

PERSONNEL POLICIES FOR THE CITY OF LAKE NORDEN

***ADOPTED
JANUARY 4 , 2010***

**AMENDED: 10/5/2015; 2/08/2016;
11/7/2016; 7/23/2018;
12/2/2019;10/5/2020**

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex and familial status. (Not all prohibited bases apply to all programs.)

“To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).”



“This institution is an equal opportunity provider, and employer.”

INDEX

PAGE 3 POLICY #1:: PURPOSE AND USE

PAGE 4 EMPLOYEE POLICY AND PROCEDURES RECEIPT AND ACKNOWLEDGE FORM

PAGES. 5-11 POLICY #2: GENERAL PURPOSES

PAGES 12-36 POLICY #2 SAMPLE FORMS

PAGES 37-38 POLICY #3:EMPLOYEE CLASSIFICATIONS

PAGES 39-40 POLICY #4:RECRUITMENT, SELECTION AND JOB DESCRIPTIONS

PAGES 41-55 POLICY #4 SAMPLE FORMS

PAGES 56-61 POLICY #4: HOURS OF WORK

PAGES 62-64 POLICY #6:COMPENSATION

PAGES 64 -74 POLICY #6 SAMPLE FORMS

PAGES 75-82 POLICY #7: LEAVES OF ABSENCE

PAGE 83 POLICY #8: SEPARATION FROM MUNICIPAL SERVICE

PAGES 84-88 POLICY #8 SAMPLE FORMS

PAGES 89-91 POLICY #9: DISCIPLINARY ACTION AND GRIEVANCE PROCEDURE

PAGES 92-93 POLICY #9 SAMPLE FORMS

PAGES 94-96 POLICY #10: DRUG AND ALCOOL ABUSE POLICY

PAGES 97-99 POLICY #10 SAMPLE FORMS

PAGE 100 POLICY #11: AMERICANS WITH DISABILITES ACT

PAGES 101-103 POLICY #11 SAMPLE FORMS

PAGE 104 POLICY #12: APPOINTED OFFICIALS

POLICY #1: PURPOSE AND USE

1.1 - Purpose of Policies and Procedures

The municipality of Lake Norden enacts the policies and procedures for personnel administration in order to further the following goals:

- (1) To provide a uniform and sound personnel administrative system throughout the municipality of Lake Norden;
- (2) To inform employees of the general policies and procedures of the municipality and the benefits and obligations of employment with the municipality;
- (3) To ensure that all personnel actions are based upon employee qualifications (knowledge, skills and abilities) and job performance and are in compliance with federal and state law;
- (4) To serve as written documentation of the municipalities commitment to fair employment practices and equal employment opportunity;
- (5) To assist managers in carrying out sound, equitable and consistent personnel administration and in making effective use of their human resources;
- (6) To promote and encourage communication between the employer or supervisor and the employee;
- (7) To protect the rights of the employee and employer throughout the employment relationship and to ensure that the responsibilities of both parties are carried out.

1.2 - Applications

The personnel policies and procedures shall apply to all municipal employees except appointive officers unless specified in Policy 12 of this manual, elected officials, independent contractors and excluded classes as specified in the policy itself. Appointive officers, as defined in S.D.C.L. 9-14-1, are addressed in policy 12 of this manual. In the event of a conflict between these policies and any collective bargaining agreement or state and federal law, the terms and conditions of that agreement or law shall prevail.

1.3 - Revision

The municipality of Lake Norden specifically reserves the right to repeal, modify or amend any of these policies at an aforementioned time without notice upon a majority vote of the governing board.

1.4 – Disclaimer

The municipality of Lake Norden recognizes that South Dakota is an employment at-will state and the intent of this municipality is to maintain that employment at-will status of all employees. However, for municipal employees, due process procedures as specified in policy 9 will be followed.

This manual does not confer a contract of employment. The policies, procedures, rules, and benefits contained herein are subject to change upon a majority vote by the council. These policies are provided as a reference of present policies and not a guarantee of employment or specific employment benefits.

Employee Policy and Procedures Receipt and Acknowledgment Form

I _____ certify and acknowledge the following: [print name]

- I have received and read a copy of the City of Lake Norden Policy & Procedure Manual. I understand that the policies, rules, and benefits described are subject to change or may be revised based on the City of Lake Norden's particular circumstances of a given situation.
- It is expressly understood that the contents of this manual do not constitute the terms of a contract of employment, but rather my employment with the City of Lake Norden is on an at-will basis, which means that the employment relationship may be terminated at any time by either the employee or the City of Lake Norden with or without cause and with or without notice.

Employee's Signature

Employee's Printed Name

Date

POLICY #2: GENERAL POLICIES

2.1 Equal Employment Opportunity:

It is the policy of the municipality of Lake Norden to recruit, hire, train, promote, discipline and discharge all applicants and employees equally and without regard to race, religion, creed, color, national origin, sex, age, disability, political affiliation, marital or veteran status, or any other basis prohibited by state or federal law.

Violations of this policy by any municipal employee may be cause for immediate disciplinary action.

Any employee who feels they have been discriminated against according to this policy should bring this concern to his/her supervisor or higher authority according to the grievance procedure specified in policy 9 of this manual.

2.2 Sexual Harassment/Anti Harassment:

The municipality of Lake Norden is committed to providing a work environment that is free from discrimination and harassment. To maintain this commitment, the municipality will not tolerate **any** form of harassment, including sexual harassment.

Harassment on the basis of race, religion, color, national origin, sex, age, disability or any other basis prohibited by state or federal law will not be tolerated. Employees must avoid any conduct that could be viewed as harassing or offensive even if the conduct does not violate federal or state law. Harassment and offensive behavior may take different forms and may be verbal, non-verbal or physical in nature.

Under this policy, sexual harassment is defined as behavior of a sexual nature which is unwelcome and personally offensive to its recipient. It is a form of employee misconduct which is demeaning to another person and undermines the integrity of the employment relationship. This sexual harassment policy also applies to same-sex harassment.

Unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- 1) By threat or insinuation, either explicitly or implicitly, an employee's refusal to submit to sexual advances or refusal to tolerate or participate in unwanted conduct or communication of a sexual nature will adversely affect the employee's terms and conditions of employment, including but not limited to wages, advancement, evaluation, assigned duties, shift assignment, career development, etc.
- 2) Any conduct or communication of a sexual nature has the purpose or effect of substantially interfering with work performance or of creating a hostile, intimidating, or offensive employment environment that may be considered offensive to another employee, including but not limited to:
 - a) repeated sexual flirtations, advances, or propositions;
 - b) continual or repeated verbal abuse of a sexual nature;
 - c) foul language;
 - d) unwanted physical contact;
 - e) graphic verbal commentaries about an individual's body or manner;
 - f) sexually degrading words used to describe the individual;
 - g) the display of sexually explicit pictures, cartoons, or other materials.

Any employee who feels he/she has been harassed or that his/her personal rights have been violated should immediately report the matter to their immediate supervisor unless the supervisor is the offending party. If the supervisor is unavailable, or the employee believes that it would be inappropriate to contact his/her supervisor, the employee should immediately contact the Mayor or Council President.

Any supervisor or manager who becomes aware of any possible harassment shall immediately advise the Mayor or Council President. The municipality will make a thorough, confidential, and impartial investigation of the complaint. All employees must cooperate with any such investigation. The municipality will take prompt remedial measures to immediately end the offending action.

Harassment of any kind in the work place is prohibited by Federal and State law, whether committed by supervisory or non-supervisory employees, and will not be tolerated. Retaliation or intimidation directed toward a complaining party is also prohibited by law and will not be tolerated by the municipality under any circumstances. A legitimate complaint of sexual harassment will not have any bearing on the terms and conditions of employment of the complaining party, including but not limited to wages, advancement, evaluations, assigned duties, shift assignments, career development, etc.

The municipality will not tolerate sexual harassment of or by any nonemployees, such as customers, visitors, or others.

A formal complaint of harassment may be initiated in lieu of, during, or following this informal process as provided by State or Federal law.

All employees, including supervisors and managers, are responsible for reminding employees on a reoccurring basis of this policy, and all are responsible for assuring that this work place is free of harassment.

Violations of the above stated policy by any employer, supervisor, coworker, or other employee may be cause for immediate disciplinary action.

For additional assistance see sample forms 2.1, 2.2, 2.3, 2.4, 2.5, 2.6 at the end of the chapter.

2.3 Seat Belt Policy:

The municipality of Lake Norden is committed to doing everything possible to prevent injury to employees, prevent damage to property and to protect the employees and the public from the results of accidents. The municipality realizes that safety belts are an important and efficient means to accomplish this goal. Thus, it is the policy that all municipal employees and their passengers shall be required to use seat belts when driving any city owned or leased vehicle (if equipped with seat belts) or while driving their personal vehicle on official municipal business. Failure to comply with this policy may result in disciplinary action.

2.4 Smoking:

It is the policy of the municipality of Lake Norden that smoking shall not be permitted in city buildings, facilities, vehicles or enclosed equipment, except in designated smoking areas.

2.5 Outside Employment:

Employees shall not accept additional outside employment except with the prior written approval of their immediate supervisor. Such approval will not be granted when additional employment will interfere, conflict with or adversely affect the employee's municipal duties and responsibilities. The supervisor may rescind prior approval if the additional outside employment begins to interfere with the employee's municipal duties. The supervisor shall provide the employee with written notification if the approval is to be rescinded.

For additional assistance see sample policy form 2.7 at the end of the chapter.

2.6 Personnel Records:

2.6.1 Personnel File:

It is the policy of the municipality to maintain accurate and updated information on each municipal employee in its personnel files. The personnel file may include the following, but will not include any information contained in the confidential file listing (see policy 2.8):

- personal data sheet
- letters of commendation
- payroll deduction authorizations
- W-4 form
- leave and absence slips
- disciplinary actions

- termination or discharge record
- previous positions held with municipality and rate of pay
- work hour records
- overtime records
- performance appraisals

The finance officer shall be responsible for maintaining all personnel records. In the absence of the finance officer, his/her designee shall assume responsibilities for such personnel records.

All employee records are confidential. Such records shall be accessible only to the individual employee, the decision-making authority affecting the individual employee's employment status, and any others with a demonstrated need to know (such as in legal proceedings).

The employee or his/her representative shall have reasonable access to his/her personnel records upon request to the finance officer. The file will be made available to the employee's representative only upon express written authorization by the employee.

No written incident report or records of disciplinary action shall be placed in an employee's personnel file unless the municipality first advises the employee of its intent to enter such document into the file and affords him/her an opportunity to read and sign such material. Signing does not imply agreement, only that the contents have been made known to or discussed with the employee.

The employee shall have the express right to submit a letter of rebuttal to his/her file regarding any information contained in his/her file that is in dispute.

2.6.2 Changes of Name, Address, Telephone and Withholding Status:

It is the employee's responsibility to inform the finance officer of any changes in name, address, telephone number or withholding status. An employee must immediately report any of the above or other pertinent changes. Intentional failure to report such information is grounds for disciplinary action.

2.6.3 Personnel Record Retention:

Personnel records are maintained in accordance with the records retention and destruction manual for municipalities published by the State Bureau of Administration.

For additional assistance see sample forms 2.12 and 2.13 at the end of this chapter.

2.7 Benefits, Medical and Confidential File

The municipality of Lake Norden maintains a complete confidential file on each employee. This file may include:

- the employee's application and/or resume
- references and/or background checks
- benefit forms (retirement, health and life insurance, etc.)
- exit forms
- injury reports and workers' compensation information
- necessary medical examinations and records. (Kept in a separate file or sealed within the benefits, medical and confidential file.)

Access to this file is limited to the Mayor and Finance Officer and on an absolute need to know basis only as deemed appropriate by the Mayor.

2.8 Employment References:

In compliance with the Federal Privacy Act, the municipality is required to protect the privacy rights of all employees. In following this Act, it is the municipality's policy to provide only the following information on both present and past employees:

- if an employee has been employed with the municipality in municipal government service;
- dates of employment;
- current position or position at the date of separation from employment and other positions held; and
- verification of salary information.

2.9 Executive Session - Personnel Discussion:

It is the policy of the governing board to recess into executive session to discuss personnel issues such as employee qualifications, competence, performance, and character or fitness. However, in accordance with South Dakota's open meeting law, no official action will be taken except in an open official meeting. Such sessions are called to protect the employer/employee relationship.

2.10 Political Activity:

Employees are encouraged to exercise their right to vote in municipal elections, but shall not engage in or participate in any other way in said elections, except with permission of the governing body. Failure to comply with this provision will result in immediate disciplinary action.

Any employee who intends to give testimony in a legislative process involving issues relevant to the City of Lake Norden or the employee's position with the City, the employee must get permission from the governing board. This does not prohibit the employee from taking leave and testifying for themselves or exercising their rights as citizens.

Employees should not have direct or indirect conversation with state or federal legislators or their staff involving policies relating to the City without knowledge of the governing board.

2.11 Public Relations:

All employees are responsible for providing their particular municipal services to the public in a courteous, polite manner. All employees are expected to maintain high standards of conduct and cooperation in their duties for the City. The City feels an individual accepts an additional responsibility to the community by accepting a position with the municipality and urges its employees to act accordingly.

2.12 City Property:

Property owned by the City shall only be used for city business. Any use of city property for personal use is cause for disciplinary action except those uses of City vehicles inherent with an approved travel request. Any items received as a result of doing business as the municipality is the property of the municipality.

City Vehicles - The driving of city owned vehicles shall be restricted to conducting city business. Personal use of city vehicles is prohibited (i.e. conveying family members to job, babysitter, and other locations). City employees who are driving or are passengers in city owned vehicles shall wear seat belts in accordance with policy 2.3.

All mail or packages received at City Office shall be opened by the finance officer and there shall be no expectation of privacy in such matters.

2.13.1 Telephone Policy

While personal phone calls are not prohibited, their frequency, duration, and volume should not interfere with on-going work. Excessive personal calls during the workday, regardless of the phone used, can interfere with employee productivity and be distracting to others. Employees are therefore asked to make any other personal calls on non-work time where possible and to ensure that friends and family members are aware of the company's policy. Flexibility will be provided in circumstances demanding immediate attention.

1. Personal Cellular Phones

While at work employees are expected to exercise the same discretion in using personal cellular phones as is expected for the use of company phones.

In lieu of company-provided cellular phones, full-time city employees shall be reimbursed for use of their personal cell phones for City business in the amount of \$50.00 (fifty dollars) per month.
(adopted 2/8/2016)

The company will not be liable for the loss of personal cellular phones brought into the workplace.

2. Personal Use of Company-Provided Cellular Phones

Where job or business needs demand immediate access to an employee the company may issue a cell phone to an employee for work-related communications.

Employees in possession of company equipment such as cellular phones are expected to protect the equipment from loss, damage or theft. Upon resignation or termination of employment, or at any time upon request, the employee may be asked to produce the phone for return or inspection. Employees unable to present the phone in good working condition are expected to bear the cost of a replacement.

Employees who separate from employment with outstanding debts for equipment loss or unauthorized charges will be considered to have left employment on unsatisfactory terms and may be subject to legal action for recovery of the loss.

3. Safety Issues for Cellular Phone Use

Employees are expected to refrain from using their phone while driving. Safety must come before all other concerns. Regardless of the circumstances, including slow or stopped traffic, employees are strongly encouraged to pull off to the side of the road and safely stop the vehicle before placing or accepting a call. If acceptance of a call is unavoidable and pulling over is not an option, employees are expected to keep the call short, use hands-free options if available, and keep their eyes on the road. Special care should be taken in situations where there is traffic, inclement weather or the employee is driving in an unfamiliar area.

Unless approved by management, all pictures taking and videotaping is prohibited.

Violations of this policy may lead to disciplinary action.

For additional assistance, see sample form 2.9 at the end of this chapter.

2.14 Safety Rules

The City of Lake Norden desires to conduct all of its operations in the safest manner possible. Compliance with the General Safety Rules listed below will assist us in achieving this objective. These rules are the minimum and your continued awareness and cooperation in providing a safe place to work is a vital part of your job.

