/2) an occurrence. No occurrences will be recorded for scheduled absences or use of accrued sick leave if in accordance with City policy. However, pattern usage, failure to provide timely notification, or failure to comply with the sick leave policy may result in absences being counted as unscheduled absences.

4. Upon four occurrences, each two occurrences thereafter will advance the corrective action process, up to and including termination of employment. However, depending on the situation, corrective action may be accelerated, repeated, or taken out of sequence, and the City reserves the right to effect immediate termination should it be warranted. Occurrences will be tracked by each department based on a rolling twelve (12) month period and discipline will be issued as follows:
   - Verbal warning upon four (4) occurrences.
   - Written warning upon six (6) occurrences.
   - Final warning or suspension upon eight (8) occurrences.
   - Termination of employment upon ten (10) occurrences.
5. Employees will be subject to immediate corrective action for no call/no show. Three (3) or more consecutive workdays of no call/no show will be considered job abandonment and result in termination of employment.

6. Supervisors should be observant and identify pattern absences. Employees will be subject to immediate corrective action for pattern unscheduled absences. An employee should receive written notice of a pattern unscheduled absence including a description of the pattern from the employee’s supervisor or the Human Resource Administrator for the department.

7. Employees who work for six (6) months without an occurrence since the last occurrence resulting in corrective action will not have the corrective action process progress to the next level. For example, if an employee receives a written warning due to the sixth occurrence on October 1st and receives two additional occurrences in the following June, the employee should receive another written warning.

8. An employee who is late six minutes or less is considered tardy but will be paid for the time. Tardiness of more than six (6) minutes will be unpaid. Meal periods and breaks may not be used to cover for absences or tardiness. An employee may not extend the normal workday or work beyond his/her scheduled shift to make up for being tardy without the prior approval of the employee’s supervisor.

9. An unscheduled absence is unpaid unless an employee’s supervisor approves the use of accrued vacation, sick leave or personal time in accordance with City policy and appropriate union contract, if applicable. Acceptable means of verifying the reason for the unscheduled absence may be required. An employee will not be compensated for unscheduled absences that extend beyond his/her accrual balances.

10. Requests for scheduled absences must be requested as far in advance as possible consistent with City policy. It is the employee’s responsibility to request leave or excused time off and to submit appropriate documentation. Employees, who will be unable to report to work as scheduled (except for a preapproved block of leave time) or using intermittent FMLA leave or other leave are required to contact their supervisor each day unless otherwise instructed by their supervisor. Denied leave or other requested time off, failure to return to work after an approved leave, or failure to comply with these guidelines or other applicable City policy may result in the treatment of time away from work as an unscheduled absence, tardiness, or unscheduled early departure under this policy.

11. Employees absent three (3) or more consecutive days due to illness or who are suspected of abuse of sick leave may be required to submit a proof of illness certificate issued by a health care provider and identifying when the employee was seen and treated. Failure to submit such proof upon request shall automatically disqualify the employee for sick leave pay and will result in the absences being counted as unscheduled absences.

12. If illness, incapacity, or any other condition causes an employee to be absent in a twelve month period, after exhaustion of all available leave, for more than 90 consecutive work days, such absence may be considered a permanent disability and the City may consider termination
subject to State and federal law, including the Americans with Disabilities Act. The Mayor may recommend this paragraph’s use when circumstances strongly suggest that the employee returned to work intermittently in order to avoid this paragraph’s application.

ADOPTED: May 19, 2014
General Personnel
Accidents and Injuries

Policy
It is the policy of the City of Blue Island to insure a safe working environment. As such, all employees are required to report any and all accidents or injuries, regardless of the absence of or the extent of injury or damage to property. Failure to comply with this policy may result in disciplinary action, including and up to termination.

Employees sustaining injury or disability arising out of and in the course of employment will receive leave or compensation if applicable and in accordance with the provisions of the Illinois Workers Compensation and Occupational Diseases Acts.

General Reporting Procedures and Requirements
Any and all accidents and injuries involving City employees or City property must, with no exception, be reported immediately to a direct supervisor. All supervisors and managerial personnel shall immediately notify the Human Resources Manager. Supervisors and managerial personnel shall complete the accident/injury report form contained in Appendix G and forward the accident/injury report to the Human Resources Manager within 24 hours of the incident.

An employee injured at work must immediately notify his or her supervisor, with no exception, unless the injury is of a serious nature requiring hospitalization or emergency treatment. In the event of such, the employee should seek medical attention immediately and inform the supervisor as soon as practical. If the attending physician determines that the employee is unable to return to work that day, the employee will receive regular pay for the remainder of the day of the injury.

