SYRACUSE CITY

Syracuse City Council
Work Session Notice
April 14, 2015, 2015 – 6:00 p.m.
Municipal Building, 1979 W. 1900 S.

Notice is hereby given that the Syracuse City Council will meet in a work session on Tuesday, April 14, 2015, at 6:00 p.m. in the large conference room of the Municipal Building, 1979 W. 1900 S., Syracuse City, Davis County, Utah. The purpose of the work session is to discuss/review the following items:

a. Review agenda for Council business meeting to begin at 7:00 p.m. (2 min.)

b. Request to be on the agenda: Mike Bastian, Castlecreek Homes, re: proposed ordinance amendment pertaining to secondary water service for remnant agriculture properties. (10 min.)

c. Discussion of proposed parking ordinance. (10 min.)

d. Review agenda item 10: Proposed resolution adopting comprehensive edits to the chapters 12-24 of the Personnel Policies and Procedures Manual. (10 min.)

e. Review items forwarded by the Planning Commission: (10 min.)
   i. Concept Plan Report, Elmore Plaza, located at approximately 1000 W. Gordon (2700 South).
   ii. Final Subdivision Plan, Wilcox Meadows Phase 1(name changed from Wilcox Farms), Castle Creek, located at 1200 S 3000 W, R-2 Zone.
   iii. Final Subdivision Plan, Steed Lake View Farm phase I, Lake View Farm I LLC, located at 700 S 3000 W, R-2/R-3 Zone.
   iv. Proposed Code Amendment, Title X, pertaining to the PRD-Planned Residential Zone.

f. Council business. (2 min.)

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In compliance with the Americans Disabilities Act, persons needing auxiliary communicative aids and services for this meeting should contact the City Offices at 801-825-1477 at least 48 hours in advance of the meeting.

CERTIFICATE OF POSTING

The undersigned, duly appointed City Recorder, does hereby certify that the above notice and agenda was posted within the Syracuse City limits on this 9th day of April, 2015 at Syracuse City Hall on the City Hall Notice Board and at http://www.syracuseut.com/. A copy was also provided to the Standard-Examine on April 9, 2015.

CASSIE Z. BROWN, CMC
SYRACUSE CITY RECORDER
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COUNCIL AGENDA

April 14, 2015

Agenda Item b **Request to amend secondary water ordinance for remnant agriculture properties**

Factual Summation

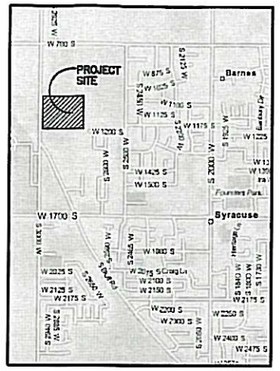
- Mike Bastian with Castle Creek Homes will lead the discussion. Any supporting questions for staff about this agenda item can be directed to Robert Whiteley.
- As development occurs and pressurized secondary water is in place, irrigation ditches experience a smaller demand for water delivery.
- In many cases, small remnants of agricultural properties that still rely upon irrigation ditches have challenges in maintaining long stretches of ditches that are routed around or piped through new developments.
- Often times, the cost of piping or relocating a ditch to serve a remnant property would be greater than the cost to install a pressurized service.
- Our ordinance does not provide an avenue to serve remnant agriculture properties.

Consideration

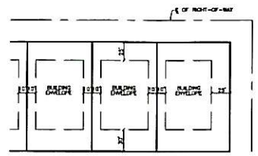
Consider whether the council would entertain an ordinance amendment to provide pressurized secondary water to remnant agriculture properties where ditches are limited or become unavailable.

BIRCH,
ROSANNE W
- TRUSTEE
Area affected from removal of ditch
JOYCE T &
DAVID C
WILCOX,
JOY W &
NORMAN D
JT WILCOX
LLC
WILCOX,
NORMAN D &
JOY W-TRUSTEES
BRIGGS,
ARLENE W

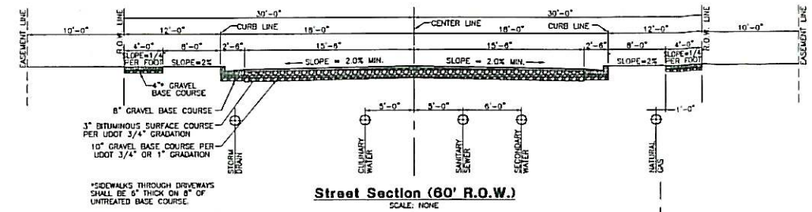
Reeve & Associates, Inc. - Solutions You Can Build On



Vicinity Map



Set-back Detail



Street Section (60' R.O.W.)
SCALE: NONE

Data Table

DESIGNED TO R-2 STANDARDS
TOTAL AREA.....24.37 ACRES
NET DEVELOPABLE AREA.....19.50 ACRES
DENSITY ALLOWED BY R-2 ZONE
19.50 @ 3.79 LOTS/ACRE.....73.91 LOTS

67 LOTS PROPOSED

120 0 60 120 180
Scale: 1" = 60'

NOTES:
1. CONTOURS ARE SHOWN WITH A TWO FOOT INTERVAL.
2. STOP SIGNS AND STREET IDENTIFICATION SIGNS WILL BE AT INTERSECTIONS AS DIRECTED BY THE CITY.
3. A LAND DRAIN SYSTEM MAY BE INSTALLED, IF REQUIRED.
4. STORM WATER WILL BE COLLECTED ON SITE AND PIPED TO A PROPOSED REGIONAL DETENTION BASIN LOCATED ON 700 SOUTH.

Developer:
Castle Creek Homes
Mike Schultz/Mike Bastian
1798 W 5150 S, #103
Roy, UT 84067
(801) 525-0681

Wilcox Farms Subdivision

Syracuse City, Davis County, Utah

THESE PLANS AND SPECIFICATIONS ARE THE PROPERTY OF REEVE & ASSOCIATES, INC., 920 CHAMBERS STREET, STE. 14, OGDEN, UTAH 84403, AND SHALL NOT BE PHOTOCOPIED, RE-DRAWN, OR USED ON ANY PROJECT OTHER THAN THE PROJECT SPECIFICALLY DESIGNED FOR, WITHOUT THEIR WRITTEN PERMISSION. THE OWNERS AND ENGINEERS OF REEVE & ASSOCIATES, INC. DISCLAIM ANY LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS OR THE DESIGN THEREON WITHOUT THEIR CONSENT.

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CIVIL ENGINEERS • LAND SURVEYORS
WATER ENGINEERS • STRUCTURAL ENGINEERS • LANDSCAPE ARCHITECTS

REVISIONS	
DATE	DESCRIPTION

Wilcox Farms Subdivision
PART OF THE NW 1/4 OF SECTION 9, T.4N., R. 2W., S.L.B. & M., U.S. SURVEY
SYRACUSE CITY, DAVIS COUNTY, UTAH

Sketch Plan

Project Info.
Engineer: N. Reeve
Designer: C. Cave
Begin Date: March 30, 2014
Name: WILCOX PROPERTY
Number: 3784-57

Sheet 1 of 1 Sheets

COUNCIL AGENDA
April 14, 2015

Agenda Item **"c"** Proposed adoption of additional Parking Ordinance in Syracuse City.

Factual Summation

- Any question regarding this agenda item may be directed at Chief Atkin
- Please see attached

Chief Atkin is requesting the adoption of an additional parking ordinance. According to ordinance 11.05.010, Syracuse City has adopted State laws related to parking violations. These laws can be found primarily in 41-6a-1401 - 41-6a-1404 of the Utah Code. The purpose of this proposed ordinance is to allow the Department to better address parking concerns of residents and to provide increased safety. This ordinance would be added to Chapter 11 Section 20.

Please refer to the attached information related to the proposed ordinance and State laws.

Parking restrictions 11.20.040

In addition to other parking restrictions in this Code, it shall be unlawful:

(1) To park any vehicle over, above, on, or across the public easement between the sidewalk and curbing abutting any public street;

(2) To park any vehicle over, above, on, or across any sidewalk or portion thereof, or to otherwise park a vehicle in such a manner so as to obstruct access upon, or use of, the entire surface of any sidewalk;

(3) To park a vehicle upon any street, or publicly owned or controlled property or right-of-way for the principal purpose of performing maintenance or repairing such vehicle except as is necessitated by an emergency;

(4) To park upon any street, public right-of-way, or publicly owned or controlled property a vehicle that is mechanically inoperable or cannot be lawfully operated on public streets. For purposes of this Subsection, "mechanically inoperable" includes, but is not limited to, flat tire, dead battery, any mechanical problem that would prohibit the immediate starting of the engine and proceeding in a normal manner. "Lawfully operated" includes, but is not limited to, having current registration, inspection, and required equipment, or any physical condition, such as missing or inoperable lighting, prohibiting lawful operation;

(5) To park any vehicle, trailer, etc. in any fire lane or to otherwise block or obstruct any fire lane established by the City;

(6) To park any vehicle, trailer, etc. on any public property, other than in designated parking or obvious parking areas or as legally permissible on roadways;

(7) To park any vehicle in any location that interferes with the delivery and monitoring of essential services, such as utilities, postal services, and refuse collection.

(8) To park any vehicle, trailer, boat, or similar apparatus upon any developed parcel at a location other than that designed for parking.

a. Areas designed for parking must be concrete, asphalt, or similar solid surface of sufficient size to house the entire vehicle.
b. **Exception.** This Subsection shall not apply to vehicles parked so as to facilitate the immediate loading or unloading thereof or service vehicles actively involved in the construction, repair, or servicing of the premises.

STATE CODES

41-6a-1401 Standing or parking vehicles -- Restrictions and exceptions.
(1) Except when necessary to avoid conflict with other traffic, or in compliance with law, the directions of a peace officer, or a traffic-control device, a person may not:
(a) stop, stand, or park a vehicle:
(i) on the roadway side of any vehicle stopped or parked at the edge or curb of a street;
(ii) on a sidewalk;
(iii) within an intersection;
(iv) on a crosswalk;
(v) between a safety zone and the adjacent curb or within 30 feet of points on the curb immediately opposite the ends of a safety zone, unless a different length is indicated by signs or markings;
(vi) alongside or opposite any street excavation or obstruction when stopping, standing, or parking would obstruct traffic;
(vii) on any bridge or other elevated structure, on a highway, or within a highway tunnel;
(viii) on any railroad tracks;
(ix) on any controlled-access highway;
(x) in the area between roadways of a divided highway, including crossovers; or
(xi) any place where a traffic-control device prohibits stopping, standing, or parking;
(b) stand or park a vehicle, whether occupied or not, except momentarily to pick up or discharge a passenger or passengers:
(i) in front of a public or private driveway;
(ii) within 15 feet of a fire hydrant;
(iii) within 20 feet of a crosswalk;
(iv) within 30 feet upon the approach to any flashing signal, stop sign, yield sign, or traffic-control signal located at the side of a roadway;
(v) within 20 feet of the driveway entrance to any fire station and on the side of a street opposite the entrance to any fire station within 75 feet of the entrance when properly signposted; or
(vi) at any place where a traffic-control device prohibits standing; or
(c) park a vehicle, whether occupied or not, except temporarily for the purpose of and while actually engaged in loading or unloading property or passengers:
(i) within 50 feet of the nearest rail of a railroad crossing; or
(ii) at any place where traffic-control devices prohibit parking.
(2) A person may not move a vehicle that is not lawfully under the person's control into any prohibited area or into an unlawful distance from the curb.
(3) This section does not apply to a tow truck motor carrier responding to a customer service call if the tow truck motor carrier has already received authorization from the local law enforcement agency in the jurisdiction where the vehicle to be towed is located.

41-6a-1402 Stopping or parking on roadways -- Angle parking -- Traffic-control devices prohibiting or restricting.

(1) Except as otherwise provided in this section, a vehicle stopped or parked on a two-way roadway shall be stopped or parked with the right-hand wheels:

(a) parallel to and within 12 inches of the right-hand curb; or

(b) as close as practicable to the right edge of the right-hand shoulder.

(2) Except when otherwise provided by local ordinance, a vehicle stopped or parked on a one-way roadway shall be stopped or parked parallel to the curb or edge of the roadway in the direction of authorized traffic movement with its:

(a) right-hand wheels:

(i) within 12 inches of the right-hand curb; or

(ii) as close as practicable to the right edge of the right-hand shoulder; or

(b) left-hand wheels:

(i) within 12 inches of the left-hand curb; or

(ii) as close as practicable to the left edge of the left-hand shoulder.

(3)

(a) Except as provided in Subsection (3)(b), local highway authorities may by ordinance permit angle parking on any roadway.

(b) Angle parking is not permitted on any federal-aid or state highway unless the Department of Transportation has determined that the roadway is of sufficient width to permit angle parking without interfering with the free movement of traffic.

(4)

(a) The Department of Transportation, with respect to highways under its jurisdiction, may place traffic-control devices prohibiting or restricting the stopping, standing, or parking of vehicles on a highway where:

(i) the stopping, standing, or parking is dangerous to those using the highway; or

(ii) the stopping, standing, or parking of vehicles would unduly interfere with the free movement of traffic.

(b) A person may not stop, stand, or park a vehicle in violation of the restriction indicated by the devices under Subsection (4)(a).

41-6a-1403 Motor vehicle left unattended -- Requirements.

(1) A person operating or in charge of a motor vehicle may not permit the vehicle to stand unattended without:

(a) stopping the engine;

(b) locking the ignition and removing the key;

(c) placing the transmission in “park” or the gears in “low” or “reverse” if the vehicle has a manual shift; or

(d) effectively setting the brakes thereon.

(2) A person shall turn the front wheels to the curb or side of the highway when standing a vehicle on any perceptible grade.

41-6a-1404 Stopping or parking on roadway outside business or residential district.

(1) Outside a business or residence district, a person may not stop, park, or leave standing a vehicle, whether attended or unattended, on the roadway when it is practical to stop, park, or leave the vehicle off the roadway.

(2) A person who stops, parks, or leaves a vehicle standing on a roadway shall:

(a) leave an unobstructed width of the highway opposite the vehicle for the free passage of other vehicles; and

(b) leave the vehicle so that other vehicle operators have a clear view of the stopped vehicle from a distance of 200 feet in each direction on the roadway.

(3) This section and Sections 41-6a-1401 and 41-6a-1402 do not apply to the operator of a vehicle if the vehicle becomes disabled while on the paved or main traveled portion of a roadway in a manner and to the extent that it is impossible to avoid stopping and temporarily leaving the disabled vehicle on the paved or main traveled portion of the roadway.

COUNCIL AGENDA

April 14, 2015

Agenda Item **d** Introduce chapters 12 – 23 (excluding chapter 18) of policy manual comprehensive edits for first reading.

Factual Summation

- Any questions about this agenda item may be directed at Finance Director Stephen Marshall. See the attached policy manual PDF documents. There is both a red line and a clean copy of the proposed edits for chapters 12 – 23 (excluding chapter 18) of the policy manual. We are still working through our edits and revisions of chapter 18 and will bring it to the council at a future date.

- We have also included a summary list of changes to the forms in the appendix.

Recommendation

Discuss the personnel policy and procedures edits and revisions and set a future date to approve the changes.

RESOLUTION R15-12

A RESOLUTION UPDATING AND APPROVING COMPREHENSIVE EDITS TO CHAPTERS 12-23 (EXCLUDING CHAPTER 18) OF THE SYRACUSE CITY PERSONNEL POLICIES AND PROCEDURES MANUAL.

WHEREAS, the City Council has determined that necessary changes to the Syracuse City Personnel Policies and Procedures Manual are needed;

WHEREAS, Syracuse City Staff has reviewed the Syracuse City Personnel Policies and Procedures Manual and has recommended various comprehensive edits throughout chapters 12-23 (EXCLUDING CHAPTER 18) of the Manual;

WHEREAS, the City Council has determined that approval of the amendments to the Syracuse City Personnel Policies and Procedures Manual will help promote the orderly operation of the City;

NOW, THEREFORE, BE IT ENACTED AND ORDAINED BY THE CITY COUNCIL OF SYRACUSE DAVIS COUNTY, STATE OF UTAH, AS FOLLOWS:

SECTION 1: Amendments. That the proposed amendments to the Syracuse City Personnel Policies and Procedures Manual, attached hereto as Exhibit A, are hereby adopted and considered amended.

SECTION 2. Severability. If any section, part or provision of this Resolution is held invalid or unenforceable, such invalidity or unenforceability shall not affect any other portion of this Resolution, and all sections, parts and provisions of this Resolution shall be severable.

SECTION 3. Effective Date. This Resolution shall become effective immediately upon its passage.

PASSED AND ADOPTED BY THE CITY COUNCIL OF SYRACUSE CITY, STATE OF UTAH, THIS 14th DAY OF APRIL, 2015.

SYRACUSE CITY

ATTEST:

_____ By:_____

Cassie Z. Brown, City Recorder Terry Palmer, Mayor

SYRACUSE CITY
PERSONNEL POLICIES AND PROCEDURES

CHAPTER 12
DOT DRUG AND ALCOHOL TESTING POLICY

12.010. Purpose.
12.020. General Policy.
12.030. Applicability.
12.040. Definitions.
12.050. Prohibitions.
12.060. Zero Tolerance.
12.070. Voluntary Self-Identification Program.
12.080. Prescription and Over-the-Counter Drugs.
12.090. Testing Required.
12.100. Basis for Testing.
12.110. Pre-Employment Testing.
12.120. Post-Accident Testing.
12.130. Random Testing.
12.140. Reasonable Suspicion Testing.
12.150. Return-to-Duty Testing.
12.160. Follow-Up Testing.
12.170. Testing Procedures.
12.180. Results.
12.190. DOT Required Action.
12.200. Removal from Safety-Sensitive Functions.
12.210. Additional Action.
12.220. Records.
12.230. Confidentiality.
12.240. Notification of Conviction.
12.250. Americans with Disabilities Act (ADA).
12.260. Amendments.

12.010. Purpose.

The purpose of this policy is to provide guidelines for the implementation and management of a drug and alcohol testing program for City employees and prospective employees who are subject to the Commercial Drivers License (CDL) drug and alcohol testing requirements under the Federal Omnibus Transportation Employee Testing Act of 1991, as amended, and the Department of Transportation (DOT) Regulations promulgated thereunder. The provisions of this policy are intended and shall be interpreted in accordance with the Federal Omnibus Transportation Employee Testing Act of 1991, as amended, and the DOT Regulations as defined herein. This policy is not intended to create or alter any existing employment status or contract, written or verbal, between Syracuse City and its employees or prospective employees.

12.020. General Policy.

Alcohol or drug use can impair an employee's ability to safely and effectively perform the functions of the particular job, increase accidents, absenteeism, and sub-standard performance, create poor employee morale, and/or undermine public confidence in the City's work force. It is the policy of the

City to employ a work force and create a workplace free from the adverse effects of alcohol and drug use to ensure the safety, personal health, and productivity of its employees, as well as the health and safety of those with whom Syracuse City employees come in contact. In addition, Syracuse City is committed to reducing highway accidents that result from driver misuse of drugs and alcoholic substances, thereby reducing fatalities, injuries, and property damage. To accomplish this, Syracuse City has developed a "zero-tolerance" substance abuse policy for all current and prospective CDL employees as more particularly set forth in this policy. This policy shall be distributed to all CDL employees and made available for review by prospective CDL employees. Employees may refer any questions regarding this policy or the materials referred to herein to the Human Resources Specialist~~Director~~.

12.030. Applicability.

This policy applies to all employees in the service of Syracuse City for compensation, and prospective employees, who are required to hold and maintain a Commercial Drivers License as a condition of employment and/or who operate a commercial motor vehicle in commerce and who are subject to the Commercial Drivers License requirements of the Department of Transportation, including, but not limited to 49 CFR Part 383, as amended, referred to and defined herein as "CDL employees." All other employees shall comply with the Non-DOT Drug and Alcohol Policy set forth in Chapter 11, rather than the provisions set forth herein. All CDL employees shall be subject to the testing requirements of this policy and the Non-DOT Drug and Alcohol Policy subject to the following limitation. When the provisions of this policy are applicable to a certain situation, this policy shall be complied with and no other testing requirements may be imposed. However, when provisions of this policy do not apply to a situation which is otherwise covered by the Non-DOT Drug and Alcohol Policy, CDL employees shall be subject to testing under the Non-DOT Drug and Alcohol Policy. For instance, if a CDL employee is involved in an accident involving loss of life requiring testing under this policy, the employee would be subject to testing under this policy and not subject to testing under the Non-DOT Drug and Alcohol Testing Policy. However, if the employee is involved in an accident not requiring testing under this policy but requiring testing under the Non-DOT Drug and Alcohol Testing Policy, the CDL employee would be subject to testing under the Non-DOT Drug and Alcohol Testing Policy. In any case, if there is any conflict between this policy and any other policy or regulation of the City, the requirements of this policy shall control and no other testing requirements shall be imposed which would conflict or hinder compliance with this policy. In accordance with DOT Regulations, testing under Chapter 11 cannot be combined with testing required under this Chapter 12.

12.040. Definitions.

Words not otherwise defined but used in this policy or in the materials referenced herein are defined in 49 CFR § 386.2, 49 CFR § 390.5 and 49 CFR § 40.3, as amended. As used herein, the following words shall have the meanings set forth below:

(a) Actual Knowledge. "Actual Knowledge" means actual knowledge by an employer that a driver has used alcohol or controlled substances based on the employer's direct observation of the employee, information provided by the driver's previous employer(s), a traffic citation for driving a CMV while under the influence of alcohol or controlled substances or an employee's admission of alcohol or controlled substance use, except as provided in Section 12.070 regarding voluntary admission. Direct observation as used in this definition means observation of alcohol or controlled substances use and does not include observation of employee behavior or physical characteristics sufficient to warrant reasonable suspicion testing as used herein.

(b) Alcohol. "Alcohol" means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

(c) Alcohol Concentration (or Content). "Alcohol Concentration" or "Alcohol Content" means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test.

(d) Alcohol Use. "Alcohol Use" means the drinking or swallowing of any beverage, liquid mixture, or preparation (including any medication) containing alcohol.

(e) CDL Employee. "CDL Employee" means any employee in the service of Syracuse City for compensation who is required to hold and maintain a Commercial Drivers License as s condition of employment and/or who is required as part of his or her job duties to operate a commercial motor vehicle in commerce and who is subject to the commercial driver's license requirements of 49 CFR Part 383, as amended.

(f) Commerce. "Commerce" means: (1) any trade, traffic, or transportation within the jurisdiction of the United States between a place in a State and a place outside of such State, including a place outside of the United States; and (2) trade, traffic, and transportation in the United States which affects any trade, traffic, and transportation as described in Subsection (1).

(g) Commercial Motor Vehicle. "Commercial Motor Vehicle" means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the vehicle:

(1) Has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating more than 10,000 pounds; or

(2) Has a gross vehicle weight rating of 26,001 pounds; or

(3) Is designed to transport 16 or more passengers, including the driver; or

(4) Is of any size and is used in the transportation of material found to be hazardous for the purposes of the Hazardous Materials Transportation Act (49 USC § 5103(b)) and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR Part 172, subpart F).

(h) Controlled Substances or Drugs. "Controlled Substances" or "Drugs" means those substances identified in 49 CFR 40.85, as amended, consisting of the following:

(1) Marijuana metabolites

(2) Cocaine metabolites

(3) Amphetamines

(4) Opiate metabolites

(5) Phencyclidine (PCP)

(i) Designated Employee Representative (DER). "Designated Employee Representative" or "DER" means an individual identified by Syracuse City as able to receive communications and test results from service agents and who is authorized to take immediate actions to remove employees from safety-sensitive duties and to make required decisions in the testing and evaluation processes. The individual must be an employee of Syracuse City and cannot be a service agent. The City's DER is the Human Resources Specialist~~Director~~.

(j) DOT Regulations. "DOT Regulations" means the rules and regulations promulgated by the U.S. Department of Transportation for alcohol and controlled substance testing requirements for employees subject to the Commercial Driver's License requirements pursuant to the Omnibus Transportation Act of 1991, including, but not limited to §§ 49 C.F.R. 40 and 49 C.F.R. 382, as amended.

(k) Driver. "Driver" means any person who operates a commercial motor vehicle. This includes, but is not limited to: full time, regularly employed drivers; casual, intermittent or occasional drivers; leased drivers and independent, owner-operator contractors. For the purposes of pre-employment/pre-duty testing only, the term *driver* includes a person applying to the City to drive a commercial motor vehicle.

(l) Medical Review Officer (MRO). "Medical Review Officer" or "MRO" means a licensed physician who is responsible for receiving and reviewing laboratory results generated by the City's drug testing program and evaluating medical explanations for certain drug test results.

(m) Prospective CDL Employee. "Prospective CDL Employee" means any person who has made a written or oral application to become an employee of Syracuse City in a position defined as a CDL employee.

(n) Refuse to Submit. "Refuse to Submit" means that a CDL employee:

(1) Fails to appear for any test (except a pre-employment test) within a reasonable time, as determined by the City, consistent with applicable DOT agency regulations, after being directed to do so by the City. This includes the failure of an employee to appear for a test when called by the TPA (see, 49 CFR 40.61(a));

(2) Fails to remain at the testing site until the testing process is complete. Provided, that an employee who leaves the testing site before the testing process commences a pre-employment test is not deemed to have refused to test as provided in the DOT Regulations(see, 49 CFR 40.63(c));

(3) Fails to provide a urine specimen for any drug test required by this Policy or the DOT Regulations. Provided, that an employee who does not provide a urine specimen because he or she has left the testing site before the testing process commences for a pre-employment test is not deemed to have refused to test (see, 49 CFR 40.63(c));

(4) In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of a specimen (see, 49 CFR 40.67(l) and 40.69(g));

(5) Fails to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure (see, 49 CFR 40.193(d)(2));

(6) Fails or declines to take a second test the City, TPA or collector has directed the CDL employee to take;

(7) Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER under 49 CFR 40.193(d). In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment;

(8) Fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process); or

(9) Is reported by the MRO as having a verified adulterated or substituted test result.

(o) Safety-Sensitive Functions. "Safety-Sensitive Functions" means all time from the time a CDL employee begins to work or is required to be in readiness to work until the time he or she is relieved from work and all responsibility for performing work. An employee is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform any safety-sensitive functions and includes any of those on-duty functions defined in 49 CFR 395.2. Safety-sensitive functions shall include all duties deemed safety-sensitive under the DOT Regulations, including, but not limited to, the following:

(1) All time at City facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the City;

(2) All time inspecting equipment as required by 49 CFR 392.7 and 392.8 or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;

(3) All time spent at the driving controls of a commercial motor vehicle in operation;

(4) All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth (a berth conforming to the requirements of 49 CFR 393.76);

(5) All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and

(6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

(p) Stand-Down. "Stand-Down" means the practice of temporarily removing an employee from the performance of safety-sensitive functions based only on a report from a laboratory to the MRO of a confirmed positive test for a drug or drug metabolite, and adulterated test, or a substituted test, before the MRO has completed the verification of the test results. The City is prohibited from standing down an employee, except consistent with a waiver from the FMCSA.

(q) Third Party Administrator (TPA). "Third Party Administrator" or "TPA" means a service agent that provides or coordinates one or more drug and/or alcohol testing services to DOT-regulated employers. TPA's typically provide or coordinate the provision of a number of such services and perform administrative tasks concerning the operation of the employers' drug and alcohol testing programs.

12.050. Prohibitions.

The following conduct is prohibited under this policy in accordance with the prohibitions set forth in 49 CFR 382, Subpart B:

(a) Alcohol Concentration. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater. No employer having actual knowledge that a driver has an alcohol concentration of 0.04 or greater shall permit the driver to perform or continue to perform safety-sensitive functions.

(b) On-Duty Use. No driver shall use alcohol while performing safety-sensitive functions. No employer having actual knowledge that a driver is using alcohol while performing safety-sensitive functions shall permit the driver to perform or continue to perform safety-sensitive functions.

(c) Pre-Duty Use. No driver shall perform safety-sensitive functions within four hours after using alcohol. No employer having actual knowledge that a driver has used alcohol within four hours shall permit a driver to perform or continue to perform safety-sensitive functions.

(d) Use Following an Accident. No driver required to take a post-accident alcohol test under this policy and in accordance with 49 CFR 382.303 shall use alcohol for eight hours following the accident, or until he or she undergoes a post-accident alcohol test, whichever occurs first.

(e) Refusal to Submit to Required Test. No driver shall refuse to submit to a post-accident alcohol or controlled substances test required under this policy and in accordance with 49 CFR 382.303, a random alcohol or controlled substances test required under this policy in accordance with 49 CFR 382.305, a reasonable suspicion alcohol or controlled substances test required under this policy in accordance with 49 CFR 382.307, or a follow-up alcohol or controlled substances test required under this policy or 49 CFR 382.311. No employer shall permit a driver who refuses to submit to such tests to perform or continue to perform safety-sensitive functions. Refusal to submit to a required test shall be deemed a violation of this policy and shall result in disciplinary action, up to and including termination.

(f) Controlled Substances Use. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substance, except when the use is pursuant to the instructions of a licensed medical practitioner who has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle. No employer having actual knowledge that a driver has used a controlled substance shall permit the driver to perform or continue to perform a safety-sensitive function. The City may require a driver to inform the City of any therapeutic drug use as more particularly provided in this policy.

(g) Controlled Substances Testing. No driver shall report for duty, remain on duty or perform a safety-sensitive function, if the driver tests positive or has adulterated or substituted a test specimen for controlled substances. No employer having actual knowledge that a driver has tested positive or has adulterated or substituted a test specimen for controlled substances shall permit the driver to perform or continue to perform safety-sensitive functions.

12.060. Zero-Tolerance.

If it is determined that a CDL employee violates any term, condition or provision of this policy, that employee shall be subject to disciplinary action, up to and including termination. Any disciplinary action taken for violations of this policy shall comply with the disciplinary action procedures, as applicable, set forth in Chapter 22 of these Policies and Procedures.

12.070. Voluntary Self-Identification Program.

(a) Self-Identification Program. CDL employees of the City may voluntarily admit to alcohol misuse or controlled substances use ("admission") in accordance with the provisions of this Section setting forth the City's voluntary self-identification program. The provisions of this program are intended to comply with the provisions and requirements of 49 CFR 382.121, as amended. Voluntary admissions should be made to the employee's supervisor or the Human Resources Specialist~~Director~~. Employees having a drug or alcohol problem are strongly encouraged to seek help.

(b) Prior to Selection or Violation. To qualify for the City's voluntary self-identification program, the CDL employee must make the admission of alcohol misuse or controlled substances use prior to performing a safety-sensitive function (i.e., prior to reporting for duty) and prior to being selected for testing under this policy (i.e., the admission cannot be made in order to avoid testing under the requirements of this policy.

(c) No Adverse Action. The City shall not take any adverse action against a CDL employee making a voluntary admission of alcohol misuse or controlled substances use in accordance with the conditions and provisions of this Section.

(d) Evaluation and Treatment. A CDL employee who has made a voluntary admission of alcohol misuse or controlled substances use in accordance with the terms and conditions of this Section shall be given sufficient opportunity to seek evaluation, education or treatment to establish control over the employee's drug or alcohol problem.

(e) Costs and Leave. The City will pay for the first visit to a drug and alcohol abuse evaluation expert. All other costs of evaluation, treatment and rehabilitation shall be the employee's responsibility. The City will allow employees who seek voluntary assistance for alcohol and drug problems under this program to first utilize their accrued sick leave and then their accrued annual leave for rehabilitation. Leave without pay may be requested by the employee and will be considered on an individual case basis. If the FMLA does not apply, an employee's position may be held open for a reasonable period of time up to a maximum of thirty (30) days for voluntary rehabilitation upon approval by the City Manager~~Administrator~~.

(f) Successful Completion. The CDL employee shall not perform any safety-sensitive functions until and unless the employee has successfully completed an educational or treatment program, as determined by a drug and alcohol abuse evaluation expert (i.e., an employee assistance professional, substance abuse professional, or qualified drug and alcohol counselor). Employees returning to work after treatment must first provide the City with a certification from a reputable substance abuse program that the employee is sober and has successfully completed the treatment program. A licensed professional medical practitioner that specializes in substance abuse must sign this certification.

(g) Return to Duty Testing. Prior to performing any safety-sensitive functions, the employee shall undergo a return to duty test with a result indicating an alcohol concentration of less than 0.02 and/or a return to duty controlled substances test with a verified negative test result for controlled substances use.

(h) Follow-Up Testing. The employee must also, as a condition of returning to work, agree to follow-up rehabilitation drug and/or alcohol testing and sign a return to work agreement. Follow-up rehabilitation testing will be required for a period of not less than six (6) months and not more than one (1) year after completion of the employee's substance abuse treatment program. The date and time of any required follow-up rehabilitation drug and/or alcohol testing will be unannounced and conducted on a random basis.

(i) Disclaimer. Voluntary notification and enrollment in a rehabilitation program shall only prevent disciplinary action for previous drug or alcohol use that was unknown to the City and shall not prevent the City from testing or taking disciplinary action against an employee who subsequently violates this policy.

12.080. Prescription and Over-the-Counter Drugs.

Prescribed and over-the-counter drugs and the necessary instrumentalities of administration brought on City premises may only be used by the person for whom they are prescribed and taken as directed so long as the use of such drugs does not adversely affect the safety of the work environment or significantly impede performance of essential job functions. There are various prescription and over-the-counter drugs that may adversely affect the safety of the work environment. Examples include, but are not limited to, pain relievers that contain opiates, and muscle relaxants. It is the employee's responsibility to be informed about the effects of prescription and over-the-counter drugs they are taking by reading the information that accompanies the drug, including any information provided by the pharmacist, by consulting with their physician, and by accessing and utilizing other sources of information available to the employee, and acting accordingly. Any employee who chooses or is medically required to ingest prescribed or over-the-counter medications that may adversely affect the safety of the work environment, shall immediately notify his or her department head of the type of medication and time period over which said medications will be taken. The department head will make a determination of any restrictions to be placed on the employee after appropriate confidential consultation with the Human Resources Specialist~~Director~~, the City Attorney's Office, and/or medical professionals. A written statement from the employee's physician may be required regarding whether the physician is of the opinion that the employee can safely work or perform his or her job duties while taking the prescribed drug. Any employee who chooses or is medically required to ingest a prescribed or over-the-counter medication outside of the workplace must ensure that the impairing effects have ended prior to reporting for work. For purposes of this policy, medications used as prescribed, which do not constitute a safety concern, shall not be considered a violation of this policy.

12.090. Testing Required.

In accordance with the provisions of this policy, all prospective and current CDL employees shall be subject to controlled substances and alcohol testing as a condition of hiring and continued employment with the City. Failure to comply with this policy may result in the City refusing to hire a prospective CDL employee or disciplinary action being taken against current CDL employees, up to and including termination. Specimens collected under this policy may only be used to test for controlled substances and their metabolites as defined herein and shall not be used to conduct any other analysis or

test unless otherwise specifically authorized by DOT Regulations. All testing shall be based on and under the circumstances set forth in Section 12.100 regarding basis for testing.

12.100. Basis for Testing.

Prospective and current CDL employees shall be subject to testing for the presence of drugs and alcohol by the City in accordance with the provisions of this policy as a condition of hiring and continued employment with the City for any of the reasons or under the circumstances as more particularly set forth herein: pre-employment testing, post-accident testing, random testing, reasonable suspicion testing, return-to-duty testing, and follow-up testing. CDL employees shall also be subject to controlled substances and alcohol testing when required by Federal law or regulations.

12.110. Pre-Employment Testing.

All prospective CDL employees shall undergo testing for controlled substances as a condition of employment and prior to performing any safety-sensitive duties for the City. Pre-employment tests will be conducted on prospective employees on their own time, meaning that prospective employees will not be paid for the time they spend participating in pre-employment testing required by Syracuse City. All pre-employment drug testing will be conducted at the third-party administrator's facility and prospective employees are responsible for their transportation to and from the collection facility. Refusal to consent to a pre-employment drug test will terminate further action towards employment with the City. No prospective CDL employee shall be permitted to perform safety-sensitive functions for the City until and unless the City has received a pre-employment controlled substances test result from the MRO or TPA indicating a verified negative test result for the employee. A controlled substance test may not be required if the employee has participated in a drug testing program that meets the DOT Regulations within the previous thirty (30) days and all other exception requirements as set forth in the DOT Regulations are satisfied.

12.120. Post-Accident Testing.

(a) Alcohol Testing.

(1) As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, each surviving CDL employee shall be tested for alcohol under the following circumstances:

(A) The CDL employee was performing safety-sensitive functions with respect to the vehicle and the accident involved the loss of human life; or

(B) The CDL employee received a citation within eight (8) hours of the occurrence under State or local law for a moving traffic violation arising from the accident and the accident involved bodily injury to any person who, as a result of the injury, immediately received medical treatment away from the scene of the accident, or one or more motor vehicles incurred disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

(2) If an alcohol test required by this Section is not administered within two (2) hours following the accident, the City shall prepare and maintain on file a record stating the reasons the test was not promptly administered. If an alcohol test required by this Section is not administered

within eight (8) hours following the accident, the City shall cease attempts to administer the test and shall prepare and maintain on file a record stating the reasons the test was not promptly administered. Such records shall be submitted to the FMCSA, upon request.

(b) Controlled Substances Testing.

(1) As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, each surviving CDL employee shall be tested for controlled substances under the following circumstances:

(A) The CDL employee was performing safety-sensitive functions with respect to the vehicle and the accident involved the loss of human life; or

(B) The CDL employee received a citation within thirty-two (32) hours of the occurrence under State or local law for a moving traffic violation arising from the accident and the accident involved bodily injury to any person who, as a result of the injury, immediately received medical treatment away from the scene of the accident, or one or more motor vehicles incurred disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

(2) If a controlled substances test required by this Section is not administered within thirty-two (32) hours following the accident, the City shall cease attempts to administer the test and shall prepare and maintain on file a record stating the reasons the test was not promptly administered. Such records shall be submitted to the FMCSA, upon request.

(c) Testing. An employee who is subject to post-accident testing shall remain readily available for such testing or may be deemed by the City to have refused to submit to the testing. A driver who is seriously injured and cannot be tested at the time of the accident should provide the necessary authorization for obtaining hospital reports and other documents that would indicate whether there were any drugs and/or alcohol in their system. Nothing in this Section shall be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a driver from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

(d) Federal, State or Local Test Results. The results of a breath or blood test for the use of alcohol or the results of a urine test for the use of controlled substances conducted by Federal, State, or local law enforcement officials having independent authority to conduct such test shall be considered to meet the requirements of this Section for post-accident testing, provided such tests conform to the applicable Federal, State, and local alcohol or controlled substances testing requirements, as applicable, and the results of such tests are obtained by the City.

(e) Exceptions. Post-accident testing shall not apply to the following situations:

(1) An occurrence involving only boarding or alighting from a stationary motor vehicle; or

(2) An occurrence involving only the loading or unloading of cargo; or

(3) An occurrence in the course of the operation of a passenger car or a multipurpose passenger vehicle by an employer unless the motor vehicle is transporting passengers for hire or hazardous materials of a type and quantity that require the motor vehicle to be marked or placarded in accordance with 49 CFR 177.823.

(f) Summary. The following table notes when a post-accident test is required to be conducted in accordance with this Section:

Type of Accident	Citation Issued to Driver?	Must Test Be Performed?
Human fatality	YES NO	YES YES
Bodily injury with immediate medical treatment away from scene	YES NO	YES NO
Disabling damage to any motor vehicle requiring tow away	YES NO	YES NO

12.130. Random Testing.

(a) CDL Employees. Every CDL employee shall be required to submit to random alcohol and controlled substances testing in accordance with the provisions of this Section. CDL employees include, but are not limited to, the following positions:

(1) ~~(1)~~ Deputy Fire Chief~~Public Works Director~~

(2) Fire Captain

(3) Fire Engineer

(4) Fire Fighter

(5) Public Works Director

~~(2) Parks Superintendent~~

(6~~3~~) Streets Superintendent

(7~~4~~) Water Superintendent

(8) Environmental Superintendent

~~(5) Parks Maintenance Worker I, II and III~~

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(~~6~~9) Streets Maintenance Worker ~~I, II and III~~

(10~~7~~) Water Maintenance Worker ~~I, II and III~~

(11) Environmental Maintenance Worker

(b) Testing Percentage Rates. According to current FMCSA standards, random controlled substances testing will be administered at a fifty (50) percent annualized rate and random alcohol testing will be conducted at a ten (10) percent annualized rate. This means that the total number of controlled substances tests conducted during any twelve (12) month period will be equal to at least fifty (50) percent of the total Syracuse City DOT testing pool, and the total number of alcohol tests conducted during any twelve (12) month period will be equal to at least ten (10) percent of the total Syracuse City DOT testing pool. These rates are set by FMCSA Administration and shall be subject to change based on any increase or decrease in the Federally required testing rate.

(c) Random Selection. Selection of CDL employees for random testing shall be made by a scientifically valid method, such as a random number table or a computer-based random number, generator that is matched with employee's social security numbers, or other comparable identifying numbers. Only covered CDL employees shall be included in the random testing pool. City CDL employees may be part of a larger random testing pool of covered employees. Each CDL employee selected for random testing under the selection process used shall have an equal chance of being testing each time selections are made. Each CDL employee selected for random testing shall be tested during the selection period. Selection for random testing will be done by the City's third party administrator in order to ensure that selection is truly random and is uninfluenced by any personal characteristics, behavior, or any other attribute.

(d) Unannounced. Random testing conducted under this Section shall be unannounced. The dates for administering the random tests shall be spread reasonably throughout the calendar year.

(e) Testing. Each CDL employee notified of selection for random testing shall proceed to the test site immediately; provided, if the employee is performing a safety-sensitive function other than driving a motor vehicle, at the time of notification, the employee shall cease to perform safety-sensitive functions and proceed to the testing site as soon as possible.

(f) Performing Functions. A driver shall only be tested for alcohol while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased performing such functions.

12.140. Reasonable Suspicion Testing.

(a) Reasonable Suspicion. CDL employees shall be subject to alcohol and/or controlled substances testing when the City has reasonable suspicion to believe that the employee has violated the prohibitions of this policy. A determination of reasonable suspicion shall be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee. Observation for reasonable suspicion may also include indications of the chronic and withdrawal effects of controlled substances.

(b) Supervisor Training. The required observations for reasonable suspicion testing shall be made by a supervisor or other City official who is trained in accordance with applicable DOT Regulations

regarding such testing. In an effort to ensure that supervisors are knowledgeable about the symptoms of drug and/or alcohol use, training on symptom recognition will be held for all Syracuse City employees in supervisory positions and only those persons who have attended the training will be qualified to require a reasonable suspicion drug and/or alcohol test. Records regarding training attendance will be kept for a minimum of three (3) years after the date of the training.

(c) Documentation. A written record shall be made of the observations leading to an alcohol and/or controlled substances reasonable suspicion test by the employee's supervisor or the person requesting the reasonable suspicion testing using the City's "Observed Behavior-Reasonable Cause Record". The form shall be signed by the supervisor or City official who made the observations. The form shall be filled out and the record made within 24 hours of the observed behavior or before the results of the test are released, whichever is earlier. The City strongly urges supervisors to complete the form before the employee is required to submit to testing in order to properly document the circumstances leading up to the testing referral.

(d) Timing of Observations. Reasonable suspicion alcohol testing is authorized by this Section only if the observations required in Subsection (a) are made during, just preceding, or just after the period of the work day that the CDL employee is required to be in compliance with this policy. A CDL employee may only be required to undergo reasonable suspicion testing while the employee is performing safety-sensitive functions, just before the employee is to perform safety-sensitive functions, or just after the employee has ceased performing such functions.

(e) Timing for Testing. If an alcohol test required by this Section is not administered within two (2) hours following the determination under paragraph (a) of this Section, the supervisor shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol test required by this section is not administered within eight (8) hours following the determination under paragraph (a) of this Section, the supervisor shall cease attempts to administer an alcohol test and shall State in the record the reasons for not promptly administering the test.

(f) Transportation. In the event that reasonable suspicion drug and/or alcohol testing is warranted, it is the responsibility of an agent of Syracuse City to transport the employee being tested to and from the testing facility. In most cases, either the DER or the employee's supervisor will be responsible for transporting the employee.

(g) Refusal to Submit. If an employee refuses to submit to reasonable suspicion drug and/or alcohol test or attempt to leave any Syracuse City premises and is impaired, in the opinion of a trained supervisor, to the extent that he/she would present a danger to either him/herself or others, local law enforcement should be contacted immediately by the supervisor.

(h) Prohibition. Notwithstanding the absence of a reasonable suspicion alcohol test under this section, no driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while the driver is under the influence of or impaired by alcohol, as shown by the behavioral, speech, and performance indicators of alcohol misuse, nor shall an employer permit the driver to perform or continue to perform safety-sensitive functions, until:

(1) An alcohol test is administered and the driver's alcohol concentration measures less than 0.02; or

(2) Twenty four (24) hours have elapsed following the determination under Subsection (a) of this Section that there is reasonable suspicion to believe that the driver has violated the prohibitions in this part concerning the use of alcohol.

(i) Action. Except as provided in Subsection (h) of this Section, the City shall not take any action under this part against a driver based solely on the driver's behavior and appearance, with respect to alcohol use, in the absence of an alcohol test. This does not prohibit the City with independent authority of this part from taking any action otherwise consistent with law.

12.150. Return-to-Duty Testing.

Any Syracuse City CDL employee whose initial breath alcohol content is between 0.02 – 0.039 grams per 210 liters of breath will be subject to return-to-duty breath alcohol testing before being permitted to return to work. The return-to-duty test must be completed not less than the equivalent of one full shift and not more than twenty-four (24) hours after the initial breath alcohol test. Return-to-duty breath alcohol testing will be conducted at the facility of the designated third party administrator. Refusal to submit to return-to-duty breath alcohol testing will be considered a positive test result and will subject the employee to disciplinary action as set forth in this policy. The requirements for return-to-duty testing shall comply with and be performed in accordance with 49 CFR 40, Subpart O.

12.160. Follow-Up Testing.

The requirements for follow-up testing shall comply with and be performed in accordance with 49 CFR 40, Subpart O.

12.170. Testing Procedures.

(a) Collection. All sample collection for drugs and alcohol testing under this policy shall comply with the procedures set forth in the DOT Regulations, including, but not limited to, 49 CFR 40, as amended. Sample collection, documentation, storage and transportation to the place of testing shall be performed in a manner that reasonably precludes the probability of sample misidentification, contamination or adulteration and which ensures the privacy of the individual being tested. The instructions, custody and control forms, and collection kits, including bottles and seals used for sample collection shall be prepared by an independent laboratory trained and qualified to conduct DOT collection procedures. The Federal Drug Testing Custody and Control Form (CCF) shall be used to document every collection required by DOT Regulations. Directly observed collection shall only be conducted in accordance with DOT Regulations, including, but not limited to, 49 CFR 40.67, as amended. All controlled substances urine collection shall be split specimen collection. Collection sites shall meet all applicable DOT Regulations. Sample collection shall be conducted in accordance with the terms and conditions of this policy.

(b) Samples. Alcohol testing will typically be done with an evidentiary breath testing device. An initial screening alcohol test will be conducted. If that result is greater than or equal to 0.04, a confirmation test will be conducted using an evidential testing device. The confirmation test is the final result. Any confirmed breath alcohol test result greater than 0.04 grams per 210 liters of breath will be considered a positive alcohol test result.

(c) Inadequate Samples. In the case of urine-based drug testing, an applicant and/or employee who fails to provide an adequate quantity of urine for testing will be instructed to drink not more than 24 ounces of fluid and, after a period of up to two hours, again attempt to provide a complete

sample. If an applicant fails to provide an adequate quantity of urine a second time, that applicant will no longer be considered for employment. If an employee fails to provide an adequate quantity of urine a second time, the third party administrator will notify the MRO to determine pertinent information concerning whether or not the individual's inability to provide a specimen is genuine or constitutes a refusal to test. Upon completion of the examination, the MRO will report their conclusions to the Syracuse City DER in writing. If the City or the collector has reasonable cause to believe that the donor of the sample has tampered with their sample, a new sample will be immediately collected.

(d) Testing. Sample drug testing shall conform to scientifically accepted analytical methods and procedures and shall be conducted in accordance with applicable DOT Regulations. All drug tests will use a screening test (typically an immunoassay test) and confirmation test by gas chromatography/mass spectrometry if the screening test is positive. Prospective and current DOT employees have the option of requesting a split-sample test. The City has designated IHC as the City's third party administrator to assist in setting up and administering the drug and alcohol testing program set forth herein.

(e) Dilute Specimens. Specimens which the laboratory reports as dilute, meaning specific gravity less than 1.003 and creatinine levels less than 20 mg/dL, may be considered invalid and the employee/applicant will be required to give a second specimen. The second specimen will be considered the final result.

(f) Invalid Specimens. If Syracuse City receives a test result that is determined to be invalid, the employee will be immediately retested. The employee will be given no notification of the need to retest. No action will be taken regarding the first test result and the results of the second test will be considered final. A second "invalid" test result will be treated as a positive test result.

(g) Time. Any drug or alcohol testing required by the City under this policy shall occur during or immediately after the regular work period for current employees and shall be deemed work time for purposes of compensation and benefits for current employees.

(h) Costs. Except as otherwise provided, the City shall pay all costs of sample collection and testing required herein, including the cost of transporting current employees to the testing site if the testing is conducted at a place other than the work site.

(i) Disclaimer. A physician/patient relationship is not created between a prospective or current employee and the City or any person performing the test, solely by this policy and the procedures set forth herein.

12.180. Results.

(a) MRO. According to Federal regulations, all drug test results, will be referred to an MRO to verify the test result. In the case of a positive, adulterated, substituted, or invalid test result, the employee or prospective employee shall be so advised by the MRO by telephone on a confidential basis prior to the reporting of the results to the designated employer representative. The employee shall have the right to discuss and explain the results, including the right to advise the MRO of any prescription or over-the-counter medication or other substance consumed which may have affected the results of the test. The MRO shall also review the chain-of-custody documentation to ensure compliance with normal chain-of-custody procedures. If the MRO can verify a legitimate explanation, the MRO would then reverse the test result to negative and report it as negative to the employer. The MRO can report a non-negative test to the employer, without interviewing the employee/applicant, if: (1) an individual has

expressly declined the opportunity to discuss the test result with the MRO; (2) the employer has successfully made and documented a contact with the employee and instructed the employee to contact the MRO and more than 72 hours have passed since the time the employer contacted the employee; or (3) if neither the employer nor MRO, after making and documenting all reasonable efforts, has been able to contact the employee within ten (10) days of the date on which the MRO receives the confirmed test result from the laboratory. No MRO review will be done on positive breath or blood alcohol tests.

(b) DER Contact. If the MRO has been unable to contact an employee who has submitted a specimen under this policy, the DER shall make reasonable efforts to contact and request such employee, regardless of employment status, to contact and discuss the results of the controlled substances test with the MRO. The DER shall immediately notify the MRO that the employee has been notified to contact the MRO within 72 hours.

(c) Confirmation. Before the results of any test required herein may be used as a basis for action by the City, the positive test result shall be verified or confirmed using an acceptable and reliable analytical method.

(d) Contesting. All verified non-negative samples will be kept in frozen storage at the laboratory for a minimum of one (1) year. If an employee or applicant believes the laboratory analysis is in error, they will have 72 hours from when first notified of the test result to request the re-analysis of the original specimen that was verified as positive, adulterated, or substituted. The urine sample must be independently re-analyzed by gas chromatography/mass spectrometry at a second SAMHSA-certified laboratory at the expense of the employee/applicant. If the re-analysis is negative, an employee shall be allowed to return to work immediately, shall be compensated for time lost, and shall be reimbursed for the cost of split specimen testing. Retesting will be on the original specimen and must be performed by a SAMHSA-certified laboratory.