1. Whenever a city employee is involved in any accident that results in personal injury or damage to property, no matter how small, the accident must be reported. Get first aid promptly.
2. Report immediately any condition or practice that might cause injury or damage to equipment.
3. Do not operate any equipment which, in your opinion, is not in a safe condition.
4. All prescribed safety and personal protective equipment should be used as required and maintained in working condition.
5. When lifting, use the approved lifting technique, i.e. bend knees, grasp the load firmly, then raise the load keeping the back as straight as possible. Get help for heavy loads.
6. Do not horseplay; avoid distracting others; be courteous.
7. Always use the right tools and equipment for the job. Use them safely and only when authorized.
8. Good housekeeping should always be practiced. Return all tools, equipment, and material to their proper places. Disorder wastes time, energy, and materials, and will often result in injury.
9. The use of drugs and/or intoxicating beverages are prohibited.

2.14.1: Violence in the Workplace Prohibited

Policy Statement -- The City of Lake Norden unequivocally condemns harassing, intimidating, threatening, or assaulting behavior, speech or actions by any City employee against fellow regular full-time, part-time, and temporary employees or the public at and away from the workplace. In addition, the City will not tolerate intentional damage to City property by employees.

The City prohibits violence in any form in the workplace by its employees. Any employee who violates this policy will be subject to discipline up to, and including, discharge. The City will assist law enforcement in the prosecution of anyone who commits violent acts against employees.

2.15 Accident Reporting

An employee involved in a motor vehicle accident will immediately report the accident to the Sheriff's Department. Employees involved in incidents involving vehicle accidents, personal injury, and/or property damage will require the employee to immediately report to the Mayor or Council President and fill out the proper forms. (Forms may be obtained at the City Office located at 508 Main Avenue).

For additional assistance, see sample form 2.10 at the end of this chapter.

2.16 Personal Appearance

All employees are expected to exercise discretion and good taste in the matter of dress. Cleanliness and good grooming are expected of all personnel.

The wearing of suggestive attire, soiled clothing or radical departures from conventional dress is not permitted.

Employees wearing inappropriate attire will be instructed by the Mayor or Council President not to wear the attire again. A second offense will result in the employee being asked to go home and change into appropriate attire. Third and subsequent offenses will result in a written further disciplinary action.

2.17 Computer Equipment Policy

1. The City of Lake Norden may provide employees access to computers, networks, Internet and electronic mail (e-mail). Every employee has a responsibility to maintain and enhance the city's public image and to use the above listed tools in a productive, business like manner. To ensure this, the City has established the following policy for using computer/electronic equipment. This policy does not supersede any local, state or federal laws, or any other city policy regarding confidential information dissemination or standards of conduct.
2. The electronic equipment listed above is city owned property, thus its access and use, except in the limited circumstances listed below, is for **OFFICIAL USE ONLY**.
3. Employees shall have **NO EXPECTATION OF PRIVACY**, regarding their use of e-mail or the Internet. All records created by Internet use or e-mail is subject to inspection and audit by management or its representatives at any time, without notice. When using company e-mail or Internet services, which include messages sent by home using the company's server, they agree to allow the employer to review and monitor all messages they send, store or receive on the system or any searches they make on web sites they visit using the City's Internet Server.
4. By use of this equipment/systems, the **employee** understands and consents to the **City's right to inspect, audit, and/or monitor**.
5. **-GENERAL TERMS:** City electronic equipment is to be used only for official City business; however, brief and occasional e-mail, browsing the Internet and use for non-business and/or personal matters within the confines of good judgment and within the guidelines herein described will not be deemed a violation of city policy. Usage for personal and/or non-business reasons must not impede the conduct of the City business and must not cause the City to incur any direct cost. An employee assumes full risk and responsibility for the exercise and application of good judgment; and all personal usage of the City electronic equipment is subject to later review and determination by the City, on a basis which may arguably be subjective, as to whether or not the personal usage was within the confines of good judgment and not an abusive misuse of public property.
6. **-DISCRIMINATION/HARASSMENT:** Employees are prohibited from using electronic equipment to violate City Policy 2.2, titled **ANTI-HARRASSMENT** relating to all forms of harassment and/or discrimination.

For additional assistance, see sample form 2.11 at the end of this chapter.

2.18 Solicitation

Solicitation on city property is not allowed.

Policy #2 Sample Forms:

- 2.1)Employee Acknowledgement of Anti - Harassment Policy
- 2.2)Contact Person to Report Harassment
- 2.3)Harassment Interview Checklist – Initial Complaint
- 2.4)Harassment Interview Checklist – Person Alleged to
have Engaged in Harassing Conduct
- 2.5)Harassment Interview Checklist – Witness
- 2.6)Harassment Interview Investigation Findings,
Conclusions and Recommendations.
- 2.7)Request for Approval of Outside Employment
- 2.8)Request to View Personnel File Form
- 2.9)Agreement to Return and Care for City Equipment
- 2.10) Supervisors Accident/Injury Report Form (**Use *South Dakota First Report of Injury Form***)
- 2.11)Use Agreement for Email and Internet

Review and confirmation of information by complainant

I, _____, hereby acknowledge that I have read the above information. I confirm by signing below that it is true and correct to the best of my knowledge, information and belief. I understand that if additional relevant information becomes available, I will notify _____ as soon as possible.

Complainant

Printed Name

Signature

Date

Interviewer

Printed Name

Signature

Date

IT IS AGAINST THE POLICY OF THIS EMPLOYER FOR AN EMPLOYEE, MALE OR FEMALE TO HARASS IN ANY WAY, ANOTHER EMPLOYEE.

Every council member and/or city employee is responsible for promptly responding to or reporting any complaint or suspected acts of sexual harassment.

Any Employee who believes that she or he has been sexually harassed or retaliated against for reporting the harassment is encouraged to report the situation as soon as possible to :
Mayor or Council President.

Mayor or Council President
c/o Lake Norden City Office
508 Main Avenue
PO Box 213
Lake Norden, SD 57248-0213
605-785-3602

Harassment Interview Checklist – Initial Complaint

Name of Complainant

Title of Complainant _____

Name of Alleged Harasser _____

Title of Alleged Harasser _____

Date of Interview _____

Description of Incident (s)

Confirm that complete description has been given.

Date(s) of incident(s) _____

Location(s) of incident(s) _____

Nature of Harassment

Physical Touching

- No
- Yes. If yes, describe in detail where touched. If conduct unwelcome, how was that communicated?

Verbal harassment

- No
- Yes. If yes, describe in detail the words and phrases used. If conduct unwelcome, how was that communicated?

Non-verbal harassment

- No
- Yes. If yes, describe in detail the alleged harassment If conduct unwelcome, how was that communicated?

Other (describe) If conduct unwelcome, how was that communicated?

Identify all witnesses (names, addresses, titles, phone numbers of all current and former witnesses, employees and non-employees, if applicable)

Specifically state which witnesses were present during each event of harassment.

Identify all individuals with whom complainant has discussed the incident(s)

Did complainant discuss the alleged harassment with the person involved?

- No.
- Yes. If yes, explain the nature of the conversation.

If complainant spoke to alleged harasser, what was his or her response?

Did complainant complain about the alleged harassment to his or her supervisors or to anyone else?

If so, identify those individuals, state the dates the complaints were made and describe the outcome, if any (e.g., harassment stopped? ; harasser disciplined?; was it effective?)

Describe complainant's experience with prior incidents of alleged harassment by same individual or others, including incidents directed at other individuals.

If there are witnesses to other incidents, please identify them.

Specifically state which witnesses were present during each prior even of harassment.

Nature of Prior Alleged Harassment

Physical Touching

- No
- Yes. If yes, describe in detail where touched. If conduct unwelcome, how was that communicated?

Verbal harassment

- No
- Yes. If yes, describe in detail the words and phrases used. If conduct unwelcome, how was that communicated?

Non-verbal harassment

- No
- Yes. If yes, describe in detail the alleged harassment If conduct unwelcome, how was that communicated?

Other (describe) If conduct unwelcome, how was that communicated?

With whom did complainant or others allegedly harassed discuss the prior incidents?

How were the prior complaints handled? (Was an investigation conducted?)

Who handled or investigated the prior complaints?

What was the outcome of the prior complaints? (e.g., harassment stopped?; harasser disciplined?; was it effective?)

Give a general description of work environment (for example, sexual jokes and innuendo, sexual pictures and gestures, treatment of men and women, level of professionalism, unwelcome sexual advances, inappropriate touching, etc.)

Do you have any problems or disputes with other employees? If yes, please describe.

List other recommended interviewees in addition to the witnesses listed above

Harassment Interview Checklist – Person Alleged to have Engaged in Harassing Conduct

Name _____

Title _____

Date of Interview _____

Provide description of alleged behavior and obtain his or her version of facts.

Confirm that complete description has been given. If conduct is admitted, obtain the following:

Date(s) of incident(s) _____

Location(s) of incident(s) _____

Physical Touching

- No
- Yes. If yes, describe in detail where touched. If conduct unwelcome, how was that communicated?

Verbal harassment

- No
- Yes. If yes, describe in detail the words and phrases used. If conduct unwelcome, how was that communicated?

Non-verbal harassment

No

Yes. If yes, describe in detail the alleged harassment If conduct unwelcome, how was that communicated?

Other (describe) If conduct unwelcome, how was that communicated?

Identify all witnesses (names, addresses, titles, phone numbers of all current and former witnesses, employees and non-employees, if applicable)

Specifically state which witnesses were present during each event set forth above.

Identify all individuals with whom complainant has discussed the incident(s)

Did complainant discuss the alleged harassment with the person involved?

No.

Yes. If yes, explain the nature of the conversation.

If complainant spoke to alleged harasser, what was his or her response?

Did complainant complain about the alleged harassment to his or her supervisors or to anyone else? If so, identify those individuals, state the dates the complaints were made.

If a complaint was made, what was the response?

Give a general description of work environment (for example, sexual jokes and innuendo, sexual pictures and gestures, treatment of men and women, level of professionalism, unwelcome sexual advances, inappropriate touching, etc.)

If alleged harassment is denied, state the nature of the relationship with complainant.

How frequently and under what circumstances does person interact with complainant?

Does person have any problems or disputes with complainant? If yes, please explain.

Has person engaged in any behavior that the complainant might have felt was in any way unwelcome or offensive? If so, describe it. How was it communicated that it was unwelcome?

Does person have any problems or disputes with other employees? If yes, please describe.

Has person engaged in any behavior that others might have felt was unwelcome or offensive in any way? If so, describe it. How was it communicated that it was unwelcome?

Is person aware of any other current or former complaints against him or her? If yes, please explain.

List other recommended interviewees and the nature of information person anticipates each will provide.

Harassment Interview Checklist: Witness

Name of Witness _____

Title of Witness _____

Date of Interview _____

Provide description of witness' awareness of *any* incident(s) of sexual harassment.

Confirm that complete description has been given.

Date(s) of incident(s) _____

Location(s) of incident(s) _____

Nature of Harassment

Physical touching

- No
- Yes. If yes, identify who engaged in touching, who was touched, provide date(s) conduct occurred, describe in detail where person was touched, state if person indicated conduct was unwelcome and, if so, how was the communicated. Identify all other known witnesses to this conduct.

Verbal Harassment

- No
- Yes. If yes, describe in detail the words and phrases used. Identify who spoke the words and to whom. Provide date(s) conduct occurred, state if person indicated conduct was unwelcome and, if so, how was that communicated.

Identify all other known witnesses to this conduct.

Non-verbal harassment

- No
- Yes. If yes, describe in detail the alleged conduct, including identities of alleged harasser and person to whom conduct was directed. Provide date(s) conduct occurred, state if person indicated conduct was unwelcome and, if so, how that was communicated. Identify all other known witnesses to this conduct.

Other (describe)

Identity of all other witnesses not identified above: names, addresses, titles, phone numbers of all current and former witnesses (employees and non-employees, if applicable).

Identify all persons with whom you have discussed the incident(s).

If you are aware of any harassment of complainant, explain in general terms the nature of the harassment and identify the alleged harasser(s).

If applicable, please also provide information regarding the following:

Physical touching

- No
- Yes. If yes, identify who engaged in touching, who was touched, provide date(s) conduct occurred, describe in detail where person was touched, state if person indicated conduct was unwelcome and, and, if so, how was that communicated.

Verbal harassment

- No
- Yes. If yes, describe in detail the words and phrases used. Identify who spoke the words and to whom. Provide date(s) conduct occurred, state if person indicated conduct was unwelcome and, if so, how was that communicated. Identify all other known witnesses to this conduct.

Non-verbal harassment

- No
- Yes. If yes, describe in detail the alleged conduct, including identities of alleged harasser and person to whom conduct was directed. Provide date(s) conduct occurred, state if person indicated conduct was unwelcome and, if so, how that was communicated. Identify all other known witnesses to this conduct.

Other (describe)

Identity of all other witnesses not identified above: names, addresses, titles, phone numbers of all current and former witnesses (employees and non-employees, if applicable).

Identify all persons with whom you have discussed the incident(s) involving complainant.

If complainant spoke to the alleged harasser, what the nature of the conversation and what was the alleged harasser's response?

Did complainant – and/or others whom you believe were harassed – complain about the alleged harassment to his or her supervisors or to anyone else? If so, identify the individuals who made the complaints and to whom, and when they were made.

If a complaint was made to management, what was the outcome?

Give a general description of the work environment (for example, sexual jokes and innuendo, sexual pictures and gestures, treatment of men and women, level of professionalism, unwelcome sexual advances, inappropriate touching, etc.)

List other recommended interviewees in addition to the witness described above.

Review and confirmation of information by witness.

I, _____, hereby acknowledge that I have read that above information. I confirm by signing below that it is true and correct to the best of my knowledge, information and belief. I understand that if additional relevant information becomes available, I will notify _____, as soon as possible.

Witness
Printed Name _____

Witness
Signature _____ Date _____

Interviewer
Printed Name _____

Signature Date

**INVESTIGATION FINDINGS of ALLEGED HARASSMENT,
CONCLUSIONS AND RECOMMENDATIONS**

Name of Complainant _____

Name of Alleged Harasser _____

Date of Complaint _____

Nature of Complaint _____

Name of Investigator _____

Dates of Investigation _____
(start date, completion date)

Description of Investigation _____

Identity of Witnesses _____

Identity of Witnesses Interviewed _____

If all identified witnesses were not interviewed, why not?

Factual Findings

Was Complainant's claim substantiated?

Yes

No

If yes, how was it substantiated?

It is wasn't, why not?

Witness credibility issues

Recommended Action

Disciplinary Action?

Yes

No

Disciplinary action taken

If no action taken, why not?

File Documentation

Final interview of complainant (date, information exchanged, follow up confirmed)

Final Interview of alleged harasser (date, information provided, follow up)

DATE _____

REQUEST FOR OUTSIDE EMPLOYMENT

I, _____, do hereby request permission to work at a second job as indicated with the condition that this employment does not interfere with my employment for the City of _____.

Place of Employment _____

Number of Days/Hours per week: _____

Working Hours: _____

Description of Duties: _____

Signature of Employee

Job Title

Department



Action by Department Head Approve Disapprove

Comments: _____

Signature

Date



Request to View Personnel File

I _____ request to view my personnel file on _____ with a representative from Human Resources and I understand any copies from my personnel file I request will cost .50 for the first page and .25 per page for any additional pages.

Employee signature

Date

HR Use Only

Scheduled review date _____ HR Representative _____

Copies Requested [] No [] Yes (if yes, list items requested)

Total cost _____

HR Representative Signature _____ Date _____

**AGREEMENT TO RETURN AND CARE FOR COMPANY EQUIPMENT TO
THE CITY OF LAKE NORDEN**

I acknowledge that while I am working for the City of Lake Norden, I am expected to take proper precautions to care for company equipment. I understand that upon termination, I am expected to return all property of the City of Lake Norden in proper working order. This agreement includes, but is not limited to, the following: (insert high-risk items such as laptops, cell phones, etc.)

I understand that continued failure to return equipment may be considered by the company to be theft and may lead to criminal prosecution.

(Printed name)

(Signature)

(Date)

CITY OF LAKE NORDEN
ACCEPTABLE USE AGREEMENT FOR EMAIL AND INTERNET USE

By opening my email, by sending or receiving information, by logging on to the Internet, or by using any of the City of Lake Norden's software, I am agreeing to, and understand that this technology has been provided by the City of Lake Norden at its own expense, and it is the City's private property. It is another tool for my use in business transactions or business communication.