The employee shall provide specific details of the injury sustained; date of injury; time of incident; mechanism of injury; witnesses; and medical providers’ information. Employees shall complete the following forms:
1. Workers Compensation Employee Notice of Injury form
2. Authorization to release medical records

The following forms shall be completed by the supervisor:
1. Supervisor’s Report of Accident/Injury
2. Witness Reports

Consideration of On-the-Job injury Claims
An outside agency may be used to determine eligibility for workers compensation benefits, based upon the medical information provided by the treating physician and workers compensation forms the employee and supervisor must complete. A delay in submitting the required forms will delay receipt of benefits and payment.
The employer is required to pay for all medical care that is reasonably necessary to cure or relieve the employee from the effects of the injury. This includes, but is not limited to first aid, emergency care, doctor visits, hospital care, surgery, physical therapy, chiropractic treatment, pharmaceuticals, prosthetic devices, and prescribed medical appliances. If the accident or injury is deemed compensable, the City will pay all necessary first aid and emergency services and medical treatment as required by law.

Employees shall have the choice of physician in accordance with the applicable law.

If an employee is unable to work for more than 3 days due to a compensable injury, the employee will receive the appropriate income replacement benefits as per Illinois law, totaling 2/3 of his or her average weekly earnings for the previous 52 weeks. The first 3 days of absence shall be recorded on the employee’s time card and accrued sick or vacation time will be used, unless the time lost eventually exceeds 15 days. Employees may elect to use accrued sick time to supplement workers compensation benefits.

Employees will remain responsible for any payroll deductions which would normally be taken and the employee may be billed for insurance deductions which are normally payroll deducted. Failure to make the necessary payments may result in discontinuation of the benefit.

Before returning to work from a work-related injury, the employee must present to the Human Resources Manager a completed return to work form contained in Appendix H signed by the licensed physician releasing the employee from his or her care. The form must be completed in its entirety.

LEGAL REF.: 820 ILCS 305/1 et seq.

ADOPTED: May 19, 2014
SECTION 3: EMPLOYEE PERFORMANCE STANDARDS

3.1 Equal Employment Opportunity and Minority Recruitment

3.2 Employee Discipline

3.3 Evaluations
Employee Performance Standards
Equal Employment Opportunity and Minority Recruitment

The City shall provide equal employment opportunities to all persons regardless of their race, color, religion, creed, national origin, sex, sexual orientation, age, ancestry, marital status, arrest record, military status, order of protection status, unfavorable military discharge, citizenship status provided the individual is authorized to work in the United States, use of lawful products while not at work, being a victim of domestic or sexual violence, genetic information, physical or mental handicap or disability, if otherwise able to perform the essential functions of the job with reasonable accommodation, pregnancy, childbirth, or related medical conditions; credit history, unless a satisfactory credit history is an established bona fide occupational requirement of a particular position, or other legally protected categories.

The City will attempt to recruit and hire minority employees. The implementation of this policy may include advertising openings in minority publications, participating in minority job fairs, and recruiting at colleges and universities with significant minority enrollments. This policy, however, does not require or permit the City to give preferential treatment or special rights based on a protected status without evidence of past discrimination.

Persons who believe they have not received equal employment opportunities should report their claims to the Nondiscrimination Coordinator and/or a Complaint Manager pursuant to the Uniform Complaint Procedure policy. These individuals are listed below. No employee or applicant will be discriminated or retaliated against because he or she initiated a complaint, as a witness, supplied information, or otherwise participated in an investigation or proceeding involving an alleged violation of this policy or State or federal laws, rules or regulations, provided the employee or applicant did not make a knowingly false accusation nor provide knowingly false information.

LEGAL REF.:  
Age Discrimination in Employment Act, 29 U.S.C. §621 et seq.;  
Americans With Disabilities Act, Title I, 42 U.S.C. §12111 et seq.;  
Equal Pay Act, 29 U.S.C. §206(d);  
Immigration Reform and Control Act, 8 U.S.C. §1324a et seq.;  
Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000d et seq.;  
Pregnancy Discrimination Act, 42. U.S.C. §2000e(k);  
Illinois Whistleblower Act, 740 ILCS 174;  
Illinois Human Rights Act, 775 ILCS 5/1-103 and 5/2-102;  
Religious Freedom Restoration Act, 775 ILCS 35/5;
Employee Credit Privacy Act, 820 ILCS 70;
Illinois Equal Pay Act of 2003, 820 ILCS 112;
Victims’ Economic Security and Safety Act, 820 ILCS 180/30

CROSS REFERENCE:
1.7 (Uniform Complaint Procedure)
2.3 (Workplace Harassment Prohibited)
2.6 (Vacation, Sick, Court, Holidays)
4.1 (Hiring Process and Criteria)

ADOPTED: May 19, 2014
Employee Performance Standards
Employee Discipline

DISCLAIMER: NEITHER THIS POLICY NOR ANY OTHER EMPLOYMENT HANDBOOK IS INTENDED TO ALTER THE AT-WILL EMPLOYMENT STATUS OF ANY EMPLOYEES OR CREATE ANY CONTRACTUAL RIGHT TO EMPLOYMENT OR PROPERTY INTEREST IN THE SAME. THIS POLICY IS TO BE USED AS A GENERAL GUIDELINE AND THE PROCEDURES IDENTIFIED HEREIN ARE NOT MANDATORY AND THE CITY MAY DEVIATE FROM THESE PROCEDURES AT THE DISCRETION OF THE CITY.