(e) Notification. The City shall notify prospective employees of the results of a pre-employment controlled substances test conducted under this policy, if the prospective employee requests such results within 60 calendar days of being notified of the disposition of the employment application. The City shall notify an employee of the results of random, reasonable suspicion and post-accident tests for controlled substances conducted under this policy if the test results are verified positive. The City shall also inform the employee which controlled substance or substances were verified as positive.

12.190. DOT Required Action.

Pursuant to 49 CFR 40.23, the City is required to take the following action under the circumstances described:

(a) As an employer who receives a verified positive drug test result, you must immediately remove the employee involved from performing safety-sensitive functions. You must take this action upon receiving the initial report of the verified positive test result. Do not wait to receive the written report or the result of a split specimen test.

(b) As an employer who receives a verified adulterated or substituted drug test result, you must consider this a refusal to test and immediately remove the employee involved from performing safety-sensitive functions. You must take this action on receiving the initial report of the verified adulterated or substituted test result. Do not wait to receive the written report or the result of a split specimen test.

(c) As an employer who receives an alcohol test result of 0.04 or higher, you must immediately remove the employee involved from performing safety-sensitive functions. If you receive an alcohol test result of 0.02-0.039, you must temporarily remove the employee involved from performing safety-sensitive functions, as provided in applicable DOT agency regulations. Do not wait to receive the written report of the result of the test.

(d) As an employer, when an employee has a verified positive, adulterated, or substituted test result, or has otherwise violated a DOT agency drug and alcohol regulation, you must not return the employee to the performance of safety-sensitive functions until or unless the employee successfully completes the return-to-duty process of Subpart O of this part.

(e) As an employer who receives a drug test result indicating that the employee's specimen was dilute, take action as provided in Sec. 40.197.

(f) As an employer who receives a drug test result indicating that the employee's specimen was invalid and that a second collection must take place under direct observation--

(1) You must immediately direct the employee to provide a new specimen under direct observation.

(2) You must not attach consequences to the finding that the test was invalid other than collecting a new specimen under direct observation.

(3) You must not give any advance notice of this test requirement to the employee.

(4) You must instruct the collector to note on the CCF the same reason (e.g. random test, post-accident test) as for the original collection.

(g) As an employer who receives a cancelled test result when a negative result is required (e.g., pre-employment, return-to-duty, or follow-up test), you must direct the employee to provide another specimen immediately.

(h) As an employer, you may also be required to take additional actions required by DOT agency regulations (e.g., FAA rules require some positive drug tests to be reported to the Federal Air Surgeon).

(i) As an employer, you must not alter a drug or alcohol test result transmitted to you by an MRO, BAT, or C/TPA.

12.200. Removal from Safety-Sensitive Functions.

(a) Removal from Safety-Sensitive Functions. Except as provided in the DOT Regulations, no CDL employee shall perform safety-sensitive functions, including driving a commercial motor vehicle, if the employee has engaged in conduct prohibited by Section 12.050 or an alcohol or controlled substances rule set forth in the DOT Regulations. The City shall not permit any CDL employee to perform safety-sensitive functions, including driving a commercial motor vehicle, if the City has determined that the employee has violated this Section. Employees found to have violated the provisions of Section 12.050 shall be removed immediately from safety-sensitive functions in accordance with this policy and the provisions of 49 CFR 40, Subpart O, as amended. As provided in the DOT Regulations, the City may not remove an employee from the performance of safety-sensitive functions based solely on

a report from the laboratory of a confirmed positive test for controlled substances, an adulterated test, or a substituted test, before the MRO has completed verification of the test (also known as "standing down").

(b) Required Evaluation and Testing. No CDL employee who has engaged in conduct prohibited by Section 12.050 shall perform safety-sensitive functions, including driving a commercial motor vehicle, unless the employee has met the requirements of 49 CFR 40, Subpart O, regarding required evaluation and testing. The City shall not permit any CDL employee who has engaged in conduct prohibited by Section 12.050 to perform safety-sensitive functions, including driving a commercial motor vehicle, unless the employee has met the requirements of 49 CFR 40, Subpart O, regarding required evaluation and testing.

(c) Alcohol-Related Conduct. No CDL employee tested under the provisions of this policy who is found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall perform or continue to perform safety-sensitive functions, including driving a commercial motor vehicle, nor shall the City permit the driver to perform or continue to perform safety-sensitive functions, until the start of the employee's next regularly scheduled duty period, but not less than 24 hours following administration of the test. Except as provided herein, the City shall take any action under this part against an employee based solely on test results showing an alcohol concentration less than 0.04. This does not prohibit the City with authority independent of this Subsection from taking any action otherwise consistent with law.

12.210. Additional Action.

(a) Discipline. In an effort to ensure a drug-free workplace, Syracuse City is committed to a zero-tolerance drug and/or alcohol policy for all DOT employees. This means that refusal to test, an MRO-verified positive, adulterated, or substituted drug test, or a positive alcohol (greater than 0.04 grams per 210 liters of breath) test result, as reported by the third party administrator and/or MRO to the Syracuse City DER, for any of the drug and/or alcohol testing programs listed above will result in the disciplinary action against the employee, up to and including termination. Additional grounds for disciplinary action may include failure to fully comply with collection procedures and reasonable collector requests. All disciplinary action will be handled in accordance with the disciplinary procedures set forth in these Policies and Procedures, as applicable.

(b) Refusal to Hire. A prospective employee/applicant who has a positive or non-negative drug test result or refuses to submit to a drug test will not be further considered for employment.

(c) Alcohol Content. It is against Syracuse City policy for any DOT employee whose breath alcohol content is between 0.02 – 0.039 grams per 210 liters of breath to operate any vehicle. An employee with a breath alcohol content of 0.02 – 0.039 will be removed from duty for one shift or 24 hours, which ever is longer. No adverse employment action will be taken on the basis of initial breath alcohol test results in the range of 0.02 – 0.039. Upon return to work the employee must have a breath alcohol content less than 0.02 grams per 210 liters of breath. Failure to meet these standards on a follow-up breath alcohol screen will result in disciplinary action up to and including termination.

(d) Referral. Any DOT employee who has a positive drug and/or alcohol test result will be immediately referred by the Syracuse City DER to the Employee Assistance Program (EAP), a licensed substance abuse counselor (LSAC), or substance abuse professional (SAP). The expenses associated with a initial, evaluative consultation with the LSAC or SAP will be paid for by Syracuse City. Additional services beyond an initial evaluation provided to the employee by the LSAC or SAP will be at the expense of the employee.

12.220. Records.

(a) Maintain. The City shall maintain records regarding alcohol and controlled substances testing in accordance with DOT Regulations, including, but not limited to, 49 CFR 382.401, as amended.

(b) Controlled Access. All alcohol and controlled substances testing records shall be maintained in a secure location with controlled access as more particularly set forth in Section 12.200.

(c) FMCSA Access. All records required by this policy shall be maintained in accordance with 49 CFR 390.31 and must be made available for inspection at the City offices within 2 business days after a request have been made by an authorized representative of the Federal Motor Carrier Safety Administration.

(d) Employee Access. A CDL employee is entitled, upon written request, to obtain copies of any records pertaining to the employee's use of alcohol or controlled substances, including any records pertaining to his or her alcohol or controlled substances tests. The City shall promptly provide the records requested by the employee. Access to the employee's own records shall not be contingent upon payment for records other than those specifically requested.

(e) Subsequent Employers. Records shall be made available to a subsequent employer upon receipt of a written request from the employee. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the employee's request.

(f) Identified Persons. The City shall release information regarding an employee's records as directed by the specific written consent of the employee authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's specific written consent as outlined in 49 CFR 40.321(b), as amended.

12.230. Confidentiality.

The use and disposition of all drug and alcohol testing results and records shall be considered confidential and are subject to the limitations of the Utah Government Records Access and Management Act and the Americans with Disabilities Act. In an effort to ensure that all drug and/or alcohol test results remain confidential, the TPA and/or MRO for the Syracuse City drug testing program are only authorized to release test results to the Syracuse City DER. After being received by Syracuse City, all drug and alcohol test results will be stored in confidential employee files (established for all Syracuse City employees) and will remain confidential to the extent required or allowed by law. The DER will determine which person(s) within the City have a need to know which test results. Test and other records will be maintained in a secure manner so that disclosure of confidential and/or medical information to unauthorized persons does not occur. Test results may be released in legal proceedings where the employee raises the issue of drug test (i.e. unemployment hearing, wrongful termination, etc.).

12.240. Notification of Conviction

Any investigation by law enforcement or conviction for controlled substance or alcohol activity may be cause for dismissal from employment. Failure of an employee to report any conviction for illegal drug use or alcohol misuse to their supervisor and/or the Syracuse City DER within five (5) days of conviction may result in disciplinary action up to and including termination.

12.250. Americans with Disabilities Act (ADA).

Alcoholism is considered a disability under the ADA. Syracuse City will make reasonable accommodations for current employees who suffer from alcoholism, including encouraging an employee to participate in rehabilitation programs. However, Syracuse City will hold an alcoholic employee to the same performance standards as other employees and will discipline an employee, up to an including termination, if the employee's alcohol use adversely affects the employee's job performance or is considered to be a safety hazard. An employee or prospective employee whose controlled substance or alcohol (except as modified by the ADA) tests are confirmed and verified positive in accordance with the provisions of this program shall not, by reason of those results alone, be defined as a person with a "handicap" or "disability" for the purposes of Utah Code Annotated Chapter 35, Title 34 (Utah Anti-Discriminatory Act) or the Federal Americans with Disabilities Act.

12.260. Amendments.

Syracuse City reserves the right to interpret, modify, and/or revise this policy in whole or in part. Nothing in this policy is to be construed as an employment contract nor does this alter an employee's employment status with the City. This policy will be amended from time to time to comply with changes in Federal and State laws. This policy is a general summary of Syracuse City's Department of Transportation (DOT) Drug-Free Workplace policy. If there is any question or conflict between what is said in the policy and the language in the DOT regulations as codified in 49 CFR parts 40 and 382, the DOT regulations will prevail.

CHAPTER 13
EMPLOYEE TESTING AND EVALUATION

13.010. Background Investigations~~Checks~~.
13.020. Medical Examinations.
13.030. Driving Record Evaluations.

13.010. Background ~~Checks~~Investigations.

(a) Purpose. Utah law allows for criminal and sex offender history background investigations~~checks~~ for employees and volunteers who: (1) provide services to children or vulnerable adults; (2) have fiduciary trust over money; (3) who care for, have custody of, or control of children; or (4) when necessary to safeguard national security. Due to the various types of employment positions within Syracuse City and the numerous contacts employees have with our citizens and customers, which span the entire age spectrum and include various security issues, it is Syracuse City's policy that all new employees will be subject to a background investigation prior to hiring. Volunteers working in public safety and recreation departments will be subject to a background investigation as a condition of and prior to being authorized to perform volunteer services for the City. In addition, employees and volunteers working in the public safety and recreation departments will be subject to annual criminal and sex offender investigations. The purpose of the background investigation is to verify credentials, to ensure that each person hired by Syracuse City is an appropriate fit for both Syracuse City and the position being offered, and to ensure that Syracuse City continues to employ individuals who do not pose a threat to those with whom they work.

(b) Scope. This policy applies to all prospective employees and volunteers of Syracuse City who are over eighteen (18) years of age. Successful completion of the background investigation process is a condition of employment for any position with the City and for volunteer service involving public safety and recreation departments as more particularly provided herein. A prospective employee who fails to meet the standards outlined below will not be considered for employment or volunteer service.

(c) Pre-Employment Checks. Syracuse City will conduct a pre-employment background investigation on all prospective employees and applicable volunteers over the age of eighteen (18). The information verified will depend on the type of position being offered. All pre-employment background investigations may~~will~~ include a social security trace, basic employment and education verification, and a county criminal history search.

(d) DOT Employees. In the case of prospective DOT employees, employment verification will include information regarding DOT drug and/or alcohol tests conducted by previous employers in accordance with applicable DOT regulations. A DOT background investigation will also include verification of the prospective employee's driving record in accordance with applicable policies.

(e) ~~(e)~~ Public Safety Employees. Background investigations conducted on prospective public safety employees, including applicants for both the fire and police departments, will include an extended employment verification including information pertaining to the prospective employee's previous job responsibilities, disciplinary actions, performance, awards and/or certifications.

(f) Promotions. Background investigations will be conducted on employees who are promoted to a position that will require more responsibility in finances and/or safety

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sensitive duties.

(g)

~~(f)~~ Annual Background Investigations~~Checks~~. Employees and volunteers who are over the age of eighteen (18) and are working in the public safety and parks & recreation departments in positions listed in ~~Subsection (k)~~below shall be subject to an annual background investigation to gather information pertaining to any criminal or sexually based convictions~~offenses~~ that may have occurred since hire or since the date of the last annual background investigation. Because criminal convictions can relate to the performance of job-related duties, the primary purpose of all annual background investigations conducted for employees and volunteers working in the public safety and recreation departments is to ensure that Syracuse City employees and volunteers who, in the course of their regular duties, may be required to enter citizen's homes or work with minors are held to the highest legal standards. If an annual background investigation conducted on a current Syracuse City employee or volunteer indicates that an employee or volunteer has been convicted of~~involved in~~ a criminal and/or sexual offense as listed in Subsection (h), that individual shall~~will~~ be subject to disciplinary action up to and including termination or ineligibility for volunteer service.

- Fire Department:
  - Fire Chief
  - Deputy Fire Chief
  - Fire Captain
  - Senior Fire Fighter
  - Fire Engineer
  - Fire Fighter
  - Any Fire Department Volunteers

- Police Department:
  - Police Chief
  - Police Lieutenant
  - Police Sergeant
  - Police Officer
  - Code Enforcement Officer
  - Bailiff
  - Crossing Guard
  - Any Police Department Volunteers

- Parks & Recreation Department
  - Parks & Recreation Director
  - Assistant Parks & Recreation Director
  - Recreation Coordinator
  - Recreation Assistant
  - Parks Maintenance Worker
  - Any Recreation Department Volunteers

(g) Procedures. In all cases, the individual being required to submit to a background investigation will be required to sign a waiver allowing the designated third party to obtain the requested information. This waiver, along with personal information about the prospective applicant or volunteer or the current employee or volunteer and their previous education and employment (if applicable), will be

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forwarded to the City's designated third party administrator. Background investigations required by Syracuse City will be paid for by Syracuse City and will be conducted in accordance with all Federal and State regulations relative to background investigations.

(h) Results. The primary purpose of all pre-employment and volunteer service background investigations is to verify the information provided by the applicant or volunteer, to ensure that each person hired by or authorized to provide volunteer services for the City is an appropriate fit for both Syracuse City and the position being offered, and to ensure that the City continues to employ or permit volunteer services by individuals who do not pose a threat to those with whom they work or provide services.

(1) Any discrepancy between information provided by the applicant and information obtained through the pre-employment or volunteer service background investigation process will be considered falsification and may end an applicant's consideration for employment.

(2) If a pre-employment or volunteer service background investigation conducted on a prospective employee or volunteer has any of the following discrepancies or criminal history, that individual will not be considered for employment or volunteer service. This list is meant to illustrate possible reasons for denial of employment or volunteer service related to the results of a pre-employment or volunteer service background investigation and should not be construed as an exhaustive list of possible reasons for denial of employment or volunteer service. Any other information obtained from the background investigation process may result in the denial of employment or volunteer service.

(A) Inability to verify and/or authenticate a provided social security number (if applicable);

(B) Inability to verify that educational levels provided match the educational requirements of the position being offered (if applicable);

(C) Any conviction for any crime against minors, seniors, or persons with a disability;

(D) Any felony conviction involving violence;

(E) Any sexual offense conviction;

(3) If a pre-employment or volunteer service background investigation conducted on a prospective employee or volunteer has any of the following discrepancies or criminal history, that individual may or may not be considered for employment or volunteer services and will be evaluated on a case by case basis. This list is meant to illustrate possible reasons for denial of employment or volunteer service. Any other information obtained from the background investigation process may result in the denial of employment or volunteer service.

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(A~~F~~) A felony conviction for driving under the influence of alcohol/drugs (DUI) or other drug or alcohol related driving offense within the past ten (10) years;

(B~~G~~) Any criminal conviction within the last seven (7) years that is related to ~~violence,~~ drugs~~,~~ and/or alcohol, or the commission of which, in the City's opinion, is indicative of conduct or character inconsistent with that of those entrusted to perform

public service, or until such convictions are eligible for expungement, whichever is longer.

(i) Confidentiality. In an effort to ensure that all background investigation results remain confidential, the third party administrator for the Syracuse City background investigation program is only authorized to release results to the Syracuse City Designated Employee Representative (DER). The City's DER is the Human Resources Specialist~~Director~~. After being received by Syracuse City, all background investigation results will be stored in confidential employee files (established for all Syracuse City employees) or, in the case of applicants for whom employment was denied, with the prospective employee's employment application. All information obtained through the background investigation process will remain confidential to the extent required or allowed by law. The DER will determine which person(s) within the City have a need to know the results of the background investigation process.

(j) Maintenance and Release. Background investigation results and other records will be maintained in a secure manner so that disclosure of confidential and/or medical information to unauthorized persons does not occur. Background investigation results may be released in legal proceedings (i.e. unemployment hearing, wrongful termination, etc.). Results can be released to persons representing Syracuse City (i.e. attorneys, workers compensation insurance adjuster, etc.). Employees, former employees, and prospective employees, can request copies of their background investigation results by making a written request to the Syracuse City DER.

~~(k) Annual Investigations. Employees in the following positions will be subject to annual criminal and sex offense investigations:~~

- ~~Fire Department:~~
  - ~~Fire Chief~~
  - ~~Assistant Fire Chief~~
  - ~~Fire Captain~~
  - ~~Fire Lieutenant~~
  - ~~Fire Engineer~~
  - ~~Fire Fighter~~
  - ~~Any Fire Department Volunteers~~

- ~~Police Department:~~
  - ~~Police Chief~~
  - ~~Police Lieutenant~~
  - ~~Police Sergeant~~
  - ~~Police Officer~~
  - ~~Reserve Officer~~
  - ~~Crossing Guard~~
  - ~~Any Police Department Volunteers~~

- ~~Recreation Department~~
  - ~~Recreation Director~~
  - ~~Program Coordinator~~
  - ~~Scorekeepers~~
  - ~~Umpires~~
  - ~~Referees~~
  - ~~Any Recreation Department Volunteers~~

13.020. Medical Examinations.

Applicants who have received a contingent offer of employment and current employees may be required, as legally appropriate and as permitted under the Americans with Disabilities Act, to submit to medical examinations. An applicant who has received a contingent job offer may be required to undergo a medical examination to demonstrate ability to safely perform the essential functions of the position for which the employee is being hired. Employment offers are contingent upon satisfactory completion of such examinations. As a condition of continued employment, employees may be required to undergo periodic job-related medical examinations in accordance with applicable legal restrictions and requirements. All medical examinations required by the City shall be paid for by the City in accordance with *Utah Code Ann*. ' 34-33-1, as amended. All records regarding medical examinations of applicants and employees shall be maintained as classified in accordance with the Utah Government Records Access and Management Act, as set forth in *Utah Code Ann*. ' 63-2-101, *et seq*., as amended.

13.030. Driving Record Evaluations.

~~(a) Prospective Employees.~~ Any prospective employee or volunteer who may be required to operate a City-owned vehicle or personal vehicle on City business shall be required to submit to a pre-employment driving record evaluation. Pre-employment driving record evaluations shall be conducted with the written consent of the prospective employee. Failure to consent to a driving record evaluation, when required, will preclude employment with the City. Driving record evaluations will be conducted using the information available through the Utah Driver's License Division. If the applicant does not currently have a Utah driver's license, the driving record evaluation will be conducted using the information available through the City's Background Investigation system.~~applicant will be required to provide the City with a certified copy of the applicant's driving record from the State where the applicant's current license was issued. Any expenses associated with obtaining out-of-state driving records shall be the responsibility of the applicant.~~

As part of the driver qualification process all drivers or potential drivers' Motor Vehicle Record (MVR) will be screened and monitored on an ongoing basis to ensure the standard is met and maintained. Drivers will be qualified as "Acceptable" or "Borderline". Drivers qualified as "Borderline" may be authorized to drive on a probationary basis as determined by the City Manager. Drivers or potential drivers whose record does not meet the driver qualification standard and is deemed "Unacceptable" will not be allowed to operate any City vehicle or personal vehicle while engaged in City business and may be subject to disciplinary action up to and including termination or may not be considered eligible for employment with the City.

All drivers must possess a valid Driver License. Required endorsements, if applicable, must also be maintained. The driver qualification evaluation will be based on the driver's MVR and may also take into account work related motor vehicle incidents, whether or not the incident has been recorded on the driver's MVR. All violations recorded on the MVR, whether they occurred on the job or not, are included in the driver qualification evaluation.

"Acceptable" or "Borderline" qualification will be determined using the following criteria. Any number of violations or accidents in excess of the "Borderline" criteria constitutes a failure to meet the driver qualification standard.

ACCEPTABLE

- Up to two (2) violations recorded on the MVR, or

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- Up to one (1) at fault work related accident in the prior three (3) years, or
- A combination of one (1) violation on the MVR and one (1) at fault work related accident in the last three (3) years

Borderline

- Three (3) to four (4) violations recorded on the MVR, or
- Two (2) at fault work related accidents in the last three (3) years, or
- DUI or DWI within the last two (2) to five (5) years, or
- Any violation for Careless, Reckless or Distracted driving

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Moving Violations	At-Fault Accidents			
	0	1	2	
0	Acceptable	Acceptable	Borderline	
1	Acceptable	Acceptable	Borderline	
2	Acceptable	Borderline		
3	Borderline			
4	Borderline			

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A single major violation recorded on the MVR, or resulting from a work related incident, may be deemed "Unacceptable" will not be allowed to operate any City vehicle or personal vehicle while engaged in City business and may be subject to disciplinary action up to and including termination or may not be considered eligible for employment with the City. Major violations include, but are not limited to:

- DUI or DWI in the previous twenty-four (24) months, or
- Failure to stop and/or report an accident, or
- Making a false accident report, or
- Attempting to elude a law enforcement officer, or
- Others as determined by the City Manager

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It is the duty of the employee to notify his or her supervisor immediately if his or her driver's license has expired, has been suspended or revoked, or if the employee has committed driving under the influence (DUI) or other alcohol or drug related driving offense.
~~Prospective employees must also agree to driving record evaluations to be performed on an annual basis as a condition of employment in accordance with the policies and procedures set forth in this Subsection (b). If a pre-employment driving record evaluation for a required position indicates any of the following, the individual shall not be considered eligible for employment with the City: (1) the driver's license record shows the applicant's driver's license is expired, suspended, or revoked; or (2) the driver's license record shows the applicant has committed a DUI or worse within the past 36 months (examples of "or worse" include vehicular homicide, vehicular manslaughter, etc.) or has engaged in a pattern of poor driving (offenses may include reckless driving, following too close, failure to yield, stoplight or stop sign violations, speeding tickets, etc.).~~

~~(b) Employees. Current employees who are required to operate a City-owned vehicle or~~

~~personal vehicle while on City business shall be required to submit to annual driving record evaluation as a condition of continued employment. The purpose of all annual driving record background checks of employees who are required to operate a City-owned vehicle or personal vehicle on City business is to ensure that City employees can operate such vehicles in a safe and responsible manner. It is the duty of the employee to notify his or her supervisor immediately if his or her driver's license has expired or has been suspended or revoked or if the employee has committed driving under the influence (DUI) or other alcohol or drug related driving offense. Where a driving record evaluation shows that the employee's driver's license is expired, suspended or revoked, or that the employee has committed a DUI or worse within the past 15 months (examples of "or worse" include vehicular homicide, vehicular manslaughter, etc.) or has engaged in a pattern of poor driving (offenses may include reckless driving, following too close, failure to yield, stoplight or stop sign violations, speeding tickets, etc.), the employee may be subject to disciplinary action, up to and including termination. Any such disciplinary action shall be conducted in accordance with applicable procedures set forth in Chapter 22 regarding Disciplinary Action. Any disciplinary action taken shall be commensurate with a determination that the behavior is reasonably likely to impair the ability of the employee to undertake the employee's essential job functions, creates a danger to the public, or creates liability for the City. The Human Resources Department shall conduct all annual driver's license evaluations in accordance with the provisions of this Section.~~

CHAPTER 14
WORKPLACE SAFETY

14.010. General Policy.
14.020. Occupational Safety and Health Act.
14.030. Safe Environment.
14.040. Inspection of Workplace.
14.050. Safety Rules.
14.060. Use of Equipment and Tools.
14.070. Confined Space Entry.
14.080. Accident Reports.
14.090. Work Related Injuries.
14.100. Workers' Compensation.
14.110. Bringing Children to Work.

14.010. General Policy.

Syracuse City strives to provide a healthy and safe working environment. Safety is largely the use of good judgment and careful work habits. If an employee is unsure how to perform a task safely, he or she should ask his or her supervisor or department head for the correct method or procedure. Failure to follow City safety rules as set forth in this Chapter or any other unsafe conduct constitutes misconduct and shall be subject to disciplinary action, up to and including termination.

14.020. Occupational Safety and Health Act.

(a) Compliance. It is the intent of the City to comply with all applicable rules and regulations pertaining to the Occupational Safety and Health Act ("OSHA") as established under Federal Law and Utah State Law. No job is so important and no service so urgent that time cannot be taken to perform work safely. Syracuse City will post all required OSHA notices in conspicuous places (such as employee bulletin boards or where similar notices are usually posted). Additional information relative to OSHA requirements and safety standards can be obtained from the Human Resources Specialist~~Director~~ or applicable State or Federal agency.

(b) Inspections. If an OSHA inspector arrives on the job site, an employee should immediately notify the Human Resources Specialist~~Director~~ and City Manager~~Administrator~~ and refer the inspector to such personnel for any questions or inspections. If the inspection was due to an employee complaint, the Human Resources Specialist~~Director~~ should request a copy of the complaint. This will help Syracuse City correct any safety problems. Under no circumstances should the information received on an employee complaint be used for disciplinary action toward an employee as this type of action is prohibited by law.

14.030. Safe Environment.

It is the policy of Syracuse City to maintain a work environment which is free from any recognizable hazard that is likely to cause death or serious injury to any employee. It is the City's policy to maintain a safe work environment through planning, training and open communication with all employees regarding safety matters. Each employee is required to comply with OSHA orders, rules, and regulations and all safety provisions of these Policies and Procedures.

It is the employee's responsibility to become familiar with their department specific safety policy and procedures.

14.040. Inspection of Workplace.

In accordance with law, the City Manager~~Administrator~~ and applicable Department Heads should inspect or designate a competent person or persons to inspect the workplace frequently for unsafe conditions and practices or defective equipment and materials. Where such conditions are found, appropriate action should be taken to correct such conditions immediately. The City Manager~~Administrator~~, or designee, shall enforce safety regulations and issue such rules as may be necessary to safeguard the health and lives of employees and the public.

14.050. Safety Rules.

Each Department may prepare additional safety rules applicable to the specific nature of work in such Department; provided, such rules are not in conflict with the rules listed below. Employees shall comply with all Department rules and regulations and the following general safety rules applicable to all Departments.

(a) Proper licensing, training and extreme caution are required by all employees operating any type of power equipment.

(b) Employees shall use all necessary personal and mechanical safety equipment appropriate to the job, such as safety glasses, gloves, toe guards, back supports, and hard hats, if required or appropriate for the work performed.

(c) Employees shall avoid wearing loose clothing and jewelry while working on or near equipment and machines. Long hair shall be properly secured.

(d) All accidents shall be reported immediately to the supervisor or department head in accordance with these Policies and Procedures.

(e) Employee's shall immediately cease using and report any defective equipment to the employee's department head or the Human Resources Specialist~~Director~~.

(f) Employees shall not operate equipment or use tools for which licensing and training has not been received.

(g) In all work situations, safeguards required by State and Federal Safety Orders shall be provided and utilized.

(h) Due to the potential risk of serious injury or death, employees are prohibited from entertaining or caring for guests or family members while on-duty or in or around the workplace. Employees should use extreme caution and care when working in inherently dangerous work areas including, but are not limited to:

(1) Road repair;

(2) Construction areas;

(3) Vehicle maintenance areas;

(4) Swimming pools; and

(5) Animal control.

14.060. Use of Equipment and Tools.

(a) The use of Syracuse City equipment or tools for private purposes is strictly prohibited unless otherwise specifically provided herein.

(b) Employees shall be required to attend training provided by the City, including an explanation of job hazards, safety procedures and training on all equipment, tools, etc., necessary for the accomplishment of the employee's job. Employees may attend additional training as approved by the City.

(c) A commercial driver's license (CDL) is required for operators of commercial motor vehicles in accordance with applicable Federal laws and regulations. No individual shall be allowed to operate such vehicles unless a current commercial driver's license is in his or her possession in accordance with applicable Federal laws and regulations. Employees must renew their commercial driver's license as required by applicable Federal laws and regulations. CDL employees shall also be subject to drug and alcohol testing and ~~annual~~ongoing driver's license evaluations as more particularly provided in these Policies and Procedures.

14.070. Confined Space Entry.

Syracuse City ~~shall prepare and adopt~~ has a written confined space entry policy for situations and work conditions requiring confined space entry in accordance with applicable Federal laws and regulations. This is part of the Syracuse City Safety Handbook. All employees who work or may potentially work in or near a confined space shall comply with the requirements stated in the Safety Handbook related with confined space.

14.080. Hazardous Communication.

Syracuse City has a written Hazardous Communication policy in compliance with Utah's Right-to-understand law as well as the Globally Harmonized System of classification and labeling of chemicals. All employees shall comply with the requirements stated in the Safety Handbook related with hazardous communication.

14.090. Hazardous Energy Control (Lockout/Tagout).

Syracuse City has a written Hazardous Energy Control policy in compliance with the OSHA-mandated requirements for controlling hazardous energy sources at Syracuse City during the servicing, testing, and/or maintenance of machines and energized equipment. This policy details the locking-out and tagging-out of hazardous energy sources in order to protect the safety and health of maintenance workers and employees. Workers and employees could be injured or killed in the event of the unexpected start-up of machines or equipment or during the release of stored energy. All employees shall comply with the requirements stated in the Safety Handbook related with hazardous energy control.

14.100. Department Specific Safety.

Other safety policies that are specific to duties performed in a department are also included in the Safety Handbook. These may include fall protection, forklift operation, etc. Additional safety measures may be in the form of Standard Operating Procedures (SOP) or Standard Operation Guidelines (SOG) for each department specifically. SOPs/SOGs are not considered a part of the Safety Handbook, but employees in that department are expected to know and understand all safety policies, practices, operations and guidelines for the duties that they are required to perform.

14.~~080~~110. Accidents/Incidents & Work Related Injuries.

(a) Initial Reporting. To the extent circumstances permit, employees who are injured or involved in a post-accident/incident while on-duty, in connection with employment, or in connection with Syracuse City vehicles must immediately notify their supervisor or department head of the injury/incident. The supervisor or department head should ensure prompt and qualified medical attention is provided for the employee. The supervisor or department head should notify the Human Resources Specialist as soon as possible of the reported injury/incident.

(b) Medical Attention. To the extent circumstances permit, an employee who sustains a work-related injury shall be driven by the supervisor, another employee or emergency personnel to one of the following medical facilities for any necessary medical attention:

(1) Layton WorkMed (during business hours 8AM-5PM) and drug and alcohol screening must be done; or

(2) Syracuse InstaCare (after business hours 5PM-9PM) and supervisor shall call the after-hours WorkMed Phone (801-387-8378) for drug and alcohol screening to be done; or

(3) McKay Dee Hospital Emergency Room (after hours) and supervisor shall call the after-hours WorkMed Phone (801-387-8378) for drug and alcohol screening to be done; or

(3) Nearest Emergency Room, if life threatening.

(c) Drug & Alcohol Screening. An employee who is involved in a work-related incident that involves driving of a Syracuse City vehicle (regardless of anticipated costs) or a work-related incident that is anticipated to exceed $1,000 is required to submit to post-accident/incident drug and alcohol testing as follows:

(1) Employee shall be driven by the supervisor or another employee to Layton WorkMed (during business hours 8AM-5PM) and drug and alcohol drug screening must be done; or

(2) if after business hours the supervisor shall call the after-hours WorkMed Phone (801-387-8378) for drug and alcohol screening to be done

(d) Claims. Claims for work-related injuries, including doctor or hospital bills, should not be submitted to the employee's regular health insurance plan. The Human Resource Specialist will file a claim with Syracuse City's worker's compensation carrier.

(e) Documentation. Documentation of all work related injuries shall be filled out and submitted as soon as reasonably practical following the injury. It is essential that all injuries be reported

to the Human Resources Specialist in order to ensure that the proper documentation is filled out in a timely manner. The following forms shall be filled out by the employee, to the extent practicable under the circumstances, or the Human Resources Specialist if the employee is unable to fill out the forms.

(1) Injury/Incident Report form must be filled out. A separate form must be filled out by the employee, any witnesses and the immediate supervisor. See form in Appendix N.

(2) Form 122. Form 122 must be filled out by the HR Specialist and is submitted to the insurance carrier online while submitting the claim within seven (7) days of the date of injury. A copy of this document will be kept in the injury/illness file for each incident.

(3) OSHA First Report of Injury. An OSHA First Report of Injury Form must be filled out by HR Specialist and filed within seven (7) days after first knowledge or notification of an injury or occupational disease resulting in medical treatment, loss of consciousness, loss of work, restriction of work, or transfer to another job if the illness and/or injury required more than minor first-aid. The original reporting form will be kept in OSHA 300 Log file that will be created for each incident.

(f) The Human Resources Specialist shall investigate reported job related injuries to determine the cause of the injury and any remediation or safety measures that may be taken to avoid similar injuries.

(g) If an employee dies as a result of work related injury, the Human Resource Specialist shall file a report with OSHA within eight (8) hours of first knowledge or notification of the death. The Human Resource Specialist must file a report with OSHA within twenty-four (24) hours of first knowledge of an employee injury resulting in any inpatient hospitalization, any amputation or loss of an eye.

(h) Return to Service. Before returning to work after a job related injury requiring medical care, the employee must submit a statement from the attending physician stating the employee is able to return to work and resume normal duties of the employee's particular job position. Failure to return to work when able to do so may result in disciplinary action, up to and including termination.

(i) Checklist. See Appendix O for a checklist to help employees and supervisors remember steps.

~~Any work related accident shall be reported to the employee's supervisor or department head. Accidents involving work related injuries shall be handled in accordance with Section 14.090. For accidents not involving work related injuries, an Accident Report Form shall be immediately filled out by the employee and submitted to the employee's supervisor or department head. The supervisor or department head receiving an Accident Report Form shall submit the same to the Human Resources Director as soon as possible. The Human Resources Director shall review all Accident Report Forms and determine any required follow-up or investigation needed. Any required post-accident drug and alcohol testing shall be conducted in accordance with applicable provisions of Chapter 11 and Chapter 12 regarding Drug and Alcohol Testing. All Accident Report Forms shall be maintained and classified in accordance with the Utah Government Records Access and Management Act, as set forth in *Utah Code Ann.* §§ 63-2-101, *et seq.*, as amended.~~

~~14.090. Work Related Injuries.~~

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~~(a) Initial Reporting. To the extent circumstances permit, employees who are injured while on-duty or in connection with employment must immediately notify their supervisor or department head of the injury. The supervisor or department head should ensure prompt and qualified medical attention is provided for the employee. The supervisor or department head should notify the Human Resources Director as soon as practical of the reported injury.~~

~~(b) Medical Attention. To the extent circumstances permit, an employee who sustains a work-related injury shall be sent to one of the following medical facilities for any necessary medical attention:~~
~~(1) Layton WorkMed (during business hours); or~~

~~(2) McKay Dee Hospital Emergency Room (after business hours).~~

~~(c) Claims. Claims for work-related injuries, including doctor or hospital bills, should not be submitted to the employee's regular health insurance plan.~~

~~(d) Documentation. Documentation of all work related injuries shall be filled out and submitted as soon as reasonably practical following the injury. It is essential that all injuries be reported to the Human Resources Director in order to ensure that the proper documentation is filled out in a timely manner. The following forms shall be filled out by the employee, to the extent practicable under the circumstances, or the Human Resources Director if the employee is unable to fill out the forms.~~

~~(1) Form 122. Form 122 must be filled out. After Form 122 is filled out, a copy must be sent to the insurance carrier and a copy must be sent to the City's workers compensation third party administrator (TPA) within seven (7) days of the date of injury. A copy of this document will be kept in the injury/illness file for each incident. The reporting form used by the City's TPA may be used in lieu of the Form 122 if the TPA's form includes all information required on the Form 122.~~

~~(2) OSHA First Report of Injury. An OSHA First Report of Injury Form must be filled out and filed within seven (7) days after first knowledge or notification of an injury or occupational disease resulting in medical treatment, loss of consciousness, loss of work, restriction of work, or transfer to another job if the illness and/or injury required more than minor first-aid. The original reporting form will be kept in the injury/illness file that will be created for each incident. In addition, the employee will be given a copy of the reporting form. The reporting form used by the City's TPA may be used in lieu of the OSHA First Report of Injury if the TPA's form includes all information required on the OSHA First Report of Injury.~~

~~(e) The Human Resources Director shall investigate reported job related injuries to determine the cause of the injury and any remediation or safety measures that may be taken to avoid similar injuries.~~

~~(f) If an employee dies as a result of work related injury, Syracuse City shall file a report with OSHA within seven (7) days of first knowledge or notification of the death.~~

~~(g) Return to Service. Before returning to work after a job related injury requiring medical care, the employee must submit a statement from the attending physician stating the employee is able to return to work and resume normal duties of the employee's particular job position. Failure to return to work when able to do so may result in disciplinary action, up to and including termination.~~

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14.100. Workers' Compensation.

Eligible employees may be covered under the Workers' Compensation Act as set forth in *Utah Code Ann.* §§ 34A-2-101, *et seq*., as amended, for any injury sustained during the performance of their job. Compensation may be provided to eligible employees through Workers' Compensation Fund of Utah or third party administrator in accordance with the Workers' Compensation Act.

14.110. Bringing Children to Work.

The City does not have a childcare program at this time. Due to safety and productivity issues, employees are not permitted to bring their children to work with them. This provision does not apply to City-approved organized programs intended to provide children an opportunity to observe the workplace or career opportunities or other educational fieldtrips and tours of the City offices. Limited exception may be made on a case by case basis by the Department Head or City Manager.

CHAPTER 15
DISASTER RESPONSE PLANNING

15.010. General Policy.
15.020. Employee Disaster Notification.
15.030. Natural Disaster Response Plan.
15.040. Man-Made Disaster Response Plan.
15.050. Suspicious Person or Assailant Threats.
15.060. Telephone Bomb Threats.
15.070. Mail, Letter, and Package Bomb Threats.
15.080. Suspicious Article Threats.

15.010. General Policy.

Syracuse City has developed the following Disaster Response Plan using, in part, a Disaster Response Planning Guide. All employees will be expected to adhere to this Disaster Response Plan to the maximum extent possible and practicable.

15.020. Employee Disaster Notification.

Supervisors are responsible for notifying all City employees of the disaster response action to be taken in the event of a disaster or pending disaster to the extent possible.

15.030. Natural Disaster/Man-Made Disaster Response Plan.

Following a natural disaster, the following action shall be taken:

(a) Employees already at work will assess the disaster and take whatever evasive action is deemed necessary within the law to protect themselves, their fellow employees, and the public in general. As soon as practical the employee shall notify his/her supervisor of his/her status and whereabouts.

(b) ~~(b)~~ Employees will be allowed to contact and/or secure their families and homes as soon as practical to ensure their family status and security.

(c) Employees will report to their immediate supervisor, or the next level supervisor, as soon as practical and await instructions as indicated in the Emergency Operation Plan..

(d) ~~(c)~~ All Syracuse City vehicles, equipment, tools, and office items, including telephones and computers, will be used only as directed by an employee's supervisor during an emergency situation.

~~(d) Employees will be allowed to contact their families as soon as their supervisor can allow this action to be taken.~~

(e) Employees not at work will contact the City Manager~~Administrator~~ as soon as practical for further instructions.

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~~**15.040. Man-Made Disaster Response Plan.**~~

~~Following a man-made disaster, the following action shall be taken:~~

~~(a) Employees already at work will assess the disaster and take whatever evasive action is deemed necessary within the law to protect themselves, their fellow employees, and the public in general.~~

~~(b) Employees will report to their immediate supervisor, or their next level supervisor, as soon as practical and await instructions.~~

~~(c) All Syracuse City vehicles, equipment, tools, and office items, including telephones and computers, will be used only as directed by an employee's supervisor during an emergency situation.~~

~~(d) Employees will be allowed to contact their families as soon as their supervisor can allow this action to be taken.~~

~~(e) Employees not at work will contact the City Administrator as soon as practical for further instructions.~~

15.050. Suspicious Person or Assailant Threats.

(a) Syracuse City has developed the following procedures to be followed in the event that a suspicious person or assailant is in the area:

(1) Employees will contact a supervisor and other co-workers through any means to alert them of a threatening situation. ~~use the "Surname" of the Mayor or City Administrator they are addressing, repeated again, to alert the Mayor or City Administrator of a threatening situation. An example following this procedure would be: "Mr. (Last name of the Mayor), Mr. (Last name of the City Administrator), could you please come to the front desk".~~

(2) ~~Employees will physically signal to supervisors or employees that a threatening situation exists. An example following this procedure would be: "An employee would momentarily rub both of their ears with both of their hands at the same time".~~ In the presence of an active assailant employees will take the following action:

- Get Out!
- Hide!
- Fight!
- Employee's shall assist one another as practical

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(b) Employees shall notify law enforcement as soon as possible.~~Syracuse City has developed a Suspicious Persons or Assailants Identification Checklist for employees to use.~~ Features and physical characteristics that employees can remember about suspicious persons or assailants will greatly help local law enforcement officials in the apprehension of suspects.

15.060. Telephone Bomb Threats.

(a) An employee receiving a telephone bomb threat should be calm and courteous to the caller. The employee should notify his or her supervisor, or any other employee in the area, using a prearranged signal while the caller is on the line. An example following this procedure would be throwing

a pencil or other small item near the supervisor, followed by rapidly waving the arm to get their attention. While on the phone ~~T~~the employee will communicate with the supervisor by using or passing notes, email and/or other means of communication.

(b) Employees shall notify law enforcement as soon as possible. Syracuse City has developed a ~~Telephone~~ Bomb Threat Checklist for employees to use. Voice characteristics, background noises, and bomb threat details that employees can remember about suspicious persons or assailants will greatly help local law enforcement officials in the apprehension of suspects. See the checklist in Appendix P.

15.070. Mail, Letter and Package Bomb Threats.

(a) Employees receiving mail at work should visually assess the letter or package and inform his or her supervisor or the City Manager~~Administrator~~ of anything unusual. It is always better to be safe than sorry.

(b) Employees shall notify law enforcement as soon as possible. ~~Syracuse City has developed a Mail Letters and Packages Bomb Recognition Checklist for employees to use.~~ Features and physical characteristics or other details that employees can remember about suspicious persons or assailants will greatly help local law enforcement officials in the apprehension of suspects.

15.080. Suspicious Article Threats.

Employees should report all suspicious articles to his or her supervisor or the City Manager~~Administrator~~. Do not touch, pick up, shake, or attempt to move, any articles of a suspicious nature. Employees shall notify law enforcement as soon as possible.

CHAPTER 16
TUITION AID

16.010. Purpose.
16.020. Funds.
16.030. Eligibility.
16.040. Standards.
16.050. Procedure.
16.060. Limitations.
16.070. Compliance.
16.080. Records.

16.010. Purpose.

It is the purpose of this Chapter to provide educational assistance in the form of Tuition Aid to eligible employees for course work taken at an accredited or approved institution, when funds are available, in order to enhance the abilities of the City work force. It is the intent of this Chapter to benefit the individual and to benefit the City through the utilization of the employee's newly acquired skills and knowledge. This Chapter and the Tuition Aid provided herein is not intended to train employees for opportunities with other employers or to provide reimbursement for seminars and professional training.

16.020. Funds.

The City shall allocate in its annual budget funds deemed appropriate for Tuition Aid. All Tuition Aid shall be contingent upon sufficient funds allocated by the City.

16.030. Eligibility.

In order to be eligible for Tuition Aid, employees must be full-time employees of the City in good standing and must have completed their probationary period of employment with the City.

16.040. Standards.

(a) Job Related. All classes, courses, or degrees must be pre-approved by the City and must be reasonably related to the employee's present job or determined by the City to be related to the employee's probable future work with the City. In determining whether the course work is "job related," the City shall consider the knowledge, skills, and abilities required by the employee's current job description.

(b) Accredited Institution. Course work must be offered at a college, university, or accredited educational institution ~~accredited by the State of Utah~~ or other institution approved by the City ~~Council~~Manager.

(c) Credit. Course work must be taken for credit and completed. No reimbursement shall be made for audits, incomplete, or withdrawals.

(d) Time. Course work must be taken on the employee's own unpaid time. Exceptions may be approved by the City Manager~~Administrator~~ based upon a written statement of the department head that unusual circumstances exist.

(e) Job Performance. An employee's outside educational activities should not interfere with the employee's work and the employee's job performance must remain satisfactory. Unsatisfactory job performance during enrollment may result in denial or forfeiture of education assistance in addition to disciplinary action.

(f) Repayment. Eligible employees must sign a Tuition Aid Repayment Agreement agreeing to repay the City in full for any Tuition Aid in the event the employee voluntarily leaves employment with the City or is terminated for reasons other than reduction in force or job elimination in accordance with the limitations set forth in Section 16.060. Eligible employees shall also agree that the total refund required to be made to the City hereunder may be deducted from the employee's final paycheck from the City.

16.050. Procedure.

(a) Application. Any eligible employee desiring to obtain Tuition Aid shall file a Tuition Aid Application with his or her department head. The Tuition Aid Application shall be filed prior to the commencement of the course. See Appendix Q.

(b) Review. The employee's department head shall review the Tuition Aid Application based upon the standards set forth in this Chapter including review of the employee's eligibility for assistance. The department head shall thereafter recommend approval or denial of the Tuition Aid Application to the City Manager~~Administrator~~. The City Manager~~Administrator~~ shall review the Tuition Aid Application based upon the standards set forth herein, verify available funds for the request and approve or deny the Tuition Aid Application. Tuition Aid requests by the City Manager~~Administrator~~ shall be forwarded to the City Council for review and approval in accordance with the provisions of this Chapter. In such instances of City Council review, any references herein to City Manager~~Administrator~~ shall refer to the City Council.

(c) Reimbursement. Upon satisfactory completion of the approved course work, a portion of the employee's tuition expenses, fees and books may be reimbursed to the employee as follows:

(1) 90% for an "A" grade (or "pass" if course is only offered as Pass/Fail)

(2) 75% for a "B" grade

(3) 60% for a "C" grade

(4) 0% for lower than a "C" grade

(d) Transcript and Receipt. Prior to reimbursement, the employee must submit to the City Manager~~Administrator~~, a certified transcript of grade or certificate of completion of the course work and receipts for the actual tuition, fees and book expenses incurred.

16.060. Limitations.

(a) Funds. All Tuition Aid is contingent upon sufficient funds available in the City and/or department budget and shall be distributed on a first-come basis as determined by the date of final approval of the Tuition Aid Application by the City Manager~~Administrator~~.

(b) Annual Maximum. Eligible employees are limited to a maximum reimbursement of ~~$1,500.00~~ $2,000.00 per employee during any ~~calendar~~ fiscal year (July 1st to June 30th) for tuition, fees and books.

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(c) Other Sources. Reimbursement is limited by the amount of financial aid the employee receives from other sources such as grants or scholarships; i.e. the employee is only eligible for reimbursement from the City for the appropriate percentage of the employee's total out-of-pocket costs after the grant or scholarship has been deducted.

(d) Repayment. Employees who voluntarily leave employment with the City or are terminated for reasons other than reduction in force or job elimination shall be required to repay the City in full for any Tuition Aid received from the City within one (1) year prior to the date of termination. Employees who are terminated during enrollment because of a reduction in force or job elimination will be reimbursed for the amount of the approved costs incurred up to the effective date of termination.

16.070. Compliance.

Failure to comply with this Chapter will result in disapproval of Tuition Aid Application and/or nonpayment of the reimbursement as determined appropriate in the sole discretion of the City Manager~~Administrator~~. Failure to comply may also result in disciplinary action, up to and including termination.

16.080. Records.

A copy of Tuition Aid records shall be retained by the City in accordance with the Government Records Access and Management Act, as set forth in *Utah Code Ann*. §§ 63-2-101, *et seq*., as amended.

CHAPTER 17
TRAVEL, CREDIT CARD, AND REIMBURSABLE EXPENSES

17.010. Travel Costs.
17.020. Credit Card Expenses.
17.030. Vacation/Sick Leave Cash Out for Emergency Preparedness.
17.040.~~17.020.~~ General Expenses.

17.010. Travel Costs.

(a) Purpose. City employees may be permitted or required to attend seminars, meetings, conferences and workshops when it is anticipated that the training and information received by the officer or employee at such events will benefit the City. It is the purpose of this policy to provide reasonable and systematic means by which attendance and travel to such events will be approved and the cost estimated and controlled for economic, budgetary, and auditing purposes. It is the intent of this policy to provide adequate controls over travel expenditures and to maintain accountability for such expenditures while allowing for flexibility.

(b) Budget. The City shall allocate in its annual budget funds deemed appropriate for travel expenditures. Each department head shall be responsible for keeping travel expenditures within his or her respective approved department travel budget.

(c) Eligibility. For purposes of this policy, "travel" shall be considered any in-state or out-of-state trip taken by a City employee in the course of performing his or her duties, including trips to or attendance at seminars, meetings, conferences and workshops. All travel expenditures must be pre-approved by the City as set forth herein. All travel expenditures must be anticipated to serve a bona fide public purpose and confer a benefit upon the City.

(d) Procedures.

(1) Application. An employee desiring to obtain travel funds shall ~~file a Travel Application~~request and receive written approval ~~with~~from his or her department head, stating the purpose, details and estimated expenses of the travel at least two (2) weeks prior to the desired date of departure. Applications for travel by department heads shall be submitted to the City Manager~~Administrator~~ and shall note the name of the person to be in charge of the department during the department head's absence.

(2) Review. The employee's department head shall review the ~~T~~travel request ~~Application~~ based upon the requirements set forth herein, including review of the department's approved travel budget. ~~If the Application does not require travel out-of-state, t~~The department head may approve or deny the ~~T~~travel request~~Application~~. ~~If the Travel Application requires travel out-of-state, the department head shall make a recommendation to the City Administrator regarding approval or denial of the Travel Application, and the City Administrator shall make the final determination for approval or denial.~~ The City Manager may approve or deny the travel request of any department head.

(3) Advancements. Upon the request of the employee and timely submission of the Travel Application, approved travel expenses may be advanced.

(4) Receipts. The traveling ~~officer or~~ employee shall document expenses of the trip and keep all original receipts and credit card receipts, provided that receipts for meals covered by the per diem compensation and fuel purchased with the City fuel card shall not be required.

(5) Documents. An expense report indicating the actual expenses of the trip together with all original required receipts shall be submitted to the City Manager~~Administrator~~ within thirty (30) days after the event in order to receive any payment or refund. Except for per diem advancements, if less money was spent than was advanced, a reimbursement check made payable to the City for the difference shall be attached. Except for per diem advancements, if more money was spent than was advanced, a voucher request for the difference to be paid to the employee shall be attached.

(6) Summary. The City Manager~~Administrator~~, Mayor or Council may request a written summary or an oral report on all seminars, workshops, conferences or conventions attended by employees.