I agree that I will not communicate anything that might be construed as harassment or offensive to others based on race, sex, disability, age, religion, or national origin. I will not use the Internet or E-mail to solicit business for a non-work-related venture or for any personal cause I have, including political or religious issues. If I have any questions about whether I may circulate certain information to all employees, I will ask my supervisor before I do so.

I understand that Email is an extension of the City of Lake Norden. I understand that Email messages can be traced to the sender even after they have been deleted. I am aware that the city may be required to produce Email messages if litigations develops.

The City of Lake Norden may review, audit and download Email messages that I send or receive and my monitor my Internet access. By using these media, I agree to waive any privacy I may have in these communications. If I am found to have created or sent abusive or inappropriate Email or participated in non work related activities with the Internet such as chat rooms, or downloaded abusive or inappropriate matters from the Internet, I know that I will be subject to discipline, up to and including termination.

I understand that I have no right of privacy with respect to the city's software, Email or Internet access. Simply because I have a password does not mean that I have any right of privacy in my Email, Internet access, or software. I know that I cannot use unauthorized or secret passwords and that all passwords must be shared with management. Violation of this provision will subject me to discipline, up to and including termination.

I understand that I cannot print, display, download, or send any sexually explicit images, messages, cartoon or jokes. If I receive these from another person, I will immediately advise the sender that I am not permitted to receive such information and not to send it again. If I need assistance in responding to situations such as that described above, I will contact my supervisor.

I have read the above policy and understand that when I use, open, or access the City's software, Email, or the Internet, I have no right to privacy in their use or the communication of information. If I have questions about whether an activity is appropriate, I will contact the Mayor or Council President. I understand that violation of this policy may result in progressive discipline, up to and including termination.

Review and confirmation of information.

I, _____, hereby acknowledge that I have read the above information. I confirm by signing below that it is true and correct to the best of my knowledge, information and belief. I understand that if additional relevant information becomes available I will notify the Mayor or Council President as soon as possible.

Interviewee

Printed name

Signature

Date

Interviewer
Printed name

Signature

Date

POLICY #3: EMPLOYEE CLASSIFICATIONS

3.1 Definitions

Appointive Official: An individual who holds a position in the municipality as specified by S.D.C.L. 9-14-1 (see policy 12).

Municipal Employee: Anyone employed by the municipality who is not an appointive official.

Regular Full-Time Employee: (FTE = Full Time Employee) An employee who is employed by the municipality to work a predetermined schedule of at least forty (40) hours per week and has completed their employee-in-training period.

Benefits:

Vacation Leave:	Full benefit
Sick Leave:	Full benefit
Holiday Pay:	Full benefit
Health (Dental) Insurance:	Full benefit
Life Insurance:	Full benefit
S.D. Retirement System:	Participating

Temporary or Seasonal Employee: An employee who is employed by the municipality to work for at least twenty (20) hours per week (part time) and less than six (6) months.

Benefits: No benefits.

Regular Part-Time (RPT)—Employed on a regularly scheduled basis, which is, less than full time but equals or exceeds twenty (20) hours per week for a nonspecified period.

Benefits: No benefits.

Employee-in-Training: An employee who is newly hired by the municipality in a regular full time position who is completing his/her ninety (90) day training period (see policy 4.15).

Benefits:

Vacation and Sick Leave: Accrue full benefits but may not use leave until completion of one year of service. All other benefits are the same as their respective classification above.

3.2 Employee Classification Procedures: Benefit Eligibility

- ❖ The City of Lake Norden has a policy of maintaining appropriate classifications of employees to make sure that all legal requirements are maintained to ensure that there is no discrimination in terms of benefit plan eligibility and payment of compensation in accordance with federal and state laws. The purpose of this procedure is to define the company's employee classifications for benefit plan eligibility.
- ❖ Lake Norden City Council will classify employees to ensure that all appropriate employees are offered the appropriate benefit enrollment opportunities.
- ❖ Mayor and/or Council President is responsible for advising the Lake Norden City Council and requesting changes in status.

Employee Work Classifications

- ❖ **Full-time Classifications**
 - **Regular (RFT)**—employed on a regularly scheduled 40-hour basis for a nonspecified period.
 - ◆ **Benefit Plan Participation**—Regular employees are eligible to participate in all benefit plans the company offers once eligibility requirements have been met.
- ❖ **art-time Classifications**

- **Regular (RPT)**—employed on a regularly scheduled basis, which is, less than full time but equals or exceeds twenty (20) hours per week for a nonspecified period.
 - ◆ **Benefit Plan Participation**--Regular part-time employees are not eligible for benefits.
- **Temporary or seasonal part-time employees**--An employee who is employed by the municipality to work for at least twenty (20) hours per week (part time) and less than six (6) months.
 - ◆ **Benefit Plan Participation**--temporary or seasonal part-time employees are not eligible for benefits.

POLICY #4: RECRUITMENT, SELECTION AND JOB DESCRIPTIONS

4.1 Recruitment and Hiring Policy:

It is the policy of the municipality of Lake Norden to recruit and fill job vacancies with the most qualified individual for the position.

All selections shall be based on merit and fitness to fill the job vacancy. All recruitment efforts are based upon equal employment opportunity and conducted without regards to race, religion, creed, color, national origin, sex, age, disability, political affiliation, and marital or veteran status.

4.2 Job Announcement:

Announcements for regular full-time and part-time job vacancies shall be made according to the position. Announcements shall include the job title; a brief job summary; the minimum qualifications for appointment; the deadline for filing an application; and location to send applications (see appendix seven).

All announcements and advertisements shall state that the municipality of Lake Norden is an "Equal Opportunity Employer." Public announcement of employment opportunities will be advertised in the official newspaper and posted in a visible location in the City Office for all employees to read.

For additional assistance, see form 4.1 and 4.2 at the end of this chapter.

4.3 Applications for Employment:

Individuals interested in applying for a specific position with the municipality must complete and submit a municipal application form. A separate application must be submitted for each position in which the individual wishes to be considered. In addition to the completed application form, a resume is strongly encouraged.

For additional assistance, see sample form 4.3 at the end of this chapter.

4.4 Eligibility:

To be eligible for employment with the municipality of Lake Norden you must:

- 1) Be legally eligible to be employed in the United States as proven on the required I-9 form. (Required by federal law)
- 2) If born after December 31, 1959, be registered for the selective service. (Required by federal law and SDCL 1-1.1)

4.5 Qualifications:

The municipality maintains job descriptions on each position. This description establishes the minimum required levels of education and experience necessary to qualify for appointment. Each description may also detail desired skills or qualifications that are preferred by the municipality and will be given foremost consideration.

4.6 Veterans Preference:

Preference in employment will be given to veterans who have served on active duty and been honorably discharged from the armed forces of the United States using the definition of veteran listed in SDCL 33-17-1 and the periods specified in 33-17-2 for updates.

Preference shall be given where all other qualifications are equal.

4.7 Disqualification:

An applicant is disqualified from employment by the municipality if he/she 1) does not meet the minimum qualifications for appointment; 2) knowingly has made a false statement on the application form or resume; 3) has committed fraud during the selection process; or 4) has failed to register for the selective service.

4.8 Selection:

Selection to fill a job vacancy is made on the basis of knowledge, skills, education, experience, and ability to perform the duties of the specific position. All selections are to be made without regard to race, religion, creed, color, national origin, sex, age, disability, political affiliation, and marital or veteran status.

For additional assistance, see forms 4.4 and 4.5 at the end of this chapter.

4.9 Appointment of Municipal Employees:

Appointment of municipal employees is by the Mayor with the approval of the Lake Norden City Council.

4.10 Employment Offers:

After the proper authorities have selected an individual to fill a job vacancy, the individual will be notified of their selection by the finance officer in writing. An offer of employment shall be extended and a starting date established at this time.

There shall be no such offer or hint of employment with the municipality conferred to an applicant until the final decision has been approved by the final approving authority.

When selection has been made, the individual selected must be made fully aware that his/her employment relationship may be terminated with or without cause, with or without prior notice, by either the municipality or the employee during the training period except for reasons illegal under state or federal law (see policy 4.15 Employee-in-Training period). The individual must also be notified that after the training period is completed that employment is still at-will and the above will continue to apply but that due process requirements and grievance procedures will be followed and a two week notice will be required prior to the employee voluntarily leaving their job (see policy 8.2.1 Resignation).

4.11 Acceptance of Employment:

After an individual has accepted employment with the municipality, the finance officer shall ensure that the necessary and proper paperwork is filed within the employee's personnel file.

4.12 Residency Requirement:

Residency within the municipality shall not be a condition of employment, provided however, that such residency does not interfere or hamper the employee from fulfilling the duties of his/her position or cause the employee to miss work often.

4.13 Creating New Positions:

If a new position is to be created, the finance officer shall prepare a job description of the new position's duties, qualifications etc, which is to be submitted to the governing board for review, approval and subsequent adoption of said job description.

4.14 Employee-in-Training Period:

Employees hired by the municipality of Lake Norden must complete a ninety-day training period for assessing the individual's ability to perform their assigned duties.

Such employment may be terminated if either the municipality or the employee feels this is the appropriate action. There is no notice required of either party for such termination and the municipality for discharge will hold no due process procedures during this period. The only right for an employee to appeal or grieve a discharge action during this time is based on a prohibited form of discrimination.

During this training period, an employee shall accrue both sick and vacation leave at the regularly scheduled rate. Sick leave may be used as necessary at this time, however, the employee is not entitled to use their vacation and/or sick leave until completion of one year of continuous service. An employee-in-training is entitled to paid holidays as observed by the municipality.

Policy #4 Sample Forms

- 4.1) Position Opening Announcement
- 4.2) Position Description
- 4.3) Application for Employment
- 4.4) Hiring Checklist

*****Revised 7/23/2018*****

CITY OF LAKE NORDEN

POSITION OPENING ANNOUNCEMENT

“THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER, AND EMPLOYER.”

THE CITY OF LAKE NORDEN FULLY SUBSCRIBES TO THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT. IF YOU NEED SPECIAL ACCOMMODATION IN APPLYING FOR EMPLOYMENT, PLEASE NOTIFY THE CITY OFFICE SO THAT REASONABLE ACCOMMODATIONS MAY BE MADE AVAILABLE.

POSITION: _____

SALARY: _____

BACKGROUND INVESTIGATION PROCESS:

- PERSONAL HISTORY STATEMENT – DETAILED LISTING OF APPLICANT’S EDUCATION, PREVIOUS EMPLOYERS, REFERENCES & SOCIAL ACQUAINTANCES, DRUG USAGE AND ANY OTHER CRIMINAL ACTIVITY (WHETHER DETECTED BY LAW ENFORCEMENT OF NOT)
- INTERVIEW BY A BACKGROUND INVESTIGATOR
- CREDIT CHECK
- REFERENCES, PREVIOUS EMPLOYERS, AND SOCIAL ACQUAINTANCES SHALL BE INTERVIEWED
- POLYGRAPH EXAMINATION
- PSYCHOLOGICAL EVALUATION
- DRUG SCREENING

CLOSING DATE/APPLICATION DEADLINE: _____

WHERE TO APPLY: LAKE NORDEN CITY OFFICE, 508 MAIN AVENUE, LAKE NORDEN, SD 57248-0213

APPLICATIONS MUST BE RECEIVED BY CLOSING DATE AND TIME STATED ABOVE.

Drug Free Workplace: A pre-employment drug screen may be required prior to employment in any posted city position. A confirmed positive drug screen or evidence of applicant tampering with the sample will be basis for denial or employment.

CITY OF LAKE NORDEN
508 MAIN AVENUE
LAKE NORDEN, SD 57248-0213

Telephone 605-785-3602

Fax 605-785-3602



"This institution is an equal opportunity provider, and employer."

CITY MAINTENANCE - JOB DESCRIPTION – JANUARY 2015

Following are the general duties of maintenance personal:

Maintain and operate the wastewater and water treatment facilities in a manner that insures quality service to the residents and businesses of the City of Lake Norden. Also, to attend schools and obtain necessary wastewater and water operator certifications as required by the State of South Dakota.

Maintain City equipment, *i.e. dump truck, loader tractor, sander, mowers, sweeper, trash pumps*, in good running order. Also, to attend training and obtain Commercial Drivers License (CDL) within 90 days. In addition, responsible for all City tools.

Maintain City wells, this includes; checking wells and well pumps; making appropriate contacts for repair, removal and installation of pumps.

Maintain City streets, this includes: repairs; new construction; mowing; weed control, snow removal (*maintenance employees are required to be available when needed for snow removal*); sweeping; displaying of appropriate street signs; displaying of Christmas decorations; upkeep of culverts and hydrants.

Maintain City parks, this includes: mowing; tree trimming; road maintenance; repair and installation of park equipment and supplies.

Maintain City's restricted landfill, this includes; assisting landfill operator, when necessary, with site maintenance, monitoring of materials entering the facility; keeping facility locked; burning of compost.

Perform miscellaneous duties, as required, to maintain the City of Lake Norden.

All maintenance personal are required to work every other weekend and every other paid holiday. The primary responsibility of the employee on-call is to insure that the water treatment plant is working properly and maintaining an adequate water supply for the City. In the event of an emergency at the wastewater treatment facility, water treatment facility or well sites, on duty personal are required to respond to the needs of the City.

Note: Nothing in this job description restricts management's right to assign or reassign duties and responsibilities to this job at any time.

**CITY OF LAKE NORDEN
508 MAIN AVENUE
LAKE NORDEN, SD 57248-0213**

**Telephone 605-785-3602
Fax 605-785-3602
cityln@itctel.com**

FINANCE OFFICER - JOB DESCRIPTION
January 2010

Following are the general job duties of the City of Lake Norden Finance Officer:

The major responsibility of the appointed finance officer is to supervise the accounting system of the City of Lake Norden as established by South Dakota law. The authority for the keeping of the books of the municipality is established in SDCL 9-14-17. SDCL 9-14-18 defines and prescribes, in general, the manner in which the accounting records must be kept. Statute requires that the records must show all indebtedness of the municipality, and at all times show the financial condition of the municipality.

Prepare and distribute the agenda.

Prepare and distribute monthly financial reports to all Lake Norden City Council members showing fund and budget balances, or any report deemed necessary by the Lake Norden City Council, financial institutions affiliated with the City of Lake Norden, or government agencies.

Attend all Lake Norden City Council meetings as required by SDCL 9-14-17.

Draw and countersign all warrants, bonds and other evidences of indebtedness. These documents must show the amount paid, to whom it was paid, and for what purpose.

Prepare and submit payroll for all city employees and all reports associated with payroll, as required by law.

Collect, prepare, and mail utility billings for all users of city water, sewer and/or garbage service.

Collect and deposit all receipts for the City of Lake Norden.

Prepare and submit the Annual Report for the City of Lake Norden to appropriate agencies, the Lake Norden City Council and the City of Lake Norden's official newspaper.

Prepare the Annual Budget for the City of Lake Norden. The Finance Officer must also submit and publish the Annual Budget to the appropriate agencies, the Lake Norden City Council and the official newspaper as required by South Dakota Law.

Responsible for the corporate seal of the City of Lake Norden, all papers and records, and must record the proceedings of the governing body. Also, responsible for submission of notices, minutes, proceedings or publications to the official newspaper

Act as the Administrative Official for the zoning laws governing the City of Lake Norden as established by city ordinance in May of 2002 and any amendments adopted thereafter.

Act as the clerk of the equalization board. The local board of equalization meets on the third Monday of March to hear appeals to property assessments within the municipality and is composed of the municipal governing board, the municipal finance officer and a school board member. The municipal finance officer is not a voting member of the board.

Coordinate and implement all aspects of the City of Lake Norden's municipal election process according to Title 12 of South Dakota Codified Laws. Specifically, provisions dealing with municipal elections as found in SDCL 9-13.

Coordinate and schedule events at the Lake Norden Firehall. The Finance Officer is also responsible to keep the meeting area of the Firehall clean after usage, if the users do not clean.

Coordinate and schedule events at the city owned building located at 509 Main Avenue.

Coordinate and schedule events at the Don Christman Toy Museum. The Finance Officer is also responsible to keep the City Office/Museum clean.

Note: Nothing in this job description restricts management's right to assign or reassign duties and responsibilities to this job at any time.