Disciplinary Measures
This disciplinary policy and procedure guidelines are designed to provide a structured corrective action process to improve and prevent recurrence of undesirable behavior and/or performance issues or misconduct of all City employees.

Examples of disciplinary measures which may be employed by the City include, but are not limited to: oral warnings, written warnings, final warnings with paid or unpaid suspension, and termination.

The City reserves the right to combine or skip measures depending upon facts of each situation and the nature of the offense. The level of disciplinary intervention may also vary. Some of the factors which may be considered include: whether the offense is repeated despite coaching, counseling and/or training; the employee's work or disciplinary record; and the impact the conduct and performance issues have on the City, staff and community.

Depending upon the seriousness of the infraction, the employee may be suspended without pay in full-day increments consistent with Federal, State and local wage-and-hour employment laws. Nonexempt/hourly employees may not substitute or use an accrued paid vacation or sick day in lieu of the unpaid suspension. Due to Fair Labor Standards Act (FLSA) compliance issues, unpaid suspension of salaried/exempt employees is reserved for serious workplace safety or conduct issues.

Employee Rebuttal
Employees may submit written rebuttals to any disciplinary measures taken. Such rebuttals will be placed in the personnel file with the disciplinary documentation.

Performance and Conduct Issues Not Subject to Progressive Discipline
While the City will try to exercise the progressive nature of this policy and employ progressive discipline, there may be performance, misconduct or safety incidents that are egregious, serious, problematic or harmful and warrants suspension or acceleration of progressive discipline. The type of disciplinary action may depend on the severity of the offense as well as the employee's disciplinary and work performance history.
Misconduct that involves dishonesty, violations of the law, significant legal risks to the City or to the safety or well-being of staff or others is grounds for immediate termination of employment. Examples of such misconduct also include, but are not limited to:

1. Violations of policy or procedure governing
   - Harassment of any kind
   - Equal Opportunity and Affirmative Action
   - Use of paid time-off, FMLA, hours of work, over-time
   - Drugs & Alcohol
   - Safety of staff

2. Violence in the workplace
   - Possessing an unauthorized weapon on City property
   - Threatening or assaulting another person on City property

3. Serious insubordination, theft, dishonesty, falsification of records, breach of confidentiality, unauthorized use of City resources for personal gain, unauthorized removal or destruction of property belonging to others

4. Failure to Disclose or Engaging in Prohibited Criminal Activity including failure to disclose criminal convictions requested during the application or interview process, conviction of a crime involving dishonesty, violence or other behavior that impacts suitability for employment

Documentation
The employee will be provided copies of all progressive discipline documentation using the form contained in Appendix D. The employee will be asked to sign copies of this documentation attesting to their receipt and understanding of the corrective action outlined in these documents. Signature does not admit or confirm the information contained in the documentation. If the employee refuses to sign the documentation, the supervisor issuing the disciplinary action shall indicate such refusal to sign. Copies of these documents will be placed in the employee’s official personnel file.

This policy shall not supersede or replace terms of any applicable collective bargaining agreements where such terms are directly contradicted by this policy. In the event of a direct conflict where this policy cannot be followed without necessarily violating applicable collective bargaining agreement provisions, the collective bargaining agreement shall control. In all other scenarios, this policy may be relied upon in issuing discipline as detailed above.

LEGAL REFERENCE:

ADOPTED: May 19, 2014
Employee Performance Standards
Evaluations

Performance Evaluation Policy
The performance of all employees shall be evaluated on an annual basis in accordance with systems and procedures established by the Mayor's Office. The evaluation of performance shall be an integral part of the responsibility of each supervisor, under the direction of the department director. The final responsibility for performance ratings shall be with the department director. The Mayor's Office shall develop a performance evaluation system. The Mayor's Office may authorize certain departments to develop and use their own performance evaluations systems provided basic requirements are met.

Performance Evaluation Results
The supervisor shall discuss with the employee the results of his/her performance evaluation prior to its submission to the department director. The employee shall sign and date the performance evaluation to indicate that he/she has received the evaluation. The employee may include a statement of the reasons he/she disagrees with the evaluation. If the employee refuses to sign the evaluation form, the refusal shall be noted.

ADOPTED: May 19, 2014
SECTION 4: HIRING OF NEW EMPLOYEES

4.1 Hiring Process and Criteria

4.2 Consideration of Criminal Conduct
Hiring of New Employees
Hiring Process and Criteria

For employees not covered by applicable collective bargaining agreements:

The City will hire personnel consistent with budget and staffing requirements and in compliance with the City’s policy on equal employment opportunity and minority recruitment. All applicants must complete a City application in order to be considered for employment. The Mayor and department directors are responsible for recruiting personnel and making hiring recommendations to the City Council, if appropriate or required by law. However, the Mayor may exercise or delegate hiring authority.