(e) Mode of Transportation. With the approval of his or her Department Head, ~~E~~employees are responsible for arranging their own transportation. The most economical form of transportation shall be used considering factors such as the cost of the transportation and the amount of time required. If any employee chooses a more costly form of transportation, the City will pay the lesser cost of the two forms, and the per diem rate shall be based upon the amount of time it would have taken under the less costly form of transportation. If extra time is needed for the more costly form of transportation, the employee shall use vacation or compensatory time for the excess time needed to reach the destination.

(f) Costs. Employees are encouraged to utilize the lowest cost travel arrangements possible. Airline reservations should be made, whenever possible, at least thirty (30) days in advance. If a reduced airfare is offered for a stay over a Saturday night, and the reduced rate more than compensates for additional lodging and per diem costs, the employee is encouraged to stay over the additional night. The government or corporate rate should be requested at all hotels.

(g) Permitted Expenses. The following allowances and payments may be made for travel expenses.

(1) Transportation. The City may pay for the cost of the most economical form of transportation. Employees traveling in a private vehicle will be reimbursed per mile and per vehicle at the current reimbursement rate permitted by the Internal Revenue Service. Employees traveling in a City vehicle will be reimbursed for the actual cost of gasoline and any incidental and necessary costs incurred in connection with such vehicle. Gasoline and other incidental and necessary cost receipts must be provided for reimbursement.

(2) Meals. The City may pay employees a per diem amount to cover the cost of meals during travel or training. The maximum daily per diem allowance for Syracuse City employees engaged in travel in-state on the City's behalf is thirty-nine dollars ($39.00) ~~twenty-eight dollars ($28.00)~~. The maximum daily per diem allowance for Syracuse City employees engaged in travel out-of-state on the City's behalf is forty-six dollars ($46.00). Employees shall be provided the following standard per diem rate for meals when in-state travel requires less than a full day: $10.00~~$6.00~~ for breakfast (when departing before 6:00 a.m.~~7:00 a.m.~~); ~~$8.00~~ $13.00 for lunch; and ~~$14.00~~ $16.00 for dinner (when returning after 7:00 p.m.). Employees shall be provided the following standard per diem rate for meals when out-of-state travel requires less than a full day: $10.00 for breakfast (when departing before 6:00 a.m.); $14.00 for lunch; and

$22.00 for dinner (when returning after 7:00 p.m.). It is the policy of the city to comply with the provisions of *Utah Code R25-7-6,* regarding reimbursement for meals.

(3) Fees. The City may pay the actual and reasonable cost of registration and other fees for seminars, workshops, conferences, and conventions.

(4) Ground Transportation. The City may pay the reasonable and necessary costs for ground transportation, including airport shuttle, taxi cab, rental car, and parking lot fees.

(5) Lodging. If an employee is traveling outside of Weber, Davis and Salt Lake Counties for City business, the employee may stay overnight. The City may pay for the reasonable and necessary costs of lodging if an overnight stay is required. Traveling employees shall choose lodging based on pricing, location, and government rates. When possible, employees shall lodge at the conference sponsored hotel that offers a government rate. Traveling employees may elect to stay with friends, relatives, use their personal campers or trailer homes instead of staying in a motel/hotel. The City will compensate the employee fifty percent (50%) of the lowest total cost of the conference sponsored hotel price.

(6) Miscellaneous. The City may pay for other miscellaneous costs as deemed reasonable and necessary by the City Manager~~Administrator~~.

(7) Personal Expenses. Employees traveling on City business, including employees traveling with a spouse or other companion, shall strictly distinguish expenses incurred as part of City business from personal expenses. The City will provide reimbursement only for those expenses which the employee would normally incur if traveling alone. For example, the City will pay for the employee's lodging at the single room rate and the employee shall be required to pay for any additional double occupancy lodging charge or upgrade. The City shall not pay for personal expenses such as telephone charges, personal transportation charges, room service charges, etc.

17.020. Credit Card Expenses.

(a) Purpose. In order to ensure the proper use and accountability of tax payer dollars, the following credit card policies are to be followed when using Syracuse City Credit Cards to expend City funds. Compliance with the policy is the obligation of each City employee. Failure to follow the policy may result in disciplinary action up to and including termination as described below. Questions regarding the policy are to be directed to the Finance Director.

(b) Tax Exempt. Most City purchases are not subject to sales tax. For vendors requiring documentation of tax exempt status, a TC-721G Exemption Certificate for Governments and Schools may be obtained from the Finance Director. Lodging charges in Utah are subject to sales tax. It is the cardholder's responsibility to ensure sales tax is only paid when required.

(c) Cardholder Responsibilities. It is the responsibility of the cardholder to:

(1) Read and understand the City Credit Card Policies and Procedures.

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(2) Sign the Syracuse City Credit Card Acceptance Agreement. (See Appendix R)
(3) Make only authorized purchases as prescribed by the City Purchasing Policy and approved departmental budget.

(4) Retain receipts for all transactions. In the absence of a receipt, a Missing Receipt Form must be completed and signed by the cardholder and their Department Head. (See Appendix S). This form can also be found in the policy manual or on the City Intranet.

(5) Reconcile the credit card statement upon its arrival. All reconciliations, statements, and receipts are due to Accounts Payable by the 10th of the following month.

(6) Keep the credit card and the corresponding account information secure. Immediately report any lost or stolen credit card and/or account information to the Finance Director.

(7) Report fraudulent charges or any discrepancies in the credit card statement in a timely manner to the Finance Director.

(d) Department Head or Supervisor Responsibilities. It is the responsibility of the Department Head or Supervisor to:

(1) Request and oversee the issuance of new cards through the Finance Director. The credit limit will be determined at the discretion of the Finance Director.

(2) Inform the Finance Director when changes and cancellations are needed because of personnel changes.

(3) Make sure credit card reconciliations are completed by the 10th of each month.

(4) Review the cardholder's reconciliation and transactions for completeness, accuracy, and compliance with Syracuse City policies and procedures.

(5) Address the cardholder about questionable transactions and take disciplinary actions when necessary

(6) Report any misuses of credit cards immediately to the Finance Director and/or the City Manager

(7) Sign the reconciliation form for each cardholder after review

(e) Prohibited Credit Card Purchases. The following purchases are strictly prohibited from being purchased by using a City credit card:

(1) Purchase of items for personal use or consumption

(2) Purchasing in violation of the City Purchasing Policy

(3) Alcohol

(4) Utah State Tax, except on lodging charges

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(5) Fuel for fleet vehicles unless traveling outside of Utah. The state gas card should be used for fuel purchases.

(6) Splitting a purchase to remain under purchasing policy limits

(f) Disciplinary Action for Improper Use. Any employee found to be in violation of these policies may be subject to disciplinary action including but not limited to suspension of credit card, repayment of unauthorized charges, and/or termination of employment.

17.030. Vacation/Sick Leave Cash Out for Emergency Preparedness.

Once per fiscal year, Full-Time employees may purchase pre-approved emergency preparedness items and be reimbursed up to two hundred and fifty dollars ($250.00) by cashing out Vacation or Sick Leave. The employee must have a remaining balance of one-hundred and sixty (160) hours of accrued sick leave after the cash out is complete. The employee must submit an Emergency Preparedness Cash-Out form along with original receipts to his or her Department Head for approval. (See Appendix T) The Department Head will submit the form to the Finance Director and Human Resources for processing. The determination as to whether or not the Cash Out will be approved will be based on the availability of funds and will be re-evaluated on an "as needed" basis. Pre-approved emergency preparedness items include:

(a) Bottled Water

(b) Non-Perishable Food

(c) Water Storage

(d) 72 Hour Kit

(e) Generator

(f) Portable Fuel & Cooking Equipment (BBQ Grill not included)

(g) Battery-Powered Radio

(h) Batteries

(i) Flashlight

(j) First Aid Kit

(k) Whistle

(l) Duct Tape

(m) Can Opener

(n) Fire Extinguisher

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(o) Compass

(p) Matches

(q) Multi-Purpose Tool (e.g. Leatherman or Swiss Army Knife)

(r) Emergency Blanket

(s) Fire Escape Ladder

(t) Two-Way Radios

(u) Rain Gear

(v) Dust Masks

(w) Local Maps

(x) Water Purification Systems/Devices

(y) Disposable Hand/Foot Warmers

(z) GPS Devices

(aa) Sleeping Bags

(bb) Tent

(cc) Backpacks/Duffel Bags

(dd) Toiletry/Personal Sanitation Supplies (e.g. toilet paper, personal wipes, transportable emergency toilet, etc.)

(ee) Emergency Heater/Portable Propane Heater

~~17.020.~~17.040. General Expenses.

With prior approval for purchase, legitimate expenses will be reimbursed by Syracuse City to the employee. Receipts are required to reimburse the employee. Reimbursement may be in the form of petty cash, direct deposit~~an addition to a paycheck~~, or a separate check. Records must be kept reflecting the amount of reimbursement each employee has received. An expense for meals, beverages, snacks, etc. for meetings shall not be paid for with City funds and may not be reimbursed unless pre-approved by the City Manager. Examples of situations that may be approved include but are not limited to, a business lunch with an outside consultant who is providing information, advice or other business matters, a working lunch during an emergency or urgent project that requires staff to continue working, a training seminar.

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Chapter 18 (Vehicle Use) is still being worked on.

CHAPTER 19
COMPUTERS AND EQUIPMENT USE

19.010. Equipment and Supplies.
19.020. Removal of Equipment.
19.030. Technology Resources.
19.040. Computers, Email and Internet.
19.050. Prohibited Computer Use.
19.060. Postage Meters.
19.070. FAX and Copy Machines.
19.080. Land-Line Telephones.
19.090. Cellular Phones.
19.100. Termination.

19.010. Equipment and Supplies.

All employees are charged with the responsibility of maintaining the City's property in the best possible condition and making the most economical use of supplies issued to them. All employees are charged with using and operating City equipment and property according to established protocol, including operating equipment in a safe and courteous manner.

19.020. Removal of Equipment.

No City owned, leased, or licensed equipment may be removed from City premises without prior ~~written~~ approval from the employee's department head.

19.030. Technology Resources.

To help maximize its employees' efficiency in carrying out their responsibilities, Syracuse City provides various information and technology resources such as e-mail, computers, software/computer applications, networks, the internet, facsimile machines, cell phones, pagers, and other wireless communication devices and voice mail systems. These tools and equipment are City property and must be used in accordance with these Policies and Procedures.

19.040. Computers, Email and Internet.

The City provides computer and internet access to designated employees for their use to transact City business. The following rules and restriction shall govern any and all use of City computers, email and internet.

(a) Personal use of computers, internet and email is only allowed during non-working hours, such as breaks and lunch periods, and is subject to the restrictions and conditions of this Chapter. Employees shall keep personal email and other electronic correspondence to a minimum and in no event shall such personal use of computers, internet and email interfere with the employee's work or productivity or disrupt other employees.

(b) To prevent computer viruses and other network problems, employees are prohibited from any unauthorized downloading of any software. Only software which has been purchased and approved by Syracuse City may be loaded or used on any of the City's computers.

(c) Employees are prohibited from accessing or visiting any websites or receiving or sending any email information which would be considered offensive by community standards; including, but not limited to, pornographic or sexually explicit information.

(d) Employees shall not use City computers or equipment for personal gain, including, but not limited to, personal for-profit and not-for-profit business purposes, political activity, or any other activity that could be considered a violation of these policies and procedures.

(e) City computers are the sole property of the City and may be subject to monitoring at any time without notice. Any information or messages created or retrieved over the internet or through email on City computers, and the contents of all City computers, is considered the property of the City. The City retains the right to observe, record, access and review any transactions made on City computers, including, but not limited to email messages, websites, etc. When using the email or voicemail systems, and other equipment including City computers, the employee knowingly and voluntarily consents to being monitored and acknowledges the City~~=~~'s right to conduct such monitoring. The security of email and voicemail communications is not guaranteed.

(f) Certain electronic data may be considered a "record" subject to access pursuant to the Utah Governmental Records Access and Management Act, as set forth in *Utah Code Ann*. §§ 63-2-101, *et seq*., as amended, or discoverable in litigation under applicable Rules of Civil Procedure.

(g) Abuse of email, voicemail and computer systems shall subject the employee to disciplinary action, up to and including termination.

19.050. Prohibited Computer Use.

The City will not tolerate inappropriate or illegal use of electronic data, equipment or information and reserves the right to take appropriate disciplinary action as needed, up to and including termination of employment for any violations of this Chapter. Such inappropriate or illegal use of these resources includes, but is not limited to, the following:

(a) hacking;

(b) pirating software and/or video files;

(c) soliciting;

(d) distributing literature for outside entities;

(e) sending or forwarding inappropriate emails; including, but not limited to, offensive, harassing, disparaging, vulgar, obscene, slanderous, defaming or threatening communications;

(f) accessing, viewing, or downloading inappropriate web sites, i.e., sites advocating hate or violence, displaying pornographic or sexually explicit material, or promoting illegal activity;

(g) distributing confidential information to persons or entities that are not entitled to such information;

(h) storing or placing unlawful information on City computers or network;

(i) copying system files, programs or data without proper authorization;

(j) disseminating, printing or copying copyrighted materials including articles and software in violation of copyright laws;

(k) using abusive or otherwise objectionable language in either public or private messages;

(l) sending or forwarding messages that are likely to result in the loss of the recipient's work or system use;

(m) sending or forwarding "chain-letters," jokes or lists or any other type of use that would cause congestion or disrupt the operation of the networks or otherwise interfere with the work of others;

(n) decryption of system or user passwords; or

(o) creating, distributing, viewing or soliciting sexually oriented messages, materials or images.

19.060. Postage Meters.

No employee shall be allowed to use Syracuse City owned postage metering machines at any time for posting and mailing of any material other than those associated with official business of Syracuse City.

19.070. FAX and Copy Machines.

Employees may use City fax and copy machines for limited personal use subject to supervisor approval. Employees shall pay for such use at the employee rate which is in effect at the time of use.

19.080. Land-Line Telephones.

Telephones are to be used to conduct Syracuse City business. Long distance or toll calls using City land lines of a personal nature are prohibited~~ unless prior approval is received in writing from the City Administrator~~. Although occasional, limited local personal telephone calls are permitted, they should be kept to a minimum in time and frequency and should not interfere with work performance of the employee and his or her co-workers.

19.090. Cellular Telephones.

Only those employees authorized by their department head and/or the City Manager~~Administrator~~ are authorized to have a City-issued cell phone. The level of monthly service for such City-issued cell phone shall be commensurate with the amount of City business conducted and needed by the employee. The primary purpose of all City-issued cell phones shall be to facilitate City business. The City will allow limited personal use of City-issued cell phones, though personal use of City cell phones shall not be excessive and shall not interfere with the performance of job duties. The City reserves the right to monitor

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the billing and use of all City-issued cell phones. ~~By accepting the use of a City-issued cell phone, the employee agrees to promptly reimburse the City for all personal calls made which are deemed by the City to be excessive in frequency and duration.~~ By accepting the use of a City-issued cell phone, the employee also understands that excessive use of the cell phone that hinders~~hiders~~ job performance may result in disciplinary action. Cellular transmissions can be overheard by others. Discretion should be used in discussing confidential information on a cell phone. Employees, who are authorized to use a City-issued cell phone shall agree to be readily available to take calls, respond to e-mails and text messages during working hours. Employees, who are authorized to use their personal phone for work purposes shall use best judgment when taking calls, responding to e-mails and text messages outside of his or her working hours to ensure that he or she is not working unreasonable or unapproved overtime. Employees may not use their personal phones for work purposes during periods of unpaid leave without authorization from his or her Department Head. Employees are responsible for taking reasonable precautions to prevent theft and/or vandalism of cellular equipment. ~~No employee shall use City-issued cell phone for personal texting or sending of personal photos or other digital information.~~ An employee who violates the conditions of these policies relating to cell phones and usage will be subject to having the use of his or her City-issued cell phone terminated. In addition, employees may be subject to disciplinary action, up to and including termination, for any violation of these policies.

19.100. Bring Your Own Phone (BYOP) Policy

Employees that would otherwise be given a City cell phone/smart phone may elect to use a personal cell phone/smart phone for City business if authorized by his or her Department Head and the City Manager. Employees who have not received authorization in writing from his or her Department Head and the City Manager will not be permitted to use personal phones for work purposes. Failure to comply with this policy may result in disciplinary action, up to and including termination of employment.

While at work, employees are expected to exercise the same discretion in using their personal phones as is expected for the use of City phones as defined in this chapter.

Employees, who are authorized to use their personal phone for work purposes shall agree to be readily available to take calls, respond to e-mails and text messages during working hours. Employees, who are authorized to use their personal phone for work purposes shall use best judgment when taking calls, responding to e-mails and text messages outside of his or her working hours to ensure that he or she is not working unreasonable or unapproved overtime. Employees may not use their personal phones for work purposes during periods of unpaid leave without authorization from his or her Department Head.

No employee using his or her personal phone should expect any privacy except that which is governed by law. The City has the right, at any time, to monitor and preserve any communications that use the City's networks in any way; including data, voice mail, and email, to determine proper use. Management reserves the right to review or retain personal and company-related data on personal phones or to release the data to government agencies or third parties during an investigation or litigation

(a) BYOP Stipend. Employees authorized to use personal phones under this policy will receive an agreed-on quarterly stipend as approved by the City Manager. If an employee obtains or currently has a plan that exceeds the monthly stipend, the employee shall be responsible for any and all remaining amounts and the City will not be liable for the cost difference. Under no circumstances shall the City be responsible for any late fees or like charges.

(b) Lost, Stolen, Hacked or Damaged Equipment. Employees are expected to protect personal phones used for work-related purposes from loss, damage or theft. Employees must immediately notify management in the event their personal phone is lost, stolen or damaged to ensure any City data is protected. If IT is unable to repair the phone, the employee will be responsible for the cost of replacement.

(c) Termination of Employment. Upon resignation or termination of employment, or at any time on request, the employee may be asked to produce the personal phone for inspection. All company data on personal phones will be removed by IT upon termination of employment.

~~19.100.~~19.110. Termination.

Employees will be required to return all City-issued equipment to the ~~City~~ Department Head or his or her designee upon termination of their employment. Failure to return City-issued equipment upon termination will be considered theft and may be subject to prosecution.

CHAPTER 20
PERFORMANCE EVALUATIONS

20.010. General Policy.
20.020. Performance Evaluation Periods.
20.030. Performance Evaluations.
20.040. Records.
20.050. Performance Tracking

20.010. General Policy.

It is the policy of Syracuse City to evaluate City employees regarding their work performance in accordance with the City adopted performance evaluation system and the provisions of this Chapter. Performance evaluations are intended to improve the performance of employees by providing meaningful, constructive feedback on the adequacy of performance.

20.020. Performance Evaluation Periods.

(a) Probationary Employees. Probationary employees shall be evaluated at the next scheduled annual evaluation period following their one (1) year anniversary and may also be evaluated at any other time deemed necessary by the Supervisor and/or Department Head. ~~end of their probationary period and at any other time during the probationary period deemed necessary by the supervisor.~~ The performance evaluations for probationary employees may be used to provide information to both the employee and the City regarding the employee's performance. Performance evaluations and the results of such evaluations for probationary employees shall not obligate Syracuse City to a particular course of action relative to the probationary employees, nor shall it create any property or due process rights for such employees relative to their employment with the City.

(b) Employees. All employees, other than temporary or seasonal employees, shall receive performance evaluations on an annual basis. The evaluation period for these annual reviews will be the previous calendar year (January 1 to December 31). The annual performance evaluations shall be conducted and completed by the employee's direct supervisor. Annual performance evaluations must be completed and submitted by the supervisors to the Human Resources Specialist~~Director~~ on or before March 1 of each year. Additional evaluations may be made at any time at the discretion of the supervisor or department head or when directed by the Human Resources Specialist~~Director~~.

20.030. Performance Evaluations.

Employees shall be evaluated by his or her immediate supervisor in accordance with the City approved performance evaluation system and approved performance criteria. Performance evaluations should consist of a written evaluation form as well as an in-person interview. Performance evaluations may be used in decisions concerning advancement, future training needs, performance related salary adjustments and disciplinary actions.

20.040. Records.

Performance evaluation records shall be maintained in the employee's personnel file. Such records shall be maintained and accessed in accordance with the Utah Governmental Records Access and Management Act as set forth in *Utah Code Ann*. §§ 63-2-101, *et seq*., as amended.

20.050. Performance Tracking.

Department Heads and/or Supervisors shall from time to time enter Significant Incident Reports (SIRs), whether positive and/or negative, into the City's evaluation system in order to track the employee's performance throughout the year.

CHAPTER 21
GRIEVANCES

21.010. Grievances.
21.020. Informal Grievance Procedures.
21.030. Formal Grievance Procedures.
21.040. Appeal.
21.050. Retaliations.
21.060. Records.

21.010. Grievances.

Employees may appeal a decision or disciplinary action by the City which affects his or her employment (other than suspension, demotion or dismissal which are governed by appeal provisions of Chapter 22) pursuant to the provisions set forth herein. These guidelines should not be construed as preventing, limiting or delaying the City from taking disciplinary action, including immediate termination, in circumstances where the City deems such action appropriate. Except as required by State or Federal law, the grievance procedures provided herein shall be exhausted prior to seeking alternative remedies.

21.020. Informal Grievance Procedures.

Employees are encouraged to resolve their grievances at the lowest administrative level possible. An employee with a grievance may first attempt to settle the matter informally through discussion with his or her supervisor. The supervisor should review the matter and conduct an investigation as deemed appropriate under the circumstances. If the employee does not believe the problem has been satisfactorily resolved within ten (10) days after the circumstances are first discussed informally with the supervisor, or ~~anytime~~any time prior thereto, the employee may pursue formal grievance procedures as provided herein.

21.030. Formal Grievance Procedures.

(a) Complaint. An aggrieved employee may file a formal written grievance with the Human Resources Specialist~~Director~~ within ten (10) days from the date of the event giving rise to the grievance or within ten (10) days from the date the employee has knowledge, or should have knowledge, of the event giving rise to the grievance. Grievances shall be filed using an Employee Grievance Form as provided by the City~~.~~ (See Appendix T). The time for filing a formal written grievance shall be extended during the time for which informal grievance procedures are pursued; provided, such time shall not exceed thirty (30) days. If the grievance involves the Human Resources Specialist~~Director~~, the grievance may be filed with the City Manager~~Administrator~~, in which case all references herein to Human Resources Specialist~~Director~~ shall refer to City Manager~~Administrator~~.

(b) Investigation and Recommendation. Upon receipt of a grievance, the Human Resources Specialist~~Director~~ shall review and investigate the matter as deemed appropriate under the circumstances. Upon completion of review and investigation, the Human Resources Specialist~~Director~~ shall prepare a written recommendation to the City Manager~~Administrator~~ regarding the matter.

(c) Decision. The City Manager~~Administrator~~ should, within a reasonable time from receipt of the recommendation from the Human Resources Specialist~~Director~~, prepare and provide the employee written notice of his or her final decision in the matter.

21.040. Appeal.

An employee aggrieved by a final decision of the City ManagerAdministrator regarding a formal grievance filed hereunder may appeal such decision to the City Council by filing a written appeal stating the grounds therefore with the City Recorder within ten (10) days from the date of the decision. Only the issues presented in the original grievance may be considered on appeal. The City Council shall conduct a review of the matter reviewing the City Manager'sAdministrator=s decision for correctness. The City Council shall prepare and provide to the employee written notice of its final decision in the matter within a reasonable time from receipt of the appeal.

21.050. Retaliations.

Employees are entitled to bring good faith grievances hereunder without fear of retaliation. The City shall not discriminate against an employee because that individual made a grievance complaint, or has testified, assisted, or participated in any manner in an investigation, proceeding, or hearing to enforce any provision herein. No person shall coerce, intimidate, threaten, harass or interfere with any individual in the exercise or enjoyment of the exercise of any right granted or protected herein. Employees are further protected under the provisions of the Utah Protection of Public Employees Act, more commonly known as the "Whistle Blower's Act," as set forth at *Utah Code Ann*. ' 67-21-1, *et seq*., as amended.

21.060. Records.

The City shall maintain records pertaining to employee grievances filed hereunder and records pertaining to an appeal of such grievances in accordance with the Utah Government Records Access and Management Act as set forth in *Utah Code Ann*. §§ 63-2-101, *et seq*., as amended. No document relating to an employee grievance shall be placed in the employee's personnel file.

CHAPTER 22
DISCIPLINARY ACTION

22.010. General Conduct.
22.020 Responsibility for Discipline.
22.030. Levels of Discipline.
22.040. Investigation.
22.050. Administrative Leave.
22.060. Verbal Warning.
22.070. Written Reprimand.
22.080. Probation.
22.090. Suspension.
22.100. Demotion.
22.110. Dismissal.
22.120. Pre-Disciplinary Action Hearing.
22.130. Disciplinary Action.
22.140. Appeals.

22.010. General Conduct.

It is the responsibility of all employees of the City to conduct themselves in accordance with the City's policies, rules and regulations and to perform their work in a satisfactory manner. Employees are expected to conduct themselves in a professional and competent manner and to be courteous and cooperative at all times with fellow employees, supervisors and the public. Any action or conduct not in accordance with City policies or in violation of any City rule or regulation shall be subject to disciplinary action up to and including termination.

22.020. Responsibility for Discipline.

The basic responsibility for discipline lies with the employee's~~'s~~ supervisor under the direction of the City Manager~~Administrator~~, provided that any disciplinary action involving suspension, probation, demotion or dismissal shall require a pre-disciplinary action hearing and prior review and approval of the City Manager~~Administrator~~ in accordance with the procedures set forth herein. In addition, any dismissal of an employee shall comply with City Ordinances regarding Mayor and/or City Council approval, as more particularly set forth in Title 1 of the Syracuse Municipal Code.

22.030. Levels of Discipline.

When there are grounds for discipline, an employee shall be subject to appropriate disciplinary action, based upon the particular facts and circumstances of each case. Disciplinary action may include one or more of the following: verbal warning, written reprimand, suspension with or without pay, probation, demotion and dismissal.

22.040. Investigation.

Prior to any disciplinary action or recommendation of any disciplinary action, the alleged misconduct and related circumstances shall be investigated by the employee's immediate supervisor and/or the Human Resources Specialist~~Director~~. When deemed appropriate, any investigation may also be conducted by an outside investigator hired by the City. The investigation shall be conducted to the

extent deemed necessary and appropriate under the circumstances. Such investigation should provide the employee with an opportunity to respond verbally and/or in writing to the alleged claims.

22.050. Administrative Leave.

In the event of an emergency, or when otherwise deemed appropriate and necessary pending full investigation of alleged violations of an employee, the City Manager~~Administrator~~, or his or her designee, may temporarily relieve an employee from duty, with pay, or temporarily reassign the employee to another position at the same rate of pay. Such temporary relief from duty with pay shall be considered administrative leave and shall not preclude subsequent disciplinary action against the employee. The Department Head shall fill out the Administrative Leave Form (see Appendix U) and turn into the Human Resource Specialist.

22.060. Verbal Warning.

After investigation of the alleged misconduct in accordance with Section 22.040, whenever grounds for disciplinary action exist and the supervisor determines that more severe action is not required, the supervisor may verbally communicate to the employee the observed deficiency. Written documentation of the warning shall be prepared by the supervisor using the City's Disciplinary Action Form setting forth the date, time, circumstances and grounds for the discipline, and the date, time and circumstances of the verbal notice. The Disciplinary Action Form, along with a Signification Incident Record (SIR) ~~-~~shall be signed by the supervisor, the Human Resources Specialist~~Director~~ and the employee. If the employee refuses to sign the form, the supervisor shall note such refusal in writing on the form. All disciplinary action documentation shall be filed and maintained with the employee's~~=s~~ personnel records and input into the evaluation system as a SIR.. Failure to remedy the deficiency described in a verbal warning may result in additional disciplinary action being taken.

22.070. Written Reprimand.

After investigation of the alleged misconduct in accordance with Section 22.040, whenever grounds for disciplinary action exist and the supervisor determines that more severe action is not required, the supervisor may reprimand an employee in writing. Written reprimands shall be prepared by the supervisor using the City's Disciplinary Action Form setting forth the date, time, circumstances and grounds for the discipline~~.~~ (See Appendix V). The Disciplinary Action Form~~-~~, along with a Signification Incident Record (SIR) shall be signed by the supervisor, the Human Resources Specialist~~Director~~ and the employee. If the employee refuses to sign the form, the supervisor shall note such refusal in writing on the form. All disciplinary action documentation shall be filed and maintained with the employee's~~=s~~ personnel records~~.~~ and input into the evaluation system as a SIR, Failure to remedy the deficiency described in a written reprimand may result in additional disciplinary action being taken.

22.080. Probation.

Whenever grounds for disciplinary action exist and the supervisor determines that the circumstances of the conduct justify more severe disciplinary action, the supervisor may recommend to the City Manager~~Administrator~~ an employee be placed on disciplinary probation for a period not to exceed six (6) months. Written notice of such recommendation shall be prepared by the supervisor and submitted to the City Manager~~Administrator~~ including a detailed statement of the date, time, circumstances and grounds for the recommended disciplinary action and the investigation conducted. The purpose of disciplinary probation is to provide a period during which the employee's performance is

carefully monitored and evaluated. Upon receipt of a supervisor's recommendation for probation, the City Manager~~Administrator~~ shall determine the appropriate disciplinary action to be taken, if any. Probationary status shall not preclude any other disciplinary action being taken against the employee as deemed appropriate. Any probationary period may be extended by the City Manager~~Administrator~~ for a period of time not to exceed three (3) months upon written notice to the employee. Any disciplinary action taken against an employee on probation, other than verbal or written reprimand, shall comply with the due process procedures set forth in Section 22.120 regarding pre-disciplinary action hearings and shall be subject to applicable appeal procedures set forth in Section 22.140.

22.090. Suspension.

After investigation of the alleged misconduct in accordance with Section 22.040, whenever grounds for disciplinary action exist and the supervisor determines that the circumstances of the conduct justify more severe disciplinary action, the supervisor may recommend to the City Manager~~Administrator~~ an employee be suspended, with or without pay, for a period of time not to exceed fifteen (15) calendar days. Written notice of such recommendation shall be prepared by the supervisor and submitted to the City Manager~~Administrator~~ and should include a detailed statement of the date, time, circumstances and grounds for the recommended disciplinary action and the investigation conducted. Upon receipt of a supervisor's recommendation for suspension, the City Manager~~Administrator~~ shall follow the due process procedures set forth in Section 22.120 regarding pre-disciplinary action hearings and determine the appropriate disciplinary action to be taken, if any, in accordance with procedures set forth in Section 22.130. Any employee suspended with or without pay shall be responsible for making full employee contributions to his or her employee medical insurance benefits no later than the regularly scheduled pay day and must be available to work during all regular business hours if the suspension is with pay. Any employee who is suspended without pay for more than two (2) days may appeal such suspension to the Employee Appeal Board in accordance with the appeal procedures set forth in Section 22.140.

22.100. Demotion.

Whenever grounds for disciplinary action exist and the supervisor determines that the circumstances of the conduct justify more severe disciplinary action, the supervisor may recommend to the City Manager~~Administrator~~ an employee be demoted. Written notice of such recommendation shall be prepared by the supervisor and submitted to the City Manager~~Administrator~~ and should include a detailed statement of the date, time, circumstances and grounds for the recommended disciplinary action and the investigation conducted. Upon receipt of a supervisor's recommendation for demotion, the City Manager~~Administrator~~ shall follow the due process procedures set forth in Section 22.120 regarding pre-disciplinary action hearings and determine the appropriate disciplinary action to be taken, if any, in accordance with procedures set forth in Section 22.130. Any employee who is demoted may appeal such demotion to the Employee Appeal Board in accordance with the appeal procedures set forth in Section 22.140.

22.110. Dismissal.

Except as otherwise provided by Ordinance for appointed officers and department heads, whenever grounds for disciplinary action exist and the supervisor determines that the circumstances of the conduct justify more severe disciplinary action, the supervisor may recommend to the City Manager ~~Administrator~~ an employee be dismissed. Written notice of such recommendation shall be prepared by the supervisor and submitted to the City Manager~~Administrator~~ and should include a detailed statement of the date, time, circumstances and grounds for the recommended disciplinary action and the investigation conducted. Upon receipt of a supervisor's recommendation for dismissal, the City Manager~~Administrator~~

shall follow the due process procedures set forth in Section 22.120 regarding pre-disciplinary action hearings and determine the appropriate disciplinary action to be taken, if any, in accordance with procedures set forth in Section 22.130. In addition, any dismissal of an employee shall comply with City Ordinances regarding Mayor and/or City Council approval, as more particularly set forth in Title 1 of the Syracuse Municipal Code. Any employee who is dismissed may appeal such dismissal to the Employee Appeal Board in accordance with the appeal procedures set forth in Section 22.140.

22.120. Pre-Disciplinary Action Hearing.

Upon receipt of a supervisor=s recommendation of disciplinary action involving suspension, demotion or dismissal, the City Manager~~Administrator~~ shall review and investigate the matter as deemed appropriate and shall hold a pre-disciplinary action hearing. The purpose of the pre-disciplinary action hearing is to provide the employee with notice and an opportunity to respond to the alleged violations and proposed disciplinary action. The City Manager ~~Administrator~~ shall provide the employee with written notice of the date and time of the pre-disciplinary action hearing and shall provide the employee with a copy of the supervisor=s letter recommending the proposed disciplinary action and stating the grounds therefore. The employee shall receive timely notice of the pre-disciplinary action hearing, overview of allegations and the proposed disciplinary action.

22.130. Disciplinary Action.

After the pre-disciplinary action hearing, the City Manager~~Administrator~~ shall provide the employee with written notice of his or her final decision stating the disciplinary action to be taken, if any, the effective date of the disciplinary action, the grounds for the action, and the employee=s right to appeal the same. In addition, the City Manager~~Administrator~~ shall document the disciplinary action using the City's Disciplinary Action Form. The Disciplinary Action Form shall be signed by the City Manager~~Administrator~~, the Human Resources Specialist~~Director~~ and the employee. In instances of dismissal, the Disciplinary Action Form shall also be signed by the Mayor. If the employee refuses to sign the Disciplinary Action Form, the City Manager~~Administrator~~ shall note such refusal in writing on the form. In determining the type and severity of the disciplinary action, the City Manager~~Administrator~~ may consider aggravating and mitigating circumstances, which include, but are not limited to: the repeated nature of misconduct; prior disciplinary action imposed; the severity of the misconduct; the employee's work record; the effect of the misconduct on City operations; and/or the potential of the misconduct to harm persons or property.

22.140. Appeals.

Except as otherwise provided herein, or other applicable law, all appointed officers and employees of the City shall hold their employment without limitation of time, being subject to suspension without pay for more than two (2) days, demotion, or dismissal only as provided in *Utah Code Ann*. ' 10-3-1106, as amended. As provided in Section 2-6-2 of the Syracuse Municipal Code, the following officers and employees are not covered by the provisions of this Section: police chief, deputy police chief, fire chief, deputy or assistant fire chief, department heads, deputy of department head, superintendents, probationary employees, part-time employees, temporary or seasonal employees, or officers appointed by the Mayor or other person or body exercising executive power in the City. All other appointed officers or employees ("covered employees") who are suspended without pay for more than two (2) days, demoted, or dismissed shall have the right to appeal such suspension, demotion or dismissal to the City Appeals Board in accordance with Section 2-6-3 of the Syracuse Municipal Code and the provisions of

Utah Code Ann. ' 10-3-1106, as amended. All other disciplinary actions may be appealed in accordance with the grievance procedures set forth in Chapter 21.

CHAPTER 23
TERMINATION OF EMPLOYMENT

23.010. Types of Termination.
23.020. Voluntary Termination Procedures.
23.030. Involuntary Termination Procedures.
23.040. Resignation in Lieu of Involuntary Termination Procedures.
23.050. Reduction in Force Procedures.
23.060. Retirement Procedures.
23.070. Final Paychecks.
23.080. Return of City Property.
23.090. Exit Interview.
23.100. COBRA Coverage.

23.010. Types of Termination.

The following generally describes various types of termination of employment with the City. The following is provided for information purposes only and is not intended to be an exhaustive list or description of types of or grounds for termination of employment with the City.

(a) Voluntary Resignation. Voluntary resignation occurs when an employee wishes to leave employment with Syracuse City voluntarily and not due to retirement, involuntary termination, or resignation in lieu of involuntary termination, as more particularly described herein.

(b) Involuntary Termination. Involuntary termination occurs when the employee is terminated for involuntary reasons, such as for cause, or with or without cause in the case of at-will employees. Involuntary termination may include resignation in lieu of disciplinary action as more particularly described in Subsection (c).

(c) Resignation in Lieu of an Involuntary Termination. Any employee who resigns pending involuntary termination for cause proceedings may be deemed to have resigned in lieu of involuntary termination.

(d) Reductions in Force (Layoff). Reduction in force or layoff terminations may occur when it is deemed necessary by the City to reduce the number of employees due to lack of work, lack of funds, or other justified business reasons. The City may attempt to minimize reductions in force by readjustment of personnel through reassignment of duties in other work areas.

(e) Retirement. Retirement is voluntary termination at the end of an employee's career. For purposes of these Policies and Procedures, retirement specifically means an employee who has become eligible, applies for, and is entitled to receive a retirement allowance under applicable provisions of the Utah State Retirement and Insurance Benefits Act, as set forth in Title 49 of the *Utah Code Annotated*, as amended.

(f) Medical. The American's with Disabilities Act (ADA) prohibits illegal discrimination by an employer against an "otherwise qualified individual with a disability." An employee should not be terminated for medical reasons without prior consultation with legal counsel and compliance with the City's ADA policies and procedures.

(g) Death. If an employee of Syracuse City dies, his or her estate receives all pay due and any earned and payable benefits (such as payment for compensatory time, annual vacation leave, and sick leave, if applicable) as of the date of death in accordance with City policies and procedures and applicable State and Federal regulations.

23.020. Voluntary Termination Procedures.

Employees who wish to voluntarily terminate their employment with Syracuse City shall notify the City at least two (2) weeks in advance of their voluntary termination. Such notice should be given in writing to the employee's department head or supervisor. Employees must comply with the notice requirements set forth herein to be eligible for rehire. A Notice of Voluntary Resignation Form (see Appendix X) shall be filled out by the employee and signed ~~by the Human Resources Director and City Administrator~~ prior to final voluntary termination.

23.030. Involuntary Termination Procedures.

Any involuntary terminations for cause shall comply with applicable procedures set forth in Chapter 22 regarding Disciplinary Action, including any applicable pre-disciplinary hearing and due process requirements set forth therein. Such procedures shall not be required for involuntary termination of at-will or excluded employees as more particularly set forth in these Policies and Procedures or as provided by law.

23.040. Resignation in Lieu of Involuntary Termination Procedures.

If an employee chooses to resign pending any for cause termination proceedings, the resignation may be considered an involuntary termination pending final resolution of the termination proceedings. Alternatively, the City and the employee may negotiate and enter into a Resignation in Lieu of Involuntary Termination Agreement containing terms acceptable to the City, including, but not limited to hold harmless and indemnification provisions regarding the resignation in lieu of involuntary termination proceedings, and waiver of notice and due process requirements for involuntary termination.

23.050. Reduction in Force Procedures.

(a) If Syracuse City is facing a possible reduction in labor force, the City should explain the situation to its employees, advising them of the possibility that reductions in force or layoffs may become an economic necessity for the City.

(b) In the selection of employees for reduction in force, the following guidelines should be considered:

(1) ~~Emergency, t~~Temporary, and probationary employees should be laid off first.

(2) ~~Permanent~~Regular employees should be the last to be laid off and based on the following factors: longetivity, previous performance evaluations and disciplinary actions. ~~, when possible, in inverse order of their length of service.~~

(c) Before any reduction in force, Syracuse City should determine whether it is subject to the requirements of the Worker Adjustment and Retraining Notification Act, 29 U.S.C. 2101, *et seq*., as amended, and shall comply with any applicable requirements.

(d) Syracuse City should explain to any employee terminated through reduction in force the employee's options (such as COBRA and Retirement Plan Options).

(e) Written reduction in force notices should be provided to employees terminated through reduction in force procedures. Such notice should contain a statement that separation from employment is based on reduction in force and the effective date of the reduction in force termination.

23.060. Retirement Procedures.

Employees who desire to retire from employment with the City should notify the City as soon as possible but no later than two (2) months~~ three (3) months~~ in advance of his or her final work day~~ in order to provide sufficient time to review and plan for retirement benefits, applications and options~~. Such notice should be in writing~~ and provided~~ to ~~the Human Resources Director and~~ the employee's ~~d~~Department ~~h~~Head or Supervisor. Employees must comply with the notice requirements set forth herein to be eligible for rehire. A Notice of Voluntary Resignation Form shall be filled out by the employee and submitted to the Human Resource Specialist prior to final voluntary termination. In addition, employees eligible for retirement benefits through Utah Retirement Systems (URS) shall work directly with URS to work out the details of such retirement and benefits. ~~The City should communicate the status of each employee's retirement benefits upon receipt of a notice of retirement. Upon request for retirement benefits, the Human Resources Director should notify the Retirement Plan Administrator of the City's retirement program and the appropriate State and federal regulatory agencies. The Human Resources Director should explain to the retiring employee what the employee's options are (such as COBRA and Retirement Plan Options). All retiring employees shall sign a release or declaration statement stating that he or she is electing retirement voluntarily of his or her own free will.~~

23.070. Final Pay~~checks~~.

Upon termination of employment with the City, the City will arrange for distribution of any pay~~checks~~ which may be due the employee, including pay for any hours worked but not paid, pay for unused, accrued vacation leave (if applicable), pay for any unused, accrued compensation time off (if applicable), and pay for unused, accrued sick leave (if applicable). Final pay~~checks~~ shall be distributed on the regularly scheduled pay day following the termination.~~in accordance with applicable provisions of Utah State law.~~

23.080. Return of City Property.

Terminating employees shall return any and all keys, supplies or equipment, which are the property of Syracuse City to ~~the City~~ the Department Head or his or her designee at termination. Failure to return City-issued keys, supplies and/or equipment upon termination will be considered theft and may be subject to prosecution. Uniforms shall be retired according to the policy established by the department.

23.090. Exit Interview.

In order to provide appropriate feedback to the City and conclusion of employment for the employee, terminating employees should complete an Exit Interview with the Human Resources Specialist~~Director~~. When conducted, an Exit Interview Form should be signed by the employee and the Human Resources Specialist~~Director~~.

23.100 COBRA Coverage.

Any terminated employee shall be notified of his or her rights to continued insurance coverage and other protections and requirements of the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") in accordance with applicable Federal regulations.

APPENDIX A:
Policy Manual Acknowledgement of Receipt

Syracuse City Corporation
PERSONNEL POLICY AND PROCEDURES MANUAL
ACKNOWLEDGEMENT OF RECEIPT

I, the undersigned employee of Syracuse City Corporation, hereby acknowledge that Syracuse City has made a copy of the Personnel Policy and Procedures manual electronically available to me and that I have received instructions on how to access it.

I further acknowledge that I may request a paper copy of the manual if I am unable to access the manual electronically.

By signing below, I agree to familiarize myself with and abide by the policies and procedures outlined in the manual. Further, I understand that this agreement does not create an obligation or contract of employment between Syracuse City and myself.

I understand that reading this manual constitutes one of my job duties and that I am required to perform my duties in accordance with the policies contained in this manual and any updates, additional rules, regulations, policies or procedures which may be imposed by the City or the department in which I work, whether or not I read this manual. I understand that my failure to read this manual, as required, does not excuse me from being covered by or complying with its provisions.

I understand that if I have any questions about the provisions contained in this manual, I should direct them to the City Manager.

I understand that this manual serves only as a guide and that Syracuse City reserves the right to change any of its policies and/or procedures at any time for any reason.

Name (printed): _____

Signature: _____ Date: _____

APPENDIX B:
Recruitment and Retention Policy

RECRUITMENT & RETENTION POLICY

PURPOSE

The purpose of this policy is to establish a planned approach to ensure that Syracuse City attracts the best talent possible, and motivates and retains that talent for the overall benefit of the citizens. This policy shall also set forth direction on how the City will best develop the skills and capabilities of its workforce.

It is essential that Syracuse City (City) recruits and retains the best talent possible in order to ensure the most efficient use of City resources. Excessive turnover and any lack of direction provided by City leadership will produce inefficiencies that waste City resources, and will degrade the quality of service provided to the citizenry.

COMPONENTS OF THE POLICY

Leadership & Responsibility

As the Executive/Administrative branch of Syracuse City, the leadership and responsibility for creating an environment that breeds productive, dedicated, and engaged employees lies primarily with the City Manager, and ultimately with the Mayor, with the support of the department heads and the City Council. The City Manager will be tasked to propose programs and policies that align with the purpose of this policy.

Employee Compensation Plan

Benchmarks: The City Manager will propose, and the City Council will have final approval of a list of cities that will constitute the benchmark for comparison of employee compensation. The benchmark cities will include those cities that Syracuse City reasonably competes with for employees. The benchmarks will be adjusted at least every 3 years.

Salary & Wage Scales: The salary & wage scales will be set so that the minimum, mid-range, and maximum for each position will fall within the 60th to 70th percentile of the benchmark cities.

1

APPENDIX B (continued):
Recruitment and Retention Policy

Other Benefits: Other benefits, such as medical/dental/vision, retirement, and paid time off, will be provided at a level that reasonably competes with the benchmark cities. The City Manager will propose, and the City Council will have final approval of the benefit package to be offered.

Career Progression: The programs and policies proposed by the City Manager shall be designed to encourage continuous improvement of employees, for the overall benefit of the City. Commensurate with employee performance and improvement, the City Manager will propose a system that provides a path for employees to progress through the salary and wage scale for each position. Once approved by the City Council, such system will be incorporated into the Personnel Policy and Procedures Manual. In order to support career progression, the City Council will adopt a 3 to 5 year compensation plan that outlines a percentage of funds that will be set aside for the purposes of retention bonuses, merit increases, and/or other benefit provisions. Prior to the last year of that compensation plan timeframe, the City Manager will propose, and the City Council will have final approval on the compensation plan that will cover the next 3 to 5 years.

Performance Standards

Position-Specific Standards: For each position in the City organization, a set of performance standards and eligibility criteria will be outlined. These performance standards and eligibility criteria will be the basis for an employee to qualify for a bonus or merit increase.

Annual Evaluation System: An annual evaluation system that supports the purpose of this policy will be implemented. Such evaluation system will be designed to reward top performers, encourage average performers to improve, and require under-performers to improve.

Service Level Measurement: The City Manager will create a series of service level measures, which will serve as indicators on the performance of the entire organization. The City Manager will periodically report these measures to the Mayor and City Council.

IMPLEMENTATION

It is anticipated that the overall Recruitment & Retention Policy will be formally adopted along with the 2014/2015 Budget. Specific components of the policy will also be in place at that time, with other components to be implemented shortly thereafter, following more discussion with the Mayor and City Council. Full implementation of the policy is expected to be completed before the posting of the 2015/2016 Draft Budget.

APPENDIX C:
Volunteer Service Agreement

Syracuse City Corporation
VOLUNTEER SERVICE AGREEMENT

Volunteer Information

Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Address: _____

Social Security Number: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone Number(s): _____

Volunteer Assignment Information

Project Type (check one box):

- ☐ Court Ordered Community Service
- ☐ Eagle Scout or Other Boy Scout Community Service
- ☐ Church Group
- ☐ Ongoing Community / Volunteer Service
- ☐ Other Community / Volunteer Service

Department Working In: _____

City Staff Member Overseeing Service: _____

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APPENDIX C (continued):
Volunteer Service Agreement

Description of Service to be performed: _____

_____

Anticipated Dates of Service:

Start: _____

End: _____

Volunteer Acknowledgement and Agreement

1. I acknowledge that I am volunteering solely for personal purposes or benefit without promise or expectation of compensation, benefits, or future employment from Syracuse City beyond any specified reimbursement agreements.
2. I agree to familiarize myself with, and abide by, Syracuse City's policies and procedures regarding conduct, confidentiality, safety, and related policies and procedures. I understand that I may be subject to the same pre-employment screening and background checks as paid employees performing similar duties.
3. I agree to follow the supervision and direction of any personnel, employee, or other volunteer to whom I have been assigned to perform services. I also agree to participate in any training required by Syracuse City in order to perform volunteer services.
4. I understand and agree to follow the guidelines set forth for volunteers that are under the age of 16 years of age. Volunteers that are 14 or 15 years of age may not volunteer for more than 3 hours on a school day and may not volunteer later than 7:00PM from September 1st to June 1st each year and may not volunteer later than 9:00PM from June 2nd to August 31st each year. Volunteers that are 16 years of age or older do not have any restricted hours.
5. If my duties include driving on City business, I acknowledge that I must possess a valid driver's license and that I may be subject to a Department of Motor Vehicle (DMV) driver's license background investigation.
6. I acknowledge that the City provides limited accidental liability coverage to volunteers, but that no other City-sponsored medical, retirement, or insurance apply to my associate with Syracuse City as a volunteer.
7. I acknowledge that Syracuse City may end my volunteer services with the City at any time and for any reason.

By signing below, I attest that I am freely volunteering my time and services to Syracuse City. I also attest that I have read and agree to abide by the acknowledgements and agreements listed above.

Volunteer: _____ Date: _____

If you are under 18, a parent or guardian must also sign this form

Parent/Guardian: _____ Date: _____

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APPENDIX C (continued):
Volunteer Service Agreement

Approval Signatures:

Supervisor: _____ Date: _____

City Manager: _____ Date: _____

To Be Completed By Volunteer Supervisor Upon Completion of Volunteer Service

Actual Dates of Services:

Start Date: _____

End Date: _____

Total Time Donated: _____

Eligible for Future Volunteer Services? ☐ Yes ☐ No

If "NO", please specify why: _____

_____

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APPENDIX D:
Compensation Plan

SYRACUSE CITY

FY 2015 – FY 2019 CITY COMPENSATION PLAN

PURPOSE

The purpose of this plan is to set forth the City's plan for employee compensation in order to accomplish the objectives of the City's Recruitment and Retention Policy.

AUTHORITY

Section 5.020 of the City Personnel Policies & Procedures Manual states that the City Council will adopt and maintain a compensation plan, which outlines standards and guidelines for salary & wage administration, pay grade schedules, and comparison/benchmarking strategies.

TERM

The term of this plan includes fiscal years 2015 through 2019. The compensation rates and future funding amounts set forth from this plan are set forth by the City Council. It is the intent of the City Council to provide the funding necessary to carry out the compensation plan. The City Council retains the ability to unilaterally adjust compensation rates and funding amounts from year to year, based on economic conditions and budget availability.

SALARY AND WAGE SCALES

As indicated in the Recruitment and Retention Policy, the City desires to recruit and retain the best employees possible. The City has benchmarked comparable salary and wages within the labor market and has set the scales for the minimum, mid-point, and maximum to be within the 60th to 70th percentile of the benchmark cities. Wage scales will be compared with the benchmark cities at least every 3 years.

BENEFITS

As indicated in the Recruitment and Retention Policy, the City desires to offer employee benefits that are competitive with the benchmark cities, as a means to recruit and retain the

APPENDIX D (continued): Compensation Plan

best employees possible. The benefits offered are governed by Chapter 7 of the Personnel Polices & Procedures Manual. The City's benefit package will be reviewed annually and approved by the City Council through the annual budget process.

EMPLOYEE EVALUATION SYSTEM

As indicated in the Recruitment and Retention Policy, each employee will be evaluated on their performance, based on their job duties. The evaluation system will categorize employees' performance in five different levels:

	Score
Consistently Exceeds Expectations	4.5 -5
Exceeds Expectations	4 - 4.5
Meets Expectations	3-4
Needs Improvement	2-3
Seriously Deficient (risk of termination)	0-2

The eligibility of any bonus or raise is contingent upon a "Meets Expectation" or better, with those scoring in the "Exceeds Expectations" and "Consistently Exceeds Expectations" categories receiving greater amounts, respectively.