Based on approximately 135 hours per month
Finance Office Hours are 9:00 AM until 2:00 PM

JOB DESCRIPTION

CITY OF LAKE NORDEN

POSITION: Police Officer
DEPARTMENT: Police Department
APPROVED: July 23, 2018

OBJECTIVE AND SCOPE

Performs general duty police work in the protection of life and property through the enforcement of laws and ordinances. This includes prevention of crime, apprehension of criminals and maintaining general public order. Police work involves an element of personal danger and employees must be able to act without direct supervision and work to exercise independent discretion in meeting emergencies. Police work is performed in accordance with the department rules and regulations. Assignments and general instructions are received through supervisor (Mayor or in the absence of the Mayor then the Council President) who reviews both methods and results through reports, personal inspection and discussion.

The police officer is required to operate with wide latitude for independent judgment and action related to law enforcement. Coordinates police activities with other city departments when necessary. The police officer shall report to the City Council in regards to matters of organization, general plans, budget plans, budget considerations and department operating policies.

SPECIFIC RESPONSIBILITIES

1. Patrols the City of Lake Norden to preserve law and order, maintains the safety and security of citizens and visitors, prevent and discover commission of crime, apprehend criminals and offenders and to enforce vehicle and traffic laws. Answers calls and complaints taking necessary police action, including the submission of necessary report. Take proper police action at scene of crime, administers first aid, gathers evidence, locates witnesses and makes arrests when necessary. Furnishes information to anyone properly requesting it, if not inconsistent with standard operating procedures. Directs traffic, issues citations and controls crowds and public events. Obtains and prepares statements from witnesses. Appears in court as a witness for the City or State.
2. Receives training both "on the job" and formal training. Travel for training required for some parts of formal training.
3. Operate and maintain department issue firearms.
4. Formulate and present police policy and objectives in consultation with the City Council. Determines methods and procedures to accomplish policy and objectives and develops standards and regulations for all department operations.
5. Prepares reports and statistics on department activities and operations for monthly council meetings.
6. Performs specific police functions of the Police Department. Process all calls and requests for police assistance, any and all other duties required of a law enforcement officer, conducts thorough criminal investigations of incidents including, but not limited to traffic accidents, robberies, burglaries, rape, child abuse, fraud, suicides, unattended deaths, drug crimes, domestic abuse and violent crimes; collects and processes related evidence.
7. Coordinate police activities, investigations and other related duties when necessary with local, state and federal law enforcement agencies. Cooperate with state and federal offices in the apprehension and

detection of wanted persons and with other agencies where Police Department activities are involved. Work with local law enforcement agencies to keep abreast of problems and develop ideas

8. Develops department annual budget recommendations. Controls expenditure of departmental appropriations and prepares annual budget estimate of needs. Includes equipment and general operating budgets, development of equipment specifications and approval of departmental purchases within delegated limits.
9. Maintains records and documents pertaining to Police Department operations. Insures proper recording and retention of information concerning department activities, handles required correspondence and prepares regular and special reports. Prepares paper work required for Court. Assists in preparation of documents for court cases. Maintains any other administrative documentation necessary for the efficient operation of the Police Department.
10. Responsible for care and maintenance of all Police Department equipment. Establishes and maintains a schedule of maintenance for patrol car and other equipment that normally requires preventative maintenance. Insures that equipment necessary for safe and efficient operation of the department is available. Safety is a prime concern in decisions regarding equipment.
11. Provides security to businesses and residents; responds to security alarms; guards and controls large public gatherings; provides police escorts as needed.
12. Performs other duties and functions as are necessary or incidental to proper performance of a Police Officer. Includes performing projects requested by the City Council.
13. Perform related police duties as assigned by a supervisor (Mayor or in the absence of the Mayor then the Council President).

REQUIREMENTS

1. Experience: Candidates not certified by the State of South Dakota are required to complete the department of Criminal Investigation Academy course within one year of being hired.
2. Knowledge of modern police methods and the organization and functions of county, state and federal enforcement, regulatory and licensing agencies.
3. Education: High School diploma or equivalent; advanced training in law enforcement, criminal justice or prior police experience preferred.
4. Good judgment and effective administrative ability.
5. Good oral and written communications skills.
6. Computer skills.
7. Ability to work effectively with public officials, other enforcement agencies and the general public.
8. Age requirement: Not less than 21 years of age.

BACKGROUND INVESTIGATION PROCESS (Employee or candidate for employment agrees to provide or undergo any or all of the following background investigative processes):

1. Personal History Statement – Detailed listing of applicant’s education, previous employers, references & social acquaintances, drug usage, and any other criminal activity (whether detected by law enforcement or not)

2. Interview by a background investigator
3. Credit check
4. Interview of previous referenced employers and social acquaintances.
5. Polygraph test
6. Psychological evaluation
7. Drug screening

I have read the Job Description and agree to all conditions set forth in the Job Description.

Printed Name

Signature

Date

CITY OF LAKE NORDEN
508 MAIN AVENUE
LAKE NORDEN, SD 57248-0213

Telephone 605-785-3602

Fax 605-785-3602

LANDFILL ATTENDENT - JOB DESCRIPTION

January 2010

Following are the general duties of landfill personal:

Maintain and operate the restricted use solid waste facility in a manner that insures quality service to the residents and businesses of the City of Lake Norden.

Maintain City's restricted landfill, this includes: open site for posted hours; site maintenance; monitoring and record keeping of materials entering the facility; monitoring and record keeping of individuals bringing materials to the site; keeping facility locked; burning of compost.

- **ACCEPTED MATERIALS:**
 - ◆ **Construction and demolition debris (non-burnable); trees and tree branches; scrap lumber; untreated wood; brush and yard waste.**
- **FACILITY HOURS ARE AS FOLLOWS (WEATHER PERMITING):**
 - ◆ **Tuesdays: 2:00 PM - 8:00 PM**
 - ◆ **Saturdays: 9:00 AM - 11:00 AM AND 5:00 PM - 8:00 PM**

Perform miscellaneous duties, as required, to maintain the landfill.

Note: Nothing in this job description restricts management's right to assign or reassign duties and responsibilities to this job at any time.

*****APPROVED 7/23/2018*****

**CITY OF LAKE NORDEN
508 MAIN AVENUE
LAKE NORDEN, SD 57248-0213**

**Telephone 605-785-3602
Fax 605-785-3604**



"This institution is an equal opportunity provider, and employer."

Position Applying for: _____

Name: _____
Last First Middle

Address: _____
Mailing Address City State Zip

Social Security Number: _____

Telephone: (Home) _____ (Cell) _____

Email address: _____

Person to contact in case of an emergency?

Name _____ Relationship _____

Emergency Person Contact information:

Mailing Address _____

Phone (Home) _____ Phone (Cell) _____

Are you under age 18? ___ NO ___ YES

Are you legally eligible to be employed in the United States? ___ NO ___ YES

Do you have or can you get a State of SD Driver's License? ___ NO ___ YES

Employment for which you are available:

___ Full-Time ___ Permanent ___ Seasonal ___ Part-Time

When could you begin employment? Beginning on _____ or

After _____ (# of waiting days notice to current employer)

Authorizatoin to contact your current or most recent employer regarding your qualifications?

___ YES ___ NO

Education and Training

Circle last year of education completed. For high school diploma or GED circle "12".

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 plus

Please list name of school and degrees completed. Please indicate diploma, GED, or BS/BA.

	<u>Location</u>	<u>Graduate or credited hours</u>	<u>Majors</u>
High School	_____	_____	_____
College/ University	_____	_____	_____
Graduate School	_____	_____	_____
Business or Vocational School	_____	_____	_____

Internships: _____

Additional Training (workshops, seminars, apprenticeships, military or other training).
Include approximate hours or days of training.

List any relevant licenses or certificates:

Employment

1. Current or Most Recent Position:

Dates of Employment: From (mo./yr.) _____ to (mo./yr.) _____ Total years _____ Months _____

Job Title _____ Starting Salary _____ Last Salary _____

Employer _____ Type of Business _____

Mailing Address _____

Phone (Business) _____ Phone (Cell) _____

Email address _____

Supervisor's Name and Title _____

Supervisor's Contact Information:

Mailing Address _____

Phone (Business) _____ Phone (Cell) _____

Email address _____

Number of employees you supervised (if any) _____
Average hours worked per week ___ 1-10 ___ 11-20 ___ 21-30 ___ 31-40 ___ 40 plus

Reason for Leaving

Complete description of duties

2. Next Previous Position:

Dates of Employment: From (mo./yr.) _____ to (mo./yr.) _____ Total years _____ Months _____

Job Title _____ Starting Salary _____ Last Salary _____

Employer _____ Type of Business _____

Mailing Address _____
Phone (Business) _____ Phone (Cell) _____
Email address _____

Supervisor's Name and Title

Supervisor's Contact Information:

Mailing Address _____
Phone (Business) _____ Phone (Cell) _____
Email address _____

Number of employees you supervised _____

Average hours worked per week ___ 1-10 ___ 11-20 ___ 21-30 ___ 31-40 ___ 40 plus

Reason for Leaving

Complete description of duties

3. Next Previous Position:

Dates of Employment: From (mo./yr.) _____ to (mo./yr.) _____

Total years _____ Months _____

Job Title _____ Starting Salary _____ Last Salary _____

Employer _____ **Type of Business** _____

Mailing Address _____

Phone (Business) _____ Phone (Cell) _____

Email address _____

Supervisor's Name and Title _____

Supervisor's Contact Information:

Mailing Address _____

Phone (Business) _____ Phone (Cell) _____

Email address _____

Number of employees you supervised _____

Average hours worked per week ___ 1-10 ___ 11-20 ___ 21-30 ___ 31-40 ___ 40 plus

Reason for Leaving:

Complete description of duties:

Personal References

(Individuals not related to you and that you have known for at least one year)

1. Individuals Name _____

Length of relationship:.) Total years _____ Months _____

Individual's profession? _____

Personal Reference Contact Information:

Mailing Address _____

Phone (Business) _____ Phone (Cell) _____

Email address _____

2. Individuals Name _____

Length of relationship:.) Total years _____ Months _____

Individual's profession? _____

Personal Reference Contact Information:

Mailing Address _____

Phone (Business) _____ Phone (Cell) _____

Email address _____

3. Individuals Name _____

Length of relationship:.) Total years _____ Months _____

Individual's profession? _____

Personal Reference Contact Information:

Mailing Address _____

Phone (Business) _____ Phone (Cell) _____
Email address _____

Authorizaton to contact your current personal references? ___ YES ___ NO

Additional Space. Use this block to complete information given elsewhere on this form. If you still need more space, attach additional sheets. You may also use this space to summarize other pertinent education or experience which qualifies you for the position for which you are applying.

Printed Name

Applicant's Signature

Signature Date

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.”

“To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).”

IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

RESULTS

Employed: YES [] NO []

If Yes, Job Title: _____ Department _____

Date beginning Employment _____ Compensation \$_____ per _____

Interviewed by: _____ Date: _____

HIRING CHECKLIST

Name: _____ Date of Hire: _____ S.S.#: _____

Address: _____ Phone: _____

- Create Employment File
- Create Confidential File
- Application Filled out, Signed and Filed.
- Authorizations for Background Check, Physical & Drug Screen Signed and Filed
- Reference and Previous Employment Checked and Signed
- Background Check Ordered ____ Received: ____ Reviewed By: _____
- Phys/Drug Ordered: ____ Received: ____ Reviewed By: _____
- Payroll Change Notice Filled out and Signed.

ORIENTATION

- I-9 Documentation
- Federal Tax Withholding Form
- State Tax Form Withholding Form
- Employee Manual Read and Signed
- Important Policies Read and Signed
- Employee Personal Information Sheet.
- Review Benefit Information
- Benefit Enrollment Forms
- All Orientation Documents Filed
- Entered in HRIS & Payroll Systems (See Payroll Procedures)

Verified By: _____ Date: _____

NOTE: ORIGINAL FORM TO BE FILED IN EMPLOYMENT FILE.

POLICY #5: HOURS OF WORK

5.1 General Policy:

It is the governing board's intent to create a standard workweek within which an employee is expected to perform municipal services. The board also realizes that emergency and extenuating circumstances may arise in which an employee is required to work variable hours. Nothing within this policy is meant as a guarantee to the number of hours, either daily or weekly, that an employee may be required to work. However, it is the board's policy that every employee be treated equally and fairly when expected to work odd or extended hours.

5.2 Standard Work Week:

The standard 40 hour work week, unless otherwise stated, for the purpose of calculating pay shall begin at **12:01 AM Saturday and end on 12:00 PM Friday.**

5.3 Standard Work Day:

The standard eight-hour work day for municipal employees, other than the Police Department, will begin as set by the employing department, including a 60 (sixty) minute break for one meal and a 15 (fifteen) minute break period in both the morning and afternoon. Break periods may not be accumulated for time off.

Emergencies may require that employees work more than eight hours in a day, but shall be compensated with equal time off within the same work week (flex time).

5.3.A Standard Work Day Police Department:

The standard ten-hour work day for police department employees will begin as set by the employing department, including a 60 (sixty) minute break for a meal and a 15 (fifteen) minute break period in both the morning and afternoon. Break periods may not be accumulated for time off.

Emergencies may require that police department employees work more than ten hours in a day, but shall be compensated with equal time off within the same work week (flex time).

5.3.1 Time Worked

If less than a full hour is worked, the amount of time recorded on the timesheet should be rounded to the nearest quarter-hour.

5.4 Flex time:

The governing board reserves the right to authorize flexible work hours within the 40-hour workweek in situations where it is appropriate or necessary.

5.5 Attendance:

All municipal employees are expected to be at work on time and during their regularly scheduled hours. Employees who are unable to report for work on time are required to notify Mayor, Council President or the Finance Officer prior to their being absent, unless an emergency exists. If an emergency situation exists, the employee is expected to notify the proper authority as soon as reasonably possible.

5.5.1 Regular Monthly Council Meetings and Special Council Meetings

- a. Full time employees are encouraged to attend monthly council meetings and should record their time in attendance at such on their monthly time card.
- b. Special Council Meetings – Employees shall be notified if their attendance at a special council meeting is required, and if attendance is required, should record their time in attendance at such on their monthly time card.

5.6 Time sheets or cards:

For the purpose of calculating and issuing pay checks for hourly employees, a time sheet is a record of their hours worked. The employee and their supervisor must sign the time sheet to verify that all entries are accurate. Intentional falsification of time sheets may result in disciplinary action.

5.7 Call Back Pay or On Call Pay:

A city maintenance employee who is called in to work outside of his/her regular shift or schedule shall receive compensation at the rate of time and one-half his/her regular rate of pay. The employee will receive a minimum of 1 (one) hour of pay. The 1 (one) hour minimum shall not apply, however, to employees who are called in to begin work prior to the start of their shift and work continuously into their shift, or to employees who work their entire shift and are held over after the completion of the shift or work additional time, provided the City permits in both cases the employee to work his/her regular scheduled shift for that day. When necessary, employees may use flex time to remain in the 40 (forty) hour work week schedule. If authorization is received for overtime hours, the employee shall be paid at a rate of one and one-half (150%) of the employee's regular hourly rate.

The 1 (one) hour minimum shall apply for maintenance employees scheduled to be on-call during the week after 5:00 PM hours for Monday-Thursday.

The municipality of Lake Norden's water system requires one maintenance employee to be "on-call" seven days a week. The Municipal Water Treatment Plant's automation system calls an employee's phone if a problem occurs and employees respond accordingly.

- a. On-call hours are Monday – Thursday after regular work day hours end at (5:00 PM) until 8:00 AM the following morning
- b. On-call hours for every other weekend begin Friday after 5:00 PM and end Monday at 8:00 AM

In lieu of overtime, maintenance employees scheduled to be on-call during the weekend shall be given the following Friday off with pay. However, if the amount of hours worked exceeds 8 (eight hours) during the weekend on-call time period, the employee shall be paid an hourly overtime rate, either in wages or compensation hours, for those hours exceeding 8 (eight) hours. The rate of compensation shall be one and one-half (150%) of the employee's regular hourly rate for each hour of overtime worked, or an employee may accrue one-and-one half (1 ½) hours of comp-time.

5.8 Flex time:

The governing board reserves the right to authorize flexible work hours within the 40 (forty) hour work week in situations where it is appropriate or necessary. Employees must still adhere to the standard 40 (forty) hour work week unless overtime has been approved by their supervisor.