Notice of Vacancy
Once a vacancy has been established, a notice of Job Opportunity shall be posted. The Notice of Job Opportunity shall be posted on all bulletin boards and the City's Web Site for at least ten (10) days or a longer period determined by the department director.

All applicants are responsible for furnishing all information and materials that are required in accordance with the Notice of Job Opportunity. Applicants who fail to follow the instructions will be ineligible for consideration.

Job Descriptions
The Human Resources Manager shall develop and maintain a current, comprehensive job description for each position; however, a provision in a collective bargaining agreement or individual contract will control in the event of a conflict.

Investigations
The Mayor or Mayor’s designee may authorize an investigation of the background of applicants, including, but not limited to, fingerprinting to ascertain criminal records and verification of claimed experience and the fitness and qualifications of applicants.

The Mayor or Mayor’s designee shall ensure that a fingerprint-based criminal history records check is performed on each applicant as required by State law. The Mayor or Mayor’s designee shall keep a conviction record confidential and share it only with other persons necessary to the hiring decision. Each newly hired employee must complete an Immigration and Naturalization Service Form as required by federal law.

The City retains the right to discharge any employee who omits facts from his or her employment application or other employment documents.

The Mayor or Mayor’s designee shall not engage in any investigation or inquiry prohibited by law and shall comply with each of the following:
1. The City uses an applicant's credit history or report from a consumer reporting agency only when a satisfactory credit history is an established bona fide occupational requirement of a particular position.

2. The City does not ask an applicant or applicant's previous employers about claim(s) made or benefit(s) received under the Workers' Compensation Act.

3. The City does not request of an applicant or employee access in any manner to his or her social networking website, including a request for passwords to such sites.

4. The City provides equal employment opportunities to all persons.

Physical Examinations and Drug/Alcohol Testing
All employment candidates will be subject to pre-employment screening for drugs and alcohol in accordance with the City's Drug and Alcohol Free Workplace policy. In addition, new employees must furnish evidence of physical fitness to perform assigned duties and freedom from communicable disease, including tuberculosis. All physical fitness examinations and tests for tuberculosis must be performed by a physician licensed in Illinois, or any other state, to practice medicine and surgery in any of its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the advanced practice nurse to perform health examinations, or a physician assistant who has been delegated the authority by his or her supervising physician to perform health examinations. The employee must have the physical examination and tuberculin test performed no more than 90 days before submitting evidence of it to the City.

Any employee may be required to have an additional examination if the examination is job-related and consistent with business necessity. The City will pay the expenses of any such examination.

Orientation Program
The City's staff may provide an orientation program for new employees to acquaint them with the City's policies and procedures, rules and regulations, applicable collective bargaining agreement provisions and the responsibilities of their position.

LEGAL REF.:  
Employee Credit Privacy Act, 820 ILCS 70.  
Right to Privacy in the Workplace Act, 820 ILCS 55.  
Immigration Reform and Control Act, 8 U.S.C. §1324a et seq.  

ADOPTED: May 19, 2014
Hiring of New Employees
Consideration of Criminal Conduct

In an effort to maintain a positive and a productive work environment for all City employees, the City implements this policy to govern all hiring decisions for employees and consideration of applications by volunteers.

It is the intent of the City to hire employees and allow volunteers who exhibit honesty, integrity and good moral character. The City reserves the right to deny employment or volunteer opportunities to applicants who have demonstrated conduct which may negatively impact the health, safety and welfare of City employees or citizens, unless otherwise prohibited by law. Such decisions will be governed by the standards enumerated in this policy.

The City, or its duly authorized agent(s) responsible for hiring decisions, may deny employment opportunities to applicants based on any prior conduct which indicates that the applicant is unfit for the position sought, whether that conduct is evidenced by an arrest, conviction or other information provided to the City. In making such a determination, the City will balance the specific criminal conduct and its dangers, with the risks inherent in the duties of the particular position sought.

Arrests and Felony or Misdemeanor Convictions
When considering the criminal background information, the City will conduct an individualized assessment of each applicant for hire or volunteer. In doing so, the City may request additional information from the applicant and allow the applicant an opportunity to demonstrate that the exclusion policy does not properly apply.

In conducting such individualized assessment, the City may consider (1) the facts or circumstances surrounding the offense or conduct; (2) the number of offenses for which the individual was convicted; (3) older age at the time of conviction, or release from prison; (4) the length and consistency of employment history before and after the offense or conduct; (5) rehabilitation efforts, e.g., education/training; and (6) employment or character references and any other information regarding fitness for the particular position.