RETENTION BONUS & MERIT INCREASE

Syracuse City has adopted a "pay for performance" ethic, and therefore does not use programmed step increases or cost of living increases based on time of service alone. The City will provide retention bonuses and merit increases based on employee performance, for the purpose of retaining excellent employees and incentivizing average employees to become better.

Retention Bonus

In order for an employee to receive a retention bonus, they must receive a "Meets Expectation" or better on their annual evaluation. The actual amount of the retention bonus will be determined by the limits outlined in the Personnel Policies and Procedures Manual and the budgeted amount for each year. Those scoring in the "Exceeds Expectations" and "Consistently Exceeds Expectations" categories will receive greater amounts, respectively. Employees with less than one year, but at least 6 months of service with the city are eligible for a prorated retention bonus.

Merit Increase

An employee is eligible for a merit increase after receiving two (2) annual evaluations in a row of "Meets Expectations" or better. The merit increase will be effective on July 1st following the second annual evaluation. For the years that an employee receives a merit increase, he/she will not be eligible for a retention bonus. Employees who are at or exceed the maximum rate of their pay scale are only eligible for merit increase according to Section 5.06 of the Personnel Policies & Procedures manual.

APPENDIX D (continued): Compensation Plan

Planned Budget for Retention Bonus & Meritorious Increases

Year	Amount of Payroll	Purpose
FY 2015	2%	Merits
FY 2016	2.75%	Ret Bonus
FY 2017	2.75%	Ret Bonus/Merits
FY 2018	2.75%	Ret Bonus/Merits
FY 2019	2.75%	Ret Bonus/Merits

PROMOTIONS AND ADVANCEMENTS

Promotions:

Promotions include an upward movement in position that significantly increases the employee's responsibilities and/or supervisory duties. An employee who is promoted will receive an increase to the minimum wage of the entering wage scale, or a 7.5% increase, whichever is greater.

Advancements:

Advancement includes movement to a higher position due to improved skill, knowledge, or capability, but does not significantly increase the employee's responsibilities and/or supervisory duties. An employee who advances to a higher position will receive an increase to the minimum wage of the entering pay scale, or a 3.5%, whichever is greater. The wage increase becomes effective immediately, pending budget constraints, or at a minimum on July 1st following the advancement. The employee is still eligible for a retention bonus or merit increase.

OTHER COMPENSATION ITEMS

All other items related to compensation are governed by the Personnel Policies & Procedures Manual.

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APPENDIX E:
Employee Rights & Responsibilities

EMPLOYEE RIGHTS AND RESPONSIBILITIES
UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement
FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements
Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections
During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements
Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition
A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave
An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave
Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities
Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities
Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers
FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement
An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor | Employment Standards Administration | Wage and Hour Division

U.S. Wage and Hour Division

WHD Publication 1420 Revised January 2009

APPENDIX F:
FMLA Notice of Eligibility and Rights & Responsibilities

Notice of Eligibility and Rights & Responsibilities
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

WHD
U.S. Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 3/31/2015

In general, to be eligible an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

[Part A – NOTICE OF ELIGIBILITY]

TO: _____
Employee

FROM: _____
Employer Representative

DATE: _____ _____

On _____, you informed us that you needed leave beginning on _____ for:

____ The birth of a child, or placement of a child with you for adoption or foster care;

____ Your own serious health condition;

____ Because you are needed to care for your ____ spouse; ____child; _____ parent due to his/her serious health condition.

____ Because of a qualifying exigency arising out of the fact that your ____ spouse; ____son or daughter; _____ parent is on covered active duty or call to covered active duty status with the Armed Forces.

____ Because you are the ____ spouse; ____son or daughter; _____ parent; _____ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

____ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)

____ Are **not** eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):

- ____ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately ___ months towards this requirement.
- ____ You have not met the FMLA's hours of service requirement.
- ____ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact _____ or view the FMLA poster located in _____.

[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by _____.** (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

____ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request ___is/___ **is not** enclosed.

____ Sufficient documentation to establish the required relationship between you and your family member.

____ Other information needed (such as documentation for military family leave): _____

_____

_____

____ No additional information requested

Page 1 CONTINUED ON NEXT PAGE Form WH-381 Revised February 2013

APPENDIX F (continued):
FMLA Notice of Eligibility and Rights & Responsibilities

If your leave does qualify as FMLA leave you will have the following **responsibilities** while on FMLA leave (only checked blanks apply):

____ Contact _____ at _____ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

____ You will be required to use your available paid _____ **sick**, _____ **vacation**, and/or _____ **other leave** during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

____ Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We ___**have**/___ **have not** determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.

____ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every _____. (Indicate interval of periodic reports, as appropriate for the particular leave situation).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following **rights** while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:
  - ____ the calendar year (January – December).
  - ____ a fixed leave year based on _____.
  - ____ the 12-month period measured forward from the date of your first FMLA leave usage.
  - ____ a "rolling" 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have ____ **sick**, ____**vacation**, and/or ____ **other leave** run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

  ____For a copy of conditions applicable to sick/vacation/other leave usage please refer to _____ available at: _____.

  ____Applicable conditions for use of paid leave:_____

Once we obtain the information from you as specified above, we will infor[illegible]rs, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you ha[illegible]t hesitate to contact:

applicable conditions

_____at _____.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

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Appendix G:
Designation Notice

Designation Notice
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

WHD
U.S. Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 3/31/2015

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. While use of this form by employers is optional, a fully completed Form WH-382 provides an easy method of providing employees with the written information required by 29 C.F.R. §§ 825.300(c), 825.301, and 825.305(c).

To: _____

Date: _____

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided.
We received your most recent information on _____ and decided:

____ **Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.**

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

____ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: _____

____ Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised (check if applicable):

____ You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

____ We are requiring you to substitute or use paid leave during your FMLA leave.

____ You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position ___ is ___ is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

____ **Additional information is needed to determine if your FMLA leave request can be approved:**

____ The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____, unless it is not
(Provide at least seven calendar days)
practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

_____
(Specify information needed to make the certification complete and sufficient)

_____

____ We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

____ Your FMLA Leave request is Not Approved.
____ The FMLA does not apply to your leave request.
____ You have exhausted your FMLA leave entitlement in the applicable 12-month period.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617; 29 C.F.R. §§ 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 – 30 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

Form WH-382 January 2009

APPENDIX H:
FMLA Certification Form – Employees Own Serious Health Condition

Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 3/31/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

_____

Check if job description is attached: ____

SECTION II: For Completion by the EMPLOYEE

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

Your name: _____
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

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

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax:(_____) _____

Page 1 CONTINUED ON NEXT PAGE Form WH-380-E Revised January 2009

APPENDIX H (continued):
FMLA Certification Form – Employees Own Serious Health Condition

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

   Probable duration of condition: _____

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

   _____

   Date(s) you treated the patient for condition:

   _____

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

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

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

   _____

2. Is the medical condition pregnancy? ___No ___Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

   Is the employee unable to perform any of his/her job functions due to the condition: ___ No ___ Yes.

   If so, identify the job functions the employee is unable to perform:

   _____

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

   _____
   _____
   _____
   _____
   _____
   _____
   _____

Page 2 CONTINUED ON NEXT PAGE Form WH-380-E Revised January 2009

APPENDIX H (continued):
FMLA Certification Form – Employees Own Serious Health Condition

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ___No ___Yes.

   If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ___No ___Yes.

   If so, are the treatments or the reduced number of hours of work medically necessary?
   ___No ___Yes.

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

   _____

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

   _____ hour(s) per day; _____ days per week from _____ through _____

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

   Is it medically necessary for the employee to be absent from work during the flare-ups?
   ____ No ____Yes. If so, explain:

   _____

   _____

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

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

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

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

_____

_____

_____

_____

_____

_____

Page 3 CONTINUED ON NEXT PAGE Form WH-380-E Revised January 2009

APPENDIX H (continued):
FMLA Certification Form – Employees Own Serious Health Condition

Signature of Health Care Provider **Date**

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

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APPENDIX I:
FMLA Certification Form – Family Member's Serious Health Condition

Certification of Health Care Provider for Family Member's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 3/31/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: _____

SECTION II: For Completion by the EMPLOYEE

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

Your name: _____
First Middle Last

Name of family member for whom you will provide care: _____
First Middle Last

Relationship of family member to you: _____

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

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

_____

_____

_____

_____ _____
Employee Signature Date

Page 1 CONTINUED ON NEXT PAGE Form WH-380-F Revised January 2009

APPENDIX I (continued):
FMLA Certification Form – Family Member's Serious Health Condition

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax:(_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

   Probable duration of condition: _____

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

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

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

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

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

   _____

   _____

2. Is the medical condition pregnancy? ___No ___Yes. If so, expected delivery date: _____

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

   _____

   _____

   _____

   _____

Page 2 CONTINUED ON NEXT PAGE Form WH-380-F Revised January 2009

APPENDIX I (continued):
FMLA Certification Form – Family Member's Serious Health Condition

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

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

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

   During this time, will the patient need care? __ No __ Yes.

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

5. Will the patient require follow-up treatments, including any time for recovery? ___No ___Yes.

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

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

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

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

   _____ hour(s) per day; _____ days per week from _____ through _____

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

Page 3 CONTINUED ON NEXT PAGE Form WH-380-F Revised January 2009

APPENDIX I (continued):
FMLA Certification Form – Family Member's Serious Health Condition

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

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

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

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

Does the patient need care during these flare-ups? ____ No ____ Yes.

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

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

_____ _____

Signature of Health Care Provider **Date**

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210.
DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

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APPENDIX J:
FMLA Certification Form – Certification of Qualifying Exigency for Military Family Leave

Certification of Qualifying Exigency
For Military Family Leave
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 3/31/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Please complete Section I before giving this form to your employee. Your response is voluntary, and while you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 CFR 825.309.

Employer name: _____

Contact Information: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II fully and completely. The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. 29 CFR 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your employer must give you at least 15 calendar days to return this form to your employer.

Your Name: _____
First Middle Last

Name of military member on covered active duty or call to covered active duty status:

_____
First Middle Last

Relationship of military member to you: _____

Period of military member's covered active duty: _____

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member's covered active duty or call to covered active duty status. Please check one of the following and attach the indicated document to support that the military member is on covered active duty or call to covered active duty status.

- ☐ A copy of the military member's covered active duty orders is attached.
- ☐ Other documentation from the military certifying that the military member is on covered active duty (or has been notified of an impending call to covered active duty) is attached.
- ☐ I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status.

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APPENDIX J (continued):
FMLA Certification Form – Certification of Qualifying Exigency for Military Family Leave

PART A: QUALIFYING REASON FOR LEAVE

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military; a document confirming the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached.

   Yes ☐ No ☐ None Available ☐

PART B: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: _____

   Probable duration of exigency: _____

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?

   Yes☐ No☐

   If so, estimate the beginning and ending dates for the period of absence:

3. Will you need to be absent from work periodically to address this qualifying exigency? Yes☐ No☐

   Estimate schedule of leave, including the dates of any scheduled meetings or appointments:

   Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

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

   Duration: _____ hours ___ day(s) per event.

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APPENDIX J (continued):
FMLA Certification Form – Certification of Qualifying Exigency for Military Family Leave

PART C:

If leave is requested to meet with a third party (such as to arrange for childcare or parental care, to attend counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____

Describe nature of meeting: _____

_____

_____

_____

_____

_____

_____

_____

PART D:

I certify that the information I provided above is true and correct.

Signature of Employee _____ Date _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. 2616; 29 CFR 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. T he Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYER.**

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APPENDIX K:
FMLA Certification Form – Certification for Serious Injury or Illness of Covered Service Member

Certification for Serious Injury or Illness of a Current Servicemember - -for Military Family Leave (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 3/31/2015

Notice to the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a serious injury or illness of a current servicemember to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 CFR 825.310. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 CFR 1630.14(c)(1), if the Americans with Disabilities Act applies.

SECTION I: For Completion by the EMPLOYEE and/or the CURRENT SERVICEMEMBER for whom the Employee Is Requesting Leave

INSTRUCTIONS to the EMPLOYEE or CURRENT SERVICEMEMBER: Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a servicemember. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 CFR 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is a current member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty in the Armed Forces or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.

A complete and sufficient certification to support a request for FMLA leave due to a current servicemember's serious injury or illness includes written documentation confirming that the servicemember's injury or illness was incurred in the line of duty on active duty or if not, that the current servicemember's injury or illness existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, and that the current servicemember is undergoing treatment for such injury or illness by a health care provider listed above. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the servicemember's condition for which the employee is seeking leave.

Page 1 CONTINUED ON NEXT PAGE Form WH-385 Revised February 2013

APPENDIX K (continued):
FMLA Certification Form – Certification for Serious Injury or Illness of Covered Service Member

SECTION I: For Completion by the EMPLOYEE and/or the CURRENT SERVICEMEMBER for whom the Employee Is Requesting Leave:

(This section must be completed first before any of the below sections can be completed by a health care provider.)

Part A: EMPLOYEE INFORMATION

Name and Address of Employer (this is the employer of the employee requesting leave to care for the current servicemember):

_____

Name of Employee Requesting Leave to Care for the Current Servicemember:

_____
First Middle Last

Name of the Current Servicemember (for whom employee is requesting leave to care):

_____
First Middle Last

Relationship of Employee to the Current Servicemember:

Spouse ☐ Parent ☐ Son ☐ Daughter ☐ Next of Kin ☐

Part B: SERVICEMEMBER INFORMATION

(1) Is the Servicemember a Current Member of the Regular Armed Forces, the National Guard or Reserves?
Yes ☐ No ☐

If yes, please provide the servicemember's military branch, rank and unit currently assigned to:

_____

Is the servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)?
Yes ☐ No ☐

If yes, please provide the name of the medical treatment facility or unit:

_____

(2) Is the Servicemember on the Temporary Disability Retired List (TDRL)?
Yes ☐ No ☐

Part C: CARE TO BE PROVIDED TO THE SERVICEMEMBER

Describe the Care to Be Provided to the Current Servicemember and an Estimate of the Leave Needed to Provide the Care:

_____

_____

Page 2 CONTINUED ON NEXT PAGE Form WH-385 Revised February 2013

APPENDIX K (continued):
FMLA Certification Form – Certification for Serious Injury or Illness of Covered Service Member

SECTION II: For Completion by a United States Department of Defense ("DOD") Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125. If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator).

(Please ensure that Section I above has been completed before completing this section. Please be sure to sign the form on the last page.)

Part A: HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name and Business Address: _____

Type of Practice/Medical Specialty: _____

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider, or (5) a health care provider as defined in 29 CFR 825.125:

_____

Telephone: ( ) _____ Fax: ( ) _____ Email: _____

PART B: MEDICAL STATUS

(1) The current Servicemember's medical condition is classified as (Check One of the Appropriate Boxes):

☐ **(VSI) Very Seriously Ill/Injured –** Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ **(SI) Seriously Ill/Injured –** Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ **OTHER Ill/Injured –** a serious injury or illness that may render the servicemember medically unfit to perform the duties of the member's office, grade, rank, or rating.

☐ **NONE OF THE ABOVE** (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380-F or an employer-provided form seeking the same information.)

(2) Is the current Servicemember being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces? Yes☐ No☐

(3) Approximate date condition commenced: _____

(4) Probable duration of condition and/or need for care: _____

Page 3 CONTINUED ON NEXT PAGE Form WH-385 Revised February 2013

APPENDIX K (continued):
FMLA Certification Form – Certification for Serious Injury or Illness of Covered Service Member

(5) Is the servicemember undergoing medical treatment, recuperation, or therapy for this condition? Yes☐ No☐

If yes, please describe medical treatment, recuperation or therapy:

_____

PART C: SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER

(1) Will the servicemember need care for a single continuous period of time, including any time for treatment and recovery? Yes☐ No☐

If yes, estimate the beginning and ending dates for this period of time: _____

(2) Will the servicemember require periodic follow-up treatment appointments? Yes☐ No☐

If yes, estimate the treatment schedule: _____

(3) Is there a medical necessity for the servicemember to have periodic care for these follow-up treatment appointments? Yes☐ No☐

(4) Is there a medical necessity for the servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)?
Yes☐ No☐

If yes, please estimate the frequency and duration of the periodic care:

_____

_____

Signature of Health Care Provider: _____ **Date:** _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. 2616; 29 CFR 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE PATIENT.**

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APPENDIX L:
FMLA Certification Form – Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave

Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 3/31/2015

Notice to the EMPLOYER

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking military caregiver leave under the FMLA leave due to a serious injury or illness of a covered veteran to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 CFR 825.310. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 CFR 1630.14(c)(1), if the Americans with Disabilities Act applies.

SECTION I: For completion by the EMPLOYEE and/or the VETERAN for whom the employee is requesting leave

INSTRUCTIONS to the EMPLOYEE and/or VETERAN: Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for military caregiver leave under the FMLA leave due to a serious injury or illness of a covered veteran. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 CFR 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

(This section must be completed before Section II can be completed by a health care provider.)

Part A: EMPLOYEE INFORMATION

Name and address of employer (this is the employer of the employee requesting leave to care for a veteran):

Name of employee requesting leave to care for a veteran:

First Middle Last

Name of veteran (for whom employee is requesting leave):

First Middle Last

Relationship of employee to veteran:

Spouse☐ Parent☐ Son☐ Daughter☐ Next of Kin ☐ (please specify relationship):

Page 1 CONTINUED ON NEXT PAGE Form WH-385-V Revised February 2013

APPENDIX L (continued):
FMLA Certification Form – Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave

Part B: VETERAN INFORMATION

(1) Date of the veteran's discharge:

(2) Was the veteran **dishonorably** discharged or released from the Armed Forces (including the National Guard or Reserves)? Yes ☐ No ☐

(3) Please provide the veteran's military branch, rank and unit at the time of discharge:

(4) Is the veteran receiving medical treatment, recuperation, or therapy for an injury or illness?
Yes ☐ No ☐

Part C: CARE TO BE PROVIDED TO THE VETERAN

Describe the care to be provided to the veteran and an estimate of the leave needed to provide the care:

Page 2 CONTINUED ON NEXT PAGE Form WH-385-V Revised February 2013

APPENDIX L (continued):
FMLA Certification Form – Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave

SECTION II: For completion by: (1) a United States Department of Defense ("DOD") health care provider; (2) a United States Department of Veterans Affairs ("VA") health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider; or (5) a health care provider as defined in 29 CFR 825.125.

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee named in Section I has requested leave under the military caregiver leave provision of the FMLA to care for a family member who is a veteran. For purposes of FMLA military caregiver leave, a serious injury or illness means an injury or illness incurred by the servicemember in the line of duty on active duty in the Armed Forces (or that existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the servicemember became a veteran, and is:

(i) a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating; or
(ii) a physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or
(iii) a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or
(iv) an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.

A complete and sufficient certification to support a request for FMLA military caregiver leave due to a covered veteran's serious injury or illness includes written documentation confirming that the veteran's injury or illness was incurred in the line of duty on active duty or existed before the beginning of the veteran's active duty and was aggravated by service in the line of duty on active duty, and that the veteran is undergoing treatment, recuperation, or therapy for such injury or illness by a health care provider listed above. Answer fully and completely all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA military caregiver leave coverage. Limit your responses to the veteran's condition for which the employee is seeking leave.

(Please ensure that Section I has been completed before completing this section. Please be sure to sign the form on the last page and return this form to the employee requesting leave (See Section I, Part A above). **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**)

Part A: HEALTH CARE PROVIDER INFORMATION

Health care provider's name and business address:

_____

Telephone: ( ) _____ Fax: ( ) _____ Email: _____

Type of Practice/Medical Specialty: _____

Please indicate if you are:

☐ a DOD health care provider

☐ a VA health care provider

☐ a DOD TRICARE network authorized private health care provider

☐ a DOD non-network TRICARE authorized private health care provider

☐ other health care provider

Page 3 CONTINUED ON NEXT PAGE Form WH-385-V Revised February 2013

APPENDIX L (continued):
FMLA Certification Form – Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave

PART B: MEDICAL STATUS

Note: If you are unable to make certain of the military-related determinations contained in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as, DOD Recovery Care Coordinator) or an authorized VA representative.

(1) The Veteran's medical condition is:

☐ A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating.

☐ A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50% or higher, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave.

☐ A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment.

☐ An injury, including a psychological injury, on the basis of which the covered veteran is enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.

☐ None of the above.

(2) Is the veteran being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces? Yes☐ No☐

(3) Approximate date condition commenced: _____

(4) Probable duration of condition and/or need for care: _____

(5) Is the veteran undergoing medical treatment, recuperation, or therapy for this condition? Yes☐ No☐

If yes, please describe medical treatment, recuperation or therapy:

_____

PART C: VETERAN'S NEED FOR CARE BY FAMILY MEMBER

"Need for care" encompasses both physical and psychological care. It includes situations where, for example, due to his or her serious injury or illness, the veteran is unable to care for his or her own basic medical, hygienic, or nutritional needs or safety, or is unable to transport him or herself to the doctor. It also includes providing psychological comfort and reassurance which would be beneficial to the veteran who is receiving inpatient or home care.

(1) Will the veteran need care for a single continuous period of time, including any time for treatment and recovery? Yes☐ No☐

If yes, estimate the beginning and ending dates for this period of time: _____

(2) Will the veteran require periodic follow-up treatment appointments? Yes☐ No☐

If yes, estimate the treatment schedule: _____

Page 4 CONTINUED ON NEXT PAGE Form WH-385-V Revised February 2013

APPENDIX L (continued):
FMLA Certification Form – Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave

(3) Is there a medical necessity for the veteran to have periodic care for these follow-up treatment appointments?
Yes☐ No☐

(4) Is there a medical necessity for the veteran to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)? Yes☐ No☐

If yes, please estimate the frequency and duration of the periodic care:

_____

_____

Signature of Health Care Provider: _____ **Date:** _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. 2616; 29 CFR 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYEE REQUESTING LEAVE (As shown in Section I, Part "A" above).**

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APPENDIX M:
Notice of Secondary Employment

Syracuse City Corporation
Human Resources Department
Form HR-109
Updated January 1, 2013

SYRACUSE EST. CITY 1935

Syracuse City Corporation
NOTICE OF SECONDARY EMPLOYMENT

Date Request Submitted: _____

Employee Information

Name: _____ Employee Number: _____

Department: _____ Job Title: _____

Secondary Employment Information

Employers Name: _____

Employers Address: _____

Employers Type of Business: _____

General Description of Job Duties: _____

_____

_____

In general, what hours would you be working (i.e., 8 am to 5 pm)? _____

On average, how many hours per week will you work for the secondary employer? _____

I hereby request approval to engage in secondary (outside) employment as described above.

Employee Signature: _____ Date: _____

Approval Details

☐ Approved

☐ Unapproved (please explain): _____

Supervisor Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

HR Director Signature: _____ Date: _____

City Administrator Signature: _____ Date: _____

APPENDIX N:
Injury/Incident Report Form

Syracuse City Accident / Injury / Incident Report Form

Please print clearly & check the correct box (witness/supervisor fill in all information you have knowledge of)

Status:	☐ Person Involved	☐ Witness	☐ Supervisor	☐ Other _____
Outcome:	☐ Vehicle Accident	☐ Injury/Illness	☐ Near Miss	☐ Other Incident

1. DETAILS OF PERSON INVOLVED

Name: _____ Phone: _____

Address: _____ Date of birth: _____

_____

Department: _____ Position: _____

Supervisor: _____ Work start time on day of incident: _____am/pm

2. DETAILS OF VEHICLE / PROPERTY (if applicable)

Year/Make/Model/Color or Description of Property: _____

VIN/Serial Number: _____

Other Information: _____

_____

3. DETAILS OF INCIDENT

Date of Incident: _____ Time of Incident: _____am/pm

Date Reported: _____ Reported to: _____

Exact Location: _____

Describe how the incident occurred and what you were doing at the time: _____

_____

_____

_____

_____

How could the incident have been prevented?: _____

_____

_____

_____

Were any safeguards or PPE being used? Which ones?: _____

4. DETAILS OF INJURY (if applicable)

Nature of injury (eg. burn, cut, sprain): _____

Cause of injury (eg. fall, hit with falling hammer): _____

Location of body (eg. lower back, left forearm): _____

APPENDIX N (continued):
Injury/Incident Report Form

Syracuse City Accident / Injury / Incident Report Form

5. DETAILS OF WITNESSES

Name: _____ Phone: _____

Name: _____ Phone: _____

6. TREATMENT ADMINISTERED (if applicable)

Doctor's name: _____

Treatment: _____

6. SIGNATURE

Employee's Signature: _____ Date: _____

APPENDIX O:
Injury/Incident Checklist

Post-Accident/Incident Checklist

1. ☐ Notify Supervisor/Dept. Head
2. ☐ Notify HR Specialist
3. ☐ Take employee to get medical care as instructed above
4. ☐ Have WorkMed do drug and alcohol screening (call after-hours phone 801-387-8378, if needed)
5. ☐ Employee, Witnesses & Supervisor fills out Injury/Incident Report form and gives to HR Specialist ASAP
6. ☐ Gives pictures or any other information pertinent to injury/incident to HR Specialist ASAP.
7. ☐ Gives a copy of the Return to Work or Restricted Duty instructions from the doctor to the HR Specialist ASAP.

APPENDIX P:
Bomb Threat Checklist

Syracuse City Corporation
Human Resources Department
Form HR-113
Updated March 18, 2015

Syracuse City Corporation
BOMB THREAT CHECKLIST

If you receive a bomb threat, please record as much information about the threat, call, and caller as possible, including the following:

1. Was the threat received through the news media, a law enforcement agency, through a telephone call, or via some other method of communication?
   - ☐ News Media
   - ☐ Law Enforcement Agency
   - ☐ Telephone Calls
   - ☐ Other Method of Communication: _____
2. What time was the threat received? _____
3. Was the person making the threat an adult?
   - ☐ Yes
   - ☐ No
   - ☐ Unable to Determine
4. Was the person making the threat male or female?
   - ☐ Male
   - ☐ Female
   - ☐ Unable to Determine
5. Was a specific time given for the explosion?
   - ☐ Yes: _____
   - ☐ No
6. Was a specific location given for the bomb?
   - ☐ Yes: _____
   - ☐ No
7. Was a warning given to evacuate?
   - ☐ Yes
   - ☐ No
8. Did the caller provide a cause or justification for the bombing?
   - ☐ Yes: _____
   - ☐ No
9. Do you remember any other details about the threat, the call, or the caller? _____

   _____

   _____

APPENDIX Q:
Tuition Aid Application

Syracuse City Corporation
Human Resources Department
Form HR-114
Updated March 18, 2015

Syracuse City Corporation
TUITION AID REQUEST

Date Request Submitted: _____

Tuition Aid Policy Information

Syracuse City offers tuition aid to full-time, non-probationary employees who wish to continue their education. Tuition aid requests must be for courses of study that are related to the employee's position with the City and approval of tuition aid requests is subject to the availability of funds. Tuition aid request must be submitted for approval prior to the start date of the course(s) for which the employee is requesting tuition aid. Approved tuition aid requests will be paid to the requesting employee as provided in section 16.060 (c) of the Syracuse City Personnel Policies and Procedures Manual. Employees who receive tuition aid will be required to return any aid received if they terminate their employment with Syracuse City within one year after receipt of said tuition aid.

Employee Information

Name: _____ Employee Number: _____

Department: _____ Job Title: _____

Date of Hire: _____ Supervisor: _____

Course Information

Educational Institution: _____

Course Number(s): _____

Course Description(s): _____

_____

_____

Estimated Tuition Expense*: _____

* Please attach a copy of any related receipts.

I hereby request approval for tuition aid as described above.

Employee Signature: _____ Date: _____

Approval Details

☐ Approved (please give the amount of aid approved): _____

☐ Unapproved (please explain): _____

_____

1

APPENDIX Q (continued):
Tuition Aid Application

Syracuse City Corporation
Human Resources Department
Form HR-114
Updated March 18, 2015

Approval Signatures

Supervisor: _____ Date: _____

Department Head: _____ Date: _____

City Administrator: _____ Date: _____

Tuition Aid Payment Information (to be completed upon employee's completion of course(s))

1. Were the courses for which tuition aid was requested completed with a "C" grade or better? (a copy of the employee's transcript much be attached)

   ☐ Yes (eligible for tuition aid payment)

   ☐ Some (if more than one course taken; please specify which were completed): _____

   _____

   ☐ No (not eligible for tuition aid payment)

2. If "Yes" above, please indicate which course(s) were completed with a "C" grade or better, the grade received in each course, and the related percentage of aid that the employee is eligible for for each course (refer to section 16.060 (c) for reimbursement percentage):

   _____

   _____

   _____

3. Please forward this completed form to the HR department for reimbursement.

FOR HR USE ONLY

1. Has the employee received any other tuition aid during the current fiscal year?

   ☐ Yes – How much? $ _____

   ☐ No

2. Total amount of reimbursement for which the employee is eligible in the current fiscal year: $ _____
3. Total amount of reimbursement for which the employee is eligible on this request: $ _____
4. Total amount of reimbursement to be provided to the employee: $ _____
5. Date the reimbursement was paid out to the employee: _____
6. Reimbursement processed by: _____

2

APPENDIX R:
Credit Card Agreement

Credit Card Acceptance Agreement

SYRACUSE CITY CREDIT CARD USER AGREEMENT

I, the undersigned, agree to accept responsibility for the Zion's Bank credit card issued to me by Syracuse City. I agree to use it in conformance with the terms and conditions set forth herein and applicable City Personnel Policies and Procedures. I understand and agree to use this card only for approved City business.

I understand and agree that I am responsible for any credit card charges made by me against the City account and I am also responsible to report these charges fully on an approved expense reconciliation form. In the event that I should fail to make a proper and timely accounting for such charges, I agree that the City may, at its sole discretion, withhold from all or any part of my salary an amount equal to the total amount of the card charges not accounted for and approved. Any use in violation of City policy is grounds for disciplinary action, which may include termination.

I also understand that the following purchases are prohibited and that I will be held personally liable for any of the following charges:

(1) Purchase of items for personal use or consumption.
(2) Purchases in violation of the City Purchasing Policy.
(3) Alcohol
(4) Utah State Tax, except on lodging charges
(5) Fuel for fleet vehicles unless traveling outside of Utah. The state gas card should be used for fuel purchases.
(6) Splitting a purchase to remain under purchasing policy limits.

I also agree that I shall relinquish my card back to the County upon request and/or termination of my employment for any reason.

Dept: Card #: Name:

Sign: _____Date:_____

Page 1 of 2

Section 1000 – Credit Card
Version: March 20, 2012

APPENDIX S:
Missing Receipt Form

Missing Receipt Form

Department	
Cardholder/Employee Name	
Expense Acct #	
Travel # (When Applicable)	

Merchant Name	
Date	
Why Receipt is Missing	

Item Description	Quantity	$/Unit	Total
Total			$

Employee Signature Supervisor Signature

APPENDIX T:
Emergency Preparedness Cash Out Form

Syracuse City Corporation
Human Resources Department
Form HR-106
Updated March 18, 2015

SYRACUSE
EST. CITY 1935

Syracuse City Corporation
EMERGENCY PREPAREDNESS CASH OUT FORM

Date Submitted: _____

Employee Information

Name: _____ Employee Number: _____

Department: _____ Job Title: _____

Request Details

☐ Cash Out Sick Leave
Dollar Amount Requesting: _____

☐ Cash Out Vacation Leave
Dollar Amount Requesting: _____

Items Purchased: _____

_____

_____

Employee Signature: _____

Approval Signatures:

City Manager: _____

Department Head: _____

Finance Director: _____

Human Resources: _____

For HR Purposes Only:

Hourly Rate of Pay: _____

Number of Sick Leave Hours being Cashed Out: _____

Number of Vacation Leave Hours being Cashed Out: _____

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APPENDIX U:
Employee Grievance Form

Syracuse City Corporation
Human Resources Department
Form HR-117
Updated March 18, 2015

SYRACUSE
EST. CITY 1935

Syracuse City Corporation
FORMAL EMPLOYEE GRIEVANCE FORM

Date Completed: _____

Grievance Policy Information

It is the purpose of the Syracuse City grievance procedure (established in Chapter 21 of the City's Personnel Policy and Procedures Manual) to establish a method whereby employee grievances can be fairly and effectively resolved. The filing of a good-faith grievance will in no way prejudice the status of the employee. It is the goal of the City's grievance policy to address employee grievances at the lowest administrative level possible.

Grievance Form Instructions

Please complete all sections of this form completely and with as much detail as possible. The form should be completed and submitted to your supervisor (or other party in accordance with the City's grievance policy) within 10 days of the event giving rise to the grievance or within 10 days of acquiring knowledge of the event giving rise to the grievance.

Employee Information

Name: _____ Employee Number: _____

Department: _____ Job Title: _____

Grievance Details

Statement of Grievance (please attach additional sheets if necessary): _____

_____

_____

_____

_____

Background Information (please attach additional sheets if necessary): _____

_____

_____

_____

_____

_____

APPENDIX U (continued):
Employee Grievance Form

Syracuse City Corporation
Human Resources Department
Form HR-117
Updated March 18, 2015

Grievance Details (continued)

Requested Resolution: _____

_____

_____

_____

_____

I hereby request attest that the information contained in this grievance is true and accurate to the best of my knowledge.

Employee Signature: _____ Date: _____

Grievance Acknowledgement(s)

First Notification

Name: _____ Date Received: _____

Signature: _____

Please attach your response and/or investigation results and return to the aggrieved employee.

Second Notification

Name: _____ Date Received: _____

Signature: _____

Please attach your response and/or investigation results and return to the aggrieved employee.

Third Notification

Name: _____ Date Received: _____

Signature: _____

Please attach your response and/or investigation results and return to the aggrieved employee.

APPENDIX V:
Administrative Leave Form

Syracuse City Corporation
Human Resources Department
Form HR-106
Updated March 18, 2015

SYRACUSE
EST. CITY 1935

Syracuse City Corporation
ADMINISTRATIVE LEAVE FORM

Date Submitted: _____

Employee Information

Name: _____

Department: _____ Job Title: _____

Request Details

☐ Paid
Dates anticipated: _____

☐ Unpaid
Dates anticipate: _____

Approval Signatures:

City Manager: _____

Department Head: _____

Human Resources: _____

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APPENDIX W:
Disciplinary Action Form

Syracuse City Corporation
Human Resources Department
Form HR-118
Updated January 1, 2008

SYRACUSE CITY EST. 1935

Syracuse City Corporation
DISCIPLINARY ACTION FORM

Date Completed: _____

Disciplinary Action Form Instructions

This form is used as a guide for the supervisor when documenting issues that need attention under the provisions of the Syracuse City Disciplinary Action policy. When completed, it serves as a written record of disciplinary action conducted with an employee pertaining to violation of City rules and/or failure to meet necessary performance standards.

Employee Information

Name: _____ Employee Number: _____

Department: _____ Job Title: _____

Type of Disciplinary Action Being Issued (check the appropriate box):

☐ Verbal Warning

☐ Written Reprimand

☐ Suspension
Effective Date:
☐ With Pay
☐ Without Pay

☐ Probation
Effective Date:
Length of Probation:

☐ Demotion
Effective Date:

☐ Termination
Effective Date:

Violation/Incident Details

Date and Time of Violation/Incident:

Violation/Incident Details:

Have There Been Similar Violations/Incidents? ☐ Yes ☐ No

*If yes, list dates and details of previous violations/incidents and action taken:

Action to be Taken for Current Violation/Incident:

Consequences of Failure to Improve:

APPENDIX W (continued):
Disciplinary Action Form

Syracuse City Corporation
Human Resources Department
Form HR-118
Updated January 1, 2008

Signatures:

To the employee:
This written record of disciplinary action is being issued based on your violation of one or more City rules and/or your failure to meet the performance standards necessary for your current position. This report will remain in your personnel file. You are being provided a copy of this Disciplinary Action Form.

Your signature below indicates that you have seen the completed Disciplinary Action Form and that the contents have been reviewed with you. Your signature does not necessary indicate that you agree with the information contained above.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Human Resources Specialist: _____ Date: _____

APPENDIX X:
Voluntary Resignation Form

SYRACUSE CITY EST 1935

NOTICE OF VOLUNTARY RESIGNATION

Employee Name: _____

Date of Notice Given: _____

Last Day of Work: _____

Position Title: _____

Department: _____

Reason for Leaving: _____

_____

_____

_____

_____

Present Address: _____

_____ Phone #_____

*Should your address change, be sure to update your address with us to ensure timely receipt of your W-2 Statement and any other correspondence that may be mailed to you.

_____ _____
Employee Signature Date

SYRACUSE CITY
PERSONNEL POLICIES AND PROCEDURES

CHAPTER 12
DOT DRUG AND ALCOHOL TESTING POLICY

12.010. Purpose.
12.020. General Policy.
12.030. Applicability.
12.040. Definitions.
12.050. Prohibitions.
12.060. Zero Tolerance.
12.070. Voluntary Self-Identification Program.
12.080. Prescription and Over-the-Counter Drugs.
12.090. Testing Required.
12.100. Basis for Testing.
12.110. Pre-Employment Testing.
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12.130. Random Testing.
12.140. Reasonable Suspicion Testing.
12.150. Return-to-Duty Testing.
12.160. Follow-Up Testing.
12.170. Testing Procedures.
12.180. Results.
12.190. DOT Required Action.
12.200. Removal from Safety-Sensitive Functions.
12.210. Additional Action.
12.220. Records.
12.230. Confidentiality.
12.240. Notification of Conviction.
12.250. Americans with Disabilities Act (ADA).
12.260. Amendments.

12.010. Purpose.

The purpose of this policy is to provide guidelines for the implementation and management of a drug and alcohol testing program for City employees and prospective employees who are subject to the Commercial Drivers License (CDL) drug and alcohol testing requirements under the Federal Omnibus Transportation Employee Testing Act of 1991, as amended, and the Department of Transportation (DOT) Regulations promulgated thereunder. The provisions of this policy are intended and shall be interpreted in accordance with the Federal Omnibus Transportation Employee Testing Act of 1991, as amended, and the DOT Regulations as defined herein. This policy is not intended to create or alter any existing employment status or contract, written or verbal, between Syracuse City and its employees or prospective employees.

12.020. General Policy.

Alcohol or drug use can impair an employee's ability to safely and effectively perform the functions of the particular job, increase accidents, absenteeism, and sub-standard performance, create poor employee morale, and/or undermine public confidence in the City's work force. It is the policy of the

City to employ a work force and create a workplace free from the adverse effects of alcohol and drug use to ensure the safety, personal health, and productivity of its employees, as well as the health and safety of those with whom Syracuse City employees come in contact. In addition, Syracuse City is committed to reducing highway accidents that result from driver misuse of drugs and alcoholic substances, thereby reducing fatalities, injuries, and property damage. To accomplish this, Syracuse City has developed a "zero-tolerance" substance abuse policy for all current and prospective CDL employees as more particularly set forth in this policy. This policy shall be distributed to all CDL employees and made available for review by prospective CDL employees. Employees may refer any questions regarding this policy or the materials referred to herein to the Human Resources Specialist.

12.030. Applicability.

This policy applies to all employees in the service of Syracuse City for compensation, and prospective employees, who are required to hold and maintain a Commercial Drivers License as a condition of employment and/or who operate a commercial motor vehicle in commerce and who are subject to the Commercial Drivers License requirements of the Department of Transportation, including, but not limited to 49 CFR Part 383, as amended, referred to and defined herein as "CDL employees." All other employees shall comply with the Non-DOT Drug and Alcohol Policy set forth in Chapter 11, rather than the provisions set forth herein. All CDL employees shall be subject to the testing requirements of this policy and the Non-DOT Drug and Alcohol Policy subject to the following limitation. When the provisions of this policy are applicable to a certain situation, this policy shall be complied with and no other testing requirements may be imposed. However, when provisions of this policy do not apply to a situation which is otherwise covered by the Non-DOT Drug and Alcohol Policy, CDL employees shall be subject to testing under the Non-DOT Drug and Alcohol Policy. For instance, if a CDL employee is involved in an accident involving loss of life requiring testing under this policy, the employee would be subject to testing under this policy and not subject to testing under the Non-DOT Drug and Alcohol Testing Policy. However, if the employee is involved in an accident not requiring testing under this policy but requiring testing under the Non-DOT Drug and Alcohol Testing Policy, the CDL employee would be subject to testing under the Non-DOT Drug and Alcohol Testing Policy. In any case, if there is any conflict between this policy and any other policy or regulation of the City, the requirements of this policy shall control and no other testing requirements shall be imposed which would conflict or hinder compliance with this policy. In accordance with DOT Regulations, testing under Chapter 11 cannot be combined with testing required under this Chapter 12.

12.040. Definitions.

Words not otherwise defined but used in this policy or in the materials referenced herein are defined in 49 CFR § 386.2, 49 CFR § 390.5 and 49 CFR § 40.3, as amended. As used herein, the following words shall have the meanings set forth below:

(a) Actual Knowledge. "Actual Knowledge" means actual knowledge by an employer that a driver has used alcohol or controlled substances based on the employer's direct observation of the employee, information provided by the driver's previous employer(s), a traffic citation for driving a CMV while under the influence of alcohol or controlled substances or an employee's admission of alcohol or controlled substance use, except as provided in Section 12.070 regarding voluntary admission. Direct observation as used in this definition means observation of alcohol or controlled substances use and does not include observation of employee behavior or physical characteristics sufficient to warrant reasonable suspicion testing as used herein.

(b) Alcohol. "Alcohol" means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

(c) Alcohol Concentration (or Content). "Alcohol Concentration" or "Alcohol Content" means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test.

(d) Alcohol Use. "Alcohol Use" means the drinking or swallowing of any beverage, liquid mixture, or preparation (including any medication) containing alcohol.

(e) CDL Employee. "CDL Employee" means any employee in the service of Syracuse City for compensation who is required to hold and maintain a Commercial Drivers License as s condition of employment and/or who is required as part of his or her job duties to operate a commercial motor vehicle in commerce and who is subject to the commercial driver's license requirements of 49 CFR Part 383, as amended.

(f) Commerce. "Commerce" means: (1) any trade, traffic, or transportation within the jurisdiction of the United States between a place in a State and a place outside of such State, including a place outside of the United States; and (2) trade, traffic, and transportation in the United States which affects any trade, traffic, and transportation as described in Subsection (1).

(g) Commercial Motor Vehicle. "Commercial Motor Vehicle" means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the vehicle:

(1) Has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating more than 10,000 pounds; or

(2) Has a gross vehicle weight rating of 26,001 pounds; or

(3) Is designed to transport 16 or more passengers, including the driver; or

(4) Is of any size and is used in the transportation of material found to be hazardous for the purposes of the Hazardous Materials Transportation Act (49 USC § 5103(b)) and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR Part 172, subpart F).

(h) Controlled Substances or Drugs. "Controlled Substances" or "Drugs" means those substances identified in 49 CFR 40.85, as amended, consisting of the following:

(1) Marijuana metabolites

(2) Cocaine metabolites

(3) Amphetamines

(4) Opiate metabolites

(5) Phencyclidine (PCP)

(i) Designated Employee Representative (DER). "Designated Employee Representative" or "DER" means an individual identified by Syracuse City as able to receive communications and test results from service agents and who is authorized to take immediate actions to remove employees from safety-sensitive duties and to make required decisions in the testing and evaluation processes. The individual must be an employee of Syracuse City and cannot be a service agent. The City's DER is the Human Resources Specialist.

(j) DOT Regulations. "DOT Regulations" means the rules and regulations promulgated by the U.S. Department of Transportation for alcohol and controlled substance testing requirements for employees subject to the Commercial Driver's License requirements pursuant to the Omnibus Transportation Act of 1991, including, but not limited to §§ 49 C.F.R. 40 and 49 C.F.R. 382, as amended.

(k) Driver. "Driver" means any person who operates a commercial motor vehicle. This includes, but is not limited to: full time, regularly employed drivers; casual, intermittent or occasional drivers; leased drivers and independent, owner-operator contractors. For the purposes of pre-employment/pre-duty testing only, the term *driver* includes a person applying to the City to drive a commercial motor vehicle.

(l) Medical Review Officer (MRO). "Medical Review Officer" or "MRO" means a licensed physician who is responsible for receiving and reviewing laboratory results generated by the City's drug testing program and evaluating medical explanations for certain drug test results.

(m) Prospective CDL Employee. "Prospective CDL Employee" means any person who has made a written or oral application to become an employee of Syracuse City in a position defined as a CDL employee.

(n) Refuse to Submit. "Refuse to Submit" means that a CDL employee:

(1) Fails to appear for any test (except a pre-employment test) within a reasonable time, as determined by the City, consistent with applicable DOT agency regulations, after being directed to do so by the City. This includes the failure of an employee to appear for a test when called by the TPA (see, 49 CFR 40.61(a));

(2) Fails to remain at the testing site until the testing process is complete. Provided, that an employee who leaves the testing site before the testing process commences a pre-employment test is not deemed to have refused to test as provided in the DOT Regulations(see, 49 CFR 40.63(c));

(3) Fails to provide a urine specimen for any drug test required by this Policy or the DOT Regulations. Provided, that an employee who does not provide a urine specimen because he or she has left the testing site before the testing process commences for a pre-employment test is not deemed to have refused to test (see, 49 CFR 40.63(c));

(4) In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of a specimen (see, 49 CFR 40.67(l) and 40.69(g));

(5) Fails to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure (see, 49 CFR 40.193(d)(2));

(6) Fails or declines to take a second test the City, TPA or collector has directed the CDL employee to take;

(7) Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER under 49 CFR 40.193(d). In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment;

(8) Fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process); or

(9) Is reported by the MRO as having a verified adulterated or substituted test result.

(o) Safety-Sensitive Functions. "Safety-Sensitive Functions" means all time from the time a CDL employee begins to work or is required to be in readiness to work until the time he or she is relieved from work and all responsibility for performing work. An employee is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform any safety-sensitive functions and includes any of those on-duty functions defined in 49 CFR 395.2. Safety-sensitive functions shall include all duties deemed safety-sensitive under the DOT Regulations, including, but not limited to, the following:

(1) All time at City facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the City;

(2) All time inspecting equipment as required by 49 CFR 392.7 and 392.8 or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;

(3) All time spent at the driving controls of a commercial motor vehicle in operation;

(4) All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth (a berth conforming to the requirements of 49 CFR 393.76);

(5) All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and

(6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

(p) Stand-Down. "Stand-Down" means the practice of temporarily removing an employee from the performance of safety-sensitive functions based only on a report from a laboratory to the MRO of a confirmed positive test for a drug or drug metabolite, and adulterated test, or a substituted

test, before the MRO has completed the verification of the test results. The City is prohibited from standing down an employee, except consistent with a waiver from the FMCSA.

(q) Third Party Administrator (TPA). "Third Party Administrator" or "TPA" means a service agent that provides or coordinates one or more drug and/or alcohol testing services to DOT-regulated employers. TPA's typically provide or coordinate the provision of a number of such services and perform administrative tasks concerning the operation of the employers' drug and alcohol testing programs.

12.050. Prohibitions.

The following conduct is prohibited under this policy in accordance with the prohibitions set forth in 49 CFR 382, Subpart B:

(a) Alcohol Concentration. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater. No employer having actual knowledge that a driver has an alcohol concentration of 0.04 or greater shall permit the driver to perform or continue to perform safety-sensitive functions.

(b) On-Duty Use. No driver shall use alcohol while performing safety-sensitive functions. No employer having actual knowledge that a driver is using alcohol while performing safety-sensitive functions shall permit the driver to perform or continue to perform safety-sensitive functions.

(c) Pre-Duty Use. No driver shall perform safety-sensitive functions within four hours after using alcohol. No employer having actual knowledge that a driver has used alcohol within four hours shall permit a driver to perform or continue to perform safety-sensitive functions.

(d) Use Following an Accident. No driver required to take a post-accident alcohol test under this policy and in accordance with 49 CFR 382.303 shall use alcohol for eight hours following the accident, or until he or she undergoes a post-accident alcohol test, whichever occurs first.

(e) Refusal to Submit to Required Test. No driver shall refuse to submit to a post-accident alcohol or controlled substances test required under this policy and in accordance with 49 CFR 382.303, a random alcohol or controlled substances test required under this policy in accordance with 49 CFR 382.305, a reasonable suspicion alcohol or controlled substances test required under this policy in accordance with 49 CFR 382.307, or a follow-up alcohol or controlled substances test required under this policy or 49 CFR 382.311. No employer shall permit a driver who refuses to submit to such tests to perform or continue to perform safety-sensitive functions. Refusal to submit to a required test shall be deemed a violation of this policy and shall result in disciplinary action, up to and including termination.

(f) Controlled Substances Use. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substance, except when the use is pursuant to the instructions of a licensed medical practitioner who has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle. No employer having actual knowledge that a driver has used a controlled substance shall permit the driver to perform or continue to perform a safety-sensitive function. The City may require a driver to inform the City of any therapeutic drug use as more particularly provided in this policy.

(g) Controlled Substances Testing. No driver shall report for duty, remain on duty or perform a safety-sensitive function, if the driver tests positive or has adulterated or substituted a test specimen for controlled substances. No employer having actual knowledge that a driver has tested

positive or has adulterated or substituted a test specimen for controlled substances shall permit the driver to perform or continue to perform safety-sensitive functions.

12.060. Zero-Tolerance.

If it is determined that a CDL employee violates any term, condition or provision of this policy, that employee shall be subject to disciplinary action, up to and including termination. Any disciplinary action taken for violations of this policy shall comply with the disciplinary action procedures, as applicable, set forth in Chapter 22 of these Policies and Procedures.

12.070. Voluntary Self-Identification Program.

(a) Self-Identification Program. CDL employees of the City may voluntarily admit to alcohol misuse or controlled substances use ("admission") in accordance with the provisions of this Section setting forth the City's voluntary self-identification program. The provisions of this program are intended to comply with the provisions and requirements of 49 CFR 382.121, as amended. Voluntary admissions should be made to the employee's supervisor or the Human Resources Specialist. Employees having a drug or alcohol problem are strongly encouraged to seek help.

(b) Prior to Selection or Violation. To qualify for the City's voluntary self-identification program, the CDL employee must make the admission of alcohol misuse or controlled substances use prior to performing a safety-sensitive function (i.e., prior to reporting for duty) and prior to being selected for testing under this policy (i.e., the admission cannot be made in order to avoid testing under the requirements of this policy.

(c) No Adverse Action. The City shall not take any adverse action against a CDL employee making a voluntary admission of alcohol misuse or controlled substances use in accordance with the conditions and provisions of this Section.

(d) Evaluation and Treatment. A CDL employee who has made a voluntary admission of alcohol misuse or controlled substances use in accordance with the terms and conditions of this Section shall be given sufficient opportunity to seek evaluation, education or treatment to establish control over the employee's drug or alcohol problem.

(e) Costs and Leave. The City will pay for the first visit to a drug and alcohol abuse evaluation expert. All other costs of evaluation, treatment and rehabilitation shall be the employee's responsibility. The City will allow employees who seek voluntary assistance for alcohol and drug problems under this program to first utilize their accrued sick leave and then their accrued annual leave for rehabilitation. Leave without pay may be requested by the employee and will be considered on an individual case basis. If the FMLA does not apply, an employee's position may be held open for a reasonable period of time up to a maximum of thirty (30) days for voluntary rehabilitation upon approval by the City Manager.