5.9 Overtime:

Eligible employees may be required to work overtime when determined necessary by their supervisor or the governing board. Overtime is defined as time that is worked in excess of the first 40 hours within the standard work week and does not include hours paid but not worked such as holidays, vacation days, funeral leave or sick days.

The employee shall have the option of selecting compensatory time off or overtime pay and the Mayor and/or Council President and the Finance Officer shall be advised of that decision prior to the performance of any such work.

Except in emergency situations, all overtime must be authorized by the Mayor and/or Council President prior to the working of such hours. Overtime is to be authorized only if the work cannot be otherwise done during

normal work hours. Insofar as possible, the opportunity to work overtime shall be distributed as equally as practicable by the municipality among the employees in each department.

Accrual of overtime without prior authorization may result in disciplinary procedures.

Overtime compensation for all overtime eligible employees shall be at the rate of one and one-half (150%) of the employee's regular hourly rate. As stated above, time paid for but not worked (holidays, vacation days, funeral leave or sick days etc.) does not count toward hours worked for the purpose of calculating overtime hours.

However, if an employee is required to work on a holiday the municipality will follow the holiday policy as found in 7.11.1.

5.10 Compensation Time or Comp-Time: Hourly Employee

Compensation time, or "comp-time", refers to paid time off from work granted to an employee in lieu of overtime pay. For each hour of overtime worked over the 40 hour week, an employee would accrue one-and-one half (1 ½) hours of comp time.

Authorized compensation time shall be administered within the same guidelines as overtime and be accrued at the same rate of time and one-half.

5.10.A Compensation Time or Comp-Time: Salaried Police Department Employee

Compensation time, or "comp-time", refers to paid time off from work granted to an in lieu of overtime pay. For each hour of overtime worked over the 40 hour week, a salaried employee would accrue one-and-one half (1 ½) hours of comp time.

Authorized compensation time shall be administered within the same guidelines as overtime and be accrued at the same rate of time and one-half.

The Police Department comp-time shall be based on a forty hour week as well as adhering to the criteria that regular monthly hours for a police officer are set at a minimum of 160 hours and the maximum is 184 hours. The minimum and maximum hours in a month are based upon the number of calendar days. On call time is not included in the minimum and maximum hours.

The Police Department may accrue over forty (40) hours of compensation time, if pre-approved by the Mayor and/or Council President.

5.10.1 Accrual

The maximum amount of comp-time that may be accrued is forty (40) hours. When the comp time reaches 40 hours all overtime shall be paid in cash or flex time must be used.

Comp time hours accrued and taken must be reported at the end of each month to the Finance Officer.

5.10.2 Usage

Prior authorization for use of accrued comp-time must be approved by the Mayor or Council President. The Municipality, within reason, may restrict the usage of comp-time if the requested time off would unduly disrupt the operation of the Municipality.

Comp-time cannot be used for more than 16 consecutive hours for city maintenance employees.

Comp-time for Police Department personnel cannot be used for more than 20 consecutive hours. Employees are encouraged to use accrued comp time within the same calendar year. However, when an employee may not use their comp time during the same calendar year as earned, comp time may be carried over to the next year.

Comp-time hours accrued and taken must be reported at the end of each month to the Finance Officer.

Upon separation from municipal service, the employee will be paid for any unused comp-time at their final rate of pay.

5.11 Exemptions to Overtime:

Under the Fair Labor Standards Act (FLSA) rules, workers earning less than \$35,568.00 per year — or \$684.00 per week — are guaranteed overtime protection.

The following employees are exempt from the overtime standards as mentioned in the above sections:

- 1) Appointive officers (if determined to be FLSA exempt)
- 2) Police and fire personnel (if less than 5 within the department) (In cases of emergency, the Mayor or Council President may authorize overtime)

Flextime Request Form

Employee Name: _____ Date: _____

Printed

Department: _____ Position: _____

Date of Hire: _____

Description of Flextime Arrangement:

Hour of Arrival: _____

Hour of Departure: _____

Beginning Date for Flextime: _____

I have read and understand the Company's Flextime Policy. If this flextime arrangement is suspended or cancelled, I will return to a standard work schedule.

Signature of Employee: _____

Date: _____

Approval of Supervisor: _____

Signature

Name: _____ Date: _____

OVERTIME LIABILITY CHECKLIST

1. What is the employee's workweek.
2. Did employee work at least **40 hours in that week?
3. If not, no OT is due. If so, continue.
4. Was there a holiday in the week?
5. Was there a paid leave day (or more) in the week?
6. Notwithstanding the information in 4. and 5., determine how much time above 40 hours the employee actually did work in the week.
7. This is the amount of time that will be multiplied by one and one half the employee's regular rate of pay for overtime purposes.

POLICY #6: COMPENSATION

6.1 Pay Period and Pay Day:

Pay checks are issued on the first day of each month. In the event the payday falls on a weekend or holiday checks will be distributed on the nearest workday after payday.

6.2 Early Pay Checks:

The municipality does not grant early paychecks to employees under any circumstances.

6.3 Time Sheets:

Each hourly employee is responsible to ensure that his/her time sheets are correct and submitted on time. Any misrepresentation of time worked or falsification of any time sheet may result in disciplinary action. Salaried employees are encouraged to keep and submit monthly time sheets.

6.4 Payroll Deductions:

The municipality is **required** to withhold Federal Income Tax and Social Security (FICA) from each employee's pay check, unless employee designates as exempt on W-4.

Other deductions may include:

- 1) Employee contributions to the South Dakota Retirement System.
- 2) Employee contributions to Health Insurance

6.5 Benefits:

Benefits that follow are those offered by the municipality to employees. These benefits are afforded according to individual employee classifications (see policy 3).

6.5.1 Health Insurance: Policy approved by the governing board annually.

Employees waiving employee insurance benefits shall be paid one-half the City's monthly premium for said coverage in lieu of the insurance benefit.

6.5.2 Dental Insurance: Policy approved by the governing board.

Employees waiving employee insurance benefits shall be paid one-half the City's monthly premium for said coverage in lieu of the insurance benefit.

6.5.3 Life Insurance: Provided as a benefit of the City's health insurance policy.

6.5.4 South Dakota Retirement System:

For eligible employees (those who work 20 or more hours per week for more than 6 months) participation in the South Dakota Retirement System is mandatory.

A deduction of 6% of the monthly salary is made in each payroll period and is matched by the municipality toward the retirement of a municipal employee.

A deduction of 8% of the monthly salary is made in each payroll period and is matched by the municipality toward the retirement of a municipal law enforcement employee.

6.5.5 Workers' Compensation:

The municipality of Lake Norden provides workers' compensation insurance for its employees. The municipality pays the contribution cost for this coverage.

If an employee is injured on the job, work related medical costs be paid as well as the compensation rate for salary loss as set by the State of South Dakota.

Injury on the job must be reported immediately to the Mayor and or Council President or Finance Officer.

The injured employee must then complete the appropriate worker's compensation forms. State law requires any injury to be reported no later than three (3) business days after it occurred. If it is not reported within three days and the employee does not have a good reason, worker's compensation benefits could be denied.

In cases where worker's compensation reimbursement is paid to an employee, the employee may use sick leave to make up the difference between worker's compensation and their regular pay. Benefits of health,

dental, and life insurance will be continued for the employee for a period of six months for municipal participation. The employee will have the option of two plans as to when the six months of participation by the municipality will begin:

- 1) If the employee chooses to use accumulated sick leave to supplement worker's compensation pay, the six months of municipal participation will begin at the time all accumulated leave is used.
- 2) If the employee does not choose to use accumulated sick leave, the six months begins at the time of the injury.

In either case, municipal participation of health, dental, and life insurance will not exceed one year from the date of injury. Retirement contributions shall be discontinued during the period of time the municipality is not participating in conjunction with worker's compensation. All benefits will continue upon return to work.

6.5.5 Extended Health Benefits:

In compliance with the South Dakota Continuation Law and COBRA (Consolidated Omnibus Budget Reconciliation Act) requirements, the municipality will offer continuing health care coverage on a self-pay basis to employees or their qualified beneficiaries following termination of employment (other than for gross misconduct), a reduction in hours, retirement, death, or change in familial status. These health benefits will be identical to the coverage offered to full time employees.

For terminated or reduced-hour employees, the coverage may last up to 18 months, (29 months for disabled employees or qualified beneficiaries if under Federal COBRA requirements), or until they become eligible for other health insurance coverage, whichever is earlier. In the event of the employee's retirement, divorce, separation or death, the coverage may last up to 36 months for a qualified beneficiary. The employee or the beneficiary to the municipality will pay the full policy monthly premium plus a 2% administration fee. The employee or beneficiary may waive all rights to continuation of coverage, notification procedures and time limits are outlined in the continuation coverage "Notification of Rights" letter.

6.7.1 General Policy:It is the policy of the municipality that employees be fully reimbursed for necessary and reasonable job related travel expenses. Every effort will be made to treat all employees fairly and equally when granting travel expenditures.

6.7.2 Travel Approval Required:All travel must be approved by the Mayor or Council President prior to the date of travel except in emergency instances.

6.7.3 In-State Travel Expenses:

Per diem rates for approved in-state travel shall be paid at the current state rate.

6.7.4 Out-of-State Travel Expenses:

Per diem rates for approved travel outside the state of South Dakota shall be paid at the current state rate.

6.7.5 Meal Allowance - Schedule for Computation:

The times for allowance of paid meals is as follows:

1. Breakfast: Leave before 5:31 AM Return after 7:59 AM
2. Lunch: Leave before 11:31 AM. Return after 12:59 pm.
3. Dinner: Leave before 5:31 pm Return after 7:59 PM

6.7.6 Receipts Required for Lodging:

Receipts shall be required for all lodging expenses that are to be reimbursed by the municipality.

6.7.7 Mileage Rate:

When employees must use their private vehicles for approved travel, mileage shall be paid at the current state rate.

When employees must use their private vehicles for approved travel, mileage shall be paid at the current state rate.

For additional assistance, see form 6.8 at the end of this chapter.

Policy #6 Sample Forms:

6.1 General Notice of COBRA Continuation Coverage Rights

6.2 Checklist for Cobra Administration

6.3 Sample letter of Continuation of Health Coverage

Notice to Individuals when Qualifying Event Occurs

6.4 Sample letter of Notice of Unavailability of

COBRA Continuation Coverage

6.5 Sample letter of Notice of Underpayment of COBRA Premiums

6.6 Sample letter of Notice of Termination of COBRA

Continuation Coverage

6.7 Sample letter of COBRA Termination

6.8 Sample Travel Voucher

Continuation of Health Coverage
Notice to Individuals When Qualifying Event Occurs

RE: Notice for Continuation of Health Care Coverage

DATE OF NOTICE: _____

Your medical benefits under the company's group health plan will be terminated effective _____ because of _____ unless you elect to continue coverage. This is notification of your right to continue these benefits at your own expense.

You may elect to continue your current coverage under the group plan for up to _____ months. Your continued coverage will be the same as provided to all active employees covered by the plan.

The covered spouse and/or child may elect continuation coverage even if the covered employee is eligible for continuation coverage and declines the election.

Election (60 day election period)

To elect continuation benefits, please complete the enclosed election form and return it to Personnel/Payroll no later than _____ by Certified Mail/Return Receipt Requested. It is very important to return the election form (signed, dated and witnessed) before this date. If we do not receive your election form within this period, your benefits will terminate automatically and cannot be reinstated. This will be your only notice.

Cost of Continuation Benefits

If you elect to continue benefits, continued coverage will be at your expense. The monthly cost for group medical coverage which is currently being provided is \$_____ and dental is \$_____. If a different type of coverage is elected, the monthly cost may vary. In addition, if costs change under the group plan during the coverage continuation, the cost to you will similarly change.

Your regular monthly payments for continued coverage must be received in this office by the first of the month for which you are making the payment. This is your "Due Date".

Payment for your coverage for the period prior to your election is due not later than 45 days following the date that you sign the enclosed election form. When making payments, please make your check or money order payable to _____.

Termination of Coverage Continuation Your continuation coverage will be terminated _____ months after the date of the qualifying event. However, continuation coverage will be terminated earlier if:

1. Payment of monthly premiums for continued coverage is not received in our office within thirty days from the Due Date;
2. The company no longer provides any group health plans to employees;
3. You become covered under any other group health plan (as an employee or otherwise) and such plan does not contain any exclusion or limitations with respect to any pre-existing condition, or
4. Become entitled to Medicare benefits.

If you have any questions, please call Payroll at 605-785-3602.
Sincerely,
Payroll/Benefits

Checklist for COBRA Administration

Employee Name _____

Qualifying Event _____

Qualifying Event Date _____

COBRA Start Date _____

COBRA End Date _____

	COBRA Administrative Task	Date	Completed by
1	Mail initial notification letter		
2	Mail spouse/dependent initial notification letter		
3	Notify insurers of cancellation of coverage		
4	Advise of qualifying event		
5	Mail COBRA Qualifying Event Notice and Election Form to former employee <i>and</i> to former employee's dependents (spouse, children)		
6	Receive signed COBRA Election Form		
7	Receive initial COBRA premium (within 45 days from date of election)		
8	Reactivate qualified beneficiaries coverage with insurer(s)		
9	Terminate COBRA coverage		

It is recommended that:

- 1. This form be completed and kept in the employee's personnel file.*
- 2. Copies of all letters, forms and related documentation are attached to this checklist.*
- 3. First class mail be used to mail notification (returned certified mail can be used to verify non-receipt of notification).*

COBRA Letter

RE: COBRA Benefits

Dear {enter COBRA beneficiary name _____},

Under federal law, employees and their covered dependents have the right to continue medical/dental coverage under the employer’s plan for a limited period following termination of benefits. Coverage may be continued for up to 18 months from the qualifying event date, or up to 29 months if eligible, or 36 months for persons losing coverage because of the employee’s death, divorce, legal separation, eligibility for Medicare, or a dependent child’s exceeding the maximum age for eligibility. The medical/dental plan benefits are identical to those provided for employees of the company.

Your medical coverage can commence on _____, the first day after your coverage for the company’s group medical plan benefits ends due to a qualifying event. If you would like to continue these benefits, please complete the enclosed enrollment form and return it to me within 60 days of the date you receive this notice.

The total premiums due are shown on the enclosed premium computation form. You should pay the total premium due at the time you send in the enrollment form; however, you are allowed to delay the payment for up to 45 days after you have signed, dated, and submitted your enrollment form. Any claims submitted for expenses incurred following the date of the qualifying event may be held in suspense until all premiums due have been paid.

Premiums must be paid by check or money order and payable to {enter Company Name or COBRA Third Party Administrator}; please do not send cash. Future premiums are due on the first of each month for that month; “reminder” letters are not sent. Failure to pay premiums by the due dates may terminate your participation in the plan.

If you have questions, please call me at 605-785-3602.

Sincerely yours,

Payroll/Benefits

Enclosures

I choose not to participate in COBRA insurance coverage

PRINTED NAME _____

SIGNATURE _____

DATE _____

Continuation of Health Coverage

Notice to Individuals When Qualifying Event Occurs

RE: Notice for Continuation of Health Care Coverage

DATE OF NOTICE: _____

Your medical benefits under the company's group health plan will be terminated effective _____ because of _____ unless you elect to continue coverage. This is notification of your right to continue these benefits at your own expense.

You may elect to continue your current coverage under the group plan for up to _____ months. Your continued coverage will be the same as provided to all active employees covered by the plan.

The covered spouse and/or child may elect continuation coverage even if the covered employee is eligible for continuation coverage and declines the election.

Election (60 day election period)

To elect continuation benefits, please complete the enclosed election form and return it to Personnel/Payroll no later than _____ by Certified Mail/Return Receipt Requested. It is very important to return the election form (signed, dated and witnessed) before this date. If we do not receive your election form within this period, your benefits will terminate automatically and cannot be reinstated. This will be your only notice.

Cost of Continuation Benefits

If you elect to continue benefits, continued coverage will be at your expense. The monthly cost for group medical coverage which is currently being provided is \$_____ and dental is \$_____. If a different type of coverage is elected, the monthly cost may vary. In addition, if costs change under the group plan during the coverage continuation, the cost to you will similarly change.

Your regular monthly payments for continued coverage must be received in this office by the first of the month for which you are making the payment. This is your "Due Date".

Payment for your coverage for the period prior to your election is due not later than 45 days following the date that you sign the enclosed election form. When making payments, please make your check or money order payable to _____.