When considering arrest history, the City will consider the following factors:
1. Whether the applicant is likely to have committed the conduct alleged. A potential applicant may be allowed an opportunity to explain the circumstances of the arrest(s) and the City will make a reasonable effort to determine whether the explanation is credible before eliminating the applicant from employment opportunities.
2. The nature and gravity of the offense. In considering this factor, the City may consider whether the conduct involved deception, threat, or intimidation. The City may also consider whether the conduct constituted a misdemeanor or greater offense.
3. The time that has passed since the arrest; and
4. The nature of the job held or sought. The City will consider the nature of the duties and essential functions of the position sought, the circumstances under which the job is
performed (e.g., the level of supervision, oversight, and interaction with co-workers or vulnerable individuals), and the environment in which the job’s duties are performed.

Criminal Background Information Considered
Absent exceptional circumstances, the City will consider any arrest or conviction within seven (7) years of the application. The City may consider arrests or convictions older than seven (7) years if the offense resulting in the arrest or conviction bears heavily on the applicant’s moral character or propensity. The City will not rely upon an applicant’s criminal history information which has been expunged, sealed, or impounded. However, the City may request additional information of the applicant prior to making a decision. Failure to submit additional information in response to a request for such may result in denial of employment or the application for a volunteer position. All information about applicants’ and employees’ criminal records will remain confidential and will not be disclosed unless otherwise required by law.


ADOPTED: May 19, 2014
City of Blue Island
ADA Medical Certification Form

This medical certification is meant to facilitate documentation of physical or mental disabilities and should be completed by the employee and his/her physician. Failure to complete all necessary paperwork may result in the delay or denial of benefits.

Part I: To be Completed by the Employee

Name: ___________________________ Title/Department: ___________________________

I give authorization for my physician to release medical information to the City of Blue Island for the purpose of determining qualification and reasonable accommodation under the Americans with Disabilities Act.

Employee Signature: ___________________________ Date: ________________

<table>
<thead>
<tr>
<th>Physician Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physician Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
</tr>
</thead>
</table>

Part II: Medical Certification: To be Completed by Employee’s Licensed Physician

Section A:
1. Does the employee have a physical or mental impairment? YES NO

If yes, please describe the physical or mental impairment:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Is the impairment permanent? YES NO

3. If not permanent, how long will the impairment likely last?

________________________________________________________________________
4. Is this a condition which:
   a.Requires periodic visits for treatment by a health care provider? YES NO
   b. Continues over an extended period of time? YES NO
   c. May cause episodic rather than a continuing period of incapacity? YES NO

5. Is the patient taking medications or treatments that would be expected to affect job performance that would pose a direct threat or safety risk? YES NO

   If yes, explain:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

6. What Activity or Activities does the impairment limit?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

*Please attach additional page for additional comments or requirements in regards to the above inquiries.

Section B: Please indicate the life function affected and the limitations of the employee ONLY if applicable:

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>Mild Limitation</th>
<th>Moderate Limitation</th>
<th>Severe Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bending Over</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climbing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaching Overhead</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kneeling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pushing &amp; Pulling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crouching/Crouching</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifting or Carrying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 10 lbs or less</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• 11 to 25 lbs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repetitive Use of Hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Right Only</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Left Only</td>
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<td></td>
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<tr>
<td>• Both</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine motor, right hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine motor, left hand</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 2 of 3
<table>
<thead>
<tr>
<th>Function</th>
<th>Light</th>
<th>Average</th>
<th>Below</th>
<th>Reasoning</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manage Multiple Priorities</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Hearing</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Multiple Skills</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Reading</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Short-term Memory</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Vision</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Long-term Memory</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Verbal Communication</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Attention Span</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Written Communication</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
</tbody>
</table>

**Section C: Please refer to Job Description provided by employee for the questions below:**

1. Would the employee be able to perform the essential job functions listed in his/her job description with or without accommodation?

   

2. If specific equipment may be needed in order for the employee to perform the essential functions of the job, please list what equipment might be needed:

   

   

   

   

   

   

   

Physician Signature

Date

Page 3 of 3
SECTION I: For Completion by the EMPLOYEE
INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. Your response is required to obtain or retain the benefit of FMLA protections. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. You have 15 calendar days to return this form.

Employee name: ____________________________________________________________

Employee Job Title/Department: ________________________________________________

Employee Signature: _________________________________________________________

Date: ____________________________

Health Care Provider’s name: _________________________________________________

Business address: _____________________________________________________________

Type of practice / Medical specialty: ____________________________________________

Telephone: (___) __________________ Fax: (___) ________________________________

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

PART A: MEDICAL FACTS
1. Approximate date condition commenced: ________________________________

Probable duration of condition: ______________________________________________

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility? ___No___Yes. If so, dates of admission: ________________________________________

Date(s) you treated the patient for condition: ____________________________________
Was medication, other than over-the-counter medication, prescribed?  ____No  ____Yes.