(f) Successful Completion. The CDL employee shall not perform any safety-sensitive functions until and unless the employee has successfully completed an educational or treatment program, as determined by a drug and alcohol abuse evaluation expert (i.e., an employee assistance professional, substance abuse professional, or qualified drug and alcohol counselor). Employees returning to work after treatment must first provide the City with a certification from a reputable substance abuse program that the employee is sober and has successfully completed the treatment program. A licensed professional medical practitioner that specializes in substance abuse must sign this certification.

(g) Return to Duty Testing. Prior to performing any safety-sensitive functions, the employee shall undergo a return to duty test with a result indicating an alcohol concentration of less than 0.02 and/or a return to duty controlled substances test with a verified negative test result for controlled substances use.

(h) Follow-Up Testing. The employee must also, as a condition of returning to work, agree to follow-up rehabilitation drug and/or alcohol testing and sign a return to work agreement. Follow-up rehabilitation testing will be required for a period of not less than six (6) months and not more than one (1) year after completion of the employee's substance abuse treatment program. The date and time of any required follow-up rehabilitation drug and/or alcohol testing will be unannounced and conducted on a random basis.

(i) Disclaimer. Voluntary notification and enrollment in a rehabilitation program shall only prevent disciplinary action for previous drug or alcohol use that was unknown to the City and shall not prevent the City from testing or taking disciplinary action against an employee who subsequently violates this policy.

12.080. Prescription and Over-the-Counter Drugs.

Prescribed and over-the-counter drugs and the necessary instrumentalities of administration brought on City premises may only be used by the person for whom they are prescribed and taken as directed so long as the use of such drugs does not adversely affect the safety of the work environment or significantly impede performance of essential job functions. There are various prescription and over-the-counter drugs that may adversely affect the safety of the work environment. Examples include, but are not limited to, pain relievers that contain opiates, and muscle relaxants. It is the employee's responsibility to be informed about the effects of prescription and over-the-counter drugs they are taking by reading the information that accompanies the drug, including any information provided by the pharmacist, by consulting with their physician, and by accessing and utilizing other sources of information available to the employee, and acting accordingly. Any employee who chooses or is medically required to ingest prescribed or over-the-counter medications that may adversely affect the safety of the work environment, shall immediately notify his or her department head of the type of medication and time period over which said medications will be taken. The department head will make a determination of any restrictions to be placed on the employee after appropriate confidential consultation with the Human Resources Specialist, the City Attorney's Office, and/or medical professionals. A written statement from the employee's physician may be required regarding whether the physician is of the opinion that the employee can safely work or perform his or her job duties while taking the prescribed drug. Any employee who chooses or is medically required to ingest a prescribed or over-the-counter medication outside of the workplace must ensure that the impairing effects have ended prior to reporting for work. For purposes of this policy, medications used as prescribed, which do not constitute a safety concern, shall not be considered a violation of this policy.

12.090. Testing Required.

In accordance with the provisions of this policy, all prospective and current CDL employees shall be subject to controlled substances and alcohol testing as a condition of hiring and continued employment with the City. Failure to comply with this policy may result in the City refusing to hire a prospective CDL employee or disciplinary action being taken against current CDL employees, up to and including termination. Specimens collected under this policy may only be used to test for controlled substances and their metabolites as defined herein and shall not be used to conduct any other analysis or

test unless otherwise specifically authorized by DOT Regulations. All testing shall be based on and under the circumstances set forth in Section 12.100 regarding basis for testing.

12.100. Basis for Testing.

Prospective and current CDL employees shall be subject to testing for the presence of drugs and alcohol by the City in accordance with the provisions of this policy as a condition of hiring and continued employment with the City for any of the reasons or under the circumstances as more particularly set forth herein: pre-employment testing, post-accident testing, random testing, reasonable suspicion testing, return-to-duty testing, and follow-up testing. CDL employees shall also be subject to controlled substances and alcohol testing when required by Federal law or regulations.

12.110. Pre-Employment Testing.

All prospective CDL employees shall undergo testing for controlled substances as a condition of employment and prior to performing any safety-sensitive duties for the City. Pre-employment tests will be conducted on prospective employees on their own time, meaning that prospective employees will not be paid for the time they spend participating in pre-employment testing required by Syracuse City. All pre-employment drug testing will be conducted at the third-party administrator's facility and prospective employees are responsible for their transportation to and from the collection facility. Refusal to consent to a pre-employment drug test will terminate further action towards employment with the City. No prospective CDL employee shall be permitted to perform safety-sensitive functions for the City until and unless the City has received a pre-employment controlled substances test result from the MRO or TPA indicating a verified negative test result for the employee. A controlled substance test may not be required if the employee has participated in a drug testing program that meets the DOT Regulations within the previous thirty (30) days and all other exception requirements as set forth in the DOT Regulations are satisfied.

12.120. Post-Accident Testing.

(a) Alcohol Testing.

(1) As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, each surviving CDL employee shall be tested for alcohol under the following circumstances:

(A) The CDL employee was performing safety-sensitive functions with respect to the vehicle and the accident involved the loss of human life; or

(B) The CDL employee received a citation within eight (8) hours of the occurrence under State or local law for a moving traffic violation arising from the accident and the accident involved bodily injury to any person who, as a result of the injury, immediately received medical treatment away from the scene of the accident, or one or more motor vehicles incurred disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

(2) If an alcohol test required by this Section is not administered within two (2) hours following the accident, the City shall prepare and maintain on file a record stating the reasons the test was not promptly administered. If an alcohol test required by this Section is not administered

within eight (8) hours following the accident, the City shall cease attempts to administer the test and shall prepare and maintain on file a record stating the reasons the test was not promptly administered. Such records shall be submitted to the FMCSA, upon request.

(b) Controlled Substances Testing.

(1) As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, each surviving CDL employee shall be tested for controlled substances under the following circumstances:

(A) The CDL employee was performing safety-sensitive functions with respect to the vehicle and the accident involved the loss of human life; or

(B) The CDL employee received a citation within thirty-two (32) hours of the occurrence under State or local law for a moving traffic violation arising from the accident and the accident involved bodily injury to any person who, as a result of the injury, immediately received medical treatment away from the scene of the accident, or one or more motor vehicles incurred disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

(2) If a controlled substances test required by this Section is not administered within thirty-two (32) hours following the accident, the City shall cease attempts to administer the test and shall prepare and maintain on file a record stating the reasons the test was not promptly administered. Such records shall be submitted to the FMCSA, upon request.

(c) Testing. An employee who is subject to post-accident testing shall remain readily available for such testing or may be deemed by the City to have refused to submit to the testing. A driver who is seriously injured and cannot be tested at the time of the accident should provide the necessary authorization for obtaining hospital reports and other documents that would indicate whether there were any drugs and/or alcohol in their system. Nothing in this Section shall be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a driver from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

(d) Federal, State or Local Test Results. The results of a breath or blood test for the use of alcohol or the results of a urine test for the use of controlled substances conducted by Federal, State, or local law enforcement officials having independent authority to conduct such test shall be considered to meet the requirements of this Section for post-accident testing, provided such tests conform to the applicable Federal, State, and local alcohol or controlled substances testing requirements, as applicable, and the results of such tests are obtained by the City.

(e) Exceptions. Post-accident testing shall not apply to the following situations:

(1) An occurrence involving only boarding or alighting from a stationary motor vehicle; or

(2) An occurrence involving only the loading or unloading of cargo; or

(3) An occurrence in the course of the operation of a passenger car or a multipurpose passenger vehicle by an employer unless the motor vehicle is transporting passengers for hire or hazardous materials of a type and quantity that require the motor vehicle to be marked or placarded in accordance with 49 CFR 177.823.

(f) Summary. The following table notes when a post-accident test is required to be conducted in accordance with this Section:

Type of Accident	Citation Issued to Driver?	Must Test Be Performed?
Human fatality	YES NO	YES YES
Bodily injury with immediate medical treatment away from scene	YES NO	YES NO
Disabling damage to any motor vehicle requiring tow away	YES NO	YES NO

12.130. Random Testing.

(a) CDL Employees. Every CDL employee shall be required to submit to random alcohol and controlled substances testing in accordance with the provisions of this Section. CDL employees include, but are not limited to, the following positions:

(1) Deputy Fire Chief

(2) Fire Captain

(3) Fire Engineer

(4) Fire Fighter

(5) Public Works Director

(6) Streets Superintendent

(7) Water Superintendent

(8) Environmental Superintendent

(9) Streets Maintenance Worker

(10) Water Maintenance Worker

(11) Environmental Maintenance Worker

(b) Testing Percentage Rates. According to current FMCSA standards, random controlled substances testing will be administered at a fifty (50) percent annualized rate and random alcohol testing will be conducted at a ten (10) percent annualized rate. This means that the total number of controlled substances tests conducted during any twelve (12) month period will be equal to at least fifty (50) percent of the total Syracuse City DOT testing pool, and the total number of alcohol tests conducted during any twelve (12) month period will be equal to at least ten (10) percent of the total Syracuse City DOT testing pool. These rates are set by FMCSA Administration and shall be subject to change based on any increase or decrease in the federally required testing rate.

(c) Random Selection. Selection of CDL employees for random testing shall be made by a scientifically valid method, such as a random number table or a computer-based random number, generator that is matched with employee's social security numbers, or other comparable identifying numbers. Only covered CDL employees shall be included in the random testing pool. City CDL employees may be part of a larger random testing pool of covered employees. Each CDL employee selected for random testing under the selection process used shall have an equal chance of being testing each time selections are made. Each CDL employee selected for random testing shall be tested during the selection period. Selection for random testing will be done by the City's third party administrator in order to ensure that selection is truly random and is uninfluenced by any personal characteristics, behavior, or any other attribute.

(d) Unannounced. Random testing conducted under this Section shall be unannounced. The dates for administering the random tests shall be spread reasonably throughout the calendar year.

(e) Testing. Each CDL employee notified of selection for random testing shall proceed to the test site immediately; provided, if the employee is performing a safety-sensitive function other than driving a motor vehicle, at the time of notification, the employee shall cease to perform safety-sensitive functions and proceed to the testing site as soon as possible.

(f) Performing Functions. A driver shall only be tested for alcohol while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased performing such functions.

12.140. Reasonable Suspicion Testing.

(a) Reasonable Suspicion. CDL employees shall be subject to alcohol and/or controlled substances testing when the City has reasonable suspicion to believe that the employee has violated the prohibitions of this policy. A determination of reasonable suspicion shall be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee. Observation for reasonable suspicion may also include indications of the chronic and withdrawal effects of controlled substances.

(b) Supervisor Training. The required observations for reasonable suspicion testing shall be made by a supervisor or other City official who is trained in accordance with applicable DOT Regulations regarding such testing. In an effort to ensure that supervisors are knowledgeable about the symptoms of drug and/or alcohol use, training on symptom recognition will be held for all Syracuse City employees in supervisory positions and only those persons who have attended the training will be qualified to require a reasonable suspicion drug and/or alcohol test. Records regarding training attendance will be kept for a minimum of three (3) years after the date of the training.

(c) Documentation. A written record shall be made of the observations leading to an alcohol and/or controlled substances reasonable suspicion test by the employee's supervisor or the person requesting the reasonable suspicion testing using the City's "Observed Behavior-Reasonable Cause Record". The form shall be signed by the supervisor or City official who made the observations. The form shall be filled out and the record made within 24 hours of the observed behavior or before the results of the test are released, whichever is earlier. The City strongly urges supervisors to complete the form before the employee is required to submit to testing in order to properly document the circumstances leading up to the testing referral.

(d) Timing of Observations. Reasonable suspicion alcohol testing is authorized by this Section only if the observations required in Subsection (a) are made during, just preceding, or just after the period of the work day that the CDL employee is required to be in compliance with this policy. A CDL employee may only be required to undergo reasonable suspicion testing while the employee is performing safety-sensitive functions, just before the employee is to perform safety-sensitive functions, or just after the employee has ceased performing such functions.

(e) Timing for Testing. If an alcohol test required by this Section is not administered within two (2) hours following the determination under paragraph (a) of this Section, the supervisor shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol test required by this section is not administered within eight (8) hours following the determination under paragraph (a) of this Section, the supervisor shall cease attempts to administer an alcohol test and shall State in the record the reasons for not promptly administering the test.

(f) Transportation. In the event that reasonable suspicion drug and/or alcohol testing is warranted, it is the responsibility of an agent of Syracuse City to transport the employee being tested to and from the testing facility. In most cases, either the DER or the employee's supervisor will be responsible for transporting the employee.

(g) Refusal to Submit. If an employee refuses to submit to reasonable suspicion drug and/or alcohol test or attempt to leave any Syracuse City premises and is impaired, in the opinion of a trained supervisor, to the extent that he/she would present a danger to either him/herself or others, local law enforcement should be contacted immediately by the supervisor.

(h) Prohibition. Notwithstanding the absence of a reasonable suspicion alcohol test under this section, no driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while the driver is under the influence of or impaired by alcohol, as shown by the behavioral, speech, and performance indicators of alcohol misuse, nor shall an employer permit the driver to perform or continue to perform safety-sensitive functions, until:

(1) An alcohol test is administered and the driver's alcohol concentration measures less than 0.02; or

(2) Twenty four (24) hours have elapsed following the determination under Subsection (a) of this Section that there is reasonable suspicion to believe that the driver has violated the prohibitions in this part concerning the use of alcohol.

(i) Action. Except as provided in Subsection (h) of this Section, the City shall not take any action under this part against a driver based solely on the driver's behavior and appearance, with respect to alcohol use, in the absence of an alcohol test. This does not prohibit the City with independent authority of this part from taking any action otherwise consistent with law.

12.150. Return-to-Duty Testing.

Any Syracuse City CDL employee whose initial breath alcohol content is between 0.02 – 0.039 grams per 210 liters of breath will be subject to return-to-duty breath alcohol testing before being permitted to return to work. The return-to-duty test must be completed not less than the equivalent of one full shift and not more than twenty-four (24) hours after the initial breath alcohol test. Return-to-duty breath alcohol testing will be conducted at the facility of the designated third party administrator. Refusal to submit to return-to-duty breath alcohol testing will be considered a positive test result and will subject the employee to disciplinary action as set forth in this policy. The requirements for return-to-duty testing shall comply with and be performed in accordance with 49 CFR 40, Subpart O.

12.160. Follow-Up Testing.

The requirements for follow-up testing shall comply with and be performed in accordance with 49 CFR 40, Subpart O.

12.170. Testing Procedures.

(a) Collection. All sample collection for drugs and alcohol testing under this policy shall comply with the procedures set forth in the DOT Regulations, including, but not limited to, 49 CFR 40, as amended. Sample collection, documentation, storage and transportation to the place of testing shall be performed in a manner that reasonably precludes the probability of sample misidentification, contamination or adulteration and which ensures the privacy of the individual being tested. The instructions, custody and control forms, and collection kits, including bottles and seals used for sample collection shall be prepared by an independent laboratory trained and qualified to conduct DOT collection procedures. The Federal Drug Testing Custody and Control Form (CCF) shall be used to document every collection required by DOT Regulations. Directly observed collection shall only be conducted in accordance with DOT Regulations, including, but not limited to, 49 CFR 40.67, as amended. All controlled substances urine collection shall be split specimen collection. Collection sites shall meet all applicable DOT Regulations. Sample collection shall be conducted in accordance with the terms and conditions of this policy.

(b) Samples. Alcohol testing will typically be done with an evidentiary breath testing device. An initial screening alcohol test will be conducted. If that result is greater than or equal to 0.04, a confirmation test will be conducted using an evidential testing device. The confirmation test is the final result. Any confirmed breath alcohol test result greater than 0.04 grams per 210 liters of breath will be considered a positive alcohol test result.

(c) Inadequate Samples. In the case of urine-based drug testing, an applicant and/or employee who fails to provide an adequate quantity of urine for testing will be instructed to drink not more than 24 ounces of fluid and, after a period of up to two hours, again attempt to provide a complete sample. If an applicant fails to provide an adequate quantity of urine a second time, that applicant will no longer be considered for employment. If an employee fails to provide an adequate quantity of urine a second time, the third party administrator will notify the MRO to determine pertinent information concerning whether or not the individual's inability to provide a specimen is genuine or constitutes a refusal to test. Upon completion of the examination, the MRO will report their conclusions to the Syracuse City DER in writing. If the City or the collector has reasonable cause to believe that the donor of the sample has tampered with their sample, a new sample will be immediately collected.

(d) Testing. Sample drug testing shall conform to scientifically accepted analytical methods and procedures and shall be conducted in accordance with applicable DOT Regulations. All drug tests will use a screening test (typically an immunoassay test) and confirmation test by gas chromatography/mass spectrometry if the screening test is positive. Prospective and current DOT employees have the option of requesting a split-sample test. The City has designated IHC as the City's third party administrator to assist in setting up and administering the drug and alcohol testing program set forth herein.

(e) Dilute Specimens. Specimens which the laboratory reports as dilute, meaning specific gravity less than 1.003 and creatinine levels less than 20 mg/dL, may be considered invalid and the employee/applicant will be required to give a second specimen. The second specimen will be considered the final result.

(f) Invalid Specimens. If Syracuse City receives a test result that is determined to be invalid, the employee will be immediately retested. The employee will be given no notification of the need to retest. No action will be taken regarding the first test result and the results of the second test will be considered final. A second "invalid" test result will be treated as a positive test result.

(g) Time. Any drug or alcohol testing required by the City under this policy shall occur during or immediately after the regular work period for current employees and shall be deemed work time for purposes of compensation and benefits for current employees.

(h) Costs. Except as otherwise provided, the City shall pay all costs of sample collection and testing required herein, including the cost of transporting current employees to the testing site if the testing is conducted at a place other than the work site.

(i) Disclaimer. A physician/patient relationship is not created between a prospective or current employee and the City or any person performing the test, solely by this policy and the procedures set forth herein.

12.180. Results.

(a) MRO. According to Federal regulations, all drug test results will be referred to an MRO to verify the test result. In the case of a positive, adulterated, substituted, or invalid test result, the employee or prospective employee shall be so advised by the MRO by telephone on a confidential basis prior to the reporting of the results to the designated employer representative. The employee shall have the right to discuss and explain the results, including the right to advise the MRO of any prescription or over-the-counter medication or other substance consumed which may have affected the results of the test. The MRO shall also review the chain-of-custody documentation to ensure compliance with normal chain-of-custody procedures. If the MRO can verify a legitimate explanation, the MRO would then reverse the test result to negative and report it as negative to the employer. The MRO can report a non-negative test to the employer, without interviewing the employee/applicant, if: (1) an individual has expressly declined the opportunity to discuss the test result with the MRO; (2) the employer has successfully made and documented a contact with the employee and instructed the employee to contact the MRO and more than 72 hours have passed since the time the employer contacted the employee; or (3) if neither the employer nor MRO, after making and documenting all reasonable efforts, has been able to contact the employee within ten (10) days of the date on which the MRO receives the confirmed test result from the laboratory. No MRO review will be done on positive breath or blood alcohol tests.

(b) DER Contact. If the MRO has been unable to contact an employee who has submitted a specimen under this policy, the DER shall make reasonable efforts to contact and request such employee, regardless of employment status, to contact and discuss the results of the controlled substances test with the MRO. The DER shall immediately notify the MRO that the employee has been notified to contact the MRO within 72 hours.

(c) Confirmation. Before the results of any test required herein may be used as a basis for action by the City, the positive test result shall be verified or confirmed using an acceptable and reliable analytical method.

(d) Contesting. All verified non-negative samples will be kept in frozen storage at the laboratory for a minimum of one (1) year. If an employee or applicant believes the laboratory analysis is in error, they will have 72 hours from when first notified of the test result to request the re-analysis of the original specimen that was verified as positive, adulterated, or substituted. The urine sample must be independently re-analyzed by gas chromatography/mass spectrometry at a second SAMHSA-certified laboratory at the expense of the employee/applicant. If the re-analysis is negative, an employee shall be allowed to return to work immediately, shall be compensated for time lost, and shall be reimbursed for the cost of split specimen testing. Retesting will be on the original specimen and must be performed by a SAMHSA-certified laboratory.

(e) Notification. The City shall notify prospective employees of the results of a pre-employment controlled substances test conducted under this policy, if the prospective employee requests such results within 60 calendar days of being notified of the disposition of the employment application. The City shall notify an employee of the results of random, reasonable suspicion and post-accident tests for controlled substances conducted under this policy if the test results are verified positive. The City shall also inform the employee which controlled substance or substances were verified as positive.

12.190. DOT Required Action.

Pursuant to 49 CFR 40.23, the City is required to take the following action under the circumstances described:

(a) As an employer who receives a verified positive drug test result, you must immediately remove the employee involved from performing safety-sensitive functions. You must take this action upon receiving the initial report of the verified positive test result. Do not wait to receive the written report or the result of a split specimen test.

(b) As an employer who receives a verified adulterated or substituted drug test result, you must consider this a refusal to test and immediately remove the employee involved from performing safety-sensitive functions. You must take this action on receiving the initial report of the verified adulterated or substituted test result. Do not wait to receive the written report or the result of a split specimen test.

(c) As an employer who receives an alcohol test result of 0.04 or higher, you must immediately remove the employee involved from performing safety-sensitive functions. If you receive an alcohol test result of 0.02-0.039, you must temporarily remove the employee involved from performing safety-sensitive functions, as provided in applicable DOT agency regulations. Do not wait to receive the written report of the result of the test.

(d) As an employer, when an employee has a verified positive, adulterated, or substituted test result, or has otherwise violated a DOT agency drug and alcohol regulation, you must not return the employee to the performance of safety-sensitive functions until or unless the employee successfully completes the return-to-duty process of Subpart O of this part.

(e) As an employer who receives a drug test result indicating that the employee's specimen was dilute, take action as provided in Sec. 40.197.

(f) As an employer who receives a drug test result indicating that the employee's specimen was invalid and that a second collection must take place under direct observation--

(1) You must immediately direct the employee to provide a new specimen under direct observation.

(2) You must not attach consequences to the finding that the test was invalid other than collecting a new specimen under direct observation.

(3) You must not give any advance notice of this test requirement to the employee.

(4) You must instruct the collector to note on the CCF the same reason (e.g. random test, post-accident test) as for the original collection.

(g) As an employer who receives a cancelled test result when a negative result is required (e.g., pre-employment, return-to-duty, or follow-up test), you must direct the employee to provide another specimen immediately.

(h) As an employer, you may also be required to take additional actions required by DOT agency regulations (e.g., FAA rules require some positive drug tests to be reported to the Federal Air Surgeon).

(i) As an employer, you must not alter a drug or alcohol test result transmitted to you by an MRO, BAT, or C/TPA.

12.200. Removal from Safety-Sensitive Functions.

(a) Removal from Safety-Sensitive Functions. Except as provided in the DOT Regulations, no CDL employee shall perform safety-sensitive functions, including driving a commercial motor vehicle, if the employee has engaged in conduct prohibited by Section 12.050 or an alcohol or controlled substances rule set forth in the DOT Regulations. The City shall not permit any CDL employee to perform safety-sensitive functions, including driving a commercial motor vehicle, if the City has determined that the employee has violated this Section. Employees found to have violated the provisions of Section 12.050 shall be removed immediately from safety-sensitive functions in accordance with this policy and the provisions of 49 CFR 40, Subpart O, as amended. As provided in the DOT Regulations, the City may not remove an employee from the performance of safety-sensitive functions based solely on a report from the laboratory of a confirmed positive test for controlled substances, an adulterated test, or a substituted test, before the MRO has completed verification of the test (also known as “standing down”).

(b) Required Evaluation and Testing. No CDL employee who has engaged in conduct prohibited by Section 12.050 shall perform safety-sensitive functions, including driving a commercial

motor vehicle, unless the employee has met the requirements of 49 CFR 40, Subpart O, regarding required evaluation and testing. The City shall not permit any CDL employee who has engaged in conduct prohibited by Section 12.050 to perform safety-sensitive functions, including driving a commercial motor vehicle, unless the employee has met the requirements of 49 CFR 40, Subpart O, regarding required evaluation and testing.

(c) Alcohol-Related Conduct. No CDL employee tested under the provisions of this policy who is found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall perform or continue to perform safety-sensitive functions, including driving a commercial motor vehicle, nor shall the City permit the driver to perform or continue to perform safety-sensitive functions, until the start of the employee's next regularly scheduled duty period, but not less than 24 hours following administration of the test. Except as provided herein, the City shall take any action under this part against an employee based solely on test results showing an alcohol concentration less than 0.04. This does not prohibit the City with authority independent of this Subsection from taking any action otherwise consistent with law.

12.210. Additional Action.

(a) Discipline. In an effort to ensure a drug-free workplace, Syracuse City is committed to a zero-tolerance drug and/or alcohol policy for all DOT employees. This means that refusal to test, an MRO-verified positive, adulterated, or substituted drug test, or a positive alcohol (greater than 0.04 grams per 210 liters of breath) test result, as reported by the third party administrator and/or MRO to the Syracuse City DER, for any of the drug and/or alcohol testing programs listed above will result in the disciplinary action against the employee, up to and including termination. Additional grounds for disciplinary action may include failure to fully comply with collection procedures and reasonable collector requests. All disciplinary action will be handled in accordance with the disciplinary procedures set forth in these Policies and Procedures, as applicable.

(b) Refusal to Hire. A prospective employee/applicant who has a positive or non-negative drug test result or refuses to submit to a drug test will not be further considered for employment.

(c) Alcohol Content. It is against Syracuse City policy for any DOT employee whose breath alcohol content is between 0.02 – 0.039 grams per 210 liters of breath to operate any vehicle. An employee with a breath alcohol content of 0.02 – 0.039 will be removed from duty for one shift or 24 hours, whichever is longer. No adverse employment action will be taken on the basis of initial breath alcohol test results in the range of 0.02 – 0.039. Upon return to work the employee must have a breath alcohol content less than 0.02 grams per 210 liters of breath. Failure to meet these standards on a follow-up breath alcohol screen will result in disciplinary action up to and including termination.

(d) Referral. Any DOT employee who has a positive drug and/or alcohol test result will be immediately referred by the Syracuse City DER to the Employee Assistance Program (EAP), a licensed substance abuse counselor (LSAC), or substance abuse professional (SAP). The expenses associated with an initial, evaluative consultation with the LSAC or SAP will be paid for by Syracuse City. Additional services beyond an initial evaluation provided to the employee by the LSAC or SAP will be at the expense of the employee.

12.220. Records.

(a) Maintain. The City shall maintain records regarding alcohol and controlled substances testing in accordance with DOT Regulations, including, but not limited to, 49 CFR 382.401, as amended.

(b) Controlled Access. All alcohol and controlled substances testing records shall be maintained in a secure location with controlled access as more particularly set forth in Section 12.200.

(c) FMCSA Access. All records required by this policy shall be maintained in accordance with 49 CFR 390.31 and must be made available for inspection at the City offices within 2 business days after a request have been made by an authorized representative of the Federal Motor Carrier Safety Administration.

(d) Employee Access. A CDL employee is entitled, upon written request, to obtain copies of any records pertaining to the employee's use of alcohol or controlled substances, including any records pertaining to his or her alcohol or controlled substances tests. The City shall promptly provide the records requested by the employee. Access to the employee's own records shall not be contingent upon payment for records other than those specifically requested.

(e) Subsequent Employers. Records shall be made available to a subsequent employer upon receipt of a written request from the employee. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the employee's request.

(f) Identified Persons. The City shall release information regarding an employee's records as directed by the specific written consent of the employee authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's specific written consent as outlined in 49 CFR 40.321(b), as amended.

12.230. Confidentiality.

The use and disposition of all drug and alcohol testing results and records shall be considered confidential and are subject to the limitations of the Utah Government Records Access and Management Act and the Americans with Disabilities Act. In an effort to ensure that all drug and/or alcohol test results remain confidential, the TPA and/or MRO for the Syracuse City drug testing program are only authorized to release test results to the Syracuse City DER. After being received by Syracuse City, all drug and alcohol test results will be stored in confidential employee files (established for all Syracuse City employees) and will remain confidential to the extent required or allowed by law. The DER will determine which person(s) within the City have a need to know which test results. Test and other records will be maintained in a secure manner so that disclosure of confidential and/or medical information to unauthorized persons does not occur. Test results may be released in legal proceedings where the employee raises the issue of drug test (i.e. unemployment hearing, wrongful termination, etc.).

12.240. Notification of Conviction

Any investigation by law enforcement or conviction for controlled substance or alcohol activity may be cause for dismissal from employment. Failure of an employee to report any conviction for illegal drug use or alcohol misuse to their supervisor and/or the Syracuse City DER within five (5) days of conviction may result in disciplinary action up to and including termination.

12.250. Americans with Disabilities Act (ADA).

Alcoholism is considered a disability under the ADA. Syracuse City will make reasonable accommodations for current employees who suffer from alcoholism, including encouraging an employee to participate in rehabilitation programs. However, Syracuse City will hold an alcoholic employee to the same performance standards as other employees and will discipline an employee, up to an including termination, if the employee's alcohol use adversely affects the employee's job performance or is considered to be a safety hazard. An employee or prospective employee whose controlled substance or alcohol (except as modified by the ADA) tests are confirmed and verified positive in accordance with the provisions of this program shall not, by reason of those results alone, be defined as a person with a "handicap" or "disability" for the purposes of Utah Code Annotated Chapter 35, Title 34 (Utah Anti-Discriminatory Act) or the Federal Americans with Disabilities Act.

12.260. Amendments.

Syracuse City reserves the right to interpret, modify, and/or revise this policy in whole or in part. Nothing in this policy is to be construed as an employment contract nor does this alter an employee's employment status with the City. This policy will be amended from time to time to comply with changes in Federal and State laws. This policy is a general summary of Syracuse City's Department of Transportation (DOT) Drug-Free Workplace policy. If there is any question or conflict between what is said in the policy and the language in the DOT regulations as codified in 49 CFR parts 40 and 382, the DOT regulations will prevail.

CHAPTER 13
EMPLOYEE TESTING AND EVALUATION

13.010. Background Investigations.
13.020. Medical Examinations.
13.030. Driving Record Evaluations.

13.010. Background Investigations.

(a) Purpose. Utah law allows for criminal and sex offender history background investigations for employees and volunteers who: (1) provide services to children or vulnerable adults; (2) have fiduciary trust over money; (3) who care for, have custody of, or control of children; or (4) when necessary to safeguard national security. Due to the various types of employment positions within Syracuse City and the numerous contacts employees have with our citizens and customers, which span the entire age spectrum and include various security issues, it is Syracuse City's policy that all new employees will be subject to a background investigation prior to hiring. Volunteers working in public safety and recreation departments will be subject to a background investigation as a condition of and prior to being authorized to perform volunteer services for the City. In addition, employees and volunteers working in the public safety and recreation departments will be subject to annual criminal and sex offender investigations. The purpose of the background investigation is to verify credentials, to ensure that each person hired by Syracuse City is an appropriate fit for both Syracuse City and the position being offered, and to ensure that Syracuse City continues to employ individuals who do not pose a threat to those with whom they work.

(b) Scope. This policy applies to all prospective employees and volunteers of Syracuse City who are over eighteen (18) years of age. Successful completion of the background investigation process is a condition of employment for any position with the City and for volunteer service involving public safety and recreation departments as more particularly provided herein. A prospective employee who fails to meet the standards outlined below will not be considered for employment or volunteer service.

(c) Pre-Employment Checks. Syracuse City will conduct a pre-employment background investigation on all prospective employees and applicable volunteers over the age of eighteen (18). The information verified will depend on the type of position being offered. All pre-employment background investigations may include a social security trace, basic employment and education verification, and a county criminal history search.

(d) DOT Employees. In the case of prospective DOT employees, employment verification will include information regarding DOT drug and/or alcohol tests conducted by previous employers in accordance with applicable DOT regulations. A DOT background investigation will also include verification of the prospective employee's driving record in accordance with applicable policies.

(e) Public Safety Employees. Background investigations conducted on prospective public safety employees, including applicants for both the fire and police departments, will include an extended employment verification including information pertaining to the prospective employee's previous job responsibilities, disciplinary actions, performance, awards and/or certifications.

(f) Promotions. Background investigations will be conducted on employees who are promoted to a position that will require more responsibility in finances and/or safety sensitive duties.

(g) Annual Background Investigations. Employees and volunteers who are over the age of eighteen (18) and are working in the public safety and parks & recreation departments in positions listed in below shall be subject to an annual background investigation to gather information pertaining to any criminal or sexually based convictions that may have occurred since hire or since the date of the last annual background investigation. Because criminal convictions can relate to the performance of job-related duties, the primary purpose of all annual background investigations conducted for employees and volunteers working in the public safety and recreation departments is to ensure that Syracuse City employees and volunteers who, in the course of their regular duties, may be required to enter citizen's homes or work with minors are held to the highest legal standards. If an annual background investigation conducted on a current Syracuse City employee or volunteer indicates that an employee or volunteer has been convicted of a criminal and/or sexual offense as listed in Subsection (h), that individual shall be subject to disciplinary action up to and including termination or ineligibility for volunteer service.

- Fire Department:
  - Fire Chief
  - Deputy Fire Chief
  - Fire Captain
  - Senior Fire Fighter
  - Fire Engineer
  - Fire Fighter
  - Any Fire Department Volunteers

- Police Department:
  - Police Chief
  - Police Lieutenant
  - Police Sergeant
  - Police Officer
  - Code Enforcement Officer
  - Bailiff
  - Crossing Guard
  - Any Police Department Volunteers

- Parks & Recreation Department
  - Parks & Recreation Director
  - Assistant Parks & Recreation Director
  - Recreation Coordinator
  - Recreation Assistant
  - Parks Maintenance Worker
  - Any Recreation Department Volunteers

(h) Procedures. In all cases, the individual being required to submit to a background investigation will be required to sign a waiver allowing the designated third party to obtain the requested information. This waiver, along with personal information about the prospective applicant or volunteer or the current employee or volunteer and their previous education and employment (if applicable), will be forwarded to the City's designated third party administrator. Background investigations required by Syracuse City will be paid for by

Syracuse City and will be conducted in accordance with all Federal and State regulations relative to background investigations.

(i) Results. The primary purpose of all pre-employment and volunteer service background investigations is to verify the information provided by the applicant or volunteer, to ensure that each person hired by or authorized to provide volunteer services for the City is an appropriate fit for both Syracuse City and the position being offered, and to ensure that the City continues to employ or permit volunteer services by individuals who do not pose a threat to those with whom they work or provide services.

(1) Any discrepancy between information provided by the applicant and information obtained through the pre-employment or volunteer service background investigation process will be considered falsification and may end an applicant's consideration for employment.

(2) If a pre-employment or volunteer service background investigation conducted on a prospective employee or volunteer has any of the following discrepancies or criminal history, that individual will not be considered for employment or volunteer service. This list is meant to illustrate possible reasons for denial of employment or volunteer service related to the results of a pre-employment or volunteer service background investigation and should not be construed as an exhaustive list of possible reasons for denial of employment or volunteer service. Any other information obtained from the background investigation process may result in the denial of employment or volunteer service.

(A) Inability to verify and/or authenticate a provided social security number (if applicable);

(B) Inability to verify that educational levels provided match the educational requirements of the position being offered (if applicable);

(C) Any conviction for any crime against minors, seniors, or persons with a disability;

(D) Any felony conviction involving violence;

(E) Any sexual offense conviction;

(3) If a pre-employment or volunteer service background investigation conducted on a prospective employee or volunteer has any of the following discrepancies or criminal history, that individual may or may not be considered for employment or volunteer services and will be evaluated on a case by case basis. This list is meant to illustrate possible reasons for denial of employment or volunteer service. Any other information obtained from the background investigation process may result in the denial of employment or volunteer service.

(A) A felony conviction for driving under the influence of alcohol/drugs (DUI) or other drug or alcohol related driving offense within the past ten (10) years;

(B) Any criminal conviction within the last seven (7) years that is related to drugs and/or alcohol, or the commission of which, in the City's opinion, is indicative of conduct or character inconsistent with that of those entrusted to perform public service, or until such convictions are eligible for expungement, whichever is longer.

(j) Confidentiality. In an effort to ensure that all background investigation results remain confidential, the third party administrator for the Syracuse City background investigation program is only authorized to release results to the Syracuse City Designated Employee Representative (DER). The City's DER is the Human Resources Specialist. After being received by Syracuse City, all background investigation results will be stored in confidential employee files (established for all Syracuse City employees) or, in the case of applicants for whom employment was denied, with the prospective employee's employment application. All information obtained through the background investigation process will remain confidential to the extent required or allowed by law. The DER will determine which person(s) within the City have a need to know the results of the background investigation process.

(k) Maintenance and Release. Background investigation results and other records will be maintained in a secure manner so that disclosure of confidential and/or medical information to unauthorized persons does not occur. Background investigation results may be released in legal proceedings (i.e. unemployment hearing, wrongful termination, etc.). Results can be released to persons representing Syracuse City (i.e. attorneys, workers compensation insurance adjuster, etc.). Employees, former employees, and prospective employees, can request copies of their background investigation results by making a written request to the Syracuse City DER.

13.020. Medical Examinations.

Applicants who have received a contingent offer of employment and current employees may be required, as legally appropriate and as permitted under the Americans with Disabilities Act, to submit to medical examinations. An applicant who has received a contingent job offer may be required to undergo a medical examination to demonstrate ability to safely perform the essential functions of the position for which the employee is being hired. Employment offers are contingent upon satisfactory completion of such examinations. As a condition of continued employment, employees may be required to undergo periodic job-related medical examinations in accordance with applicable legal restrictions and requirements. All medical examinations required by the City shall be paid for by the City in accordance with *Utah Code Ann*. ' 34-33-1, as amended. All records regarding medical examinations of applicants and employees shall be maintained as classified in accordance with the Utah Government Records Access and Management Act, as set forth in *Utah Code Ann*. ' 63-2-101, *et seq*., as amended.

13.030. Driving Record Evaluations.

Any prospective employee or volunteer who may be required to operate a City-owned vehicle or personal vehicle on City business shall be required to submit to a pre-employment driving record evaluation. Pre-employment driving record evaluations shall be conducted with the written consent of the prospective employee. Failure to consent to a driving record evaluation, when required, will preclude employment with the City. Driving record evaluations will be conducted using the information available through the Utah Driver's License Division. If the applicant does not currently have a Utah driver's license, the driving record evaluation will be conducted using the information available through the City's Background Investigation system.

As part of the driver qualification process all drivers or potential drivers' Motor Vehicle Record (MVR) will

be screened and monitored on an ongoing basis to ensure the standard is met and maintained. Drivers will be qualified as “Acceptable” or “Borderline”. Drivers qualified as “Borderline” may be authorized to drive on a probationary basis as determined by the City Manager. Drivers or potential drivers whose record does not meet the driver qualification standard and is deemed “Unacceptable” will not be allowed to operate any City vehicle or personal vehicle while engaged in City business and may be subject to disciplinary action up to and including termination or may not be considered eligible for employment with the City.

All drivers must possess a valid Driver License. Required endorsements, if applicable, must also be maintained. The driver qualification evaluation will be based on the driver’s MVR and may also take into account work related motor vehicle incidents, whether or not the incident has been recorded on the driver’s MVR. All violations recorded on the MVR, whether they occurred on the job or not, are included in the driver qualification evaluation.

“Acceptable” or “Borderline” qualification will be determined using the following criteria. Any number of violations or accidents in excess of the “Borderline” criteria constitutes a failure to meet the driver qualification standard.

ACCEPTABLE

- Up to two (2) violations recorded on the MVR, or
- Up to one (1) at fault work related accident in the prior three (3) years, or
- A combination of one (1) violation on the MVR and one (1) at fault work related accident in the last three (3) years

Borderline

- Three (3) to four (4) violations recorded on the MVR, or
- Two (2) at fault work related accidents in the last three (3) years, or
- DUI or DWI within the last two (2) to five (5) years, or
- Any violation for Careless, Reckless or Distracted driving

Moving Violations	At-Fault Accidents			
	0	1	2	3
0	Acceptable	Acceptable	Borderline	Unacceptable
1	Acceptable	Acceptable	Borderline	Unacceptable
2	Acceptable	Borderline	Unacceptable	Unacceptable
3	Borderline	Unacceptable	Unacceptable	Unacceptable
4	Borderline	Unacceptable	Unacceptable	Unacceptable

A single major violation recorded on the MVR, or resulting from a work related incident, may be deemed “Unacceptable” will not be allowed to operate any City vehicle or personal vehicle while engaged in City business and may be subject to disciplinary action up to and including termination or may not be considered eligible for employment with the City. Major violations include, but are not limited to:

- DUI or DWI in the previous twenty-four (24) months, or
- Failure to stop and/or report an accident, or
- Making a false accident report, or
- Attempting to elude a law enforcement officer, or
- Others as determined by the City Manager

It is the duty of the employee to notify his or her supervisor immediately if his or her driver's license has expired, has been suspended or revoked, or if the employee has committed driving under the influence (DUI) or other alcohol or drug related driving offense.

CHAPTER 14
WORKPLACE SAFETY

14.010. General Policy.
14.020. Occupational Safety and Health Act.
14.030. Safe Environment.
14.040. Inspection of Workplace.
14.050. Safety Rules.
14.060. Use of Equipment and Tools.
14.070. Confined Space Entry.
14.080. Accident Reports.
14.090. Work Related Injuries.
14.100. Workers' Compensation.
14.110. Bringing Children to Work.

14.010. General Policy.

Syracuse City strives to provide a healthy and safe working environment. Safety is largely the use of good judgment and careful work habits. If an employee is unsure how to perform a task safely, he or she should ask his or her supervisor or department head for the correct method or procedure. Failure to follow City safety rules as set forth in this Chapter or any other unsafe conduct constitutes misconduct and shall be subject to disciplinary action, up to and including termination.

14.020. Occupational Safety and Health Act.

(a) Compliance. It is the intent of the City to comply with all applicable rules and regulations pertaining to the Occupational Safety and Health Act ("OSHA") as established under Federal Law and Utah State Law. No job is so important and no service so urgent that time cannot be taken to perform work safely. Syracuse City will post all required OSHA notices in conspicuous places (such as employee bulletin boards or where similar notices are usually posted). Additional information relative to OSHA requirements and safety standards can be obtained from the Human Resources Specialist or applicable State or Federal agency.

(b) Inspections. If an OSHA inspector arrives on the job site, an employee should immediately notify the Human Resources Specialist and City Manager and refer the inspector to such personnel for any questions or inspections. If the inspection was due to an employee complaint, the Human Resources Specialist should request a copy of the complaint. This will help Syracuse City correct any safety problems. Under no circumstances should the information received on an employee complaint be used for disciplinary action toward an employee as this type of action is prohibited by law.

14.030. Safe Environment.

It is the policy of Syracuse City to maintain a work environment which is free from any recognizable hazard that is likely to cause death or serious injury to any employee. It is the City's policy to maintain a safe work environment through planning, training and open communication with all employees regarding safety matters. Each employee is required to comply with OSHA orders, rules, and regulations and all safety provisions of these Policies and Procedures.

It is the employee's responsibility to become familiar with their department specific safety policy and

procedures.

14.040. Inspection of Workplace.

In accordance with law, the City Manager and applicable Department Heads should inspect or designate a competent person or persons to inspect the workplace frequently for unsafe conditions and practices or defective equipment and materials. Where such conditions are found, appropriate action should be taken to correct such conditions immediately. The City Manager, or designee, shall enforce safety regulations and issue such rules as may be necessary to safeguard the health and lives of employees and the public.

14.050. Safety Rules.

Each Department may prepare additional safety rules applicable to the specific nature of work in such Department; provided, such rules are not in conflict with the rules listed below. Employees shall comply with all Department rules and regulations and the following general safety rules applicable to all Departments.

(a) Proper licensing, training and extreme caution are required by all employees operating any type of power equipment.

(b) Employees shall use all necessary personal and mechanical safety equipment appropriate to the job, such as safety glasses, gloves, toe guards, back supports, and hard hats, if required or appropriate for the work performed.

(c) Employees shall avoid wearing loose clothing and jewelry while working on or near equipment and machines. Long hair shall be properly secured.

(d) All accidents shall be reported immediately to the supervisor or department head in accordance with these Policies and Procedures.

(e) Employee's shall immediately cease using and report any defective equipment to the employee's department head or the Human Resources Specialist.

(f) Employees shall not operate equipment or use tools for which licensing and training has not been received.

(g) In all work situations, safeguards required by State and Federal Safety Orders shall be provided and utilized.

(h) Due to the potential risk of serious injury or death, employees are prohibited from entertaining or caring for guests or family members while on-duty or in or around the workplace. Employees should use extreme caution and care when working in inherently dangerous work areas including, but are not limited to:

(1) Road repair;

(2) Construction areas;

(3) Vehicle maintenance areas;

(4) Swimming pools; and

(5) Animal control.

14.060. Use of Equipment and Tools.

(a) The use of Syracuse City equipment or tools for private purposes is strictly prohibited unless otherwise specifically provided herein.

(b) Employees shall be required to attend training provided by the City, including an explanation of job hazards, safety procedures and training on all equipment, tools, etc., necessary for the accomplishment of the employee's job. Employees may attend additional training as approved by the City.

(c) A commercial driver's license (CDL) is required for operators of commercial motor vehicles in accordance with applicable Federal laws and regulations. No individual shall be allowed to operate such vehicles unless a current commercial driver's license is in his or her possession in accordance with applicable Federal laws and regulations. Employees must renew their commercial driver's license as required by applicable Federal laws and regulations. CDL employees shall also be subject to drug and alcohol testing and ongoing driver's license evaluations as more particularly provided in these Policies and Procedures.

14.070. Confined Space Entry.

Syracuse City has a written confined space entry policy for situations and work conditions requiring confined space entry in accordance with applicable Federal laws and regulations. This is part of the Syracuse City Safety Handbook. All employees who work or may potentially work in or near a confined space shall comply with the requirements stated in the Safety Handbook related with confined space.

14.080. Hazardous Communication.

Syracuse City has a written Hazardous Communication policy in compliance with Utah's Right-to-understand law as well as the Globally Harmonized System of classification and labeling of chemicals. All employees shall comply with the requirements stated in the Safety Handbook related with hazardous communication.

14.090. Hazardous Energy Control (Lockout/Tagout).

Syracuse City has a written Hazardous Energy Control policy in compliance with the OSHA-mandated requirements for controlling hazardous energy sources at Syracuse City during the servicing, testing, and/or maintenance of machines and energized equipment. This policy details the locking-out and tagging-out of hazardous energy sources in order to protect the safety and health of maintenance workers and employees. Workers and employees could be injured or killed in the event of the unexpected start-up of machines or equipment or during the release of stored energy. All employees shall comply with the requirements stated in the Safety Handbook related with hazardous energy control.

14.100. Department Specific Safety.

Other safety policies that are specific to duties performed in a department are also included in the Safety Handbook. These may include fall protection, forklift operation, etc. Additional safety measures may be in the form of Standard Operating Procedures (SOP) or Standard Operation Guidelines (SOG) for each department specifically. SOPs/SOGs are not considered a part of the Safety Handbook, but employees in that department are expected to know and understand all safety policies, practices, operations and guidelines for the duties that they are required to perform.

14.110. Accidents/Incidents & Work Related Injuries.

(a) Initial Reporting. To the extent circumstances permit, employees who are injured or involved in a post-accident/incident while on-duty, in connection with employment, or in connection with Syracuse City vehicles must immediately notify their supervisor or department head of the injury/incident. The supervisor or department head should ensure prompt and qualified medical attention is provided for the employee. The supervisor or department head should notify the Human Resources Specialist as soon as possible of the reported injury/incident.

(b) Medical Attention. To the extent circumstances permit, an employee who sustains a work-related injury shall be driven by the supervisor, another employee or emergency personnel to one of the following medical facilities for any necessary medical attention:

(1) Layton WorkMed (during business hours 8AM-5PM) and drug and alcohol screening must be done; or

(2) Syracuse InstaCare (after business hours 5PM-9PM) and supervisor shall call the after-hours WorkMed Phone (801-387-8378) for drug and alcohol screening to be done; or

(3) McKay Dee Hospital Emergency Room (after hours) and supervisor shall call the after-hours WorkMed Phone (801-387-8378) for drug and alcohol screening to be done; or

(4) Nearest Emergency Room, if life threatening.

(c) Drug & Alcohol Screening. An employee who is involved in a work-related incident that involves driving of a Syracuse City vehicle (regardless of anticipated costs) or a work-related incident that is anticipated to exceed $1,000 is required to submit to post-accident/incident drug and alcohol testing as follows:

(1) Employee shall be driven by the supervisor or another employee to Layton WorkMed (during business hours 8AM-5PM) and drug and alcohol drug screening must be done; or

(2) if after business hours the supervisor shall call the after-hours WorkMed Phone (801-387-8378) for drug and alcohol screening to be done

(d) Claims. Claims for work-related injuries, including doctor or hospital bills, should <u>not</u> be submitted to the employee's regular health insurance plan. The Human Resource Specialist will file a claim with Syracuse City's worker's compensation carrier.

(e) Documentation. Documentation of all work related injuries shall be filled out and submitted as soon as reasonably practical following the injury. It is essential that all injuries be reported to the Human Resources Specialist in order to ensure that the proper documentation is filled out in a

timely manner. The following forms shall be filled out by the employee, to the extent practicable under the circumstances, or the Human Resources Specialist if the employee is unable to fill out the forms.

(1) Injury/Incident Report form must be filled out. A separate form must be filled out by the employee, any witnesses and the immediate supervisor. See form in Appendix N.

(2) Form 122. Form 122 must be filled out by the HR Specialist and is submitted to the insurance carrier online while submitting the claim within seven (7) days of the date of injury. A copy of this document will be kept in the injury/illness file for each incident.

(3) OSHA First Report of Injury. An OSHA First Report of Injury Form must be filled out by HR Specialist and filed within seven (7) days after first knowledge or notification of an injury or occupational disease resulting in medical treatment, loss of consciousness, loss of work, restriction of work, or transfer to another job if the illness and/or injury required more than minor first-aid. The original reporting form will be kept in OSHA 300 Log file that will be created for each incident.

(f) The Human Resources Specialist shall investigate reported job related injuries to determine the cause of the injury and any remediation or safety measures that may be taken to avoid similar injuries.

(g) If an employee dies as a result of work related injury, the Human Resource Specialist shall file a report with OSHA within eight (8) hours of first knowledge or notification of the death. The Human Resource Specialist must file a report with OSHA within twenty-four (24) hours of first knowledge of an employee injury resulting in any inpatient hospitalization, any amputation or loss of an eye.

(h) Return to Service. Before returning to work after a job related injury requiring medical care, the employee must submit a statement from the attending physician stating the employee is able to return to work and resume normal duties of the employee's particular job position. Failure to return to work when able to do so may result in disciplinary action, up to and including termination.

(i) Checklist. See Appendix O for a checklist to help employees and supervisors remember steps.

14.100. Workers' Compensation.

Eligible employees may be covered under the Workers' Compensation Act as set forth in *Utah Code Ann.* §§ 34A-2-101, *et seq*., as amended, for any injury sustained during the performance of their job. Compensation may be provided to eligible employees through Workers' Compensation Fund of Utah or third party administrator in accordance with the Workers' Compensation Act.

14.110. Bringing Children to Work.

The City does not have a childcare program at this time. Due to safety and productivity issues, employees are not permitted to bring their children to work with them. This provision does not apply to City-approved organized programs intended to provide children an opportunity to observe the workplace or career opportunities or other educational fieldtrips and tours of the City offices. Limited exception may be made on a case by case basis by the Department Head or City Manager.

CHAPTER 15
DISASTER RESPONSE PLANNING

15.010. General Policy.
15.020. Employee Disaster Notification.
15.030. Natural Disaster Response Plan.
15.040. Man-Made Disaster Response Plan.
15.050. Suspicious Person or Assailant Threats.
15.060. Telephone Bomb Threats.
15.070. Mail, Letter, and Package Bomb Threats.
15.080. Suspicious Article Threats.