Termination of Coverage Continuation Your continuation coverage will be terminated _____ months after the date of the qualifying event. However, continuation coverage will be terminated earlier if:

1. Payment of monthly premiums for continued coverage is not received in our office within thirty days from the Due Date;
2. The company no longer provides any group health plans to employees;
3. You become covered under any other group health plan (as an employee or otherwise) and such plan does not contain any exclusion on limitations with respect to any pre-existing condition, or
4. Become entitled to Medicare benefits.

If you have any questions, please call Payroll at 605-785-3602.

Sincerely,
Payroll/Benefits

Notice of Unavailability of COBRA Continuation Coverage

[NOTE: This notice must be customized according to your company's plan particulars and the employee's specific situation. The notice must explain why an individual is not entitled to continuation of coverage (29 C.F.R. § 2590.606-4(c)). The plan administrator must provide the notice within 14 days after receiving a notice of qualifying event from a participant, beneficiary or other individual (29 C.F.R. § 2590.606-4(b)(2)).]

[Date of Notice _____]

[Employee, Spouse and Covered Dependents Last known mailing address

Dear [Name _____],

It is important that all covered individuals read this notice. Please advise [Name of COBRA administrator _____] immediately if there is a covered dependent not living at the above address.

Effective on [date coverage ceases _____] you are no longer covered by the employer-sponsored [Coverage/Plan Name] plan. **This means claims for service on or after this date will not be paid.**

Your loss of coverage is a result of [event _____] on [event date _____]. Under COBRA, some events and subsequent loss of coverage entitle you to continue your coverage under this plan. However, given the circumstances you described and any documentation you may have provided, [Company Name _____] has determined that COBRA is unavailable to you and your covered dependents because:

[insert description of reason for unavailability of COBRA coverage

_____]

If you have questions or wish to appeal this decision, please contact [COBRA administrator's name and contact information] for assistance.

Sincerely,

Payroll/Benefits

Notice of Underpayment of COBRA Premiums

{Enter Date}
{Enter Name}
{Enter Address}

Dear _____:

Thank you for your check for _____ {indicate amount of check} submitted for your COBRA premium payment for the month of _____ which was received by us on _____. Unfortunately, the payment you submitted was insufficient to cover the cost of your premium for the month. As we advised you previously (see attached copy of our previous correspondence) your monthly COBRA premium is _____ {indicate amount}.

If you wish to continue your COBRA coverage under this plan we must receive payment for _____ {indicate amount of underpayment} within 30 days from the date of this notice which would be _____ {indicate date 30 days from when notice is sent}. PLEASE BE SURE TO SUBMIT A SEPARATE CHECK FOR THIS AMOUNT AND ENCLOSE IT WITH THIS LETTER INDICATING YOUR CHOICE BELOW.

Sincerely,

Plan Administrator
508 Main Avenue
PO Box 213
Lake Norden, SD 57248-0213

I have received notification of underpayment. In accordance with this notice, I am responding that:
 I wish to end my coverage under this plan effective with the last month for which full payment was submitted.
 I wish to continue my coverage. A check for the underpaid amount specified above is attached.

Signature

Date

Please return this form to City Office, 508 Main Avenue, Lake Norden, SD 57248-0213

Notice of Termination of COBRA Continuation Coverage

[NOTE: This notice must be customized according to your company’s plan particulars and the employee’s specific situation. The notice must explain the reason coverage has terminated, provide the date of termination and describe any rights the qualified beneficiary may have to elect alternative group or individual coverage, such as a conversion right (29 C.F.R. § 2590.606-4(d)). The time for providing this notice is “as soon as reasonably practicable” following the plan administrator’s determination that continuation coverage will terminate (69 Fed. Reg. 30090). See NOTE TO EMPLOYER at the end of this notice for additional information.]

[Date of Notice]

[Employee, Spouse and Covered Dependents Last known mailing address]

This notice pertains to your COBRA continuation coverage under [Name of the plan(s) under which COBRA coverage will terminate]. It is important that all covered individuals read this notice. Please advise [Name of COBRA administrator] immediately if there is a covered dependent not living at the above address.

Coverage under the plan(s) named above ceased or will cease on [last day of coverage] for the following individuals:

[Insert name(s) of qualified beneficiary (ies) who are losing coverage]

COBRA continuation coverage terminated or will terminate for the following reason:

_____ A required premium was not paid in full on time.

_____ A qualified beneficiary became covered, after electing continuation coverage, under another group health plan that does not impose any preexisting condition exclusion for a preexisting condition of the qualified beneficiary.

_____ A covered employee became entitled to Medicare benefits (under Part A, Part B or both) after electing continuation coverage.

_____ The employer ceased to provide any group health plan for its employees.

_____ For cause (i.e., fraud): _____

[Describe any rights the qualified beneficiary may have to elect alternative group or individual coverage, such as a conversion right.]

If you believe that your COBRA coverage should not have been terminated, you can request us to reconsider our determination by filing an appeal as follows:

1. Send a written appeal to [Name and Address] within 30 days of your receipt of this notice.
2. Explain why you believe your COBRA continuation coverage was improperly terminated and include all information you wish to be reviewed. Be sure to include your name, current address and the names of any covered dependents you wish to include in your appeal.

If you have any questions regarding the information in this notice, you should contact:

[City of Lake Norden, Finance Office, PO Box 213, Lake Norden, SD 57248-0213].

Sincerely,

[Name]

NOTE TO EMPLOYER

Regarding the Notice of Termination of Continuation Coverage

A plan administrator must notify any qualified beneficiary whose COBRA coverage terminates before the end of the maximum COBRA period. To comply with this rule, a plan administrator must ensure that this notice contains required information and must deliver the notice in a timely manner to the appropriate individual(s).

Required content and form

The notice must explain the reason coverage has terminated, provide the date of termination and describe any rights the qualified beneficiary may have to elect alternative group or individual coverage, such as a conversion right (29 C.F.R. § 2590.606-4(d)).

A plan administrator may furnish this notice of early termination within the same document as the certificate of creditable coverage that the plan is otherwise required to furnish (pursuant to HIPAA) to a participant whose health coverage is terminating.

Timing

The time for providing this notice is “as soon as reasonably practicable” following the plan administrator’s determination that continuation coverage will terminate (69 Fed. Reg. 30090). Although the lack of a specific date appears to offer plan administrators some flexibility, delay in providing this notice should be avoided to minimize potential adverse consequences, such as having to pay statutory penalties or provide coverage to ineligible individuals.

Required recipients

A plan administrator must provide notice to each qualified beneficiary whose continuation coverage terminates earlier than the maximum COBRA period.

Adapted from “[A Plan Administrator’s Roadmap for Compliance with COBRA Notice Rules](#)” (SHRM Legal Report) by C. Keller.

**CITY OF LAKE NORDEN, SD 57248
605-785-3602**

REIMBURSEMENT FOR TRAVEL – EFFECTIVE JULY 1, 2015

THE CITY OF LAKE NORDEN SHALL ADHERE TO THE TRAVEL RATES APPROVED BY THE STATE OF SOUTH DAKOTA. FOLLOWING ARE THE CURRENT RATES APPROVED BY THE STATE OF SOUTH DAKOTA FOR TRAVEL:

Mileage— \$0.42 PER MILE (fortytwo cents per mile).

Daily rates for meals: IN STATE; breakfast--\$6.00; lunch--\$11.00; dinner--\$15.00. **OUT OF STATE;** breakfast--\$10.00; lunch--\$14.00; dinner--\$21.00

FOR MILEAGE, MEAL AND/OR MOTEL REIMBURSEMENT

FOR TRAVEL FROM _____
TO _____.

TYPE OF CITY BUSINESS _____.

MONTH _____ DAY(S) _____ YEAR _____

#MILES: _____ AT \$0.42 PER MILE
MILEAGE REIMBURSEMENT AMOUNT _____.

MEALS: PLEASE STATE NUMBER OF MEALS FOR WHICH YOU NEED TO BE REIMBURSED FOR AND AMOUNT FROM APPROVED REIMBURSEMENT RATES.

BREAKFAST _____ X approved rate of _____ = _____.

LUNCH _____ X approved rate of _____ = _____.

DINNER _____ X approved rate of _____ = _____.

MOTEL: PLEASE SUBMIT A COPY OF YOUR BILLING FOR ROOM CHARGE, ONLY. _____ REIMBURSEMENT AMOUNT

CHECK # _____ TOTAL CHECK AMOUNT _____

CLAIMANT (PLEASE PRINT NAME)

CLAIMANT SIGNATURE _____



"An Equal Opportunity Provider, and Employer"

POLICY #7: LEAVES OF ABSENCE

7.1 General Policy:

Leaves of absence are considered a benefit and privilege offered by the municipality of Lake Norden. Leaves are not granted automatically, but are to be requested by the employee. Reasonable effort will be made to ensure that all employees are treated equally and fairly. In some instances, it may not be possible to grant all leaves requested during busy times or emergency situations, however reasonable effort will be made to grant requests.

Employees anticipating a leave of absence are encouraged to apply for such leave as soon as possible.

For additional assistance, see form 7.1 at the end of this chapter.

7.2 Vacation Leave:

Salaried employees will receive vacation with pay each year. **The continuous completed years of service with the city will determine your vacation entitlement which is credited to your anniversary day.**

VACATION SCHEDULE

CITY MAINTENANCE EMPLOYEES

1-10 years of continuous service --10 days vacation OR 80 HOURS

10-15 years of continuous service --15 days vacation OR 120 HOURS

15 years plus of continuous service -- 20 days vacation OR 160 HOURS

20 years plus of continuous service -- 25 days vacation OR 200 HOURS

CITY POLICE DEPARTMENT 1-10 years of continuous service -- 80 HOURS

10-15 years of continuous service -- 120 HOURS

15 years plus of continuous service -- 160 HOURS

20 years plus of continuous service -- 200 HOURS

FINANCE OFFICE APPOINTED OFFICIALS

1-10 years of continuous service --10 days vacation

10-15 years of continuous service --15 days vacation

15 years plus of continuous service -- 20 days vacation

- 20 years plus of continuous service -- 25 days vacation Vacations are intended for a change of pace and your general well being. Vacation time may be taken in as little as one-half day increments (four hours) to take care of personal business. The city feels that vacation should be used annually.
- No more than two year's vacation days may be accrued. No more than one year's vacation may be taken at any one time without special authorization. Accrued vacation time will be forfeited if not used within two years after the date it has been credited.
- Employees on leaves of absence without pay or suspensions without pay do not accrue vacation leave benefits.
- Employees-in-training accrue vacation leave but may not take such leave until they have successfully completed the first year of service.
- Upon separation from employment, an employee will be paid for any accumulated vacation time. Reimbursement for vacation leave will be at the employee's salary rate per their last day of employment.
- When an employee's vacation time falls on a holiday, such time is not to be subtracted from an employees vacation leave balance.

- Vacation leave must be scheduled with the Mayor, Council President or finance officer at the earliest possible time prior to the use of such leave. The municipality reserves the right, within reason, to disapprove requested time for vacation leave for the purposes of maintaining the work force during heavy scheduled work periods. However, the municipality will make a reasonable effort to accommodate employee requests for vacation.
- Vacation leave will be granted on a first come first serve basis, based on operational needs.

For additional assistance see forms 7.1 and 7.2 at the end of this chapter.

7.3 Sick Leave:

- CITY MAINTENANCE Employees shall earn 12 sick days per year or 96 hours with pay.
- CITY POLICE Employees shall earn 100 hours per year with pay.
- CITY FINANCE Appointed Officials shall earn 12 sick days per year with pay.
- After sick leave is used, the employee's salary will be docked accordingly.
- Employees on leaves of absence without pay or suspensions without pay who are absent for a full pay period do not accrue sick leave benefits.
- Employees-in-training accrue sick leave but may not take such leave until they have successfully completed the first year of service.
- Employees may accumulate up to three years or thirty-six days of sick leave.
- Sick leave benefits shall be paid at the employee's regular rate of pay at the time the leave is taken.
- An employee absent from work due to illness or disability shall notify the Mayor, Council President or finance officer before scheduled to work, or as soon as possible if an emergency exists, and indicate the nature of the illness or disability and the expected length of absence. Failure to report an illness in a timely manner may be cause to consider the absence as unauthorized and without pay.
- Any employee found to have abused their sick leave privileges may be subject to disciplinary action.
- It is the policy of the municipality that upon voluntary resignation after one year of continuous service the employee shall be eligible for payment of earned sick leave or twelve days. Employees may accrue up to a maximum of thirty-six days of sick leave and may be paid for their accrued service upon resignation. Such leave shall be paid at the employee's current rate of pay upon separation in good standing from municipal service.
- The City Finance Officer shall keep a record of these days.

7.4 Extended Leave for Illness or Temporary Disability:

Employees may request approval to use accumulated sick leave and vacation leave for the purpose of paid release time to recover from an extended illness or temporary disability. For extended periods of illness or temporary disability, a medical doctor's certification of illness shall be required.

Sick leave pay will be granted to supplement pay received under worker compensation laws. If an employee qualifies for worker compensation pay from the municipality, the municipality will allow sick leave up to the maximum number of days sick leave accrued to the employee.

7.5 Leave Without Pay:

Employees may request leave without pay in extenuating circumstances. Such leave is at the sole discretion of the **Lake Norden City Council**. It is the policy of the municipality that in circumstances such as these, vacation and/or comp-time leave will be used in full before such leave without pay is granted. No additional leave or other benefits shall accrue during such leaves without pay.

The employee may continue his/her group insurance coverage by pre-paying the entire premium during the affected period of the leave. Employees must arrange for such continuation of coverage with the municipality prior to the commencement of the extended leave without pay.

7.6 Maternity Leave:

The municipality shall treat maternity leave the same as any other temporary disability.

7.7 Jury Duty:

Municipal employees will be granted leave with pay for jury duty or if they are subpoenaed to testify in court. During such periods of absence, regular full-time employees will receive their regular rate of pay minus the jury duty pay or the employee may endorse the court payment, less documented mileage/expenses, to the municipality.

Employees who are absent from work due to jury duty will not be dismissed or suspended from employment; and shall retain and be entitled to the same job status and pay as he/she had prior to performing jury duty. Persons who are to be absent due to jury duty must notify the Mayor, Council President or finance officer in advance. If no prior notification is given the employee may be subject to disciplinary procedures.

Vacation and sick leave benefits shall accrue at the normal rate for eligible employees during jury duty.

Municipal employees involved in private litigation are required to use vacation leave.

7.8 Military Leave:

7.8.1 Request for Military Leave of Absence

An employee who wishes to be granted military leave of absence must submit the request and a copy of his/her official orders or other records from the military service to the Mayor, Council President or finance officer prior to the dates of attendance. If the reservist or National Guard member submits a copy of his/her official annual training schedule prior to beginning of the year's military activities, the employee need only submit separate requests and orders for those training duties not included on the annual schedule, or when the annual schedule is modified.

7.8.2 Active Duty

An employee who enlists or is called into Active Duty for the military service of the United States or who, in time of national emergency, voluntarily enlists for active duty, shall be granted military leave for the time necessary to permit completion of the military service.

In order to have re-employment rights, a person leaving active duty in the military service of the United States must apply to the municipality for reemployment within 90 days after his/her separation from active duty, or within 90 days after his/her release from hospitalization continuing after such separation for not more than one year. This applies to inductees and enlistees, as well as to reservists and National Guard members performing full active duty, as opposed to initial duty for training, or active or inactive duty training, or other active duty where different re-employment rights are defined by Federal Statute.

7.8.3 Reserve or National Guard Training Leave

An employee who enlists as a Reservist or a member of the National Guard shall be granted time off without pay for initial active duty for training, annual training encampment, weekend training drills, and other active and inactive training duty.

The reservist or National Guard member must report back to his civilian job at the beginning of his first regularly scheduled shift on the first day after the completion of initial active duty for training or other training duty plus the necessary travel time to return from the training site to the place of employment. He/She is also entitled to a reasonable rest time, and a reasonable time thereafter if return is delayed by factors beyond his/her control. If an employee fails to report to his/her job within this specified time period, he/she may be subject to the penalties which would be imposed on any employee who is tardy or absent without permission.

If an employee separates his/her employment with the municipality in order to enlist in the Reserves or National Guard, he/she must reapply to the municipality within 31 days after his/her separation from initial active duty for training in the Reserves or National Guard in order to retain re-employment rights.