Will the patient need to have visits at least twice per year due to the condition?  ____No  ____Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?  ____No  ____Yes. If so, state the nature of such treatments and expected duration of treatment:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

2. Is the medical condition pregnancy?  ____No.  ____Yes, expected delivery date: _____________

3. Use the information provided in Section I to answer this question. If no job description is provided, answer the questions based upon employee’s own description of job functions. Is the employee unable to perform any of the job functions due to the condition?  ____No  ____Yes. If so, identify the job functions the employee is unable to perform:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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

____________________________________________________________________________________

____________________________________________________________________________________

PART B: AMOUNT OF LEAVE NEEDED:

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery?  ____No  ____Yes. If so, estimate the beginning and ending dates for the period of incapacity: ________________

____________________________________________________________________________________

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee’s medical condition?  ____No  ____Yes. If so, are the treatments or the reduced number of hours of work medically necessary?  ____No  ____Yes.
Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period: ____________________________

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

_______ hour(s) per day; _________ days per week from ________ through ________

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? __No__ __Yes__.

If yes, is it medically necessary for employee to be absent from work during flare-ups? Please explain:

__________________________________________________________________________

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

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or ___ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH ADDITIONAL ANSWER:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature of Health Care Provider ____________________________ Date ____________
City of Blue Island
Certification of Health Care Provider for Family Member's
Serious Health Condition
Family and Medical Leave Act Request

SECTION II: For Completion by the EMPLOYEE
INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Employee name: ________________________________

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

Relation of family member to you: ________________________________

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

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

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Employee Signature: ________________________________

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

Provider's name: ______________________________________________

Business address: ______________________________________________

Type of practice / Medical specialty: ________________________________

Telephone: (____)________________ Fax:(____)_____________________

**PART A: MEDICAL FACTS**

1. Approximate date condition commenced: __________________________

   Probable duration of condition: ________________________________

   Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility? ___No ___Yes. If so, dates of admission: ______________________________

   Date(s) you treated the patient for condition: _______________________

   Was medication, other than over-the-counter medication, prescribed? ___No ___Yes.

   Will the patient need to have visits at least twice per year due to the condition? ___No ___Yes.

   Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? ___No ___Yes. If so, state the nature of such treatments and expected duration of treatment:

   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

2. Is the medical condition pregnancy? ___No. ___Yes, expected delivery date: _______________
3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):


PART B: AMOUNT OF CARE NEEDED:
When answering these questions, keep in mind that your patient’s need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? __No __Yes.

Estimate the beginning and ending dates for the period of incapacity: __________________________

During this time, will the patient need care? __No __Yes.
Explain the care needed by the patient and why such care is medically necessary:


5. Will patient require follow-up treatments, including any time for recovery? __No __Yes

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


Explain the care needed by the patient, and why such care is medically necessary:


6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? __ No __ Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

_______ hour(s) per day; _______ days per week from ________ through _________
Explain the care needed by the patient, and why such care is medically necessary:

________________________________________________________________________

________________________________________________________________________

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities?  ____No  ____Yes.

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

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or ___ day(s) per episode

Does the patient need care during these flare-ups?  ____No  ____Yes.

Explain the care needed by the patient, and why such care is medically necessary:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH ADDITIONAL ANSWER:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Health Care Provider ___________________________ Date ____________
City of Blue Island Description of Job Performance

Employee’s Name __________________________ Position __________________________ Building __________________________

Time and Date of Observation/Incident __________________________

☐ Oral warning
☐ 1st Written warning and conference
☐ Final warning and conference/suspension
☐ Discharge

Facts of incident:
City Policy/Procedure or Collective Bargaining Agreement Violations: (Identify Policy Violation by Policy Number – CBA by Article/Section)

Date of Conference ________________ Starting time __________ Ending Time __________

EVALUATOR’S SIGNATURE/TITLE ____________________________________________ DATE __________

EMPLOYEE’S SIGNATURE/TITLE ____________________________________________ DATE __________

* The employee’s signature on this Description of Job Performance does not denote agreement or disagreement with the content. It acknowledges only that the employee has received a copy of the report and that a conference has been held with the evaluator.
City of Blue Island
Employee Fitness for Duty Initial Observation Report

Date of Incident: ___________ Time of Incident: ___________ Location: ________________

Employee Name: ________________________ Job Title: ________________________

OBSERVATIONS: (Check all that apply)

BEHAVIOR
☐ Stumbling, unsteady gait
☐ Drowsy, sleepy, lethargic
☐ Agitated, anxious, restless
☐ Irritable, moody
☐ Hostile, belligerent
☐ Angry, shouting, threatening
☐ Depressed, withdrawn
☐ Unresponsive
☐ Clumsy, uncoordinated
☐ Tremors, shakes
☐ Flu-like symptoms
☐ Suspicious, paranoid
☐ Hyperactive, fidgety, distracted
☐ Inappropriate, uninhibited behavior
☐ Memory loss, confusion
☐ Threatening to harm self or others

APPEARANCE
☐ Flushed complexion
☐ Sweating
☐ Cold, clammy, sweats
☐ Bloodshot eyes
☐ Tearing, watery eyes
☐ Dilated (large) pupils
☐ Constricted (pinpoint) pupils
☐ Unfocused, blank stare
☐ Disheveled clothing
☐ Distinct smell ________________