15.010. General Policy.

Syracuse City has developed the following Disaster Response Plan using, in part, a Disaster Response Planning Guide. All employees will be expected to adhere to this Disaster Response Plan to the maximum extent possible and practicable.

15.020. Employee Disaster Notification.

Supervisors are responsible for notifying all City employees of the disaster response action to be taken in the event of a disaster or pending disaster to the extent possible.

15.030. Natural Disaster/Man-Made Disaster Response Plan.

Following a natural disaster, the following action shall be taken:

(a) Employees already at work will assess the disaster and take whatever evasive action is deemed necessary within the law to protect themselves, their fellow employees, and the public in general. As soon as practical the employee shall notify his/her supervisor of his/her status and whereabouts.

(b) Employees will be allowed to contact and/or secure their families and homes as soon as practical to ensure their family status and security.

(c) Employees will report to their immediate supervisor, or the next level supervisor, as soon as practical and await instructions as indicated in the Emergency Operation Plan.

(d) All Syracuse City vehicles, equipment, tools, and office items, including telephones and computers, will be used only as directed by an employee's supervisor during an emergency situation.

(e) Employees not at work will contact the City Manager as soon as practical for further instructions.

15.050. Suspicious Person or Assailant Threats.

(a) Syracuse City has developed the following procedures to be followed in the event that a suspicious person or assailant is in the area:

(1) Employees will contact a supervisor and other co-workers through any means to alert them of a threatening situation.

(2) In the presence of an active assailant employees will take the following action:

- Get Out!
- Hide!
- Fight!
- Employee's shall assist one another as practical

(b) Employees shall notify law enforcement as soon as possible. Features and physical characteristics that employees can remember about suspicious persons or assailants will greatly help local law enforcement officials in the apprehension of suspects.

15.060. Telephone Bomb Threats.

(a) An employee receiving a telephone bomb threat should be calm and courteous to the caller. The employee should notify his or her supervisor, or any other employee in the area, using a prearranged signal while the caller is on the line. An example following this procedure would be throwing a pencil or other small item near the supervisor, followed by rapidly waving the arm to get their attention. While on the phone the employee will communicate with the supervisor by using or passing notes, email and/or other means of communication.

(b) Employees shall notify law enforcement as soon as possible. Syracuse City has developed a Bomb Threat Checklist for employees to use. Voice characteristics, background noises, and bomb threat details that employees can remember about suspicious persons or assailants will greatly help local law enforcement officials in the apprehension of suspects. See the checklist in Appendix P.

15.070. Mail, Letter and Package Bomb Threats.

(a) Employees receiving mail at work should visually assess the letter or package and inform his or her supervisor or the City Manager of anything unusual. It is always better to be safe than sorry.

(b) Employees shall notify law enforcement as soon as possible. Features and physical characteristics or other details that employees can remember about suspicious persons or assailants will greatly help local law enforcement officials in the apprehension of suspects.

15.080. Suspicious Article Threats.

Employees should report all suspicious articles to his or her supervisor or the City Manager. Do not touch, pick up, shake, or attempt to move, any articles of a suspicious nature. Employees shall notify law enforcement as soon as possible.

CHAPTER 16
TUITION AID

16.010. Purpose.
16.020. Funds.
16.030. Eligibility.
16.040. Standards.
16.050. Procedure.
16.060. Limitations.
16.070. Compliance.
16.080. Records.

16.010. Purpose.

It is the purpose of this Chapter to provide educational assistance in the form of Tuition Aid to eligible employees for course work taken at an accredited or approved institution, when funds are available, in order to enhance the abilities of the City work force. It is the intent of this Chapter to benefit the individual and to benefit the City through the utilization of the employee's newly acquired skills and knowledge. This Chapter and the Tuition Aid provided herein is not intended to train employees for opportunities with other employers or to provide reimbursement for seminars and professional training.

16.020. Funds.

The City shall allocate in its annual budget funds deemed appropriate for Tuition Aid. All Tuition Aid shall be contingent upon sufficient funds allocated by the City.

16.030. Eligibility.

In order to be eligible for Tuition Aid, employees must be full-time employees of the City in good standing and must have completed their probationary period of employment with the City.

16.040. Standards.

(a) Job Related. All classes, courses, or degrees must be pre-approved by the City and must be reasonably related to the employee's present job or determined by the City to be related to the employee's probable future work with the City. In determining whether the course work is "job related," the City shall consider the knowledge, skills, and abilities required by the employee's current job description.

(b) Accredited Institution. Course work must be offered at a college, university, or accredited educational institution or other institution approved by the City Manager.

(c) Credit. Course work must be taken for credit and completed. No reimbursement shall be made for audits, incomplete, or withdrawals.

(d) Time. Course work must be taken on the employee's own unpaid time. Exceptions may be approved by the City Manager based upon a written statement of the department head that unusual circumstances exist.

(e) Job Performance. An employee's outside educational activities should not interfere with the employee's work and the employee's job performance must remain satisfactory. Unsatisfactory job performance during enrollment may result in denial or forfeiture of education assistance in addition to disciplinary action.

(f) Repayment. Eligible employees must sign a Tuition Aid Repayment Agreement agreeing to repay the City in full for any Tuition Aid in the event the employee voluntarily leaves employment with the City or is terminated for reasons other than reduction in force or job elimination in accordance with the limitations set forth in Section 16.060. Eligible employees shall also agree that the total refund required to be made to the City hereunder may be deducted from the employee's final paycheck from the City.

16.050. Procedure.

(a) Application. Any eligible employee desiring to obtain Tuition Aid shall file a Tuition Aid Application with his or her department head. The Tuition Aid Application shall be filed prior to the commencement of the course. See Appendix Q.

(b) Review. The employee's department head shall review the Tuition Aid Application based upon the standards set forth in this Chapter including review of the employee's eligibility for assistance. The department head shall thereafter recommend approval or denial of the Tuition Aid Application to the City Manager. The City Manager shall review the Tuition Aid Application based upon the standards set forth herein, verify available funds for the request and approve or deny the Tuition Aid Application. Tuition Aid requests by the City Manager shall be forwarded to the City Council for review and approval in accordance with the provisions of this Chapter. In such instances of City Council review, any references herein to City Manager shall refer to the City Council.

(c) Reimbursement. Upon satisfactory completion of the approved course work, a portion of the employee's tuition expenses, fees and books may be reimbursed to the employee as follows:

(1) 90% for an "A" grade (or "pass" if course is only offered as Pass/Fail)

(2) 75% for a "B" grade

(3) 60% for a "C" grade

(4) 0% for lower than a "C" grade

(d) Transcript and Receipt. Prior to reimbursement, the employee must submit to the City Manager, a certified transcript of grade or certificate of completion of the course work and receipts for the actual tuition, fees and book expenses incurred.

16.060. Limitations.

(a) Funds. All Tuition Aid is contingent upon sufficient funds available in the City and/or department budget and shall be distributed on a first-come basis as determined by the date of final approval of the Tuition Aid Application by the City Manager.

(b) Annual Maximum. Eligible employees are limited to a maximum reimbursement of $2,000.00 per employee during any fiscal year (July 1st to June 30th) for tuition, fees and books.

(c) Other Sources. Reimbursement is limited by the amount of financial aid the employee receives from other sources such as grants or scholarships; i.e. the employee is only eligible for reimbursement from the City for the appropriate percentage of the employee's total out-of-pocket costs after the grant or scholarship has been deducted.

(d) Repayment. Employees who voluntarily leave employment with the City or are terminated for reasons other than reduction in force or job elimination shall be required to repay the City in full for any Tuition Aid received from the City within one (1) year prior to the date of termination. Employees who are terminated during enrollment because of a reduction in force or job elimination will be reimbursed for the amount of the approved costs incurred up to the effective date of termination.

16.070. Compliance.

Failure to comply with this Chapter will result in disapproval of Tuition Aid Application and/or nonpayment of the reimbursement as determined appropriate in the sole discretion of the City Manager. Failure to comply may also result in disciplinary action, up to and including termination.

16.080. Records.

A copy of Tuition Aid records shall be retained by the City in accordance with the Government Records Access and Management Act, as set forth in *Utah Code Ann*. §§ 63-2-101, *et seq*., as amended.

CHAPTER 17
TRAVEL, CREDIT CARD, AND REIMBURSABLE EXPENSES

17.010. Travel Costs.
17.020. Credit Card Expenses.
17.030. Vacation/Sick Leave Cash Out for Emergency Preparedness.
17.040. General Expenses.

17.010. Travel Costs.

(a) Purpose. City employees may be permitted or required to attend seminars, meetings, conferences and workshops when it is anticipated that the training and information received by the officer or employee at such events will benefit the City. It is the purpose of this policy to provide reasonable and systematic means by which attendance and travel to such events will be approved and the cost estimated and controlled for economic, budgetary, and auditing purposes. It is the intent of this policy to provide adequate controls over travel expenditures and to maintain accountability for such expenditures while allowing for flexibility.

(b) Budget. The City shall allocate in its annual budget funds deemed appropriate for travel expenditures. Each department head shall be responsible for keeping travel expenditures within his or her respective approved department travel budget.

(c) Eligibility. For purposes of this policy, "travel" shall be considered any in-state or out-of-state trip taken by a City employee in the course of performing his or her duties, including trips to or attendance at seminars, meetings, conferences and workshops. All travel expenditures must be pre-approved by the City as set forth herein. All travel expenditures must be anticipated to serve a bona fide public purpose and confer a benefit upon the City.

(d) Procedures.

(1) Application. An employee desiring to obtain travel funds shall request and receive written approval from his or her department head, stating the purpose, details and estimated expenses of the travel at least two (2) weeks prior to the desired date of departure. Applications for travel by department heads shall be submitted to the City Manager and shall note the name of the person to be in charge of the department during the department head's absence.

(2) Review. The employee's department head shall review the travel request based upon the requirements set forth herein, including review of the department's approved travel budget. The department head may approve or deny the travel request. The City Manager may approve or deny the travel request of any department head.

(3) Advancements. Upon the request of the employee and timely submission of the Travel Application, approved travel expenses may be advanced.

(4) Receipts. The traveling employee shall document expenses of the trip and keep all original receipts and credit card receipts, provided that receipts for meals covered by the per diem compensation and fuel purchased with the City fuel card shall not be required.

(5) Documents. An expense report indicating the actual expenses of the trip together with all original required receipts shall be submitted to the City Manager within thirty (30) days after the event in order to receive any payment or refund. Except for per diem advancements, if less money was spent than was advanced, a reimbursement check made payable to the City for the difference shall be attached. Except for per diem advancements, if more money was spent than was advanced, a voucher request for the difference to be paid to the employee shall be attached.

(6) Summary. The City Manager, Mayor or Council may request a written summary or an oral report on all seminars, workshops, conferences or conventions attended by employees.

(e) Mode of Transportation. With the approval of his or her Department Head, employees are responsible for arranging their own transportation. The most economical form of transportation shall be used considering factors such as the cost of the transportation and the amount of time required. If any employee chooses a more costly form of transportation, the City will pay the lesser cost of the two forms, and the per diem rate shall be based upon the amount of time it would have taken under the less costly form of transportation. If extra time is needed for the more costly form of transportation, the employee shall use vacation or compensatory time for the excess time needed to reach the destination.

(f) Costs. Employees are encouraged to utilize the lowest cost travel arrangements possible. Airline reservations should be made, whenever possible, at least thirty (30) days in advance. If a reduced airfare is offered for a stay over a Saturday night, and the reduced rate more than compensates for additional lodging and per diem costs, the employee is encouraged to stay over the additional night. The government or corporate rate should be requested at all hotels.

(g) Permitted Expenses. The following allowances and payments may be made for travel expenses.

(1) Transportation. The City may pay for the cost of the most economical form of transportation. Employees traveling in a private vehicle will be reimbursed per mile and per vehicle at the current reimbursement rate permitted by the Internal Revenue Service. Employees traveling in a City vehicle will be reimbursed for the actual cost of gasoline and any incidental and necessary costs incurred in connection with such vehicle. Gasoline and other incidental and necessary cost receipts must be provided for reimbursement.

(2) Meals. The City may pay employees a per diem amount to cover the cost of meals during travel or training. The maximum daily per diem allowance for Syracuse City employees engaged in travel in-state on the City's behalf is thirty-nine dollars ($39.00). The maximum daily per diem allowance for Syracuse City employees engaged in travel out-of-state on the City's behalf is forty-six dollars ($46.00). Employees shall be provided the following standard per diem rate for meals when in-state travel requires less than a full day: $10.00for breakfast (when departing before 6:00 a.m.); $13.00 for lunch; and $16.00 for dinner (when returning after 7:00 p.m.). Employees shall be provided the following standard per diem rate for meals when out-of-state travel requires less than a full day: $10.00 for breakfast (when departing before 6:00 a.m.); $14.00 for lunch; and $22.00 for dinner (when returning after 7:00 p.m.). It is the policy of the city to comply with the provisions of *Utah Code R25-7-6,* regarding reimbursement for meals.

(3) Fees. The City may pay the actual and reasonable cost of registration and other fees for seminars, workshops, conferences, and conventions.

(4) Ground Transportation. The City may pay the reasonable and necessary costs for ground transportation, including airport shuttle, taxi cab, rental car, and parking lot fees.

(5) Lodging. If an employee is traveling outside of Weber, Davis and Salt Lake Counties for City business, the employee may stay overnight. The City may pay for the reasonable and necessary costs of lodging if an overnight stay is required. Traveling employees shall choose lodging based on pricing, location, and government rates. When possible, employees shall lodge at the conference sponsored hotel that offers a government rate. Traveling employees may elect to stay with friends, relatives, use their personal campers or trailer homes instead of staying in a motel/hotel. The City will compensate the employee fifty percent (50%) of the lowest total cost of the conference sponsored hotel price.

(6) Miscellaneous. The City may pay for other miscellaneous costs as deemed reasonable and necessary by the City Manager.

(7) Personal Expenses. Employees traveling on City business, including employees traveling with a spouse or other companion, shall strictly distinguish expenses incurred as part of City business from personal expenses. The City will provide reimbursement only for those expenses which the employee would normally incur if traveling alone. For example, the City will pay for the employee's lodging at the single room rate and the employee shall be required to pay for any additional double occupancy lodging charge or upgrade. The City shall not pay for personal expenses such as telephone charges, personal transportation charges, room service charges, etc.

17.020. Credit Card Expenses.

(a) Purpose. In order to ensure the proper use and accountability of tax payer dollars, the following credit card policies are to be followed when using Syracuse City Credit Cards to expend City funds. Compliance with the policy is the obligation of each City employee. Failure to follow the policy may result in disciplinary action up to and including termination as described below. Questions regarding the policy are to be directed to the Finance Director.

(b) Tax Exempt. Most City purchases are not subject to sales tax. For vendors requiring documentation of tax exempt status, a TC-721G Exemption Certificate for Governments and Schools may be obtained from the Finance Director. Lodging charges in Utah are subject to sales tax. It is the cardholder's responsibility to ensure sales tax is only paid when required.

(c) Cardholder Responsibilities. It is the responsibility of the cardholder to:

(1) Read and understand the City Credit Card Policies and Procedures.

(2) Sign the Syracuse City Credit Card Acceptance Agreement. (See Appendix R)
(3) Make only authorized purchases as prescribed by the City Purchasing Policy and approved departmental budget.

(4) Retain receipts for all transactions. In the absence of a receipt, a Missing Receipt Form must be completed and signed by the cardholder and their Department Head. (See Appendix S). This form can also be found in the policy manual or on the City Intranet.

(5) Reconcile the credit card statement upon its arrival. All reconciliations, statements, and receipts are due to Accounts Payable by the 10th of the following month.

(6) Keep the credit card and the corresponding account information secure. Immediately report any lost or stolen credit card and/or account information to the Finance Director.

(7) Report fraudulent charges or any discrepancies in the credit card statement in a timely manner to the Finance Director.

(d) Department Head or Supervisor Responsibilities. It is the responsibility of the Department Head or Supervisor to:

(1) Request and oversee the issuance of new cards through the Finance Director. The credit limit will be determined at the discretion of the Finance Director.

(2) Inform the Finance Director when changes and cancellations are needed because of personnel changes.

(3) Make sure credit card reconciliations are completed by the 10th of each month.

(4) Review the cardholder's reconciliation and transactions for completeness, accuracy, and compliance with Syracuse City policies and procedures.

(5) Address the cardholder about questionable transactions and take disciplinary actions when necessary

(6) Report any misuses of credit cards immediately to the Finance Director and/or the City Manager

(7) Sign the reconciliation form for each cardholder after review

(e) Prohibited Credit Card Purchases. The following purchases are strictly prohibited from being purchased by using a City credit card:

(1) Purchase of items for personal use or consumption

(2) Purchasing in violation of the City Purchasing Policy

(3) Alcohol

(4) Utah State Tax, except on lodging charges

(5) Fuel for fleet vehicles unless traveling outside of Utah. The state gas card should be used for fuel purchases.

(6) Splitting a purchase to remain under purchasing policy limits

(f) Disciplinary Action for Improper Use. Any employee found to be in violation of these policies may be subject to disciplinary action including but not limited to suspension of credit card, repayment of unauthorized charges, and/or termination of employment.

17.030. Vacation/Sick Leave Cash Out for Emergency Preparedness.

Once per fiscal year, Full-Time employees may purchase pre-approved emergency preparedness items and be reimbursed up to two hundred and fifty dollars ($250.00) by cashing out Vacation or Sick Leave. The employee must have a remaining balance of one-hundred and sixty (160) hours of accrued sick leave after the cash out is complete. The employee must submit an Emergency Preparedness Cash-Out form along with original receipts to his or her Department Head for approval. (See Appendix T) The Department Head will submit the form to the Finance Director and Human Resources for processing. The determination as to whether or not the Cash Out will be approved will be based on the availability of funds and will be re-evaluated on an “as needed” basis. Pre-approved emergency preparedness items include:

(a) Bottled Water

(b) Non-Perishable Food

(c) Water Storage

(d) 72 Hour Kit

(e) Generator

(f) Portable Fuel & Cooking Equipment (BBQ Grill not included)

(g) Battery-Powered Radio

(h) Batteries

(i) Flashlight

(j) First Aid Kit

(k) Whistle

(l) Duct Tape

(m) Can Opener

(n) Fire Extinguisher

(o) Compass

(p) Matches

(q) Multi-Purpose Tool (e.g. Leatherman or Swiss Army Knife)

(r) Emergency Blanket

(s) Fire Escape Ladder

(t) Two-Way Radios

(u) Rain Gear

(v) Dust Masks

(w) Local Maps

(x) Water Purification Systems/Devices

(y) Disposable Hand/Foot Warmers

(z) GPS Devices

(aa) Sleeping Bags

(bb) Tent

(cc) Backpacks/Duffel Bags

(dd) Toiletry/Personal Sanitation Supplies (e.g. toilet paper, personal wipes, transportable emergency toilet, etc.)

(ee) Emergency Heater/Portable Propane Heater

17.040. General Expenses.

With prior approval for purchase, legitimate expenses will be reimbursed by Syracuse City to the employee. Receipts are required to reimburse the employee. Reimbursement may be in the form of petty cash, direct deposit, or a separate check. Records must be kept reflecting the amount of reimbursement each employee has received. An expense for meals, beverages, snacks, etc. for meetings shall not be paid for with City funds and may not be reimbursed unless pre-approved by the City Manager. Examples of situations that may be approved include but are not limited to, a business lunch with an outside consultant who is providing information, advice or other business matters, a working lunch during an emergency or urgent project that requires staff to continue working, a training seminar.

Chapter 18 (Vehicle Use) is still being worked on.

CHAPTER 19
COMPUTERS AND EQUIPMENT USE

19.010. Equipment and Supplies.
19.020. Removal of Equipment.
19.030. Technology Resources.
19.040. Computers, Email and Internet.
19.050. Prohibited Computer Use.
19.060. Postage Meters.
19.070. FAX and Copy Machines.
19.080. Land-Line Telephones.
19.090. Cellular Phones.
19.100. Termination.

19.010. Equipment and Supplies.

All employees are charged with the responsibility of maintaining the City's property in the best possible condition and making the most economical use of supplies issued to them. All employees are charged with using and operating City equipment and property according to established protocol, including operating equipment in a safe and courteous manner.

19.020. Removal of Equipment.

No City owned, leased, or licensed equipment may be removed from City premises without prior approval from the employee's department head.

19.030. Technology Resources.

To help maximize its employees' efficiency in carrying out their responsibilities, Syracuse City provides various information and technology resources such as e-mail, computers, software/computer applications, networks, the internet, facsimile machines, cell phones, pagers, and other wireless communication devices and voice mail systems. These tools and equipment are City property and must be used in accordance with these Policies and Procedures.

19.040. Computers, Email and Internet.

The City provides computer and internet access to designated employees for their use to transact City business. The following rules and restriction shall govern any and all use of City computers, email and internet.

(a) Personal use of computers, internet and email is only allowed during non-working hours, such as breaks and lunch periods, and is subject to the restrictions and conditions of this Chapter. Employees shall keep personal email and other electronic correspondence to a minimum and in no event shall such personal use of computers, internet and email interfere with the employee's work or productivity or disrupt other employees.

(b) To prevent computer viruses and other network problems, employees are prohibited from any unauthorized downloading of any software. Only software which has been purchased and approved by Syracuse City may be loaded or used on any of the City's computers.

(c) Employees are prohibited from accessing or visiting any websites or receiving or sending any email information which would be considered offensive by community standards; including, but not limited to, pornographic or sexually explicit information.

(d) Employees shall not use City computers or equipment for personal gain, including, but not limited to, personal for-profit and not-for-profit business purposes, political activity, or any other activity that could be considered a violation of these policies and procedures.

(e) City computers are the sole property of the City and may be subject to monitoring at any time without notice. Any information or messages created or retrieved over the internet or through email on City computers, and the contents of all City computers, is considered the property of the City. The City retains the right to observe, record, access and review any transactions made on City computers, including, but not limited to email messages, websites, etc. When using the email or voicemail systems, and other equipment including City computers, the employee knowingly and voluntarily consents to being monitored and acknowledges the City's right to conduct such monitoring. The security of email and voicemail communications is not guaranteed.

(f) Certain electronic data may be considered a "record" subject to access pursuant to the Utah Governmental Records Access and Management Act, as set forth in *Utah Code Ann*. §§ 63-2-101, *et seq*., as amended, or discoverable in litigation under applicable Rules of Civil Procedure.

(g) Abuse of email, voicemail and computer systems shall subject the employee to disciplinary action, up to and including termination.

19.050. Prohibited Computer Use.

The City will not tolerate inappropriate or illegal use of electronic data, equipment or information and reserves the right to take appropriate disciplinary action as needed, up to and including termination of employment for any violations of this Chapter. Such inappropriate or illegal use of these resources includes, but is not limited to, the following:

(a) hacking;

(b) pirating software and/or video files;

(c) soliciting;

(d) distributing literature for outside entities;

(e) sending or forwarding inappropriate emails; including, but not limited to, offensive, harassing, disparaging, vulgar, obscene, slanderous, defaming or threatening communications;

(f) accessing, viewing, or downloading inappropriate web sites, i.e., sites advocating hate or violence, displaying pornographic or sexually explicit material, or promoting illegal activity;

(g) distributing confidential information to persons or entities that are not entitled to such information;

(h) storing or placing unlawful information on City computers or network;

(i) copying system files, programs or data without proper authorization;

(j) disseminating, printing or copying copyrighted materials including articles and software in violation of copyright laws;

(k) using abusive or otherwise objectionable language in either public or private messages;

(l) sending or forwarding messages that are likely to result in the loss of the recipient's work or system use;

(m) sending or forwarding "chain-letters," jokes or lists or any other type of use that would cause congestion or disrupt the operation of the networks or otherwise interfere with the work of others;

(n) decryption of system or user passwords; or

(o) creating, distributing, viewing or soliciting sexually oriented messages, materials or images.

19.060. Postage Meters.

No employee shall be allowed to use Syracuse City owned postage metering machines at any time for posting and mailing of any material other than those associated with official business of Syracuse City.

19.070. FAX and Copy Machines.

Employees may use City fax and copy machines for limited personal use subject to supervisor approval. Employees shall pay for such use at the employee rate which is in effect at the time of use.

19.080. Land-Line Telephones.

Telephones are to be used to conduct Syracuse City business. Long distance or toll calls using City land lines of a personal nature are prohibited. Although occasional, limited local personal telephone calls are permitted, they should be kept to a minimum in time and frequency and should not interfere with work performance of the employee and his or her co-workers.

19.090. Cellular Telephones.

Only those employees authorized by their department head and/or the City Manager are authorized to have a City-issued cell phone. The level of monthly service for such City-issued cell phone shall be commensurate with the amount of City business conducted and needed by the employee. The primary purpose of all City-issued cell phones shall be to facilitate City business. The City will allow limited personal use of City-issued cell phones, though personal use of City cell phones shall not be excessive and shall not interfere with the performance of job duties. The City reserves the right to monitor the billing and use of all City-issued cell phones. By accepting the use of a City-issued cell phone, the

employee also understands that excessive use of the cell phone that hinders job performance may result in disciplinary action. Cellular transmissions can be overheard by others. Discretion should be used in discussing confidential information on a cell phone. Employees, who are authorized to use a City-issued cell phone, shall agree to be readily available to take calls, respond to e-mails and text messages during working hours. Employees, who are authorized to use their personal phone for work purposes shall use best judgment when taking calls, responding to e-mails and text messages outside of his or her working hours to ensure that he or she is not working unreasonable or unapproved overtime. Employees may not use their personal phones for work purposes during periods of unpaid leave without authorization from his or her Department Head. Employees are responsible for taking reasonable precautions to prevent theft and/or vandalism of cellular equipment. An employee who violates the conditions of these policies relating to cell phones and usage will be subject to having the use of his or her City-issued cell phone terminated. In addition, employees may be subject to disciplinary action, up to and including termination, for any violation of these policies.

19.100. Bring Your Own Phone (BYOP) Policy

Employees that would otherwise be given a City cell phone/smart phone may elect to use a personal cell phone/smart phone for City business if authorized by his or her Department Head and the City Manager. Employees who have not received authorization in writing from his or her Department Head and the City Manager will not be permitted to use personal phones for work purposes. Failure to comply with this policy may result in disciplinary action, up to and including termination of employment.

While at work, employees are expected to exercise the same discretion in using their personal phones as is expected for the use of City phones as defined in this chapter.

Employees, who are authorized to use their personal phone for work purposes shall agree to be readily available to take calls, respond to e-mails and text messages during working hours. Employees, who are authorized to use their personal phone for work purposes shall use best judgment when taking calls, responding to e-mails and text messages outside of his or her working hours to ensure that he or she is not working unreasonable or unapproved overtime. Employees may not use their personal phones for work purposes during periods of unpaid leave without authorization from his or her Department Head.

No employee using his or her personal phone should expect any privacy except that which is governed by law. The City has the right, at any time, to monitor and preserve any communications that use the City's networks in any way; including data, voice mail, and email, to determine proper use. Management reserves the right to review or retain personal and company-related data on personal phones or to release the data to government agencies or third parties during an investigation or litigation

(a) BYOP Stipend. Employees authorized to use personal phones under this policy will receive an agreed-on quarterly stipend as approved by the City Manager. If an employee obtains or currently has a plan that exceeds the monthly stipend, the employee shall be responsible for any and all remaining amounts and the City will not be liable for the cost difference. Under no circumstances shall the City be responsible for any late fees or like charges.

(b) Lost, Stolen, Hacked or Damaged Equipment. Employees are expected to protect personal phones used for work-related purposes from loss, damage or theft. Employees must immediately notify management in the event their personal phone is lost, stolen or damaged to ensure any City data is protected. If IT is unable to repair the phone, the employee will be responsible for the cost of replacement.

(c) Termination of Employment. Upon resignation or termination of employment, or at any time on request, the employee may be asked to produce the personal phone for inspection. All company data on personal phones will be removed by IT upon termination of employment.

19.110. Termination.

Employees will be required to return all City-issued equipment to the Department Head or his or her designee upon termination of their employment. Failure to return City-issued equipment upon termination will be considered theft and may be subject to prosecution.

CHAPTER 20
PERFORMANCE EVALUATIONS

20.010. General Policy.
20.020. Performance Evaluation Periods.
20.030. Performance Evaluations.
20.040. Records.
20.050. Performance Tracking

20.010. General Policy.

It is the policy of Syracuse City to evaluate City employees regarding their work performance in accordance with the City adopted performance evaluation system and the provisions of this Chapter. Performance evaluations are intended to improve the performance of employees by providing meaningful, constructive feedback on the adequacy of performance.

20.020. Performance Evaluation Periods.

(a) Probationary Employees. Probationary employees shall be evaluated at the next scheduled annual evaluation period following their one (1) year anniversary and may also be evaluated at any other time deemed necessary by the Supervisor and/or Department Head. The performance evaluations for probationary employees may be used to provide information to both the employee and the City regarding the employee's performance. Performance evaluations and the results of such evaluations for probationary employees shall not obligate Syracuse City to a particular course of action relative to the probationary employees, nor shall it create any property or due process rights for such employees relative to their employment with the City.

(b) Employees. All employees, other than temporary or seasonal employees, shall receive performance evaluations on an annual basis. The evaluation period for these annual reviews will be the previous calendar year (January 1 to December 31). The annual performance evaluations shall be conducted and completed by the employee's direct supervisor. Annual performance evaluations must be completed and submitted by the supervisors to the Human Resources Specialist on or before March 1 of each year. Additional evaluations may be made at any time at the discretion of the supervisor or department head or when directed by the Human Resources Specialist.

20.030. Performance Evaluations.

Employees shall be evaluated by his or her immediate supervisor in accordance with the City approved performance evaluation system and approved performance criteria. Performance evaluations should consist of a written evaluation form as well as an in-person interview. Performance evaluations may be used in decisions concerning advancement, future training needs, performance related salary adjustments and disciplinary actions.

20.040. Records.

Performance evaluation records shall be maintained in the employee's personnel file. Such records shall be maintained and accessed in accordance with the Utah Governmental Records Access and Management Act as set forth in *Utah Code Ann*. §§ 63-2-101, *et seq*., as amended.

20.050. Performance Tracking.

Department Heads and/or Supervisors shall from time to time enter Significant Incident Reports (SIRs), whether positive and/or negative, into the City's evaluation system in order to track the employee's performance throughout the year.

CHAPTER 21
GRIEVANCES

21.010. Grievances.
21.020. Informal Grievance Procedures.
21.030. Formal Grievance Procedures.
21.040. Appeal.
21.050. Retaliations.
21.060. Records.

21.010. Grievances.

Employees may appeal a decision or disciplinary action by the City which affects his or her employment (other than suspension, demotion or dismissal which are governed by appeal provisions of Chapter 22) pursuant to the provisions set forth herein. These guidelines should not be construed as preventing, limiting or delaying the City from taking disciplinary action, including immediate termination, in circumstances where the City deems such action appropriate. Except as required by State or Federal law, the grievance procedures provided herein shall be exhausted prior to seeking alternative remedies.

21.020. Informal Grievance Procedures.

Employees are encouraged to resolve their grievances at the lowest administrative level possible. An employee with a grievance may first attempt to settle the matter informally through discussion with his or her supervisor. The supervisor should review the matter and conduct an investigation as deemed appropriate under the circumstances. If the employee does not believe the problem has been satisfactorily resolved within ten (10) days after the circumstances are first discussed informally with the supervisor, or any time prior thereto, the employee may pursue formal grievance procedures as provided herein.

21.030. Formal Grievance Procedures.

(a) Complaint. An aggrieved employee may file a formal written grievance with the Human Resources Specialist within ten (10) days from the date of the event giving rise to the grievance or within ten (10) days from the date the employee has knowledge, or should have knowledge, of the event giving rise to the grievance. Grievances shall be filed using an Employee Grievance Form as provided by the City (See Appendix T). The time for filing a formal written grievance shall be extended during the time for which informal grievance procedures are pursued; provided, such time shall not exceed thirty (30) days. If the grievance involves the Human Resources Specialist, the grievance may be filed with the City Manager, in which case all references herein to Human Resources Specialist shall refer to City Manager.

(b) Investigation and Recommendation. Upon receipt of a grievance, the Human Resources Specialist shall review and investigate the matter as deemed appropriate under the circumstances. Upon completion of review and investigation, the Human Resources Specialist shall prepare a written recommendation to the City Manager regarding the matter.

(c) Decision. The City Manager should, within a reasonable time from receipt of the recommendation from the Human Resources Specialist, prepare and provide the employee written notice of his or her final decision in the matter.

21.040. Appeal.

An employee aggrieved by a final decision of the City Manager regarding a formal grievance filed hereunder may appeal such decision to the City Council by filing a written appeal stating the grounds therefore with the City Recorder within ten (10) days from the date of the decision. Only the issues presented in the original grievance may be considered on appeal. The City Council shall conduct a review of the matter reviewing the City Manager's decision for correctness. The City Council shall prepare and provide to the employee written notice of its final decision in the matter within a reasonable time from receipt of the appeal.

21.050. Retaliations.

Employees are entitled to bring good faith grievances hereunder without fear of retaliation. The City shall not discriminate against an employee because that individual made a grievance complaint, or has testified, assisted, or participated in any manner in an investigation, proceeding, or hearing to enforce any provision herein. No person shall coerce, intimidate, threaten, harass or interfere with any individual in the exercise or enjoyment of the exercise of any right granted or protected herein. Employees are further protected under the provisions of the Utah Protection of Public Employees Act, more commonly known as the "Whistle Blower's Act," as set forth at *Utah Code Ann*. ' 67-21-1, *et seq*., as amended.

21.060. Records.

The City shall maintain records pertaining to employee grievances filed hereunder and records pertaining to an appeal of such grievances in accordance with the Utah Government Records Access and Management Act as set forth in *Utah Code Ann*. §§ 63-2-101, *et seq*., as amended. No document relating to an employee grievance shall be placed in the employee's personnel file.

CHAPTER 22
DISCIPLINARY ACTION

22.010. General Conduct.
22.020 Responsibility for Discipline.
22.030. Levels of Discipline.
22.040. Investigation.
22.050. Administrative Leave.
22.060. Verbal Warning.
22.070. Written Reprimand.
22.080. Probation.
22.090. Suspension.
22.100. Demotion.
22.110. Dismissal.
22.120. Pre-Disciplinary Action Hearing.
22.130. Disciplinary Action.
22.140. Appeals.

22.010. General Conduct.

It is the responsibility of all employees of the City to conduct themselves in accordance with the City's policies, rules and regulations and to perform their work in a satisfactory manner. Employees are expected to conduct themselves in a professional and competent manner and to be courteous and cooperative at all times with fellow employees, supervisors and the public. Any action or conduct not in accordance with City policies or in violation of any City rule or regulation shall be subject to disciplinary action up to and including termination.

22.020. Responsibility for Discipline.

The basic responsibility for discipline lies with the employee's supervisor under the direction of the City Manager, provided that any disciplinary action involving suspension, probation, demotion or dismissal shall require a pre-disciplinary action hearing and prior review and approval of the City Manager in accordance with the procedures set forth herein. In addition, any dismissal of an employee shall comply with City Ordinances regarding Mayor and/or City Council approval, as more particularly set forth in Title 1 of the Syracuse Municipal Code.

22.030. Levels of Discipline.

When there are grounds for discipline, an employee shall be subject to appropriate disciplinary action, based upon the particular facts and circumstances of each case. Disciplinary action may include one or more of the following: verbal warning, written reprimand, suspension with or without pay, probation, demotion and dismissal.

22.040. Investigation.

Prior to any disciplinary action or recommendation of any disciplinary action, the alleged misconduct and related circumstances shall be investigated by the employee's immediate supervisor and/or the Human Resources Specialist. When deemed appropriate, any investigation may also be conducted by an outside investigator hired by the City. The investigation shall be conducted to the extent

deemed necessary and appropriate under the circumstances. Such investigation should provide the employee with an opportunity to respond verbally and/or in writing to the alleged claims.

22.050. Administrative Leave.

In the event of an emergency, or when otherwise deemed appropriate and necessary pending full investigation of alleged violations of an employee, the City Manager, or his or her designee, may temporarily relieve an employee from duty, with pay, or temporarily reassign the employee to another position at the same rate of pay. Such temporary relief from duty with pay shall be considered administrative leave and shall not preclude subsequent disciplinary action against the employee. The Department Head shall fill out the Administrative Leave Form (see Appendix U) and turn into the Human Resource Specialist.

22.060. Verbal Warning.

After investigation of the alleged misconduct in accordance with Section 22.040, whenever grounds for disciplinary action exist and the supervisor determines that more severe action is not required, the supervisor may verbally communicate to the employee the observed deficiency. Written documentation of the warning shall be prepared by the supervisor using the City's Disciplinary Action Form setting forth the date, time, circumstances and grounds for the discipline, and the date, time and circumstances of the verbal notice. The Disciplinary Action Form, along with a Signification Incident Record (SIR) shall be signed by the supervisor, the Human Resources Specialist and the employee. If the employee refuses to sign the form, the supervisor shall note such refusal in writing on the form. All disciplinary action documentation shall be filed and maintained with the employee's personnel records and input into the evaluation system as a SIR. Failure to remedy the deficiency described in a verbal warning may result in additional disciplinary action being taken.

22.070. Written Reprimand.

After investigation of the alleged misconduct in accordance with Section 22.040, whenever grounds for disciplinary action exist and the supervisor determines that more severe action is not required, the supervisor may reprimand an employee in writing. Written reprimands shall be prepared by the supervisor using the City's Disciplinary Action Form setting forth the date, time, circumstances and grounds for the discipline (See Appendix V). The Disciplinary Action Form, along with a Signification Incident Record (SIR) shall be signed by the supervisor, the Human Resources Specialist and the employee. If the employee refuses to sign the form, the supervisor shall note such refusal in writing on the form. All disciplinary action documentation shall be filed and maintained with the employee's personnel records and input into the evaluation system as a SIR, Failure to remedy the deficiency described in a written reprimand may result in additional disciplinary action being taken.

22.080. Probation.

Whenever grounds for disciplinary action exist and the supervisor determines that the circumstances of the conduct justify more severe disciplinary action, the supervisor may recommend to the City Manager an employee be placed on disciplinary probation for a period not to exceed six (6) months. Written notice of such recommendation shall be prepared by the supervisor and submitted to the City Manager including a detailed statement of the date, time, circumstances and grounds for the recommended disciplinary action and the investigation conducted. The purpose of disciplinary probation is to provide a period during which the employee's performance is carefully monitored and evaluated. Upon receipt of a supervisor's recommendation for probation, the City Manager shall determine the

appropriate disciplinary action to be taken, if any. Probationary status shall not preclude any other disciplinary action being taken against the employee as deemed appropriate. Any probationary period may be extended by the City Manager for a period of time not to exceed three (3) months upon written notice to the employee. Any disciplinary action taken against an employee on probation, other than verbal or written reprimand, shall comply with the due process procedures set forth in Section 22.120 regarding pre-disciplinary action hearings and shall be subject to applicable appeal procedures set forth in Section 22.140.

22.090. Suspension.

After investigation of the alleged misconduct in accordance with Section 22.040, whenever grounds for disciplinary action exist and the supervisor determines that the circumstances of the conduct justify more severe disciplinary action, the supervisor may recommend to the City Manager an employee be suspended, with or without pay, for a period of time not to exceed fifteen (15) calendar days. Written notice of such recommendation shall be prepared by the supervisor and submitted to the City Manager and should include a detailed statement of the date, time, circumstances and grounds for the recommended disciplinary action and the investigation conducted. Upon receipt of a supervisor's recommendation for suspension, the City Manager shall follow the due process procedures set forth in Section 22.120 regarding pre-disciplinary action hearings and determine the appropriate disciplinary action to be taken, if any, in accordance with procedures set forth in Section 22.130. Any employee suspended with or without pay shall be responsible for making full employee contributions to his or her employee medical insurance benefits no later than the regularly scheduled pay day and must be available to work during all regular business hours if the suspension is with pay. Any employee who is suspended without pay for more than two (2) days may appeal such suspension to the Employee Appeal Board in accordance with the appeal procedures set forth in Section 22.140.

22.100. Demotion.

Whenever grounds for disciplinary action exist and the supervisor determines that the circumstances of the conduct justify more severe disciplinary action, the supervisor may recommend to the City Manager an employee be demoted. Written notice of such recommendation shall be prepared by the supervisor and submitted to the City Manager and should include a detailed statement of the date, time, circumstances and grounds for the recommended disciplinary action and the investigation conducted. Upon receipt of a supervisor's recommendation for demotion, the City Manager shall follow the due process procedures set forth in Section 22.120 regarding pre-disciplinary action hearings and determine the appropriate disciplinary action to be taken, if any, in accordance with procedures set forth in Section 22.130. Any employee who is demoted may appeal such demotion to the Employee Appeal Board in accordance with the appeal procedures set forth in Section 22.140.

22.110. Dismissal.

Except as otherwise provided by Ordinance for appointed officers and department heads, whenever grounds for disciplinary action exist and the supervisor determines that the circumstances of the conduct justify more severe disciplinary action, the supervisor may recommend to the City Manager an employee be dismissed. Written notice of such recommendation shall be prepared by the supervisor and submitted to the City Manager and should include a detailed statement of the date, time, circumstances and grounds for the recommended disciplinary action and the investigation conducted. Upon receipt of a supervisor's recommendation for dismissal, the City Manager shall follow the due process procedures set forth in Section 22.120 regarding pre-disciplinary action hearings and determine the appropriate disciplinary action to be taken, if any, in accordance with procedures set forth in Section

22.130. In addition, any dismissal of an employee shall comply with City Ordinances regarding Mayor and/or City Council approval, as more particularly set forth in Title 1 of the Syracuse Municipal Code. Any employee who is dismissed may appeal such dismissal to the Employee Appeal Board in accordance with the appeal procedures set forth in Section 22.140.

22.120. Pre-Disciplinary Action Hearing.

Upon receipt of a supervisor's recommendation of disciplinary action involving suspension, demotion or dismissal, the City Manager shall review and investigate the matter as deemed appropriate and shall hold a pre-disciplinary action hearing. The purpose of the pre-disciplinary action hearing is to provide the employee with notice and an opportunity to respond to the alleged violations and proposed disciplinary action. The City Manager shall provide the employee with written notice of the date and time of the pre-disciplinary action hearing and shall provide the employee with a copy of the supervisor=s letter recommending the proposed disciplinary action and stating the grounds therefore. The employee shall receive timely notice of the pre-disciplinary action hearing, overview of allegations and the proposed disciplinary action.

22.130. Disciplinary Action.

After the pre-disciplinary action hearing, the City Manager shall provide the employee with written notice of his or her final decision stating the disciplinary action to be taken, if any, the effective date of the disciplinary action, the grounds for the action, and the employee=s right to appeal the same. In addition, the City Manager shall document the disciplinary action using the City's Disciplinary Action Form. The Disciplinary Action Form shall be signed by the City Manager, the Human Resources Specialist and the employee. In instances of dismissal, the Disciplinary Action Form shall also be signed by the Mayor. If the employee refuses to sign the Disciplinary Action Form, the City Manager shall note such refusal in writing on the form. In determining the type and severity of the disciplinary action, the City Manager may consider aggravating and mitigating circumstances, which include, but are not limited to: the repeated nature of misconduct; prior disciplinary action imposed; the severity of the misconduct; the employee's work record; the effect of the misconduct on City operations; and/or the potential of the misconduct to harm persons or property.

22.140. Appeals.

Except as otherwise provided herein, or other applicable law, all appointed officers and employees of the City shall hold their employment without limitation of time, being subject to suspension without pay for more than two (2) days, demotion, or dismissal only as provided in *Utah Code Ann*. ' 10-3-1106, as amended. As provided in Section 2-6-2 of the Syracuse Municipal Code, the following officers and employees are not covered by the provisions of this Section: police chief, deputy police chief, fire chief, deputy or assistant fire chief, department heads, deputy of department head, superintendents, probationary employees, part-time employees, temporary or seasonal employees, or officers appointed by the Mayor or other person or body exercising executive power in the City. All other appointed officers or employees ("covered employees") who are suspended without pay for more than two (2) days, demoted, or dismissed shall have the right to appeal such suspension, demotion or dismissal to the City Appeals Board in accordance with Section 2-6-3 of the Syracuse Municipal Code and the provisions of *Utah Code Ann*. ' 10-3-1106, as amended. All other disciplinary actions may be appealed in accordance with the grievance procedures set forth in Chapter 21.

CHAPTER 23
TERMINATION OF EMPLOYMENT

23.010. Types of Termination.
23.020. Voluntary Termination Procedures.
23.030. Involuntary Termination Procedures.
23.040. Resignation in Lieu of Involuntary Termination Procedures.
23.050. Reduction in Force Procedures.
23.060. Retirement Procedures.
23.070. Final Paychecks.
23.080. Return of City Property.
23.090. Exit Interview.
23.100. COBRA Coverage.

23.010. Types of Termination.

The following generally describes various types of termination of employment with the City. The following is provided for information purposes only and is not intended to be an exhaustive list or description of types of or grounds for termination of employment with the City.

(a) Voluntary Resignation. Voluntary resignation occurs when an employee wishes to leave employment with Syracuse City voluntarily and not due to retirement, involuntary termination, or resignation in lieu of involuntary termination, as more particularly described herein.

(b) Involuntary Termination. Involuntary termination occurs when the employee is terminated for involuntary reasons, such as for cause, or with or without cause in the case of at-will employees. Involuntary termination may include resignation in lieu of disciplinary action as more particularly described in Subsection (c).

(c) Resignation in Lieu of an Involuntary Termination. Any employee who resigns pending involuntary termination for cause proceedings may be deemed to have resigned in lieu of involuntary termination.

(d) Reductions in Force (Layoff). Reduction in force or layoff terminations may occur when it is deemed necessary by the City to reduce the number of employees due to lack of work, lack of funds, or other justified business reasons. The City may attempt to minimize reductions in force by readjustment of personnel through reassignment of duties in other work areas.

(e) Retirement. Retirement is voluntary termination at the end of an employee's career. For purposes of these Policies and Procedures, retirement specifically means an employee who has become eligible, applies for, and is entitled to receive a retirement allowance under applicable provisions of the Utah State Retirement and Insurance Benefits Act, as set forth in Title 49 of the *Utah Code Annotated*, as amended.

(f) Medical. The American's with Disabilities Act (ADA) prohibits illegal discrimination by an employer against an "otherwise qualified individual with a disability." An employee should not be terminated for medical reasons without prior consultation with legal counsel and compliance with the City's ADA policies and procedures.

(g) Death. If an employee of Syracuse City dies, his or her estate receives all pay due and any earned and payable benefits (such as payment for compensatory time, annual vacation leave, and sick leave, if applicable) as of the date of death in accordance with City policies and procedures and applicable State and Federal regulations.

23.020. Voluntary Termination Procedures.

Employees who wish to voluntarily terminate their employment with Syracuse City shall notify the City at least two (2) weeks in advance of their voluntary termination. Such notice should be given in writing to the employee's department head or supervisor. Employees must comply with the notice requirements set forth herein to be eligible for rehire. A Notice of Voluntary Resignation Form (see Appendix X) shall be filled out by the employee and signed prior to final voluntary termination.

23.030. Involuntary Termination Procedures.

Any involuntary terminations for cause shall comply with applicable procedures set forth in Chapter 22 regarding Disciplinary Action, including any applicable pre-disciplinary hearing and due process requirements set forth therein. Such procedures shall not be required for involuntary termination of at-will or excluded employees as more particularly set forth in these Policies and Procedures or as provided by law.

23.040. Resignation in Lieu of Involuntary Termination Procedures.

If an employee chooses to resign pending any for cause termination proceedings, the resignation may be considered an involuntary termination pending final resolution of the termination proceedings. Alternatively, the City and the employee may negotiate and enter into a Resignation in Lieu of Involuntary Termination Agreement containing terms acceptable to the City, including, but not limited to hold harmless and indemnification provisions regarding the resignation in lieu of involuntary termination proceedings, and waiver of notice and due process requirements for involuntary termination.

23.050. Reduction in Force Procedures.

(a) If Syracuse City is facing a possible reduction in labor force, the City should explain the situation to its employees, advising them of the possibility that reductions in force or layoffs may become an economic necessity for the City.

(b) In the selection of employees for reduction in force, the following guidelines should be considered:

(1) Temporary and probationary employees should be laid off first.

(2) Regular employees should be the last to be laid off and based on the following factors: longevity, previous performance evaluations and disciplinary actions.

(c) Before any reduction in force, Syracuse City should determine whether it is subject to the requirements of the Worker Adjustment and Retraining Notification Act, 29 U.S.C. 2101, *et seq*., as amended, and shall comply with any applicable requirements.

(d) Syracuse City should explain to any employee terminated through reduction in force the employee's options (such as COBRA and Retirement Plan Options).

(e) Written reduction in force notices should be provided to employees terminated through reduction in force procedures. Such notice should contain a statement that separation from employment is based on reduction in force and the effective date of the reduction in force termination.

23.060. Retirement Procedures.

Employees who desire to retire from employment with the City should notify the City as soon as possible but no later than two (2) months in advance of his or her final work day. Such notice should be in writing to the employee's Department Head or Supervisor. Employees must comply with the notice requirements set forth herein to be eligible for rehire. A Notice of Voluntary Resignation Form shall be filled out by the employee and submitted to the Human Resource Specialist prior to final voluntary termination. In addition, employees eligible for retirement benefits through Utah Retirement Systems (URS) shall work directly with URS to work out the details of such retirement and benefits.

23.070. Final Pay.

Upon termination of employment with the City, the City will arrange for distribution of any pay which may be due the employee, including pay for any hours worked but not paid, pay for unused, accrued vacation leave (if applicable), pay for any unused, accrued compensation time off (if applicable), and pay for unused, accrued sick leave (if applicable). Final pay shall be distributed on the regularly scheduled pay day following the termination.

23.080. Return of City Property.

Terminating employees shall return any and all keys, supplies or equipment, which are the property of Syracuse City to the Department Head or his or her designee at termination. Failure to return City-issued keys, supplies and/or equipment upon termination will be considered theft and may be subject to prosecution. Uniforms shall be retired according to the policy established by the department.

23.090. Exit Interview.

In order to provide appropriate feedback to the City and conclusion of employment for the employee, terminating employees should complete an Exit Interview with the Human Resources Specialist. When conducted, an Exit Interview Form should be signed by the employee and the Human Resources Specialist.

23.100 COBRA Coverage.

Any terminated employee shall be notified of his or her rights to continued insurance coverage and other protections and requirements of the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") in accordance with applicable Federal regulations.

APPENDIX A:
Policy Manual Acknowledgement of Receipt

I

Syracuse City Corporation

PERSONNEL POLICY AND PROCEDURES MANUAL
ACKNOWLEDGEMENT OF RECEIPT

I, the undersigned employee of Syracuse City Corporation, hereby acknowledge that Syracuse City has made a copy of the Personnel Policy and Procedures manual electronically available to me and that I have received instructions on how to access it.

I further acknowledge that I may request a paper copy of the manual if I am unable to access the manual electronically.

By signing below, I agree to familiarize myself with and abide by the policies and procedures outlined in the manual. Further, I understand that this agreement does not create an obligation or contract of employment between Syracuse City and myself.

I understand that reading this manual constitutes one of my job duties and that I am required to perform my duties in accordance with the policies contained in this manual and any updates, additional rules, regulations, policies or procedures which may be imposed by the City or the department in which I work, whether or not I read this manual. I understand that my failure to read this manual, as required, does not excuse me from being covered by or complying with its provisions.

I understand that if I have any questions about the provisions contained in this manual, I should direct them to the City Manager.

I understand that this manual serves only as a guide and that Syracuse City reserves the right to change any of its policies and/or procedures at any time for any reason.