7.8.4 Federal Statute

An employee who participates in any branch of the Military Service of the United States is covered by and subject to Federal Statutes, US Code Title 38, Chapter 43, and all other applicable statutes.

7.9 Personal Emergency Leave:

If necessary, qualified municipal employees may use accrued sick leave for personal emergency leave. This leave may be used for the following:

1. Death in the immediate family. Immediate family is defined as an employee's spouse, parents, step-parents, children, step-children, brothers, sisters, step-brothers, step-sisters, grandparents, grandchildren and great grand children. (The term also includes a spouse's equivalent of the same).
2. Emergency illness or scheduled surgery in the immediate family.

The amount of sick leave to be used for personal emergency leave is to be limited to thirty-six (36) days per year, if previously accrued.

7.9.1 Bereavement Leave

Upon notice of the death of a member of the immediate family, the city will provide all salaried employees bereavement leave up to three consecutive work days. Immediate family is defined as an employee's spouse, parents, step-parents, children, step-children, brothers, sisters, step-brothers, step-sisters, grandparents, grandchildren and great grand children. (*The term also includes a spouse's equivalent, to the same*). If a longer times is taken, the employees may use vacation or sick leave. If no vacation or sick leave is accrued, the employees salary will be docked accordingly.

POLICY #7: LEAVES OF ABSENCE

7.10 Holidays:

The municipality of Lake Norden recognizes and observes the following as paid holidays for eligible employees/appointed officials:

- 1) New Years Day, January 1
- 2) Good Friday
- 3) Memorial Day, Last Monday in May
- 4) Independence Day, July 4
- 5) Labor Day, 1st Monday in September
- 6) Veterans' Day, November 11
- 7) Thanksgiving Day, 4th Thursday in November
- 8) Christmas Day, December 25
- 9) Birthday

When a holiday falls on a Saturday, the preceding Friday is observed as the paid holiday for eligible municipal employees. If a holiday falls on a Sunday, it is observed on the following Monday.

Employees ineligible for paid holiday leave will be granted a day off without pay in observance of a holiday.

7.10.1 Work on a Holiday

An employee required to work on a paid holiday observed by the municipality will receive another day off during the next 30 (thirty) days.

7.10.2 Paid Holiday on Regular Day Off

If a paid holiday recognized by the municipality falls on an employee's regularly scheduled day off the employee shall be granted another day off during the next 30 (thirty) days.

Policy #7 Sample Forms:

7.1 Sample Request for Time Off Form

7.2 Sample Leave of Absence Application

Request for Time Off

Employee Legal Name:	Div/Dept.
Vacation [] _____ <i>Hours</i> Sick Leave [] _____ <i>Hours</i> Bereavement [] _____ <i>Hours</i> Jury Duty/Witness [] _____ <i>Hours</i> Unpaid Time Off [] _____ <i>Hours</i>	Start Date: ___/___/___ Return Date: ___/___/___ Total <u>Paid</u> Time-Off _____ Total <u>Unpaid</u> Time-Off _____ (<i>Complete Reason for Unpaid Time Off</i>)
<u>Unpaid Time Off</u>	
Reason: _____	
Employee Signature _____	Date _____
Mayor or Council President Signature _____	Date _____

Leave of Absence Condition: (To be completed by Finance Officer)

1. Last day worked _____ Return to work date _____
2. Pay: STD _____ days/Casual _____ days/Vacation _____ days
No Pay _____ days
3. Employees are not eligible for bereavement or holiday pay while on a leave of absence.
4. Check Insurance to be continued and the weekly/monthly cost to employee.

POLICY #8: SEPARATION FROM MUNICIPAL SERVICE

8.1 General Policies:

8.1.1 Definitions:

- **Voluntary Separation:** Written resignation, extended absence without proper notification, or retirement. The employee initiates voluntary separation.
- **Involuntary Separation:** Layoff or discharge. The employee does not initiate involuntary separation.

For additional assistance, see form 8.1 at the end of this chapter.

8.1.2 Return of Municipal Property:

Municipal employees are expected to return all municipal property at the time of their departure from municipal service. The municipality reserves the right to withhold from the employee's final paycheck the amount for any property that is not returned or for which there is no explanation for the absence of the property. The municipality may take further action if necessary to recover municipal property.

8.2 Voluntary Separation:

8.2.1 Resignation:

A municipal employee may resign from municipal service by giving the Mayor, Council President or finance officer written notice of his/her resignation. Said resignation is requested at least two weeks in advance of their leaving municipal service. In extenuating circumstances, the Mayor or Council President may accept the employee's resignation as taking affect immediately.

8.2.2 Retirement Age

There is no mandatory retirement age for municipal employees. However, all employees must continue to meet the performance requirements for their position.

8.2.3 South Dakota Retirement System

The municipality of Lake Norden is a member of the South Dakota Retirement System (SDRS) and follows the Retirement System law as set forth in SDCL 3-12. All eligible employees (see policy 3 & 6.5.3) will be members of the SDRS and all benefits will be administered through the SDRS office in Pierre.

8.3 Involuntary Separation

8.3.1 Discharge Disciplinary Interview:

In cases of discharge the employee will be granted full due process rights as set forth in policy 9.1.8.

8.3.2 Unemployment Compensation:

The municipality follows the state of South Dakota Unemployment laws as found in SDCL Title 61.

8.4 Exit Interviews:

It is a policy of the municipality of the City of Lake Norden, for the appropriate authority to conduct an exit interview prior to an employee's separation from municipal employment. The exit interview is conducted for several purposes, including:

1. To resolve all outstanding matters between the municipality and the employee;
2. To advise the employee of the affect their separation will have upon all benefits and what benefits they have coming upon separation;
3. At the time of the exit interview, employees are expected to return all municipal property as specified in policy 8.1.

Policy #8 Sample Forms

8.1 Sample Separation Checklist

8.2 Sample Exit Survey

Separation Checklist

EMPLOYEE NAME: _____ JOB TITLE _____

LAST WORKDAY: _____ REASON FOR LEAVING _____

Send Original Copy to:

Following items were discussed with employee if yes is checked or were not applicable if n/a checked.

	YES	N/A
Personnel Action Form completed and sent to Human Resources	___	___
Accrued vacation due	___	___
Accrued sick leave due	___	___
Last paycheck presented	___	___
Outstanding Expense reports/Advances	___	___
Health Insurance Continuation	___	___
Health Insurance Conversion	___	___
Life Insurance Conversion	___	___
Retirement payout options	___	___

The employee returned the following items unless not applicable (n/a) is checked:

	YES	N/A
Door key(s) specify: _____	___	___
Door key(s) specify: _____	___	___
Door key(s) specify: _____	___	___
Water Treatment Plant Key(s)	___	___
Vehicle key (s)	___	___
Wastewater Plant Key(s)	___	___
Tools	___	___
Company records, manuals, computer disks	___	___
Other _____	___	___

If any item not accounted for, please explain:

Location of unaccounted property: _____

This list is a correct record of the items we discussed and of the items that were returned to me or by me.

Departing Employee _____ Date: _____

Interviewer _____ Date: _____

Exit Survey -Optional

Name _____ Job _____ Date _____

Length of Employment _____

As part of our continuous quality improvement efforts, we would appreciate your answers on this survey. Your response is voluntary, and we appreciate your time and consideration. A stamped, self-addressed envelope is provided for your reply. Thank you for being a member of our team and please accept our best wishes for success in your career.

1. The orientation and information I was provided when I started working was:

Great ___ Good ___ Average ___ Poor ___ Needs Improvement ___

Comments

2. The information I was provided about my job duties and responsibilities was:

Great ___ Good ___ Average ___ Poor ___ Needs Improvement ___

Comments

The training I was provided to perform my job was:

Great ___ Good ___ Average ___ Poor ___ Needs Improvement ___

Comments

3. The support and resources I was provided to accomplish my job were:

Great ___ Good ___ Average ___ Poor ___ Needs Improvement ___

Comments

4. The organization and management of my department was:

Great ___ Good ___ Average ___ Poor ___ Needs Improvement ___

Comments

5. The pay for my job was:

Great ___ Good ___ Average ___ Poor ___ Needs Improvement ___

Comments

6. The benefits provided to me were:
Great ___ Good ___ Average ___ Poor ___ Needs Improvement ___
Comments
7. I did ___, or didn't ___ seek career advancement while I was employed there, and found the opportunities for moving up were:
Great ___ Good ___ Average ___ Poor ___ Needs Improvement ___
Comments
8. My overall satisfaction with my employment there was:
Great ___ Good ___ Average ___ Poor ___ Needs Improvement ___
Comments
9. The reasons that I went to work there were:
10. The reasons why I left my job were:
11. Some thoughts about working there and suggestions for improvements I can offer are:

We would appreciate your comments within one week, and again, **THANK YOU!**

POLICY #9: DISCIPLINARY ACTION AND GRIEVANCE PROCEDURE

9.1 Disciplinary Action

Disciplinary actions shall be applied when the proper authority determines such actions are necessary. A disciplinary action may be in the form of oral reprimand, written reprimand, suspension, demotion or reassignment, or dismissal as defined below. The municipality may, but is not required to, apply these actions progressively.

For additional assistance, see forms 9.1 and 9.2 at the end of this chapter.

9.1.1 Oral Reprimand:

The Mayor or Council President may orally reprimand an employee. This informal disciplinary consultation may be documented on an employees performance appraisal or referenced in further progressive disciplinary actions.

9.1.2 Written Reprimand:

The Mayor, Council President or Lake Norden City Council may discipline an employee by written reprimand.

9.1.3 Suspension without Pay:

The Mayor or Council President with approval of the Lake Norden City Council may temporarily suspend an employee without pay for disciplinary purposes. Suspension shall be for no more than 10 working days.

9.1.4 Demotion or Reassignment:

The Mayor or Council President with the approval of the Lake Norden City Council may reduce an employee's salary, assign the employee to a lower position, or change the employees duties within his/her current position or use any combination of the above for disciplinary purposes.

9.1.5 Dismissal:

The Mayor or Council President with the approval of the Lake Norden City Council may terminate an employee from municipal employment for disciplinary purposes.

9.1.6 Voluntary separations and grievances:

Except as where protected activity, employees who voluntarily terminate their employment will have any outstanding or unresolved grievances immediately dismissed.

9.1.7 Non-Grievable Actions:

Oral and written reprimands, suspensions with pay and terminations of employees during their employee-in-training period are not grievable except based on a prohibited form of discrimination.

9.1.8 Disciplinary Interview:

Before formal disciplinary actions are taken (suspension without pay, demotion, or dismissal), the Mayor or Council President shall:

1. Notify the employee in writing of the proposed disciplinary action. The notice shall state the reason(s) for the action, including any prior disciplinary actions and the facts of any other incidents upon which the present disciplinary action is based within 5 working days.
2. If requested, a disciplinary review shall be held to give the employee an opportunity to present reasons, orally or in writing, why the action should not be taken.

3. Inform the employee in writing of the final decision, effective date of the disciplinary action, and his/her right to appeal such decision to the governing board, as followed in 9.2.4, by filing a written notice of disagreement with the Mayor or Council President within 5 working days of receiving the response. If the employee fails to appeal the decision within 5 working days, the action shall become final.

9.1.9 Signing Requirements:

In all cases of formal disciplinary action the employee will be required to sign the written notice of discipline and such notice shall be dated and placed in the employee's permanent personnel file. If the employee refuses to sign the notice, a notation to that effect shall be made by the decision making authority with another city employee or official as a witness. The employee may submit a written statement of response to the disciplinary action which shall be attached to and remain with the disciplinary action in his/her permanent personnel file. Documentation of such discipline may be submitted to the Mayor or Council President for review.

In all instances in this policy where an employee is required to sign, signing does not imply agreement with the action, only that the contents have been made known to or discussed with the employee.

9.2 Grievance Procedure

The City may not discharge or otherwise discriminate against any employee for taking leave, opposing a practice made unlawful under the Family and Medical Leave Act of 1993, or for participating in any proceeding relating to the Act.

9.2.1 Purpose:

The purpose of this grievance procedure is to provide a just and equitable method for the resolution of grievances without discrimination, coercion, restraint, or reprisal against any employee or group of employees who may submit to or be involved in a grievance.

9.2.2 Definition of a Grievance:

A grievance is a complaint by an employee or a group of employees concerning the interpretation or application of the provisions of rules or regulations governing conditions of employment, personnel practices and procedures, or conditions which have not been resolved satisfactorily in an informal manner between the employee(s) and the Lake Norden City Council.

9.2.3 Employee Notice of Disagreement:

If the employee disagrees with any action of the decision making authority, he/she, may within 5 working days (working days does not mean calendar days) from the date on which the employee became aware of the action or should have reasonably been aware of the action, submit to the decision making authority a written notice of disagreement stating the reasons for disagreement and the action that he/she desires.

If the employee disagrees with the response to the grievance or the Lake Norden City Council fails to respond to the grievance within 5 working days, the employee may file a written notice of disagreement with the Mayor or Council President within 5 working days of receiving the response. If the employee fails to appeal the decision within 5 working days the grievance shall be considered waived.

9.2.4 Appearance Before the Governing Board:

At the next meeting (or a special meeting) of the Governing Board following the employee's notice of disagreement, the grievant employee may appear before the Governing Board in open or executive session to discuss his/her grievance. After the employee's appearance before the Governing Board, the Mayor or Council President shall, in writing, furnish the decision of the Governing Board to the grievant employee. If the grievant employee fails to appear before the Governing Board on his/her scheduled date of hearing, he/she shall be deemed to have waived any disagreement with the decision making authorities decision and shall waive all rights to grieve such decision.

9.2.5 Appeal From the Decision of the Governing Board:

If the grievant employee disagrees with the written decision of the Governing Board as provided by the Mayor or Council President, he/she may within thirty (30) calendar days (calendar days does not mean working days) after receipt of the decision, initiate an appeal to the State Department of Labor in accordance with the provisions of SDCL 3-18-15.2.

Policy #9 Sample Forms

9.1 Sample Disciplinary Notice

9.2 Sample Positive and Effective Resolution/Grievance Procedure

Disciplinary Notice

Employee: _____

Job Title: _____

Steps:

- Informal Warning
- Formal Warning
- Final Warning
- Dismissal

1. Statement of the problem: (violation of rules, standards, practices or unsatisfactory performance.)

2. Prior discussion or warnings on this subject: (oral, written, dates.)

3. Statement of company policy on this subject:

4. Summary of corrective action to be taken: (Include dates for improvement and plans for follow-up.)

5. Consequences of failure to improve performance or corrective behavior:

6. Employee comments:

Employee Signature _____ Date_____

Supervisor Signature _____ Date_____

Distribution: One copy to employee, one copy to *Mayor and/or finance officer for employee file.*

POSITIVE AND EFFECTIVE RESOLUTION

**Grievance Procedure
Step I. - Supervisory**

The City of Lake Norden encourages you to resolve any problem or issue informally with the individuals involved, however if you know of a problem that is effecting you, your co-workers, etc., we have provided the following course of action:

Step I. - Complete this form and return it to Mayor or Council President within 2 working days after the incident or problem occurred. The Lake Norden City Council will have 5 working days to provide you with a written response to your grievance.

Date of this grievance: _____

Your name: _____

Your Supervisor: _____

Employee grievance:

Date of incident: _____

Please state the incident(s) or the event(s) that led you to write this grievance and return to Mayor and/or City Council:

Mayor and/or City Council written response:

Date grievance received: _____ Your name: _____

Please give written response to the above grievance and distribute copies to employee and Mayor and/or City Council

Employee Signature _____

Date Received Written Response _____

Final Authority written response:

Date Grievance Received: _____ Your Name: _____

Lake Norden City Council will have 5 working days to provide employee with a written and final response.

Please give written response to the above grievance and distribute copies to employee and Mayor and/or Council President.

Employee Signature _____

Date Received Written Response _____

POLICY #10: DRUG AND ALCOHOL ABUSE POLICY

10.1 Municipality's Commitment to Drug and Alcohol Free Workplace

The municipality of Lake Norden has a strong commitment to its employees to provide a safe, healthful, and productive work environment and to promote high standards of employee health. Consistent with the spirit and intent of this objective the municipality will act to eliminate any substance abuse which could impair an employee's ability to safely and effectively perform a particular job and which increases the potential for accidents, absenteeism, substandard performance, and tends to undermine public confidence in the municipality's work force. The municipality's goals are to establish and maintain a work environment that is free from the effects of alcohol and drug abuse and to maintain the reputation and integrity of the municipality of Lake Norden by preventing unacceptable behavior by its employees that discredits the municipality of Lake Norden and its employees.