SPEECH
☐ Slurred, thick
☐ Incoherent
☐ Exaggerated enunciation
☐ Loud, boisterous
☐ Rapid, pressured
☐ Excessively talkative
☐ Nonsensical, silly
☐ Cursing/Inappropriate speech

Document other observations related to Fitness for Duty (use back if necessary):

________________________________________

________________________________________

Document employee’s explanation regarding observed behavior (use back if necessary):

________________________________________

________________________________________

Check all that apply:
☐ Relieved employee from duty
☐ Removed from worksite
☐ Confirmed safe transportation plan
☐ Informed employee of responsibilities

________________________________________  ________________________  ___________
Supervisor’s Printed Name       Signature           Date
City of Blue Island Accident/Injury Report  (Section A)

Instructions: Employees shall use this form to report all accidents work related injuries, illnesses, or “near miss” events (which could have caused an injury or illness or property damage) – no matter how minor. This form shall be completed by employees immediately following the incident, or as soon as possible if immediate notification is not practicable under the circumstances.

<table>
<thead>
<tr>
<th>I am reporting a work related:</th>
<th>☐ Injury</th>
<th>☐ Illness</th>
<th>☐ Near miss</th>
<th>☐ Accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Social Security:</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
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<tr>
<td>City:</td>
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<td></td>
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</tr>
<tr>
<td>Zip Code:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Martial Status:</td>
<td>Married</td>
<td>Single</td>
<td>Widow</td>
<td>Divorced</td>
</tr>
<tr>
<td>Job title:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Dependent children under age 18:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you told your supervisor about this injury/near miss/accident?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, date of report:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last day worked:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of injury/near miss/accident:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time of injury/near miss/accident:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Names of witnesses and addresses (if any):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where, exactly, did it happen?</td>
<td></td>
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</tr>
<tr>
<td>What were you doing at the time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where did you go immediately after the incident/accident?</td>
<td>☐ Home</td>
<td>☐ Back to Work</td>
<td>☐ Doctor/Hospital</td>
<td></td>
</tr>
</tbody>
</table>
Describe step by step what led up to the injury/near miss/accident (continue on the back if necessary):

If injured in any way, what parts of your body were injured?

Did the accident result in property damage? If so, describe the affected property and damage sustained (continue on back if necessary)

Were you treated by a physician or medical professional for your injury? □ Yes  □ No

If yes, where and with whom did you receive medical treatment?  

Doctor/Hospital address and telephone number:

Date of visit/s:

Has this part of your body been injured before? □ Yes  □ No
If yes, when and how?

Your signature: ________________________  Date: _____________
Supervisor’s Accident Investigation Form

Name of Injured Person ________________________________

Date of Birth ____________________ Telephone Number ____________________

Address ________________________________

City __________________________ State _______ Zip _______

(Circle one)  Male  Female

What part of the body was injured? Describe in detail. _____________________________________________________

__________________________________________________________

What was the nature of the injury? Describe in detail. _____________________________________________________

__________________________________________________________

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being used? _____________________________________________________

__________________________________________________________

Names of all witnesses:

__________________________________________________________

__________________________________________________________

Date of Event ____________________ Time of Event ____________________

Exact location of event: __________________________________________

What caused the event? __________________________________________

__________________________________________________________

Were safety regulations in place and used? If not, what was wrong? __________________________________________

__________________________________________________________

Employee went to doctor/hospital?  Doctor’s Name ____________________ Hospital Name ____________________

__________________________________________________________

Recommended preventive action to take in the future to prevent reoccurrence.

__________________________________________________________

__________________________________________________________

Supervisor Signature __________ Date __________
### Incident Investigation Report

**Instructions:** Complete this form as soon as possible after an incident that results in serious injury or illness.  
(Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

<table>
<thead>
<tr>
<th>This is a report of a:</th>
<th>☐ Death ☐ Lost Time ☐ Dr. Visit Only ☐ First Aid Only ☐ Near Miss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of incident:</td>
<td>This report is made by: ☐ Employee ☐ Supervisor ☐ Team ☐ Other</td>
</tr>
</tbody>
</table>

#### Step 1: Injured employee (complete this part for each injured employee)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Sex: ☐ Male ☐ Female</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Job title at time of incident:</td>
<td></td>
</tr>
<tr>
<td>Part of body affected:</td>
<td>Nature of injury: (most serious one)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Abrasion, scrapes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Amputation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Broken bone</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Bruise</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Burn (heat)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Burn (chemical)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Concussion (to the head)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Crushing Injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Cut, laceration, puncture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Hernia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Illness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Sprain, strain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Damage to a body system:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Other</td>
<td></td>
</tr>
</tbody>
</table>

| This employee works:       | |
|                           | ☐ Regular full time     |
|                           | ☐ Regular part time     |
|                           | ☐ Seasonal              |
|                           | ☐ Temporary             |

<table>
<thead>
<tr>
<th>Months with this employer</th>
<th>Months doing this job:</th>
</tr>
</thead>
</table>

#### Step 2: Describe the incident

<table>
<thead>
<tr>
<th>Exact location of the incident:</th>
<th>Exact time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What part of employee’s workday?</th>
<th>☐ Entering or leaving work ☐ Doing normal work activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ During meal period ☐ During break ☐ Working overtime</td>
</tr>
<tr>
<td></td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

Names of witnesses (if any):
Number of attachments:  
Written witness statements:  
Photographs:  
Maps / drawings:  

What personal protective equipment was being used (if any)?

Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.

Description continued on attached sheets: ☐

Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)
☐ Inadequate guard
☐ Unguarded hazard
☐ Safety device is defective
☐ Tool or equipment defective
☐ Workstation layout is hazardous
☐ Unsafe lighting
☐ Unsafe ventilation
☐ Lack of needed personal protective equipment
☐ Lack of appropriate equipment / tools
☐ Unsafe clothing
☐ No training or insufficient training
☐ Other: ____________________________

Unsafe acts by people: (Check all that apply)
☐ Operating without permission
☐ Operating at unsafe speed
☐ Servicing equipment that has power to it
☐ Making a safety device inoperative
☐ Using defective equipment
☐ Using equipment in an unapproved way
☐ Unsafe lifting
☐ Taking an unsafe position or posture
☐ Distraction, teasing, horseplay
☐ Failure to wear personal protective equipment
☐ Failure to use the available equipment / tools
☐ Other: ____________________________

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? ☐ Yes  ☐ No
If yes, describe:

Were the unsafe acts or conditions reported prior to the incident? ☐ Yes  ☐ No

Have there been similar incidents or near misses prior to this one? ☐ Yes  ☐ No
Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

- Stop this activity
- Guard the hazard
- Train the employee(s)
- Train the supervisor(s)
- Redesign task steps
- Redesign work station
- Write a new policy/rule
- Enforce existing policy
- Routinely inspect for the hazard
- Personal Protective Equipment
- Other: __________________

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets: □

Step 5: Who completed and reviewed this form? (Please Print)

Written by: ____________________________ Title: ____________________________

Department: ____________________________ Date: ____________________________

Names of investigation team members:

Reviewed by: ____________________________ Title: ____________________________

Date: ____________________________
City of Blue Island
Return to Work Authorization Form

Employee/Patient Name ______________________________ Date of Birth ____________

I authorize the release of medical records and/or information related to my treatment to the City of Blue Island, Human Resource Manager, for the purpose of evaluating my return to work status, except information otherwise protected by the Genetic Information Nondiscrimination Act including family medical history, results of genetic tests, or the provision of genetic services.

Employee/Patient Signature ___________________________ Date ____________

TO BE COMPLETED BY TREATING PHYSICIAN

Please select ONE of the following:

☐ Employee released to Regular Work with NO RESTRICTIONS.
   Date Released: __________________

☐ Employee released to work with the following TEMPORARY RESTRICTIONS.
   Date Released: __________________

☐ Employee is NOT released to return to work because of objective findings indicated in physician comments section of this form (please complete physician comments section)

Projected date employee can perform light duty, if available: _________________

Projected date employee can return to Full Work: _________________

NOTE: On terms of a seven and one-half (7 1/2) hour day:

Limited – 0 to 1 hour
Occasionally – 1 to 2 hours
Frequently – 3 to 4 hours
Repetitively – 5 to 6 hours
Continuously – 7+ hours
NR – Not Restricted

<table>
<thead>
<tr>
<th>Sit</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>7+</th>
<th>NR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stand</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>7+</td>
<td>NR</td>
</tr>
<tr>
<td>Walk</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>7+</td>
<td>NR</td>
</tr>
</tbody>
</table>

Employee can alternate sit/stand every ________ hours
<table>
<thead>
<tr>
<th></th>
<th>Limited</th>
<th>Occasionally</th>
<th>Frequently</th>
<th>Repetitively</th>
<th>Continuously</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand/Wrist Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grasping</td>
<td></td>
<td></td>
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<tr>
<td>Pushing/pulling</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Fine Manipulation</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Reaching</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Bending</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Squatting</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Climbing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifting 1-10 pounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifting 11-20 pounds</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Lifting 20-50 pounds</td>
<td></td>
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<tr>
<td>Lifting 50+ pounds</td>
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</tbody>
</table>

Total Number of Hours Employee May Work:

**Physician Comments**

Is the patient involved in treatment and/or medication that might affect their ability to work safely in any capacity? _____ If yes, please explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Will the employee be required to use any devise or brace? _____ If yes, please explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Additional Comments: _______________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

NEXT APPOINTMENT DATE: ________________________________________________

Physician’s Signature: ________________________________________ Date: ____________