Name (printed): _____

Signature: _____ Date: _____

APPENDIX B:
Recruitment and Retention Policy

RECRUITMENT & RETENTION POLICY

PURPOSE

The purpose of this policy is to establish a planned approach to ensure that Syracuse City attracts the best talent possible, and motivates and retains that talent for the overall benefit of the citizens. This policy shall also set forth direction on how the City will best develop the skills and capabilities of its workforce.

It is essential that Syracuse City (City) recruits and retains the best talent possible in order to ensure the most efficient use of City resources. Excessive turnover and any lack of direction provided by City leadership will produce inefficiencies that waste City resources, and will degrade the quality of service provided to the citizenry.

COMPONENTS OF THE POLICY

Leadership & Responsibility

As the Executive/Administrative branch of Syracuse City, the leadership and responsibility for creating an environment that breeds productive, dedicated, and engaged employees lies primarily with the City Manager, and ultimately with the Mayor, with the support of the department heads and the City Council. The City Manager will be tasked to propose programs and policies that align with the purpose of this policy.

Employee Compensation Plan

Benchmarks: The City Manager will propose, and the City Council will have final approval of a list of cities that will constitute the benchmark for comparison of employee compensation. The benchmark cities will include those cities that Syracuse City reasonably competes with for employees. The benchmarks will be adjusted at least every 3 years.

Salary & Wage Scales: The salary & wage scales will be set so that the minimum, mid-range, and maximum for each position will fall within the 60th to 70th percentile of the benchmark cities.

1

APPENDIX B (continued):
Recruitment and Retention Policy

Other Benefits: Other benefits, such as medical/dental/vision, retirement, and paid time off, will be provided at a level that reasonably competes with the benchmark cities. The City Manager will propose, and the City Council will have final approval of the benefit package to be offered.

Career Progression: The programs and policies proposed by the City Manager shall be designed to encourage continuous improvement of employees, for the overall benefit of the City. Commensurate with employee performance and improvement, the City Manager will propose a system that provides a path for employees to progress through the salary and wage scale for each position. Once approved by the City Council, such system will be incorporated into the Personnel Policy and Procedures Manual. In order to support career progression, the City Council will adopt a 3 to 5 year compensation plan that outlines a percentage of funds that will be set aside for the purposes of retention bonuses, merit increases, and/or other benefit provisions. Prior to the last year of that compensation plan timeframe, the City Manager will propose, and the City Council will have final approval on the compensation plan that will cover the next 3 to 5 years.

Performance Standards

Position-Specific Standards: For each position in the City organization, a set of performance standards and eligibility criteria will be outlined. These performance standards and eligibility criteria will be the basis for an employee to qualify for a bonus or merit increase.

Annual Evaluation System: An annual evaluation system that supports the purpose of this policy will be implemented. Such evaluation system will be designed to reward top performers, encourage average performers to improve, and require under-performers to improve.

Service Level Measurement: The City Manager will create a series of service level measures, which will serve as indicators on the performance of the entire organization. The City Manager will periodically report these measures to the Mayor and City Council.

IMPLEMENTATION

It is anticipated that the overall Recruitment & Retention Policy will be formally adopted along with the 2014/2015 Budget. Specific components of the policy will also be in place at that time, with other components to be implemented shortly thereafter, following more discussion with the Mayor and City Council. Full implementation of the policy is expected to be completed before the posting of the 2015/2016 Draft Budget.

APPENDIX C:
Volunteer Service Agreement

Syracuse City Corporation

VOLUNTEER SERVICE AGREEMENT

Volunteer Information

Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Address: _____

Social Security Number: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone Number(s): _____

Volunteer Assignment Information

Project Type (check one box):

- ☐ Court Ordered Community Service
- ☐ Eagle Scout or Other Boy Scout Community Service
- ☐ Church Group
- ☐ Ongoing Community / Volunteer Service
- ☐ Other Community / Volunteer Service

Department Working In: _____

City Staff Member Overseeing Service: _____

1

APPENDIX C (continued):
Volunteer Service Agreement

Description of Service to be performed: _____

_____

Anticipated Dates of Service:

Start: _____

End: _____

Volunteer Acknowledgement and Agreement

1. I acknowledge that I am volunteering solely for personal purposes or benefit without promise or expectation of compensation, benefits, or future employment from Syracuse City beyond any specified reimbursement agreements.
2. I agree to familiarize myself with, and abide by, Syracuse City's policies and procedures regarding conduct, confidentiality, safety, and related policies and procedures. I understand that I may be subject to the same pre-employment screening and background checks as paid employees performing similar duties.
3. I agree to follow the supervision and direction of any personnel, employee, or other volunteer to whom I have been assigned to perform services. I also agree to participate in any training required by Syracuse City in order to perform volunteer services.
4. I understand and agree to follow the guidelines set forth for volunteers that are under the age of 16 years of age. Volunteers that are 14 or 15 years of age may not volunteer for more than 3 hours on a school day and may not volunteer later than 7:00PM from September 1st to June 1st each year and may not volunteer later than 9:00PM from June 2nd to August 31st each year. Volunteers that are 16 years of age or older do not have any restricted hours.
5. If my duties include driving on City business, I acknowledge that I must possess a valid driver's license and that I may be subject to a Department of Motor Vehicle (DMV) driver's license background investigation.
6. I acknowledge that the City provides limited accidental liability coverage to volunteers, but that no other City-sponsored medical, retirement, or insurance apply to my associate with Syracuse City as a volunteer.
7. I acknowledge that Syracuse City may end my volunteer services with the City at any time and for any reason.

By signing below, I attest that I am freely volunteering my time and services to Syracuse City. I also attest that I have read and agree to abide by the acknowledgements and agreements listed above.

Volunteer: _____ Date: _____

If you are under 18, a parent or guardian must also sign this form

Parent/Guardian: _____ Date: _____

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APPENDIX C (continued):
Volunteer Service Agreement

Approval Signatures:

Supervisor: _____ Date: _____

City Manager: _____ Date: _____

To Be Completed By Volunteer Supervisor Upon Completion of Volunteer Service

Actual Dates of Services:

Start Date: _____

End Date: _____

Total Time Donated: _____

Eligible for Future Volunteer Services? ☐ Yes ☐ No

If "NO", please specify why: _____

_____

3

APPENDIX D:
Compensation Plan

SYRACUSE CITY

FY 2015 – FY 2019 CITY COMPENSATION PLAN

PURPOSE

The purpose of this plan is to set forth the City's plan for employee compensation in order to accomplish the objectives of the City's Recruitment and Retention Policy.

AUTHORITY

Section 5.020 of the City Personnel Policies & Procedures Manual states that the City Council will adopt and maintain a compensation plan, which outlines standards and guidelines for salary & wage administration, pay grade schedules, and comparison/benchmarking strategies.

TERM

The term of this plan includes fiscal years 2015 through 2019. The compensation rates and future funding amounts set forth from this plan are set forth by the City Council. It is the intent of the City Council to provide the funding necessary to carry out the compensation plan. The City Council retains the ability to unilaterally adjust compensation rates and funding amounts from year to year, based on economic conditions and budget availability.

SALARY AND WAGE SCALES

As indicated in the Recruitment and Retention Policy, the City desires to recruit and retain the best employees possible. The City has benchmarked comparable salary and wages within the labor market and has set the scales for the minimum, mid-point, and maximum to be within the 60th to 70th percentile of the benchmark cities. Wage scales will be compared with the benchmark cities at least every 3 years.

BENEFITS

As indicated in the Recruitment and Retention Policy, the City desires to offer employee benefits that are competitive with the benchmark cities, as a means to recruit and retain the

APPENDIX D (continued): Compensation Plan

best employees possible. The benefits offered are governed by Chapter 7 of the Personnel Polices & Procedures Manual. The City's benefit package will be reviewed annually and approved by the City Council through the annual budget process.

EMPLOYEE EVALUATION SYSTEM

As indicated in the Recruitment and Retention Policy, each employee will be evaluated on their performance, based on their job duties. The evaluation system will categorize employees' performance in five different levels:

	Score
Consistently Exceeds Expectations	4.5 -5
Exceeds Expectations	4 - 4.5
Meets Expectations	3-4
Needs Improvement	2-3
Seriously Deficient (risk of termination)	0-2

The eligibility of any bonus or raise is contingent upon a "Meets Expectation" or better, with those scoring in the "Exceeds Expectations" and "Consistently Exceeds Expectations" categories receiving greater amounts, respectively.

RETENTION BONUS & MERIT INCREASE

Syracuse City has adopted a "pay for performance" ethic, and therefore does not use programmed step increases or cost of living increases based on time of service alone. The City will provide retention bonuses and merit increases based on employee performance, for the purpose of retaining excellent employees and incentivizing average employees to become better.

Retention Bonus

In order for an employee to receive a retention bonus, they must receive a "Meets Expectation" or better on their annual evaluation. The actual amount of the retention bonus will be determined by the limits outlined in the Personnel Policies and Procedures Manual and the budgeted amount for each year. Those scoring in the "Exceeds Expectations" and "Consistently Exceeds Expectations" categories will receive greater amounts, respectively. Employees with less than one year, but at least 6 months of service with the city are eligible for a prorated retention bonus.

Merit Increase

An employee is eligible for a merit increase after receiving two (2) annual evaluations in a row of "Meets Expectations" or better. The merit increase will be effective on July 1st following the second annual evaluation. For the years that an employee receives a merit increase, he/she will not be eligible for a retention bonus. Employees who are at or exceed the maximum rate of their pay scale are only eligible for merit increase according to Section 5.06 of the Personnel Policies & Procedures manual.

APPENDIX D (continued):
Compensation Plan

Planned Budget for Retention Bonus & Meritorious Increases

Year	Amount of Payroll	Purpose
FY 2015	2%	Merits
FY 2016	2.75%	Ret Bonus
FY 2017	2.75%	Ret Bonus/Merits
FY 2018	2.75%	Ret Bonus/Merits
FY 2019	2.75%	Ret Bonus/Merits

PROMOTIONS AND ADVANCEMENTS

Promotions:

Promotions include an upward movement in position that significantly increases the employee's responsibilities and/or supervisory duties. An employee who is promoted will receive an increase to the minimum wage of the entering wage scale, or a 7.5% increase, whichever is greater.

Advancements:

Advancement includes movement to a higher position due to improved skill, knowledge, or capability, but does not significantly increase the employee's responsibilities and/or supervisory duties. An employee who advances to a higher position will receive an increase to the minimum wage of the entering pay scale, or a 3.5%, whichever is greater. The wage increase becomes effective immediately, pending budget constraints, or at a minimum on July 1st following the advancement. The employee is still eligible for a retention bonus or merit increase.

OTHER COMPENSATION ITEMS

All other items related to compensation are governed by the Personnel Policies & Procedures Manual.

3

APPENDIX E:
Employee Rights & Responsibilities

EMPLOYEE RIGHTS AND RESPONSIBILITIES
UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor | Employment Standards Administration | Wage and Hour Division

U.S. Wage and Hour Division

WHD Publication 1420 Revised January 2009

APPENDIX F:
FMLA Notice of Eligibility and Rights & Responsibilities

Notice of Eligibility and Rights & Responsibilities
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

WHD
U.S. Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 3/31/2015

In general, to be eligible an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

[Part A – NOTICE OF ELIGIBILITY]

TO: _____
Employee

FROM: _____
Employer Representative

DATE: _____

On _____, you informed us that you needed leave beginning on _____ for:

____ The birth of a child, or placement of a child with you for adoption or foster care;

____ Your own serious health condition;

____ Because you are needed to care for your ____ spouse; ____ child; ____ parent due to his/her serious health condition.

____ Because of a qualifying exigency arising out of the fact that your ____ spouse; ____ son or daughter; ____ parent is on covered active duty or call to covered active duty status with the Armed Forces.

____ Because you are the ____ spouse; ____ son or daughter; ____ parent; ____ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

____ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)

____ Are **not** eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):

- ____ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately ___ months towards this requirement.
- ____ You have not met the FMLA's hours of service requirement.
- ____ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact _____ or view the FMLA poster located in _____.

[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by _____.** (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

___ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request ___ is/___ is **not** enclosed.

___ Sufficient documentation to establish the required relationship between you and your family member.

___ Other information needed (such as documentation for military family leave): _____

_____

_____

___ No additional information requested

Page 1 CONTINUED ON NEXT PAGE Form WH-381 Revised February 2013

APPENDIX F (continued):
FMLA Notice of Eligibility and Rights & Responsibilities

If your leave does qualify as FMLA leave you will have the following **responsibilities** while on FMLA leave (only checked blanks apply):

____ Contact _____ at _____ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

____ You will be required to use your available paid _____ **sick**, _____ **vacation**, and/or _____**other leave** during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

____ Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We ___**have**/____ **have not** determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.

____ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every _____. (Indicate interval of periodic reports, as appropriate for the particular leave situation).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on the this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FMLA leave you will have the following **rights** while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:
  - ____ the calendar year (January – December).
  - ____ a fixed leave year based on _____.
  - ____ the 12-month period measured forward from the date of your first FMLA leave usage.
  - ____ a "rolling" 12-month period measured backward from the date of any FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on _____.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)
- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have ____**sick**, ____**vacation**, and/or ___**other leave** run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

  ____For a copy of conditions applicable to sick/vacation/other leave usage please refer to _____ available at: _____.

  ____Applicable conditions for use of paid leave:_____

Once we obtain the information from you as specified above, we will infor[illegible]rs, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you ha[illegible]t hesitate to contact:

applicable conditions

_____ at _____.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

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Appendix G:
Designation Notice

Designation Notice
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 3/31/2015

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. While use of this form by employers is optional, a fully completed Form WH-382 provides an easy method of providing employees with the written information required by 29 C.F.R. §§ 825.300(c), 825.301, and 825.305(c).

To: _____

Date: _____

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided.
We received your most recent information on _____ and decided:

____ **Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.**

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

____ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: _____

____ Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Please be advised (check if applicable):

____ You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

____ We are requiring you to substitute or use paid leave during your FMLA leave.

____ You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position ___ is ___ is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

____ **Additional information is needed to determine if your FMLA leave request can be approved:**

____ The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than _____, unless it is not
(Provide at least seven calendar days)
practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

_____
(Specify information needed to make the certification complete and sufficient)
_____

____ We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

____ Your FMLA Leave request is Not Approved.
____ The FMLA does not apply to your leave request.
____ You have exhausted your FMLA leave entitlement in the applicable 12-month period.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617; 29 C.F.R. §§ 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 – 30 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

Form WH-382 January 2009

APPENDIX H:
FMLA Certification Form – Employees Own Serious Health Condition

Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 3/31/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

_____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

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

Your name: _____
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

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

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax:(_____) _____

Page 1 CONTINUED ON NEXT PAGE Form WH-380-E Revised January 2009

APPENDIX H (continued):
FMLA Certification Form – Employees Own Serious Health Condition

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

   Probable duration of condition: _____

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

   _____

   Date(s) you treated the patient for condition:

   _____

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

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

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

   _____

2. Is the medical condition pregnancy? ___No ___Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

   Is the employee unable to perform any of his/her job functions due to the condition: ___No ___Yes.

   If so, identify the job functions the employee is unable to perform:

   _____

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

   _____
   _____
   _____
   _____
   _____
   _____
   _____

Page 2 CONTINUED ON NEXT PAGE Form WH-380-E Revised January 2009

APPENDIX H (continued):
FMLA Certification Form – Employees Own Serious Health Condition

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ___No ___Yes.

   If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ___No ___Yes.

   If so, are the treatments or the reduced number of hours of work medically necessary?
   ___No ___Yes.

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

   _____

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

   _____ hour(s) per day; _____ days per week from _____ through _____

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

   Is it medically necessary for the employee to be absent from work during the flare-ups?
   ____ No ____Yes. If so, explain:

   _____

   _____

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

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

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

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

_____

_____

_____

_____

_____

_____

Page 3 CONTINUED ON NEXT PAGE Form WH-380-E Revised January 2009

APPENDIX H (continued):
FMLA Certification Form – Employees Own Serious Health Condition

Signature of Health Care Provider **Date**

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

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APPENDIX I:
FMLA Certification Form – Family Member's Serious Health Condition

Certification of Health Care Provider for Family Member's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 3/31/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: _____

SECTION II: For Completion by the EMPLOYEE

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

Your name: _____
First Middle Last

Name of family member for whom you will provide care: _____
First Middle Last

Relationship of family member to you: _____

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

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

_____

_____

_____

_____ _____
Employee Signature Date

Page 1 CONTINUED ON NEXT PAGE Form WH-380-F Revised January 2009

APPENDIX I (continued):
FMLA Certification Form – Family Member's Serious Health Condition

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax:(_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

   Probable duration of condition: _____

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

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

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

   Will the patient need to have treatment visits at least twice per year due to the condition? ___No ____ Yes

   Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
   ____ No ____Yes. If so, state the nature of such treatments and expected duration of treatment:

   _____

   _____

2. Is the medical condition pregnancy? ___No ___Yes. If so, expected delivery date: _____

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

_____

_____

_____

_____

Page 2 CONTINUED ON NEXT PAGE Form WH-380-F Revised January 2009

APPENDIX I (continued):
FMLA Certification Form – Family Member's Serious Health Condition

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

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

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

   During this time, will the patient need care? __ No __ Yes.

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

5. Will the patient require follow-up treatments, including any time for recovery? ___No ___Yes.

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

   _____

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

   _____

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

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

   _____ hour(s) per day; _____ days per week from _____ through _____

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

   _____

Page 3 CONTINUED ON NEXT PAGE Form WH-380-F Revised January 2009

APPENDIX I (continued):
FMLA Certification Form – Family Member's Serious Health Condition

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

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

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

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

Does the patient need care during these flare-ups? ____ No ____ Yes.

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

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

_____ _____

Signature of Health Care Provider **Date**

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210.
DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

Page 4 Form WH-380-F Revised January 2009

APPENDIX J:
FMLA Certification Form – Certification of Qualifying Exigency for Military Family Leave

Certification of Qualifying Exigency
For Military Family Leave
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 3/31/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Please complete Section I before giving this form to your employee. Your response is voluntary, and while you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 CFR 825.309.

Employer name: _____

Contact Information: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II fully and completely. The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. 29 CFR 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your employer must give you at least 15 calendar days to return this form to your employer.

Your Name: _____
First Middle Last

Name of military member on covered active duty or call to covered active duty status:

_____
First Middle Last

Relationship of military member to you: _____

Period of military member's covered active duty: _____

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member's covered active duty or call to covered active duty status. Please check one of the following and attach the indicated document to support that the military member is on covered active duty or call to covered active duty status.

- ☐ A copy of the military member's covered active duty orders is attached.
- ☐ Other documentation from the military certifying that the military member is on covered active duty (or has been notified of an impending call to covered active duty) is attached.
- ☐ I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status.

Page 1 CONTINUED ON NEXT PAGE WH-384 Revised February 2013

APPENDIX J (continued):
FMLA Certification Form – Certification of Qualifying Exigency for Military Family Leave

PART A: QUALIFYING REASON FOR LEAVE

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

_____
_____
_____
_____

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military; a document confirming the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached.

Yes ☐ No ☐ None Available ☐

PART B: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: _____

Probable duration of exigency: _____

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?

Yes☐ No☐

If so, estimate the beginning and ending dates for the period of absence:

_____

3. Will you need to be absent from work periodically to address this qualifying exigency? Yes☐ No☐

Estimate schedule of leave, including the dates of any scheduled meetings or appointments:

_____
_____
_____

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

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

Duration: _____ hours ___ day(s) per event.

Page 2 CONTINUED ON NEXT PAGE WH-384 Revised February 2013

APPENDIX J (continued):
FMLA Certification Form – Certification of Qualifying Exigency for Military Family Leave

PART C:

If leave is requested to meet with a third party (such as to arrange for childcare or parental care, to attend counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____

Describe nature of meeting: _____

_____

_____

_____

_____

_____

_____

_____

PART D:

I certify that the information I provided above is true and correct.

Signature of Employee _____ Date _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. 2616; 29 CFR 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. T he Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYER.**

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APPENDIX K:
FMLA Certification Form – Certification for Serious Injury or Illness of Covered Service Member

Certification for Serious Injury or Illness of a Current Servicemember - -for Military Family Leave (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 3/31/2015

Notice to the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a serious injury or illness of a current servicemember to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 CFR 825.310. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 CFR 1630.14(c)(1), if the Americans with Disabilities Act applies.

SECTION I: For Completion by the EMPLOYEE and/or the CURRENT SERVICEMEMBER for whom the Employee Is Requesting Leave

INSTRUCTIONS to the EMPLOYEE or CURRENT SERVICEMEMBER: Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a servicemember. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 CFR 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is a current member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty in the Armed Forces or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.

A complete and sufficient certification to support a request for FMLA leave due to a current servicemember's serious injury or illness includes written documentation confirming that the servicemember's injury or illness was incurred in the line of duty on active duty or if not, that the current servicemember's injury or illness existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, and that the current servicemember is undergoing treatment for such injury or illness by a health care provider listed above. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the servicemember's condition for which the employee is seeking leave.

Page 1 CONTINUED ON NEXT PAGE Form WH-385 Revised February 2013

APPENDIX K (continued):
FMLA Certification Form – Certification for Serious Injury or Illness of Covered Service Member

SECTION I: For Completion by the EMPLOYEE and/or the CURRENT SERVICEMEMBER for whom the Employee Is Requesting Leave:

(This section must be completed first before any of the below sections can be completed by a health care provider.)

Part A: EMPLOYEE INFORMATION

Name and Address of Employer (this is the employer of the employee requesting leave to care for the current servicemember):

_____

Name of Employee Requesting Leave to Care for the Current Servicemember:

_____
First Middle Last

Name of the Current Servicemember (for whom employee is requesting leave to care):

_____
First Middle Last

Relationship of Employee to the Current Servicemember:

Spouse ☐ Parent ☐ Son ☐ Daughter ☐ Next of Kin ☐

Part B: SERVICEMEMBER INFORMATION

(1) Is the Servicemember a Current Member of the Regular Armed Forces, the National Guard or Reserves?
Yes ☐ No ☐

If yes, please provide the servicemember's military branch, rank and unit currently assigned to:

_____

Is the servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)?
Yes ☐ No ☐

If yes, please provide the name of the medical treatment facility or unit:

_____

(2) Is the Servicemember on the Temporary Disability Retired List (TDRL)?
Yes ☐ No ☐

Part C: CARE TO BE PROVIDED TO THE SERVICEMEMBER

Describe the Care to Be Provided to the Current Servicemember and an Estimate of the Leave Needed to Provide the Care:

_____

_____

Page 2 CONTINUED ON NEXT PAGE Form WH-385 Revised February 2013

APPENDIX K (continued):
FMLA Certification Form – Certification for Serious Injury or Illness of Covered Service Member

SECTION II: For Completion by a United States Department of Defense ("DOD") Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125. If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator).

(Please ensure that Section I above has been completed before completing this section. Please be sure to sign the form on the last page.)

Part A: HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name and Business Address: _____

Type of Practice/Medical Specialty: _____

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider, or (5) a health care provider as defined in 29 CFR 825.125:
_____

Telephone: ( ) _____ Fax: ( ) _____ Email: _____

PART B: MEDICAL STATUS

(1) The current Servicemember's medical condition is classified as (Check One of the Appropriate Boxes):

☐ **(VSI) Very Seriously Ill/Injured** – Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ **(SI) Seriously Ill/Injured** – Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ **OTHER Ill/Injured** – a serious injury or illness that may render the servicemember medically unfit to perform the duties of the member's office, grade, rank, or rating.

☐ **NONE OF THE ABOVE** (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380-F or an employer-provided form seeking the same information.)

(2) Is the current Servicemember being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces? Yes☐ No☐

(3) Approximate date condition commenced: _____

(4) Probable duration of condition and/or need for care: _____

Page 3 CONTINUED ON NEXT PAGE Form WH-385 Revised February 2013

APPENDIX K (continued):
FMLA Certification Form – Certification for Serious Injury or Illness of Covered Service Member

(5) Is the servicemember undergoing medical treatment, recuperation, or therapy for this condition? Yes☐ No☐

If yes, please describe medical treatment, recuperation or therapy:

_____

PART C: SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER

(1) Will the servicemember need care for a single continuous period of time, including any time for treatment and recovery? Yes☐ No☐

If yes, estimate the beginning and ending dates for this period of time: _____

(2) Will the servicemember require periodic follow-up treatment appointments? Yes☐ No☐

If yes, estimate the treatment schedule: _____

(3) Is there a medical necessity for the servicemember to have periodic care for these follow-up treatment appointments? Yes☐ No☐

(4) Is there a medical necessity for the servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)?
Yes☐ No☐

If yes, please estimate the frequency and duration of the periodic care:

_____

_____

Signature of Health Care Provider: _____ **Date:** _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. 2616; 29 CFR 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE PATIENT.**

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APPENDIX L:
FMLA Certification Form – Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave

Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave (Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division

OMB Control Number: 1235-0003
Expires: 3/31/2015

Notice to the EMPLOYER

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking military caregiver leave under the FMLA leave due to a serious injury or illness of a covered veteran to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 CFR 825.310. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 CFR 1630.14(c)(1), if the Americans with Disabilities Act applies.

SECTION I: For completion by the EMPLOYEE and/or the VETERAN for whom the employee is requesting leave

INSTRUCTIONS to the EMPLOYEE and/or VETERAN: Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for military caregiver leave under the FMLA leave due to a serious injury or illness of a covered veteran. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 CFR 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

(This section must be completed before Section II can be completed by a health care provider.)

Part A: EMPLOYEE INFORMATION

Name and address of employer (this is the employer of the employee requesting leave to care for a veteran):

Name of employee requesting leave to care for a veteran:

First Middle Last

Name of veteran (for whom employee is requesting leave):

First Middle Last

Relationship of employee to veteran:

Spouse ☐ Parent ☐ Son ☐ Daughter ☐ Next of Kin ☐ (please specify relationship):

Page 1 CONTINUED ON NEXT PAGE Form WH-385-V Revised February 2013

APPENDIX L (continued):
FMLA Certification Form – Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave

Part B: VETERAN INFORMATION

(1) Date of the veteran's discharge:

(2) Was the veteran **dishonorably** discharged or released from the Armed Forces (including the National Guard or Reserves)? Yes ☐ No ☐

(3) Please provide the veteran's military branch, rank and unit at the time of discharge:

(4) Is the veteran receiving medical treatment, recuperation, or therapy for an injury or illness?
Yes ☐ No ☐

Part C: CARE TO BE PROVIDED TO THE VETERAN

Describe the care to be provided to the veteran and an estimate of the leave needed to provide the care:

Page 2 CONTINUED ON NEXT PAGE Form WH-385-V Revised February 2013

APPENDIX L (continued):
FMLA Certification Form – Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave

SECTION II: For completion by: (1) a United States Department of Defense ("DOD") health care provider; (2) a United States Department of Veterans Affairs ("VA") health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider; or (5) a health care provider as defined in 29 CFR 825.125.

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee named in Section I has requested leave under the military caregiver leave provision of the FMLA to care for a family member who is a veteran. For purposes of FMLA military caregiver leave, a serious injury or illness means an injury or illness incurred by the servicemember in the line of duty on active duty in the Armed Forces (or that existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the servicemember became a veteran, and is:

(i) a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating; or
(ii) a physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or
(iii) a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or
(iv) an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.

A complete and sufficient certification to support a request for FMLA military caregiver leave due to a covered veteran's serious injury or illness includes written documentation confirming that the veteran's injury or illness was incurred in the line of duty on active duty or existed before the beginning of the veteran's active duty and was aggravated by service in the line of duty on active duty, and that the veteran is undergoing treatment, recuperation, or therapy for such injury or illness by a health care provider listed above. Answer fully and completely all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA military caregiver leave coverage. Limit your responses to the veteran's condition for which the employee is seeking leave.

(Please ensure that Section I has been completed before completing this section. Please be sure to sign the form on the last page and return this form to the employee requesting leave (See Section I, Part A above). **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**)

Part A: HEALTH CARE PROVIDER INFORMATION

Health care provider's name and business address:

_____

Telephone: ( ) _____ Fax: ( ) _____ Email: _____

Type of Practice/Medical Specialty: _____

Please indicate if you are:

☐ a DOD health care provider

☐ a VA health care provider

☐ a DOD TRICARE network authorized private health care provider

☐ a DOD non-network TRICARE authorized private health care provider

☐ other health care provider

Page 3 CONTINUED ON NEXT PAGE Form WH-385-V Revised February 2013

APPENDIX L (continued):
FMLA Certification Form – Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave

PART B: MEDICAL STATUS

Note: If you are unable to make certain of the military-related determinations contained in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as, DOD Recovery Care Coordinator) or an authorized VA representative.

(1) The Veteran's medical condition is:

☐ A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating.

☐ A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50% or higher, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave.

☐ A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment.

☐ An injury, including a psychological injury, on the basis of which the covered veteran is enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.

☐ None of the above.

(2) Is the veteran being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces? Yes☐ No☐

(3) Approximate date condition commenced: _____

(4) Probable duration of condition and/or need for care: _____

(5) Is the veteran undergoing medical treatment, recuperation, or therapy for this condition? Yes☐ No☐

If yes, please describe medical treatment, recuperation or therapy:

_____

PART C: VETERAN'S NEED FOR CARE BY FAMILY MEMBER

"Need for care" encompasses both physical and psychological care. It includes situations where, for example, due to his or her serious injury or illness, the veteran is unable to care for his or her own basic medical, hygienic, or nutritional needs or safety, or is unable to transport him or herself to the doctor. It also includes providing psychological comfort and reassurance which would be beneficial to the veteran who is receiving inpatient or home care.

(1) Will the veteran need care for a single continuous period of time, including any time for treatment and recovery? Yes☐ No☐

If yes, estimate the beginning and ending dates for this period of time: _____

(2) Will the veteran require periodic follow-up treatment appointments? Yes☐ No☐

If yes, estimate the treatment schedule: _____

Page 4 CONTINUED ON NEXT PAGE Form WH-385-V Revised February 2013

APPENDIX L (continued):
FMLA Certification Form – Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave

(3) Is there a medical necessity for the veteran to have periodic care for these follow-up treatment appointments?
Yes☐ No☐

(4) Is there a medical necessity for the veteran to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)? Yes☐ No☐

If yes, please estimate the frequency and duration of the periodic care:

_____

_____

Signature of Health Care Provider: _____ **Date:** _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. 2616; 29 CFR 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYEE REQUESTING LEAVE (As shown in Section I, Part "A" above).**

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APPENDIX M:
Notice of Secondary Employment

Syracuse City Corporation
Human Resources Department
Form HR-109
Updated January 1, 2013

SYRACUSE EST. CITY 1935

Syracuse City Corporation
NOTICE OF SECONDARY EMPLOYMENT

Date Request Submitted: _____

Employee Information

Name: _____ Employee Number: _____

Department: _____ Job Title: _____

Secondary Employment Information

Employers Name: _____

Employers Address: _____

Employers Type of Business: _____

General Description of Job Duties: _____

_____

_____

In general, what hours would you be working (i.e., 8 am to 5 pm)? _____

On average, how many hours per week will you work for the secondary employer? _____

I hereby request approval to engage in secondary (outside) employment as described above.

Employee Signature: _____ Date: _____

Approval Details

☐ Approved

☐ Unapproved (please explain): _____

Supervisor Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

HR Director Signature: _____ Date: _____

City Administrator Signature: _____ Date: _____

APPENDIX N:
Injury/Incident Report Form

Syracuse City Accident / Injury / Incident Report Form

Please print clearly & check the correct box (witness/supervisor fill in all information you have knowledge of)

Status:	☐ Person Involved	☐ Witness	☐ Supervisor	☐ Other _____
Outcome:	☐ Vehicle Accident	☐ Injury/Illness	☐ Near Miss	☐ Other Incident

1. DETAILS OF PERSON INVOLVED

Name: _____ Phone: _____

Address: _____ Date of birth: _____

_____

Department: _____ Position: _____

Supervisor: _____ Work start time on day of incident: _____am/pm

2. DETAILS OF VEHICLE / PROPERTY (if applicable)

Year/Make/Model/Color or Description of Property: _____

VIN/Serial Number: _____

Other Information: _____

_____

3. DETAILS OF INCIDENT

Date of Incident: _____ Time of Incident: _____am/pm

Date Reported: _____ Reported to: _____

Exact Location: _____

Describe how the incident occurred and what you were doing at the time: _____

_____

_____

_____

_____

How could the incident have been prevented?: _____

_____

_____

_____

Were any safeguards or PPE being used? Which ones?: _____

4. DETAILS OF INJURY (if applicable)

Nature of injury (eg. burn, cut, sprain): _____

Cause of injury (eg. fall, hit with falling hammer): _____

Location of body (eg. lower back, left forearm): _____

APPENDIX N (continued):
Injury/Incident Report Form

Syracuse City Accident / Injury / Incident Report Form

5. DETAILS OF WITNESSES	
Name:_____	Phone: _____
Name:_____	Phone: _____
6. TREATMENT ADMINISTERED (if applicable)	
Doctor's name: _____	
Treatment: _____	
6. SIGNATURE	
Employee's Signature: _____	Date: _____

APPENDIX O:
Injury/Incident Checklist

Post-Accident/Incident Checklist

1. ☐ Notify Supervisor/Dept. Head
2. ☐ Notify HR Specialist
3. ☐ Take employee to get medical care as instructed above
4. ☐ Have WorkMed do drug and alcohol screening (call after-hours phone 801-387-8378, if needed)
5. ☐ Employee, Witnesses & Supervisor fills out Injury/Incident Report form and gives to HR Specialist ASAP
6. ☐ Gives pictures or any other information pertinent to injury/incident to HR Specialist ASAP.
7. ☐ Gives a copy of the Return to Work or Restricted Duty instructions from the doctor to the HR Specialist ASAP.

APPENDIX P:
Bomb Threat Checklist

Syracuse City Corporation
Human Resources Department
Form HR-113
Updated March 18, 2015

Syracuse City Corporation
BOMB THREAT CHECKLIST

If you receive a bomb threat, please record as much information about the threat, call, and caller as possible, including the following:

1. Was the threat received through the news media, a law enforcement agency, through a telephone call, or via some other method of communication?
   - ☐ News Media
   - ☐ Law Enforcement Agency
   - ☐ Telephone Calls
   - ☐ Other Method of Communication: _____
2. What time was the threat received? _____
3. Was the person making the threat an adult?
   - ☐ Yes
   - ☐ No
   - ☐ Unable to Determine
4. Was the person making the threat male or female?
   - ☐ Male
   - ☐ Female
   - ☐ Unable to Determine
5. Was a specific time given for the explosion?
   - ☐ Yes: _____
   - ☐ No
6. Was a specific location given for the bomb?
   - ☐ Yes: _____
   - ☐ No
7. Was a warning given to evacuate?
   - ☐ Yes
   - ☐ No
8. Did the caller provide a cause or justification for the bombing?
   - ☐ Yes: _____
   - ☐ No
9. Do you remember any other details about the threat, the call, or the caller? _____

   _____

   _____

APPENDIX Q:
Tuition Aid Application

Syracuse City Corporation
Human Resources Department
Form HR-114
Updated March 18, 2015

Syracuse City Corporation
TUITION AID REQUEST

Date Request Submitted: _____

Tuition Aid Policy Information

Syracuse City offers tuition aid to full-time, non-probationary employees who wish to continue their education. Tuition aid requests must be for courses of study that are related to the employee's position with the City and approval of tuition aid requests is subject to the availability of funds. Tuition aid request must be submitted for approval prior to the start date of the course(s) for which the employee is requesting tuition aid. Approved tuition aid requests will be paid to the requesting employee as provided in section 16.060 (c) of the Syracuse City Personnel Policies and Procedures Manual. Employees who receive tuition aid will be required to return any aid received if they terminate their employment with Syracuse City within one year after receipt of said tuition aid.

Employee Information

Name: _____ Employee Number: _____

Department: _____ Job Title: _____

Date of Hire: _____ Supervisor: _____

Course Information

Educational Institution: _____

Course Number(s): _____

Course Description(s): _____

_____

_____

Estimated Tuition Expense*: _____

* Please attach a copy of any related receipts.

I hereby request approval for tuition aid as described above.

Employee Signature: _____ Date: _____

Approval Details

☐ Approved (please give the amount of aid approved): _____

☐ Unapproved (please explain): _____

_____

1

APPENDIX Q (continued):
Tuition Aid Application

Syracuse City Corporation
Human Resources Department
Form HR-114
Updated March 18, 2015

Approval Signatures

Supervisor: _____ Date: _____

Department Head: _____ Date: _____

City Administrator: _____ Date: _____

Tuition Aid Payment Information (to be completed upon employee's completion of course(s))

1. Were the courses for which tuition aid was requested completed with a "C" grade or better? (a copy of the employee's transcript much be attached)

   ☐ Yes (eligible for tuition aid payment)

   ☐ Some (if more than one course taken; please specify which were completed): _____

   _____

   ☐ No (not eligible for tuition aid payment)

2. If "Yes" above, please indicate which course(s) were completed with a "C" grade or better, the grade received in each course, and the related percentage of aid that the employee is eligible for for each course (refer to section 16.060 (c) for reimbursement percentage):

   _____

   _____

   _____

3. Please forward this completed form to the HR department for reimbursement.

FOR HR USE ONLY

1. Has the employee received any other tuition aid during the current fiscal year?

   ☐ Yes – How much? $ _____

   ☐ No

2. Total amount of reimbursement for which the employee is eligible in the current fiscal year: $ _____

3. Total amount of reimbursement for which the employee is eligible on this request: $ _____

4. Total amount of reimbursement to be provided to the employee: $ _____

5. Date the reimbursement was paid out to the employee: _____

6. Reimbursement processed by: _____

2

APPENDIX R:
Credit Card Agreement

Credit Card Acceptance Agreement

SYRACUSE CITY CREDIT CARD USER AGREEMENT

I, the undersigned, agree to accept responsibility for the Zion's Bank credit card issued to me by Syracuse City. I agree to use it in conformance with the terms and conditions set forth herein and applicable City Personnel Policies and Procedures. I understand and agree to use this card only for approved City business.

I understand and agree that I am responsible for any credit card charges made by me against the City account and I am also responsible to report these charges fully on an approved expense reconciliation form. In the event that I should fail to make a proper and timely accounting for such charges, I agree that the City may, at its sole discretion, withhold from all or any part of my salary an amount equal to the total amount of the card charges not accounted for and approved. Any use in violation of City policy is grounds for disciplinary action, which may include termination.

I also understand that the following purchases are prohibited and that I will be held personally liable for any of the following charges:

(1) Purchase of items for personal use or consumption.
(2) Purchases in violation of the City Purchasing Policy.
(3) Alcohol
(4) Utah State Tax, except on lodging charges
(5) Fuel for fleet vehicles unless traveling outside of Utah. The state gas card should be used for fuel purchases.
(6) Splitting a purchase to remain under purchasing policy limits.

I also agree that I shall relinquish my card back to the County upon request and/or termination of my employment for any reason.

Dept: Card #: Name:

Sign: _____ Date: _____

Page 1 of 2

Section 1000 – Credit Card
Version: March 20, 2012

APPENDIX S:
Missing Receipt Form

Missing Receipt Form

Department	
Cardholder/Employee Name	
Expense Acct #	
Travel # (When Applicable)	

Merchant Name	
Date	
Why Receipt is Missing	

Item Description	Quantity	$/Unit	Total
Total			$

Employee Signature		Supervisor Signature

APPENDIX T:
Emergency Preparedness Cash Out Form

Syracuse City Corporation
Human Resources Department
Form HR-106
Updated March 18, 2015

SYRACUSE CITY EST. 1935

Syracuse City Corporation
EMERGENCY PREPAREDNESS CASH OUT FORM

Date Submitted: _____

Employee Information

Name: _____ Employee Number: _____

Department: _____ Job Title: _____

Request Details

☐ Cash Out Sick Leave
Dollar Amount Requesting: _____

☐ Cash Out Vacation Leave
Dollar Amount Requesting: _____

Items Purchased: _____

_____

_____

Employee Signature: _____

Approval Signatures:

City Manager: _____

Department Head: _____

Finance Director: _____

Human Resources: _____

For HR Purposes Only:

Hourly Rate of Pay: _____

Number of Sick Leave Hours being Cashed Out: _____

Number of Vacation Leave Hours being Cashed Out: _____

1

APPENDIX U:
Employee Grievance Form

Syracuse City Corporation
Human Resources Department
Form HR-117
Updated March 18, 2015

SYRACUSE EST. CITY 1935

Syracuse City Corporation
FORMAL EMPLOYEE GRIEVANCE FORM

Date Completed: _____

Grievance Policy Information

It is the purpose of the Syracuse City grievance procedure (established in Chapter 21 of the City's Personnel Policy and Procedures Manual) to establish a method whereby employee grievances can be fairly and effectively resolved. The filing of a good-faith grievance will in no way prejudice the status of the employee. It is the goal of the City's grievance policy to address employee grievances at the lowest administrative level possible.

Grievance Form Instructions

Please complete all sections of this form completely and with as much detail as possible. The form should be completed and submitted to your supervisor (or other party in accordance with the City's grievance policy) within 10 days of the event giving rise to the grievance or within 10 days of acquiring knowledge of the event giving rise to the grievance.

Employee Information

Name: _____ Employee Number: _____

Department: _____ Job Title: _____

Grievance Details

Statement of Grievance (please attach additional sheets if necessary): _____

_____

_____

_____

_____

Background Information (please attach additional sheets if necessary): _____

_____

_____

_____

_____

_____

APPENDIX U (continued):
Employee Grievance Form

Syracuse City Corporation
Human Resources Department
Form HR-117
Updated March 18, 2015

Grievance Details (continued)

Requested Resolution: _____

_____

_____

_____

_____

I hereby request attest that the information contained in this grievance is true and accurate to the best of my knowledge.

Employee Signature: _____ Date: _____

Grievance Acknowledgement(s)

First Notification

Name: _____ Date Received: _____

Signature: _____

Please attach your response and/or investigation results and return to the aggrieved employee.

Second Notification

Name: _____ Date Received: _____

Signature: _____

Please attach your response and/or investigation results and return to the aggrieved employee.

Third Notification

Name: _____ Date Received: _____

Signature: _____

Please attach your response and/or investigation results and return to the aggrieved employee.

APPENDIX V:
Administrative Leave Form

Syracuse City Corporation
Human Resources Department
Form HR-106
Updated March 18, 2015

SYRACUSE CITY EST. 1935

Syracuse City Corporation
ADMINISTRATIVE LEAVE FORM

Date Submitted: _____

Employee Information

Name: _____

Department: _____ Job Title: _____

Request Details

☐ Paid
Dates anticipated: _____

☐ Unpaid
Dates anticipate: _____

Approval Signatures:

City Manager: _____

Department Head: _____

Human Resources: _____

1

APPENDIX W:
Disciplinary Action Form

Syracuse City Corporation
Human Resources Department
Form HR-118
Updated January 1, 2008

SYRACUSE CITY EST. 1935

Syracuse City Corporation
DISCIPLINARY ACTION FORM

Date Completed: _____

Disciplinary Action Form Instructions

This form is used as a guide for the supervisor when documenting issues that need attention under the provisions of the Syracuse City Disciplinary Action policy. When completed, it serves as a written record of disciplinary action conducted with an employee pertaining to violation of City rules and/or failure to meet necessary performance standards.

Employee Information

Name: _____ Employee Number: _____

Department: _____ Job Title: _____

Type of Disciplinary Action Being Issued (check the appropriate box):

☐ Verbal Warning

☐ Written Reprimand

☐ Suspension
Effective Date:
☐ With Pay
☐ Without Pay

☐ Probation
Effective Date:
Length of Probation:

☐ Demotion
Effective Date:

☐ Termination
Effective Date:

Violation/Incident Details

Date and Time of Violation/Incident:

Violation/Incident Details:

Have There Been Similar Violations/Incidents? ☐ Yes ☐ No

*If yes, list dates and details of previous violations/incidents and action taken:

Action to be Taken for Current Violation/Incident:

Consequences of Failure to Improve:

APPENDIX W (continued):
Disciplinary Action Form

Syracuse City Corporation
Human Resources Department
Form HR-118
Updated January 1, 2008

Signatures:

To the employee:
This written record of disciplinary action is being issued based on your violation of one or more City rules and/or your failure to meet the performance standards necessary for your current position. This report will remain in your personnel file. You are being provided a copy of this Disciplinary Action Form.

Your signature below indicates that you have seen the completed Disciplinary Action Form and that the contents have been reviewed with you. Your signature does not necessary indicate that you agree with the information contained above.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Human Resources Specialist: _____ Date: _____

APPENDIX X:
Voluntary Resignation Form

SYRACUSE CITY EST 1935

NOTICE OF VOLUNTARY RESIGNATION

Employee Name: _____

Date of Notice Given: _____

Last Day of Work: _____

Position Title: _____

Department: _____

Reason for Leaving: _____

_____

_____

_____

_____

Present Address: _____

_____ Phone #_____

*Should your address change, be sure to update your address with us to ensure timely receipt of your W-2 Statement and any other correspondence that may be mailed to you.

_____ _____
Employee Signature Date

Forms

Appendix A- inserted updated form

Appendix B- deleted employment reference release form (no longer use). Inserted Recruitment and Retention Policy

Appendix C- deleted new hire requisition form (no longer use). Inserted Volunteer Service Agreement

Appendix D- deleted Personnel Action Form (only HR uses). Inserted Compensation Plan

Appendix E- deleted Volunteer Service Agreement (moved to C). Inserted FMLA Employee's Rights and Responsibilities Poster

Appendix F- deleted Compensation Time Agreement (no longer use). Inserted FMLA Notice of Eligibility and Rights and Responsibilities

Appendix G- deleted Bi-Weekly Compensation Time Election Form (no longer use). Inserted FMLA Designation Notice

Appendix H- deleted Leave Request Form (no longer use). Inserted FMLA Employee's Own Serious Health Condition Certification Form

Appendix I- deleted FMLA Employees Rights and Responsibilities Poster (moved to E). Inserted FMLA Family Member's Serious Health Condition Certification Form

Appendix J- deleted FMLA Notice of Eligibility and Rights and Responsibilities form (moved to F). Inserted FMLA Certification of Qualifying Exigency for Military Family Leave form.

Appendix K- deleted FMLA Designation Notice (moved to G). Inserted FMLA Certification for Serious Injury or Illness of Covered Service Member.

Appendix L- deleted FMLA Employee's Own Serious Health Condition Certification Form (moved to H). Inserted FMLA Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave Form.

Appendix M- deleted FMLA Family Member's Serious Health Condition Certification Form (moved to I). Inserted Secondary Employment Form.

Appendix N- deleted FMLA Certification of Qualifying Exigency for Military Family Leave Form (moved to J). Inserted Injury/Incident Report Form.

Appendix O- deleted FMLA Certification for Serious Injury or Illness of Covered Service Member form (moved to K). Inserted Injury/Incident Checklist form.

Appendix P- deleted Notice of Secondary Employment form (moved to M). Inserted Bomb Threat Checklist.

Appendix Q- deleted Drug Test Release Form for Minors (no longer use). Inserted Tuition Aid Application.

Appendix R- deleted Background Investigation Release Form (only hr and new hires use). Inserted Credit Card Agreement Form.

Appendix S- deleted Background Investigation Release Form B (no longer use. Inserted Missing Credit Card Receipt Form

Appendix T- deleted Accident Report Form (only HR uses). Inserted Emergency Preparedness Cash Out Form

Appendix U- deleted Bomb Threat Checklist (moved to P). Inserted Formal Grievance Form.

Appendix V- deleted Tuition Aid Application (moved to Q). Inserted Administrative Leave Form.

Appendix W- deleted Travel Application (no longer use). Inserted Disciplinary Action Form.

Appendix X- deleted Vehicle Use Agreement Form (only hr and new hires use). Inserted Voluntary Termination Form.

Appendix Y- deleted Formal Grievance Form (moved to U).

COUNCIL AGENDA

April 14, 2015

Work Session Item **e.i** Concept Plan Report, Elmore Plaza, located at approximately 1000 West Gordon (2700 S)

Summary:

The applicant has applied for a two (2) lot subdivision. The property owner is requesting to "condominiumize" a site plan that was previously approved by Planning Commission. The applicant intends to occupy their chiropractic practice into one tenant space and sell the other space. The parking and landscape areas will remain as common space.

The concept subdivision was reviewed at a pre-application meeting on March 18th, 2015 in accord with Syracuse City Code Section 8.20.030. The project was also reported to the Planning Commission on April 7th, 2015. The subdivision process as outlined in Chapter 8 of Syracuse City Ordinance requires that this project will go through concept, preliminary, and final review at both City Council (CC) and Planning Commission (PC). A conceptual schedule for approval is as follows: P.C. Concept(April 7th), C.C. Concept(April 14th), P.C. Preliminary(April 21st), C.C. Preliminary(May 12th), P.C. Final(May 19th), and C.C. Final(June 9th).

Attachments:

- Application
- Location Map
- Concept Subdivision Plat

Subdivision Concept Plan Application

Syracuse City Community Development
1979 West 1900 South, Syracuse, UT 84075
Phone: (801) 825-1477 ext 4 Website: www.syracuseut.com
Fax: (801) 614-9626 Email: planning@syracuseut.com

Updated 1-30-2014

Subdivision Property Information

Proposed Subdivision Name: Elmore Plaza	Current Zone: Professional Office	Total Acreage: .816 Acres
Approximate Address: 1000 W Gordon	Number of Proposed Phases:	Number of Proposed Lots (by phase):

Property Owner Contact Information *(if more than two, please provide information/signatures on additional sheets as necessary)*

Name: ~~Tyler Elmore~~ Kristin Elmore			Name:		
Address: 3070 W 150 N			Address:		
City: Layton	State: UT.	ZIP: 84041	City:	State:	ZIP:
Office Phone: 801-668-7543	Cell Phone: 801-458-0262		Office Phone:	Cell Phone:	
Email:			Email:		

Applicant\Developer Contact Information *(if different from Property Owner)*:

Name: Forest Creek Construction				
Address: 392 N 3050 W		City: Layton	State: UT.	ZIP: 84041
Office Phone:	Cell Phone: 801-564-0960	Email: htparke@gmail.com		

Engineering Firm Contact Information

Company Name: Pinnacle Engineering		Engineer:		
Address: 2220 N 350 W		City: Layton	State: UT	ZIP: 84041
Office Phone: 801-773-1910	Engineer's Cell Phone:	Engineer's Email: stephen@pinnacle-eng-svy.com		

I hereby certify that the requested Subdivision would comply with all required conditions and standards of the Syracuse City Land Use Ordinance, be harmonious with neighboring uses, fit the goals of the community's General Plan, and impose no insatiable demands for public services. I read the Syracuse Subdivision and Land Use Ordinances and understand that submitting this application does not guarantee approval and is subject to the discretion of the City Land Use Authority and compliance with all requirements of Syracuse City's Municipal Code. I hereby accept responsibility for meeting all requirements outlined herein, including payment of all fees and attending City Land Use Authority meetings as notified by the Community Development Department, and understand that failure to do so may result in postponement of action by said Authority. I also understand that approval shall not relieve me of the responsibility to comply with applicable local and State zoning, health, building, or fire regulations.