While the municipality has no intention of unreasonably intruding into the private lives of its employees, the municipality does expect employees to report for work in a condition to perform their duties, make the work environment safe for other employees, and represent a proper image to the citizens. It is clear that employee off-the-job, as well as on-the-job, involvement with drugs and alcohol can have an impact on the municipality's goals.

10.2 Drug and Alcohol Abuse Policies

Following are the policies of the municipality regarding drug and alcohol abuse:

1. The unlawful manufacture, distribution, dispensing, possession or use of controlled drugs or substances, or the use of alcohol while on duty, on or off business property owned or leased by the municipality is proper cause for disciplinary action.
2. Any illegal controlled drug or substance possessed while on duty by employees will be turned over to the appropriate criminal justice agencies and may result in criminal prosecution. This does not apply to public safety officers who are in possession of an illegal controlled drug or substance while acting in the line of duty.
3. It is not permitted for an employee to be under the influence of controlled drugs or substances or alcohol on the job, except as provided for in item four (4).
4. The legal use of controlled drugs or substances prescribed by a licensed physician is not prohibited, but employees in positions where side effects of the prescribed medication could affect performance and safety on the job are required to make such use known to their supervisor.
5. The illegal use, sale, and possession of controlled drugs or substances while off duty and off municipal premises which results in a criminal conviction is unacceptable. Off-duty, alcohol-related, criminal convictions are also unacceptable. They may affect the job performance and the confidence of the public in the municipality's ability to meet its responsibilities. Such off-the-job conduct may be proper cause for disciplinary action.

For additional assistance, see form 10.1 at the end of this chapter.

10.3 Testing for Drugs or Alcohol

The municipality may request that the employee undergo drug and alcohol testing if there is a "reasonable suspicion" that the employee is under the influence of drugs or alcohol during work hours. "Reasonable suspicion" means an articulable belief based on facts and reasonable inferences drawn from those facts that an employee is under the influence of drugs or alcohol. Circumstances which constitute a basis for determining reasonable suspicion may include, but are not limited to:

1. A pattern of abnormal or erratic behavior that is so unusual that it warrants summoning a supervisor, department head or other individual for assistance.
2. Information provided by a reliable and credible source with personal knowledge.
3. Direct observation of drug or alcohol use.
4. Presence of the physical symptoms of drug or alcohol use; (i.e. glossy or blood-shot eyes, alcohol odor on breath, slurred speech, poor coordination and/or reflexes).

5. Possession of substances in violation of the municipality's drug and alcohol policy.
6. The employee, where "reasonable suspicion" exists, may be asked to submit to blood and/or urine testing by a qualified medical physician or hospital at the municipality's expense. Prior to testing, the proper authority shall secure a signed release statement from the employee to have the hospital/physician release medical information to the municipality.

An employee who refuses to consent to a drug and alcohol test when reasonable suspicion exists may be subject to disciplinary action.

A positive result from the drug and/or alcohol test confirming the reasonable suspicion may result in disciplinary action.

The proper authority is required to detail in writing the specific facts, symptoms, or observations that led to the reasonable suspicion. This documentation, which includes the results of the drug or alcohol test as confirmation of the use of drugs or alcohol on the job, shall be given to the finance officer and placed in the employees personnel file only if confirmed by the drug and/or alcohol test.

All information from an employee's drug and/or alcohol test is confidential, and only those with a need to know are to be informed of the results. Disclosure of test results to any other person, agency, or organization is prohibited unless written authorization is obtained from the employee.

For additional assistance, see forms 10.2 and 10.3 at the end of this chapter.

10.4 Drugs to be Tested For:

The following drug groups were selected based on the ability of each drug to adversely affect physical/mental performance. All are controlled substances under state and federal law.

1. Alcohol, ethyl
2. Amphetamines/Methamphetamines; i.e., speed
3. Barbiturates; i.e., to include but not limited to amobarbital,
4. Butabarbital, Phenobarbital, cecobarbital
5. Cocaine, Cocaine Metabolites
6. Benzodiazepines
7. Opiates; i.e., to include but not limited to codeine, heroin, morphine, hydromorphone, hydrocodone
8. Phencyclidine (PCP)
9. THC (Marijuana) Metabolite

10.5 Employee Responsibilities:

1. An employee must not report to work while his/her ability to perform his/her job duties is impaired due to on or off duty alcohol or drug use. Employees called in for emergency duty to work outside their regular work schedule must not report to work impaired by off-duty alcohol or drug use.
2. An employee must not possess or use alcohol or illegal drugs or prescription drugs without a prescription during working hours or while subject to duty, on breaks, or during meal periods.
3. An employee must notify his/her supervisor, before beginning work, when taking any medication or drugs, prescription or nonprescription, which may interfere with the safe and effective performance of duties or operation of municipal equipment.
4. An employee must notify his/her immediate supervisor of any drug or alcohol related criminal statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

Any violations of the above stated may result in immediate disciplinary action.

10.6 Management Responsibilities and Guidelines:

1. Supervisors and department heads shall not physically search the persons of employees nor shall they search the personal possessions of employees without the freely given consent of, and in the presence of, the employee.
2. Supervisors and department heads shall notify the appropriate law enforcement agency when they have reasonable suspicion to believe that an employee may have illegal drugs in his or her possession or in an area jointly or fully controlled by the municipality.
3. Any supervisor or department head encountering an employee who refuses to consent to a drug and/or alcohol analysis when "reasonable suspicion" has been identified, shall remind the employee of the requirements of the policy and that he or she may be subject to disciplinary action. The reason(s) for the refusal shall be considered in determining the appropriate disciplinary action.
4. Where there is reasonable suspicion that the employee is under the influence of alcohol or drugs, the manager or supervisor should direct the employee to remain at work for a reasonable time until the employee can be safely transported home.
5. Nothing in this policy shall be interpreted as constituting any waiver of or limitation on the municipality's responsibility to maintain discipline, or the right to invoke disciplinary measures, nor the employees right to due process and the processing of grievances concerning such disciplinary measures in accordance with the grievance procedure set forth in policy 9.
6. Whenever disciplinary action is used in this policy, it shall include but not be limited to oral reprimand, written reprimand, suspension, demotion or discharge.
7. Each employee will be given a copy of the municipality's policy on Drug and Alcohol Substance Abuse. The employee will sign a receipt for the copy, which will be placed in the employee's personnel file.

Policy #10 Sample Forms

- 10.1 Sample Substance Abuse Policy Acknowledgement/Release Form
- 10.2 Sample Drug Test Consent Form
- 10.3 Sample letter Notifying Employee of a Failed Drug Test

Substance Abuse Policy Acknowledgement/Release

I hereby consent to submit to urinalysis and/or other tests as shall be determined/required by {Enter Company Name} the “company”, for the purpose of determining any drug and/or alcohol content thereof.

I agree that {enter Laboratory Name} (a certified lab) or other designated collection site may collect these specimens for these tests and may test them or forward them for analysis to a certified testing laboratory designated by the company.

I further agree to and hereby authorize the release of the results of said tests to an authorized medical review officer (MRO), the Company, or authorized agent of the Company.

I understand that it is the current, illegal use of drugs and/or abuse of alcohol that would prohibit me from being employed at this Company. Applicants for employment will be tested for the use of illegal drugs, whereas employees can be tested for the use of illegal drugs and alcohol.

I further agree to hold harmless the Company and its agents (including the above named laboratory and the collection site) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the Company’s consideration of my employment, or my employment application if a candidate for employment.

I further agree a reproduced copy of this consent and release form shall have the same force and effect as the original.

I also hereby certify that I have received and read the Substance Abuse Policy Statement and have had the drug-free workplace program explained to me. I understand that if I am subject to random testing or that if my performance indicates it is necessary, I will submit to a drug and/or alcohol test. I also understand that failure to comply with a drug and/or alcohol testing request or a confirmed positive result for the illegal use of drugs and/or alcohol will lead to discipline up to and including termination of employment and/or forfeiture of workers’ compensation benefits *.

I have carefully read the foregoing and fully understand its contents.

Applicant/Employee:

Print Name: _____ Soc.Sec.No. _____ - _____ - _____

Signature: _____

Date: _____

Witness Printed Name: _____

Witness Signature: _____

This form will become part of an employee’s personnel file.

Drug Test Consent Form

CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG TEST
SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I hereby CONSENT to allow (medical center) to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, Company XYZ

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims, which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against Company XYZ, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS Company XYZ, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

SIGNED this _____ day of _____, 20__.

CURRENT MEDICATIONS
PRESCRIPTIONS & NON-PRESCRIPTION

(SIGNATURE)

(NAME PRINTED)

(SOCIAL SECURITY NUMBE

CITY OF LAKE NORDEN

508 MAIN AVENUE
PO BOX 213
LAKE NORDEN, SD 57248-0213

"This institution is an equal opportunity provider, and employer."

Telephone 605-785-3602
Fax 605-785-3602

Dear _____

I am writing to advise you that you have failed the City's required pre-placement drug screening. Both initial and confirmatory tests of your urine specimen conducted by a certified laboratory have yielded a positive result for _____ .

In accordance with the city's drug and alcohol free workplace policies, you are hereby denied employment with the city as a consequence of your positive drug test and will be disqualified from consideration for any city employment for 6 months from the date of the positive test.

If you have any questions regarding your drug test results or this notice, please contact the city office at 605-785-3602.

Sincerely,

Finance Officer

POLICY #11: AMERICANS WITH DISABILITIES ACT

Grievance Procedure

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protection to individuals with disabilities in the areas of employment, public accommodations, state and local government services and programs, and telecommunications. Title II of the ADA states, in part, that "no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subject to discrimination" in programs or activities sponsored by a public entity.

The City of Lake Norden has adopted this grievance procedure to provide prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Justice regulations implementing Title II of the ADA.

Any individual who believes that (s)he or a specific class of individuals with disabilities has been subjected to unlawful discrimination on the basis of that disability by the City of Lake Norden may, by himself or herself or by any authorized representative, file a complaint.

Complaints should be addressed to; Lake Norden City Office, Attention: Mayor of Lake Norden, PO Box 213, Lake Norden, SD 57248 (who has been designated to coordinate ADA compliance efforts).

1. A complaint must be filed in writing and contain: the name and address of the individual or representative filing the complaint, a description of the alleged discriminatory action in sufficient detail to inform the entity of the nature and date of the alleged violation, and be signed by the complainant or authorized representative. Complaints filed on behalf of third parties must describe or identify the alleged victims of the discrimination.
2. The complaint must be filed within 180 days after the alleged violation occurs. This time may be extended for good cause shown.
3. The Mayor of Lake Norden shall promptly conduct an informal, but thorough, investigation of the complaint. All interested parties shall be afforded an opportunity to submit evidence relevant to the complaint.
4. A written determination of the validity of the complaint and a description of the resolution shall be issued and a copy forwarded to the complainant no later than five days after completion of this investigation. The finding shall include: findings of fact and conclusions of law, a description of a remedy for any violation found, and a notice of the rights available to both the entity and the complainant, including the complainant's right to file a private suit.
5. Files and records of all complaints filed shall be maintained.
6. The complainant may request a reconsideration of the complaint in cases where (s)he is dissatisfied with the resolution. The request for reconsideration must be made to Lake Norden City Council within five days of the original finding.
7. Nothing in this grievance procedure shall be construed as preventing an individual from pursuit of other remedies including filing the complaint with any federal agency (s)he believes is appropriate or with the U.S. Department of Justice. This procedure also does not preclude the individual's right to file a lawsuit in federal district court.

For additional assistance see forms 11.2, 11.3 and 11.4 at the end of this chapter.

Policy #11 Sample Forms

11.1 ADA Reasonable Accommodation Checklist

11.2 ADA Accommodation Approval Letter

11.3 ADA Accommodation Denial Letter

Checklist: ADA Reasonable Accommodation Process

1. Ask the employee if there is any way that the employer can assist the employee in the performance of the job tasks. No ADA acknowledgment is necessary at this point.
2. Determine whether there is medical documentation or other reliable, objective information to conclude that the employee has a physical or mental condition that significantly impairs at least one major life function
3. Unless there is an observable basis for concluding that the employee has an impairment that is affecting job performance do not inquire about the need for an accommodation.
4. Be sure to have the employee sign a medical release form before requesting medical information.
5. Have the medical provider indicate what major life activity (ies) is limited.
6. Keep all medical information in a file that is separate from the employee's personnel file.
7. Indicate accurately in the job description which of the job functions are essential. (Non-essential job tasks may be reassigned to other employees for purposes of accommodations, not essential job functions). Write an updated job description, if necessary.
8. Determine whether the accommodation creates an undue hardship for the employer.
9. Discuss possible accommodations with the employee, medical providers, the supervisors who have knowledge of the work site and the job, EAP, and vocational or rehabilitation counselor, as appropriate.
10. Consider union contract obligations regarding the filling of positions. Consider a waiver if necessary.
11. Determine whether the employee presently creates a "direct threat" to himself or others in the performance of the job tasks.
12. Document the direct threat by: Identifying the risk caused by the limitation; the potential, harm that could result; the medical or observable facts whereon the risk is based.
13. Identify and document the reasonable accommodation or the reason no accommodation is needed.

ADA Accommodation Approval Letter

CITY OF LAKE NORDEN

508 MAIN AVENUE
PO BOX 213
LAKE NORDEN, SD 57248-0213

"This institution is an equal opportunity provider, and employer."

Telephone 605-785-3602
Fax 605-785-3602

Date

Employee Name

Address

Dear (Name):

This is in response to your request for an accommodation to perform the essential functions of your position. The health care provider's note that you gave us on (date) stated that you have the following work restriction(s): (list restrictions). We met with you discuss possible combinations needed because of these restrictions on (date).

We have approved the following accommodation(s): (list accommodation). This accommodation is considered the most effective given your essential job functions can our operational necessities and will be implemented effective (date).

Your records will be maintained in accordance with applicable confidentiality requirements. Please contact me if you have a have any questions.

Sincerely,

Mayor, City of Lake Norden

ADA Accommodation Denial Letter

CITY OF LAKE NORDEN

**508 MAIN AVENUE
PO BOX 213
LAKE NORDEN, SD 57248-0213**

"This institution is an equal opportunity provider, and employer."

**Telephone 605-785-3602
Fax 605-785-3602**

Date

Employee Name

Address

Dear (Name):

This is in response to your request for an accommodation to perform the essential functions of your position. The health care provider's note that you furnished us on (date) stated that you have the following restrictions: (list restrictions). We met with you and discussed possible accommodations needed because of the limitations on (date).

The essential functions of a (employee's job title) require the employee to (list relevant essential job functions). After a careful review of your request, we have determined that we are unable to provide you with a reasonable accommodation at this time because of (reason).

Since we are unable to accommodate you reasonably in your current job, we will notify you of position vacancies. We will attempt to accommodate you by transferring you to a vacant position for which you are qualified.

Your records will be maintained in accordance with applicable confidentiality requirements. Please do not hesitate to contact me at (phone number) if you have questions.

Sincerely,

Mayor, City of Lake Norden

POLICY #12: APPOINTED OFFICIALS

12.1 Definition

An Appointed Official is an individual who holds a position in a municipality as specified in S.D.C.L. 9-14-1 (see policy 12.2).

12.1.2 Second & Third Class Municipalities:

SDCL 9-14-1 The appointed officers in second and third class municipalities are the finance officer (auditor, treasurer) and other such officers as provided by municipal ordinance.

12.2 Appointment of Appointed Officials:

12.2.1 Aldermanic:

SDCL 9-14-3 The mayor appoints all municipal officials with the approval of the common council.

12.3 Applicable policies to municipal officials:

The following sections of this manual shall apply to municipal officials:

Policy #1: All sub-sections

Policy #2: All sub-sections

Policy #3: All sub-sections

Policy #4: Not applicable

Policy #5: Not applicable

Policy #6: All sub-sections

Policy #7: All sub-sections

Policy #8: Not applicable

Policy #9: Not applicable

Policy #10: All sub-sections

Policy #11: All sub-sections