Kristin Elmore 3/12/15
Property Owner Signature Date

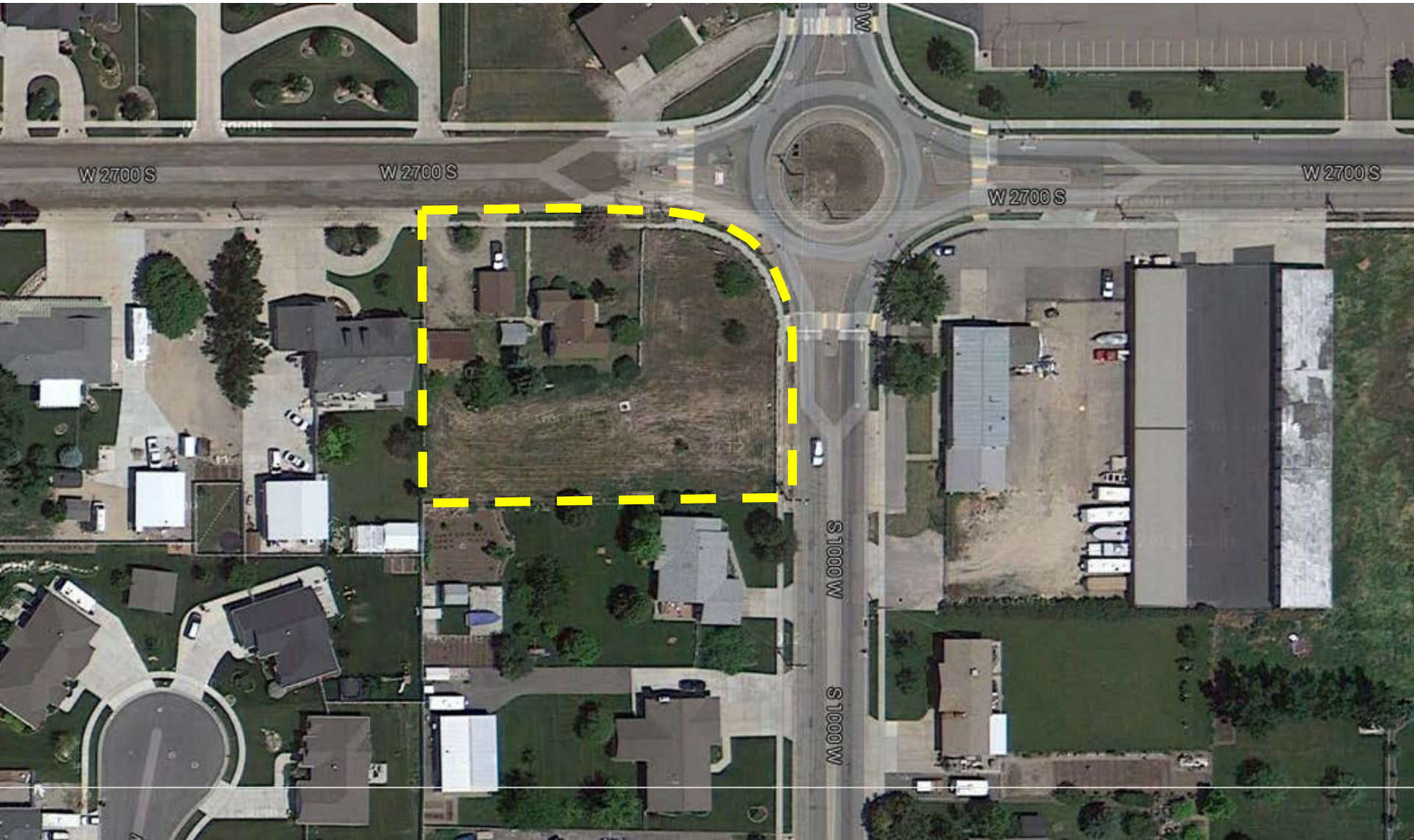
3/12/15
Applicant Signature Date

FOR OFFICE USE ONLY

Date Received & Paid: 3/13/15	Received by:	Receipt # 5.036662	**Application Fees:** $225 Application Fee	Qty $225.00
Payment Type: ☐ Cash ☐ Credit Card ☑ Check# 86716			**Revision Fees:** $ 50	$____
Comments:				
Review Date:				

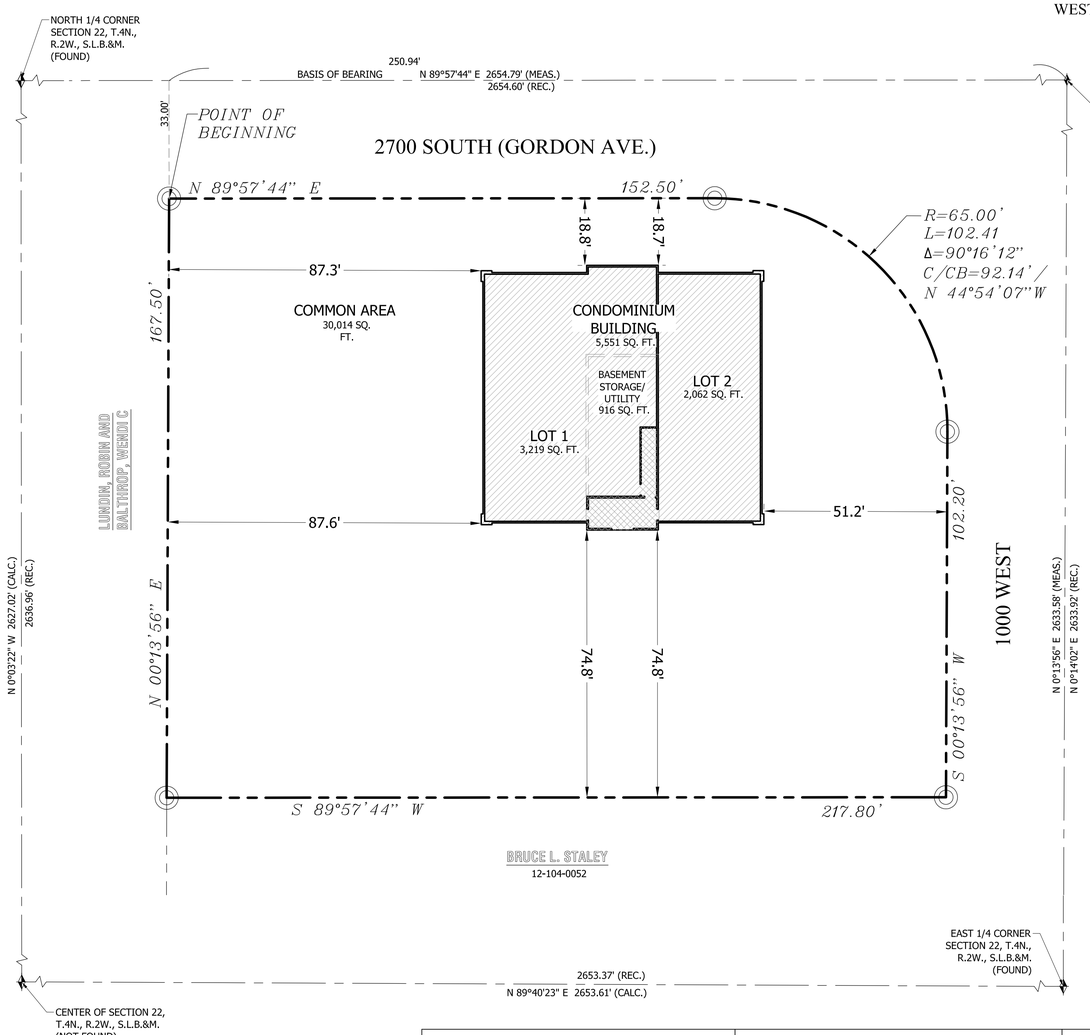
Proposed Elmore Plaza

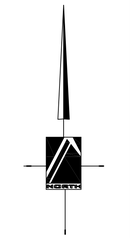
Location: 2700 South 1000 West



ELMORE PLAZA CONDOMINIUM PLAT

A PORTION OF LAND LOCATED IN THE NORTHEAST QUARTER OF SECTION 22, TOWNSHIP 4 NORTH, RANGE 2 WEST, SALT LAKE BASE & MERIDIAN
SYRACUSE, UTAH





0 20 40 80
SCALE: 1"=20'

LEGEND

- PROPERTY LINE
- LOT LINE
- CENTER / SECTION LINE
- STREET RIGHT-OF-WAY LINE
- EASEMENT LINE
- ADJACENT PROPERTY LINE
- NEW CENTERLINE MONUMENT
- SECTION CORNER
- PU&DE — PUBLIC UTILITY & DRAINAGE EASEMENT
- SET 5/8" REBAR WITH A ORANGE PLASTIC CAP, OR NAIL & WASHER STAMPED PINNACLE 191517
- PRIVATE
- LIMITED COMMON
- COMMON

SURVEYOR'S CERTIFICATE

I, STEPHEN J. FACKRELL DO HEREBY CERTIFY THAT I AM A LICENSED LAND SURVEYOR, AND THAT I HOLD CERTIFICATE NO. 191517 AS PRESCRIBED UNDER LAWS OF THE STATE OF UTAH. I FURTHER CERTIFY THAT BY AUTHORITY OF THE OWNERS, I HAVE MADE A SURVEY OF THE TRACT OF LAND SHOWN ON THIS PLAT AND DESCRIBED BELOW, AND HAVE SUBDIVIDED SAID TRACT OF LAND INTO LOTS, HEREAFTER TO BE KNOWN AS: ELMORE PLAZA CONDOMINIUM PLAT AND THAT THE SAME HAS BEEN CORRECTLY SURVEYED AND STAKED ON THE GROUND AS SHOWN ON THIS PLAT. I FURTHER CERTIFY THAT ALL LOTS MEET FRONTAGE WIDTH AND AREA REQUIREMENTS OF THE APPLICABLE ZONING ORDINANCES.

BOUNDARY DESCRIPTION

A PARCEL OF LAND LOCATED IN THE NORTHEAST QUARTER OF SECTION 22, TOWNSHIP 4 NORTH, RANGE 2 WEST, SALT LAKE BASE & MERIDIAN MORE PARTICULARLY DESCRIBED AS FOLLOWS:
BEGINNING AT A POINT ON THE SOUTH LINE OF 2700 SOUTH STREET SAID POINT BEING LOCATED SOUTH 89°57' 44" WEST ALONG SECTION LINE 250.94 FEET AND SOUTH 33.00 FEET FROM THE NORTHEAST SECTION CORNER MONUMENT LOCATED AT THE INTERSECTION OF 2700 SOUTH STREET AND 1000 WEST AND RUNNING THENCE:
NORTH 89°57'44" EAST ALONG SAID SOUTH LINE 152.50 FEET TO A POINT OF CURVATURE;
THENCE SOUTHEASTERLY ALONG THE ARC OF A 65.00 FOOT RADIUS CURVE TO THE RIGHT THROUGH A CENTRAL ANGLE OF 90°16'12" A DISTANCE OF 102.41 FEET (CHORD BEARS: S 44°54'07" E 92.14') TO A POINT OF TANGENCY AND THE WEST LINE OF 1000 WEST STREET;
THENCE SOUTH 00°13'56" WEST ALONG THE WEST LINE SAID 1000 WEST STREET 102.20 FEET;
THENCE SOUTH 89°57'44" WEST 217.80 FEET;
THENCE NORTH 00°13'56" EAST 167.50 FEET TO THE POINT OF BEGINNING.

CONTAINING: 35,564 SQ. FT. OR 0.816 ACRES

DATE _____ STEPHEN J. FACKRELL
LICENSE NO. 191517

OWNER'S DEDICATION

KNOW ALL MEN BY THESE PRESENTS THAT _____, THE _____ UNDERSIGNED OWNER( ) OF THE ABOVE DESCRIBED TRACT OF LAND, HAVING CAUSED SAME TO BE SUBDIVIDED INTO COMMERCIAL CONDOMINIUM UNITS AND COMMON AREAS, HEREAFTER KNOWN AS ELMORE PLAZA CONDOMINIUM PLAT, DO HEREBY DEDICATE, GRANT AND CONVEY FOR PERPETUAL USE OF THE PUBLIC ALL PUBLIC STREETS AND PUBLIC UTILITY AND DRAINAGE EASEMENTS OVER AND ACROSS COMMON AREA TO SYRACUSE CITY.

IN WITNESS WHEREOF _____ HAVE HEREUNTO SET _____ THIS _____ DAY OF _____ A.D. 20_____.

ACKNOWLEDGMENT

STATE OF UTAH)
COUNTY OF DAVIS)

ON THE____DAY OF _____A.D., 20___, PERSONALLY APPEARED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, IN AND FOR SAID COUNTY OF DAVIS IN SAID STATE OF UTAH, THE SIGNER ( ) OF THE ABOVE OWNER'S DEDICATION, ____IN NUMBER, WHO DULY ACKNOWLEDGED TO ME THAT_____ SIGNED IT FREELY AND VOLUNTARILY AND FOR THE USES AND PURPOSES THEREIN MENTIONED.

MY COMMISSION EXPIRES: _____ NOTARY PUBLIC
RESIDING IN DAVIS COUNTY

UTILITY COMPANY APPROVAL

ROCKY MOUNTAIN POWER — DATE
QUESTAR GAS — DATE
CENTURYLINK — DATE

ELMORE PLAZA CONDOMINIUM PLAT
A PORTION OF LAND LOCATED IN THE NORTHEAST QUARTER OF SECTION 22, TOWNSHIP 4 NORTH, RANGE 2 WEST, SALT LAKE BASE & MERIDIAN

PINNACLE Engineering & Land Surveying, Inc.
2720 North 350 West, Suite #108
LAYTON, UT 84041
Phone: (801) 773-1910
Fax: (801) 773-1925

DAVIS COUNTY RECORDER

ENTRY NO._____FEE PAID_____FILED FOR RECORD AND RECORDED THIS _____ DAY OF _____, 20___AT _____ IN BOOK _____ OF OFFICIAL RECORDS PAGE _____

DAVIS COUNTY RECORDER
BY _____ DEPUTY RECORDER

CITY ATTORNEY'S APPROVAL

APPROVED THIS _____ DAY OF _____, 20___, BY THE SYRACUSE CITY ATTORNEY.

SYRACUSE CITY ATTORNEY

PLANNING COMMISSION APPROVAL

APPROVED THIS _____ DAY OF _____, 20___, BY THE SYRACUSE CITY PLANNING COMMISSION.

SYRACUSE CITY PLANNING COMMISSION

CITY ENGINEER'S APPROVAL

APPROVED THIS _____ DAY OF _____, 20___, BY THE SYRACUSE CITY ENGINEER.

SYRACUSE CITY ENGINEER

CITY COUNCIL APPROVAL

APPROVED THIS _____ DAY OF _____, 20___, BY THE SYRACUSE CITY COUNCIL.

ATTEST:

SYRACUSE CITY RECORDER — SYRACUSE CITY MAYOR

06-137

COUNCIL AGENDA

April 14, 2015

Agenda Item # **e.ii** Final Subdivision Plan, Wilcox Meadows Phase 1, 1200 S. 3000 W.

Factual Summation:

Zone:	R-2 Residential
Applicant:	Castle Creek Homes
Total Acreage	14.94
Net Acreage:	11.95
Allowed Lots (3.79 units/acre)	45
Proposed Lots	38

Public Meeting Outline:

General Plan Amendment Approval	
Planning Commission	May 6, 2014
City Council	May 13, 2014
Rezone Approval	
Planning Commission	June 3, 2014
City Council	June 10, 2014
Sketch Plan Approval	June 17, 2014
Preliminary Plan Approval	
Planning Commission	August 5, 2014
Final Plan Approval	
Planning Commission	April 7, 2015

Background:

This request is for final approval the first phase of the Wilcox Farms Subdivision. This phase will complete 1200 South through to 3000 W. There development consists of two phases.

Attachments:

- Aerial
- Final Plan
- Staff Reviews

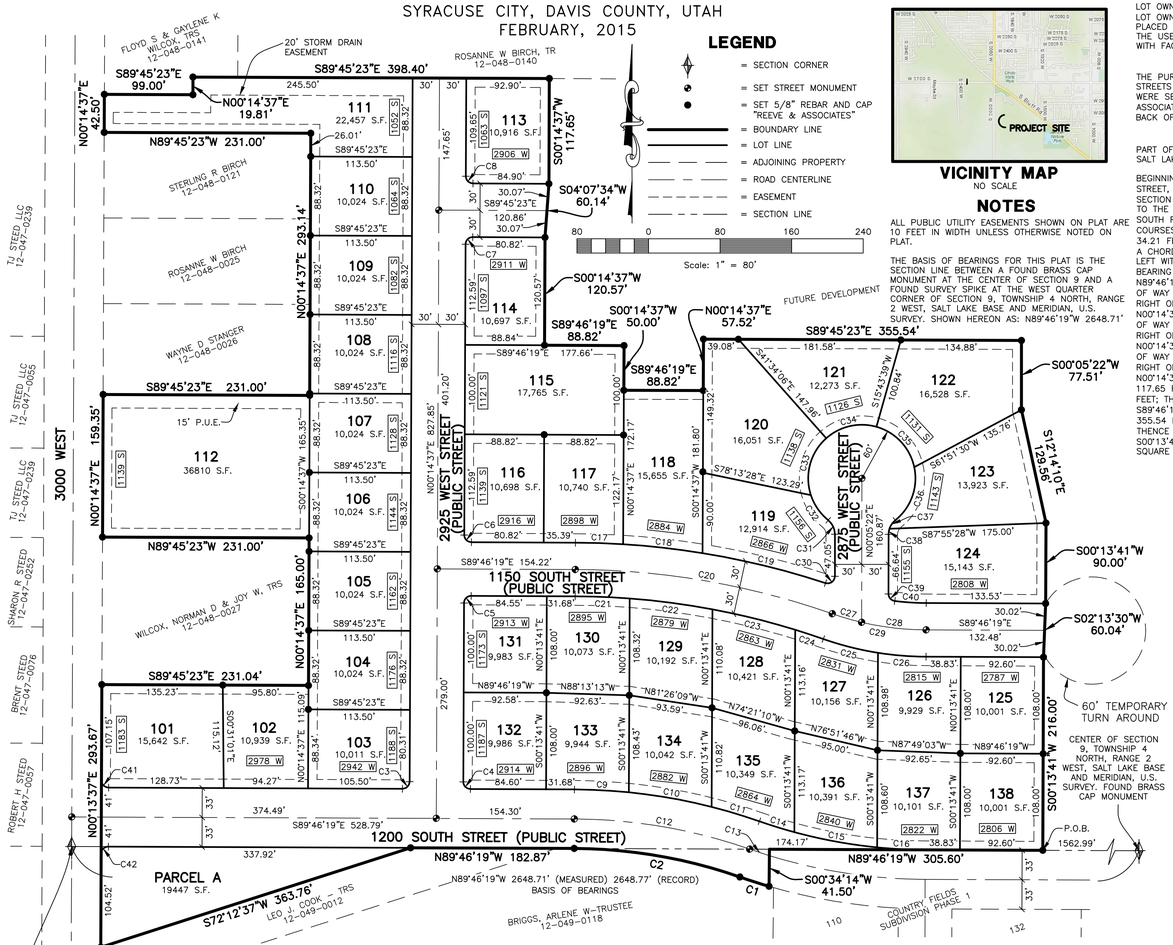
Planning Commission Recommendation

The Planning Commission moved to recommend approval, to the City Council, of the Final Plan for Wilcox Meadows Phase 1.

Reeve & Associates, Inc. - Solutions You Can Build On

Wilcox Meadows Subdivision - Phase 1

PART OF THE WEST HALF OF SECTION 9, TOWNSHIP 4 NORTH, RANGE 2 WEST, SALT LAKE BASE AND MERIDIAN, U.S. SURVEY
SYRACUSE CITY, DAVIS COUNTY, UTAH
FEBRUARY, 2015



LEGEND

- = SECTION CORNER
- = SET STREET MONUMENT
- = SET 5/8" REBAR AND CAP "REEVE & ASSOCIATES"
- = BOUNDARY LINE
- = LOT LINE
- = ADJOINING PROPERTY
- = ROAD CENTERLINE
- = EASEMENT
- = SECTION LINE

80 0 80 160 240
Scale: 1" = 80'

VICINITY MAP

NO SCALE

NOTES

ALL PUBLIC UTILITY EASEMENTS SHOWN ON PLAT ARE 10 FEET IN WIDTH UNLESS OTHERWISE NOTED ON PLAT.

THE BASIS OF BEARINGS FOR THIS PLAT IS THE SECTION LINE BETWEEN A FOUND BRASS CAP MONUMENT AT THE CENTER OF SECTION 9 AND A FOUND SURVEY SPIKE AT THE WEST QUARTER CORNER OF SECTION 9, TOWNSHIP 4 NORTH, RANGE 2 WEST, SALT LAKE BASE AND MERIDIAN, U.S. SURVEY. SHOWN HEREON AS: N89°46'19"W 2648.71'

NOTE

UTILITIES SHALL HAVE THE RIGHT TO INSTALL, MAINTAIN, AND OPERATE THEIR EQUIPMENT ABOVE AND BELOW GROUND AND ALL OTHER RELATED FACILITIES WITHIN THE PUBLIC UTILITY EASEMENTS IDENTIFIED ON THIS PLAT MAP AS MAY BE NECESSARY OR DESIRABLE IN PROVIDING UTILITY SERVICES WITHIN THE LOTS IDENTIFIED HEREIN, INCLUDING THE RIGHT OF ACCESS TO SUCH FACILITIES AND THE RIGHT TO REQUIRE REMOVAL OF ANY OBSTRUCTIONS INCLUDING STRUCTURES, TREES, AND VEGETATION THAT MAY BE PLACED WITHIN THE PUE. THE UTILITY MAY REQUIRE THE LOT OWNER TO REMOVE ALL STRUCTURES WITHIN THE PUE AT THE LOT OWNER'S EXPENSE, OR THE UTILITY MAY REMOVE SUCH STRUCTURES AT THE LOT OWNER'S EXPENSE. AT NO TIME MAY ANY PERMANENT STRUCTURES BE PLACED WITHIN THE PUE OR ANY OTHER OBSTRUCTION WHICH INTERFERES WITH THE USE OF THE PUE WITHOUT THE PRIOR WRITTEN APPROVAL OF THE UTILITIES WITH FACILITIES IN THE PUE.

NARRATIVE

THE PURPOSE OF THIS PLAT IS TO DIVIDE THE BELOW DESCRIBED PROPERTY INTO STREETS AND LOTS AS SHOWN. ALL BOUNDARY CORNERS AND REAR LOT CORNERS WERE SET WITH A 5/8" REBAR AND PLASTIC CAP STAMPED "REEVE & ASSOCIATES". ALL FRONT LOT CORNERS WERE SET WITH A LEAD PLUG IN THE TOP BACK OF CURB AT THE EXTENSION OF THE SIDE LOT LINES.

BOUNDARY DESCRIPTION

PART OF THE WEST HALF OF SECTION 9, TOWNSHIP 4 NORTH, RANGE 2 WEST, SALT LAKE BASE AND MERIDIAN, U.S. SURVEY. DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE NORTH RIGHT OF WAY LINE OF 1200 SOUTH STREET, SAID POINT BEING N89°46'19"W 1562.99 FEET FROM THE CENTER OF SAID SECTION 9; THENCE N89°46'19"W 305.60 FEET; THENCE S00°34'14"W 41.50 FEET TO THE SOUTH RIGHT OF WAY LINE OF 1200 SOUTH STREET; THENCE ALONG SAID SOUTH RIGHT OF WAY LINE OF 1200 SOUTH STREET THE FOLLOWING THREE (3) COURSES: (1) ALONG A CURVE TURNING TO THE RIGHT WITH AN ARC LENGTH OF 34.21 FEET, A RADIUS OF 633.00 FEET, A CHORD BEARING OF N72°13'45"W, AND A CHORD LENGTH OF 34.21 FEET; (2) ALONG A REVERSE CURVE TURNING TO THE LEFT WITH AN ARC LENGTH OF 188.93 FEET, A RADIUS OF 567.00 FEET, A CHORD BEARING OF N80°13'35"W, AND A CHORD LENGTH OF 188.05 FEET; AND (3) N89°46'19"W 182.87 FEET; THENCE S72°12'37"W 363.76 FEET TO THE EAST RIGHT OF WAY LINE OF 3000 WEST STREET; THENCE N00°13'37"E ALONG SAID EAST RIGHT OF WAY LINE, 293.67 FEET; THENCE S89°45'23"E 231.04 FEET; THENCE N00°14'37"E 165.00 FEET; THENCE N89°45'23"W 231.00 FEET TO THE EAST RIGHT OF WAY LINE OF 3000 WEST STREET; THENCE N00°14'37"E ALONG SAID EAST RIGHT OF WAY LINE, 159.35 FEET; THENCE S89°45'23"E 231.00 FEET; THENCE N00°14'37"E 293.14 FEET; THENCE N89°45'23"W 231.00 FEET TO THE EAST RIGHT OF WAY LINE OF 3000 WEST STREET; THENCE N00°14'37"E ALONG SAID EAST RIGHT OF WAY LINE, 42.50 FEET; THENCE S89°45'23"E 99.00 FEET; THENCE N00°14'37"E 19.81 FEET; THENCE S89°45'23"E 398.40 FEET; THENCE S00°14'37"W 117.65 FEET; THENCE S04°07'34"W 60.14 FEET; THENCE S00°14'37"W 120.57 FEET; THENCE S89°46'19"E 88.82 FEET; THENCE S00°14'37"W 50.00 FEET; THENCE S89°46'19"E 88.82 FEET; THENCE N00°14'37"E 57.52 FEET; THENCE S89°45'23"E 355.54 FEET; THENCE S00°05'22"W 77.51 FEET; THENCE S12°14'10"E 129.56 FEET; THENCE S00°13'41"W 90.00 FEET; THENCE S02°13'30"W 60.04 FEET; THENCE S00°13'41"W 216.00 FEET TO THE POINT OF BEGINNING. CONTAINING 649,885 SQUARE FEET OR 14.919 ACRES

CURVE TABLE

#	RADIUS	ARC LTH	CHD LTH	TANG	CHD BEARING	DELTA
C1	633.00'	34.21'	34.21'	17.11'	N72°13'45"W	3°05'48"
C2	567.00'	188.93'	188.05'	95.35'	N80°13'35"W	19°05'28"
C3	8.00'	12.56'	11.31'	8.00'	N45°14'09"E	89°59'04"
C4	8.00'	12.57'	11.32'	8.00'	N44°45'51"W	90°00'56"
C5	8.00'	12.56'	11.31'	8.00'	N45°14'09"E	89°59'04"
C6	8.00'	12.57'	11.32'	8.00'	N44°45'51"W	90°00'56"
C7	8.00'	12.57'	11.31'	8.00'	N45°14'37"E	90°00'00"
C8	8.00'	12.57'	11.31'	8.00'	N44°45'23"W	90°00'00"
C9	633.00'	61.01'	60.99'	30.53'	S87°00'39"E	5°31'21"
C10	633.00'	94.05'	93.97'	47.11'	S79°59'35"E	8°30'47"
C11	633.00'	55.85'	55.83'	27.94'	S73°12'31"E	5°03'20"
C12	600.00'	199.92'	199.00'	100.90'	S80°13'35"E	19°05'28"
C13	600.00'	23.16'	23.16'	11.58'	S71°47'13"E	2°12'43"
C14	567.00'	40.88'	40.87'	20.45'	S72°44'47"E	4°07'52"
C15	567.00'	94.20'	94.09'	47.21'	S79°34'17"E	9°31'07"
C16	567.00'	53.85'	53.83'	26.94'	S87°03'05"E	5°26'29"
C17	909.00'	53.47'	53.46'	26.74'	S88°05'13"E	3°22'12"
C18	909.00'	89.38'	89.34'	44.73'	S83°35'06"E	5°38'01"
C19	909.00'	141.58'	141.44'	70.93'	S76°18'23"E	8°55'26"
C20	879.00'	292.88'	291.53'	147.81'	S80°13'35"E	19°05'28"
C21	849.00'	60.97'	60.96'	30.50'	S87°42'53"E	4°06'53"
C22	849.00'	93.40'	93.35'	46.75'	S82°30'21"E	6°18'11"
C23	849.00'	95.34'	95.29'	47.72'	S76°08'15"E	6°26'02"
C24	849.00'	33.19'	33.18'	16.60'	S71°48'03"E	2°14'23"
C25	351.00'	62.97'	62.89'	31.57'	S75°49'15"E	10°16'47"
C26	351.00'	53.98'	53.93'	27.04'	S85°21'59"E	8°48'41"
C27	321.00'	34.24'	34.23'	17.14'	S73°44'14"E	6°06'45"
C28	321.00'	72.71'	72.56'	36.51'	S83°16'57"E	12°58'43"
C29	321.00'	106.96'	106.46'	53.98'	S80°13'35"E	19°05'28"
C30	8.00'	15.09'	12.95'	11.02'	N54°07'21"E	108°03'59"
C31	20.00'	17.91'	17.32'	9.61'	N25°34'10"W	51°19'04"
C32	60.00'	34.61'	34.13'	17.80'	N34°42'19"W	33°02'47"
C33	60.00'	69.76'	65.89'	39.42'	N15°07'29"E	66°36'50"
C34	60.00'	60.00'	57.53'	32.78'	N77°04'46"E	57°17'45"
C35	60.00'	64.98'	61.85'	36.09'	S43°14'48"E	62°03'07"
C36	60.00'	66.63'	63.26'	37.22'	S19°35'36"W	63°37'40"
C37	20.00'	11.53'	11.37'	5.93'	S34°53'09"W	33°02'34"
C38	20.00'	6.38'	6.35'	3.22'	S09°13'37"W	18°16'30"
C39	8.00'	11.58'	10.59'	7.07'	S41°22'26"E	82°55'35"
C40	291.00'	35.22'	35.20'	17.63'	S86°18'16"E	6°56'06"
C41	8.00'	12.57'	11.31'	8.00'	S44°46'21"E	89°59'56"
C42	8.00'	12.57'	11.31'	8.00'	S45°13'39"W	90°00'04"

SURVEYOR'S CERTIFICATE

I, ROBERT D. KUNZ, DO HEREBY CERTIFY THAT I AM A REGISTERED PROFESSIONAL LAND SURVEYOR IN THE STATE OF UTAH IN ACCORDANCE WITH TITLE 58, CHAPTER 22, PROFESSIONAL ENGINEERS AND LAND SURVEYORS ACT; AND THAT I HAVE COMPLETED A SURVEY OF THE PROPERTY DESCRIBED ON THIS PLAT IN ACCORDANCE WITH SECTION 17-23-17 AND HAVE VERIFIED ALL MEASUREMENTS, AND HAVE PLACED MONUMENTS AS REPRESENTED ON THIS PLAT, AND THAT THIS PLAT OF WILCOX MEADOWS SUBDIVISION – PHASE 1 IN SYRACUSE CITY, DAVIS COUNTY, UTAH, HAS BEEN DRAWN CORRECTLY TO THE DESIGNATED SCALE AND IS A TRUE AND CORRECT REPRESENTATION OF THE HEREIN DESCRIBED LANDS INCLUDED IN SAID SUBDIVISION, BASED UPON DATA COMPILED FROM RECORDS IN THE DAVIS COUNTY RECORDER'S OFFICE AND FROM SAID SURVEY MADE BY ME ON THE GROUND, I FURTHER CERTIFY THAT THE REQUIREMENTS OF ALL APPLICABLE STATUTES AND ORDINANCES OF SYRACUSE CITY, DAVIS COUNTY CONCERNING ZONING REQUIREMENTS REGARDING LOT MEASUREMENTS HAVE BEEN COMPLIED WITH.

SIGNED THIS _____ DAY OF _____, 20___.

150228
UTAH LICENSE NUMBER

ROBERT D. KUNZ

REGISTERED LAND SURVEYOR 150228-2201 ROBERT D. KUNZ STATE OF UTAH

OWNERS DEDICATION AND CERTIFICATION

WE THE UNDERSIGNED OWNERS OF THE HEREIN DESCRIBED TRACT OF LAND, DO HEREBY SET APART AND SUBDIVIDE THE SAME INTO LOTS AND STREETS AS SHOWN ON THE PLAT AND NAME SAID TRACT WILCOX MEADOWS SUBDIVISION – PHASE 1, AND DO HEREBY DEDICATE TO PUBLIC USE ALL THESE PARTS OR PORTIONS OF SAID TRACT OF LAND DESIGNATED AS STREETS, THE SAME TO BE USED AS PUBLIC THOROUGHFARES AND ALSO TO GRANT AND DEDICATE A PERPETUAL RIGHT-OF-WAY AND EASEMENT OVER, UPON AND UNDER THE LANDS DESIGNATED HEREON AS PUBLIC UTILITY, STORM WATER AND STORM DRAIN EASEMENTS, THE SAME TO BE USED FOR THE INSTALLATION MAINTENANCE AND OPERATION OF PUBLIC UTILITY SERVICE LINE, STORM DRAINAGE FACILITIES, IRRIGATION CANALS OR FOR THE PERPETUAL PRESERVATION OF WATER CHANNELS IN THEIR NATURAL STATE WHICHEVER IS APPLICABLE AS MAY BE AUTHORIZED BY THE GOVERNING AUTHORITY, WITH NO BUILDINGS OR STRUCTURES BEING ERECTED WITHIN SUCH EASEMENTS AND ALSO TO GRANT TO SYRACUSE CITY A STORM DRAIN EASEMENT OVER PARCEL A FOR MAINTENANCE AND OPERATION OF DETENTION BASIN AND UTILITIES.

SIGNED THIS _____ DAY OF _____, 20___.

_____ _____
_____ _____
_____ _____

ACKNOWLEDGMENT

STATE OF UTAH)ss.
COUNTY OF _____)

ON THE _____ DAY OF _____, 20___, PERSONALLY APPEARED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, _____ (AND) _____ SIGNER(S) OF THE ABOVE OWNER'S DEDICATION AND CERTIFICATION, WHO BEING BY ME DULY SWORN, DID ACKNOWLEDGE TO ME _____ SIGNED IT FREELY, VOLUNTARILY, AND FOR THE PURPOSES THEREIN MENTIONED.

COMMISSION EXPIRES | NOTARY PUBLIC

ACKNOWLEDGMENT

STATE OF UTAH)ss.
COUNTY OF _____)

ON THE _____ DAY OF _____, 20___, PERSONALLY APPEARED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, _____ (AND) _____ BEING BY ME DULY SWORN, ACKNOWLEDGED TO ME THEY ARE _____ AND _____ OF SAID CORPORATION AND THAT THEY SIGNED THE ABOVE OWNER'S DEDICATION AND CERTIFICATION FREELY, VOLUNTARILY, AND IN BEHALF OF SAID CORPORATION FOR THE PURPOSES THEREIN MENTIONED.

COMMISSION EXPIRES | NOTARY PUBLIC

DEVELOPER:

CASTLE CREEK HOMES
MIKE SCHULTZ/MIKE BASTIAN
1798 W 5150 S, #103
ROY, UT 84067
(801) 525-0681

ROCKY MOUNTAIN POWER

APPROVED THIS _____ DAY OF _____, 20___, BY ROCKY MOUNTAIN POWER.

ROCKY MOUNTAIN POWER

QUESTAR

APPROVED THIS _____ DAY OF _____, 20___, BY QUESTAR.

QUESTAR

CENTURYLINK

APPROVED THIS _____ DAY OF _____, 20___, BY CENTURYLINK.

CENTURYLINK

PROJECT INFORMATION

Surveyor: R. KUNZ
Designer: N. ANDERSON
Begin Date: 02-18-15
Project Name: WILCOX MEADOWS SUBDIVISION
Number: 3784-57
Scale: 1"=80'
Revision:
Page: 1 of 1

DAVIS COUNTY RECORDER

ENTRY NO._____ FEE PAID _____ FILED FOR RECORD AND RECORDED, _____ AT _____ IN BOOK _____ OF THE OFFICIAL RECORDS, PAGE _____
RECORDED FOR:

DAVIS COUNTY RECORDER
_____ DEPUTY.

SYRACUSE CITY ATTORNEY

APPROVED THIS _____ DAY OF _____, 20___, BY THE SYRACUSE CITY ATTORNEY.

SYRACUSE CITY ATTORNEY

SYRACUSE CITY PLANNING COMMISSION

APPROVED THIS _____ DAY OF _____, 20___, BY THE SYRACUSE CITY PLANNING COMMISSION.

CHAIRMAN, SYRACUSE CITY PLANNING COMMISSION

SYRACUSE CITY ENGINEER

I HEREBY CERTIFY THAT THIS OFFICE HAS EXAMINED THIS PLAT AND IT IS CORRECT IN ACCORDANCE WITH INFORMATION ON FILE IN THIS OFFICE.

SYRACUSE CITY ENGINEER | DATE

SYRACUSE CITY COUNCIL

PRESENTED TO THE SYRACUSE CITY COUNCIL THIS THE _____ DAY OF _____, 20___, AT WHICH TIME THIS SUBDIVISION WAS APPROVED AND ACCEPTED.

SYRACUSE CITY MAYOR | ATTEST: CITY RECORDER

Reeve & Associates, Inc.
920 CHAMBERS STREET, SUITE 14, OGDEN, UTAH 84403
TEL: (801) 621-3100 FAX: (801) 621-2666 www.reeve-assoc.com
LAND PLANNERS * CIVIL ENGINEERS * LAND SURVEYORS
TRAFFIC ENGINEERS * STRUCTURAL ENGINEERS * LANDSCAPE ARCHITECTS

Reeve & Associates, Inc. - Solutions You Can Build On

SYRACUSE
EST. CITY 1935

Subdivision Final Plan Review

Subdivision: Wilcox Farms Phase 1 **Date**: March 9, 2015

Completed By: Jenny Schow, City Planner **Updated**: April 1, 2015

8-6-010: Final Plat:		**Planning Staff Review:**
1.	Proposed name of subdivision (to be approved by Planning Commission and County Recorder).	Yes
2.	Accurate angular and linear dimensions for all lines, angles and curves used to describe boundaries, streets, easements, areas reserved for public use, etc.	See Engineer Review
3.	Identification system for lots, blocks, and names of streets. Lot lines show dimensions in feet and hundredths.	Yes
4.	Street addresses shown for each lot as assigned by the City.	Yes
5.	True angles and distances to nearest street lines or official monuments as accurately described and shown by appropriate symbol.	See Engineer
6.	Radii, internal angles, points and curvatures, tangent bearings and the length of all arcs.	See Engineer Review
7.	Accurate location of all monuments to be Installed, shown by appropriate symbol.	Refer to City Engineer
8.	Dedication to City of all streets, highways and other public uses and easements included in the proposed subdivision.	Yes
9.	Street monuments shown on Final Plat as approved by City Engineer.	Refer to City Engineer
10.	Pipes or other iron markers shown on the plat.	Refer to City Engineer
11.	Accurate outlines and dimensions of any areas to be dedicated or reserved for public use, with the purposes indicated thereon, and any areas to be reserved by deed or covenant for common use of all property owners.	NA
12.	All boundary, lot and other geometrics (bearings, distances, curve data etc.) on Final Plat accurate to not less than one part in five thousand (1/5000).	Refer to City Engineer
13.	Location, function, ownership and manner of maintenance of common open space not reserved or dedicated for public use.	Yes
14.	Legal boundary description of the subdivision and acreage included.	Yes
15.	Current inset City map showing location of subdivision.	Yes
16.	Standard signatures forms/boxes reflected on the Final Plat as designated by City Code	Yes, but can reduce to one box to create space for the map.

8-6-020: Final Plan and Profile	**See Engineer Review**

Conditional Items of Final Plan Approval	
1.	Fencing is required along the northern property line of lot 111 and lot 113 per City code 10.30.80 *Any residential use abutting agriculture or farm industry must have a five-foot nonclimbable fence.*

Items Required Prior to Construction	
1.	Construction Drawing Prints and PDF files
2.	Schedule a preconstruction meeting
3.	Bond estimate using the City template
4.	Final Inspection Fees as calculated in the approved bond estimate
5.	Offsite Improvement Agreement
6.	BMP Facilities Maintenance Agreement (Parcel A)
7.	Streetlight Agreement
8.	SWPPP NOI
9.	SWPPP City Permit
10.	Fugitive Dust Control Plan

Conditional Items of Final Plan Approval for Recording	
1.	Escrow Agreement
2.	Water Shares
3.	Title Report - must be dated within 30 days or recording
4.	Recording fees: $37/page +$1/lot and any common space as well as $1/land-owner signatures over two

Wilcox Meadows Subdivision Phase 1

3000 West & 1200 South

Engineer Final Plan Review

Completed by Brian Bloemen on April 1, 2015

Below are the engineering comments for the final plan review of the Wilcox Meadows Subdivision Phase 1.

Plat:

1. The street name is missing between Lots 113 and 114.

Plans:

1. The culinary water main shall be looped through 1150 South Street to 2700 West Street with Phase 1.
2. All secondary stop and wastes shall be set in the park strip.
3. The elevations where the land drain main ties into the storm drain will not work as drawn. 19+85.21
4. Without a land drain lateral Lot 112 cannot have a basement.
5. The existing irrigation box in 1200 South will need to be relocated out of the road. A letter of acceptance from the farmer for the proposed modifications shall be submitted to the City.
6. Consult with JUB with the on the storm drain elevations shown at 19+85.21 as the City will be installing this with their project.
7. A detention basin maintenance agreement will be required.
8. Ordinance does not permit the City's secondary system to be used outside the boundary of the subdivision. City Council will have to approve that use north of Lot 111 and if it is approved, water shares shall be granted to the City and an account will need to be set up. In the event the Council does not approve this use, the existing ditch will need to be relocated to continue serving the property with irrigation water.

If you have any further comments or questions please feel free to contact me at 801-614-9630.

Sincerely,

Brian Bloemen, P.E.
City Engineer

TO: Community Development, Attention: Jenny Schow
FROM: Jo Hamblin, Fire Marshal
RE: Wilcox Farms Final
DATE: March 23, 2015

I have reviewed the plan submitted for the above referenced project. The Fire Prevention Division of this department has the following comments/concerns.

1. Fire hydrants and access roads shall be installed prior to construction of any buildings. All hydrants shall be placed with the 4 ½" connection facing the point of access for Fire Department Apparatus. The average spacing between hydrants with a fire flow requirement of 1,750 gpm or less is 500 feet.

2. Prior to beginning construction of any buildings, a fire flow test of the new hydrants shall be conducted to verify the actual fire flow for this project. The Fire Prevention Division of this department shall witness this test and shall be notified a minimum of 48 hours prior to the test.

These plans have been reviewed for Fire Department requirements only, at this time we have no concerns with the updated plans. Other departments must review these plans and will have their requirements. This review by the Fire Department must not be construed as final approval from Syracuse City.

Wilcox Farms
1183 S 3000 W

COUNCIL AGENDA

April 14, 2015

Agenda Item **#e.iii** Final Subdivision Plan -Steeds Lakeview Farm Phase 3000 W. 700 S.

Factual Summation

Zone:	R-2 & R-3 Residential
Applicant:	Lakeview Farm I LLC
Phase Acreage	10.442
Phase 1 Requested Lots	30
Total Acreage	47.2 acres
Net Developable Acres:	R-2 with 31.10 net developable area
	Density Allowed 31.10 @ 3.79 lots/acre=117 lots
	Requested 92 lots
	R-3 with 15.66 net developable area
	Density Allowed 15.66 @ 5.44 lots/acre=85 lots
	Requested 49 lots

Public Meeting Outline

General Plan Amendment Approval	
Planning Commission	May 6, 2014
City Council	May 13, 2014
Rezone Approval	
Planning Commission	June 3, 2014
City Council	June 10, 2014
Concept Plan Staff Meeting	January 14, 2015
Preliminary Plan Approval	
Planning Commission	February 17, 2015
City Council	March 10, 2015
Final Plan Approval	
Planning Commission	April 7, 2015

Background

The Final Plan for the Steed Lakeview Farm includes two zones, R-2 and R-3. The R-3 zone was approved by the Planning Commission and City Council as a buffer to the anticipated West Davis Corridor that may run adjacent to the westerly boundary. The subdivision proposes to develop in 5 phases. The developer has worked with the city engineer to coordinate the road improvements that will be made along both 3000 W and 700 S. Please see staff reviews for further information.

Attachments

- Aerial
- Preliminary Plan
- Staff Reviews

Planning Commission Recommendation

The Planning Commission moved to recommend approval, to the City Council, of the Final Subdivision Plan for Steeds Lakeview Farm Phase 1.

SYRACUSE CITY EST. 1935

Subdivision Final Plan Review

Subdivision: Steeds Lakeview Farm **Date**: February 12, 2015

Completed By: Jenny Schow, City Planner

8-6-010: Final Plat:		**Planning Staff Review:**
1.	Proposed name of subdivision (to be approved by Planning Commission and County Recorder).	Add Phase to the Title
2.	Accurate angular and linear dimensions for all lines, angles and curves used to describe boundaries, streets, easements, areas reserved for public use, etc.	Yes
3.	Identification system for lots, blocks, and names of streets. Lot lines show dimensions in feet and hundredths.	Add street names with public street below when submitted by City Planner
4.	Street addresses shown for each lot as assigned by the City.	Add as submitted by the City Planner
5.	True angles and distances to nearest street lines or official monuments as accurately described and shown by appropriate symbol.	Yes
6.	Radii, internal angles, points and curvatures, tangent bearings and the length of all arcs.	Yes
7.	Accurate location of all monuments to be Installed, shown by appropriate symbol.	Yes
8.	Dedication to City of all streets, highways and other public uses and easements included in the proposed subdivision.	Yes
9.	Street monuments shown on Final Plat as approved by City Engineer.	Yes
10.	Pipes or other iron markers shown on the plat.	Refer to City Engineer
11.	Accurate outlines and dimensions of any areas to be dedicated or reserved for public use, with the purposes indicated thereon, and any areas to be reserved by deed or covenant for common use of all property owners.	Yes
12.	All boundary, lot and other geometrics (bearings, distances, curve data etc.) on Final Plat accurate to not less than one part in five thousand (1/5000).	Refer to City Engineer
13.	Location, function, ownership and manner of maintenance of common open space not reserved or dedicated for public use.	N/A
14.	Legal boundary description of the subdivision and acreage included.	Yes
15.	Current inset City map showing location of subdivision.	
16.	Standard signatures forms/boxes reflected on the Final Plat as designated by City Code	Yes

8-6-020: Final Plan and Profile	**See Engineer Review**

Other	
1.	Street sign locations must be approved by the City Engineer prior to installation

Conditional Items of Final Plan Approval for Preconstruction	
1.	Construction Drawing Prints and PDF files
2.	Schedule a preconstruction meeting
3.	Bond estimate using the City template
4.	Final Inspection Fees as calculated in the approved bond estimate
5.	Offsite Improvement Agreement
6.	BMP Facilities Maintenance Agreement
7.	Streetlight Agreement
8.	SWPPP NOI
9.	SWPPP City Permit
10.	Fugitive Dust Control Plan

Conditional Items of Final Plan Approval for Recording	
1.	Escrow Agreement
2.	Water Shares
3.	Title Report - must be dated within 30 days or recording
4.	Recording fees: $37/page +$1/lot and any common space as well as $1/land-owner signatures over two

TO: Community Development, Attention: Jenny Schow
FROM: Jo Hamblin, Fire Marshal
RE: Steeds Lakeview Farms phase 1

DATE: March 19, 2015

I have reviewed the Steeds Lakeview Farms preliminary plans. The Fire Prevention Division of this department has the following comments/concerns.

1. Fire hydrants and access roads shall be installed prior to construction of any buildings. All hydrants shall be placed with the 4 ½" connection facing the point of access for Fire Department Apparatus. Provide written assurance that this will be met.

   - We request that the hydrant between lot 9 and 10 be moved to a new location it is at the end of the street and creates the potential of being blocked during winter months due to snow removal. The suggested location is between lot 11 and 12, which would provide better coverage to the street.

2. Prior to beginning construction of any buildings, a fire flow test of the new hydrants shall be conducted to verify the actual fire flow for this project. The Fire Prevention Division of this department shall witness this test and shall be notified a minimum of 48 hours prior to the test.

These plans have been reviewed for Fire Department requirements only. The Fire Department has no concerns regarding fire protection or access, as long as the developer complies with the requirements listed above. Other departments must review these plans and will have their requirements. This review by the Fire Department must not be construed as final approval from Syracuse City.

Sincerely,

Jo Hamblin
Deputy Chief/ Fire Marshal
Syracuse City Fire Department

1869 South 3000 West, Syracuse, Utah 84075
801-614-9614 (Station) 801-776-1976 (Fax)

SYRACUSE
EST. CITY 1935

Steeds Lakeview Farms Subdivision

3000 West & 700 South

Engineer Final Plan Review

Completed by Brian Bloemen on March 26, 2015

Below are the engineering comments for the final plan review of the Steeds Lakeview Farms Subdivision.

Plat:

1. Update the owners dedication.
2. Corner cuts are required at all intersections.
3. Add right-of-way width dimensions.
4. Add a signature block for the City Attorney
5. Add street addresses and street names.
6. Add "Public Street" after each street name.
7. Label the utility easement outfall width.

Plans:

1. St Andrews drive is currently under moratorium and the High Density Mineral Bond Seal will need to be replaced.
2. 700 South is currently under a moratorium. The south half of 700 South Street at 3125 West Street shall be removed and replaced to accommodate the intersection. High density mineral bond seal shall be installed as well.
3. An easement will be required for the utility outfall.
4. Tie the sewer outfall into the sewer in St Andrews Drive.
5. Tie the land drain outfall into the downstream side of the control box.
6. Add a 6" secondary drain into the catch basin between into SDMH #2.
7. Per Davis County requirements the detention basin and orifice plate must be sized for a 0.15 cfs release rate.
8. General note #5 should be DR-14 C-900.
9. General note #6 sewer laterals shall be green, land drain laterals white and land drain manholes shall be marked "LAND DRAIN."
10. Cut in a culinary and secondary tee at 700 South and install a 12" butterfly valve on the east and west sides of the tee and an 8" gate valve on the south.
11. Valley gutters are not permitted.
12. Update the storm drain sizing as discussed.
13. All valves shall be flanged on the tees.
14. Move the culinary and secondary valves from the west side of 800 South & Steed Drive to the east side.
15. Move the culinary and secondary valves from the north side of 800 South & 3175 West to the east side.
16. Relocate the hydrant at 18+57.96 to the property line between Lots 11 and 12.
17. Relocate the hydrant at 19+20.89 to 21+68.32.
18. Remove the existing irrigation ditch and plug the pipe going under the church. The irrigation box on the west side on the church shall also be removed.

If you have any further comments or questions please feel free to contact me at 801-614-9630.

Sincerely,

Brian Bloemen, P.E.
City Engineer

Reeve & Associates, Inc. - Solutions You Can Build On

STEEDS LAKEVIEW FARMS

PART OF THE NORTHEAST QUARTER OF SECTION 8, TOWNSHIP 4 NORTH, RANGE 2 WEST, SALT LAKE BASE AND MERIDIAN, U.S. SURVEY
SYRACUSE CITY, DAVIS COUNTY, UTAH
MARCH, 2015

DEVELOPER

LAKEVIEW FARMS 1 LLC.
ALLAN KARRAS
2609 NORTH MAIN
SUNSET, UT. 84015
(801) 564-0909

BASIS OF BEARINGS

THE BASIS OF BEARINGS FOR THIS PLAT IS THE SECTION LINE BETWEEN THE NORTHEAST CORNER AND THE NORTH QUARTER CORNER OF SECTION 8, TOWNSHIP 4 NORTH, RANGE 2 WEST, SALT LAKE BASE & MERIDIAN, U.S. SURVEY. SHOWN HEREON AS: N89°53'03"W

NARRATIVE

THE PURPOSE OF THIS PLAT IS TO DIVIDE THIS PROPERTY INTO LOTS AND STREETS AS SHOWN. ALL BOUNDARY CORNERS WERE SET WITH A 5/8" REBAR AND PLASTIC CAP STAMPED "REEVE & ASSOCIATES". ALL FRONT LOT CORNERS WERE SET WITH A LEAD PLUG IN THE TOP BACK OF CURB AT THE EXTENSION OF THE SIDE LOT LINES.

BOUNDARY DESCRIPTION

PART OF THE NORTHEAST QUARTER OF SECTION 8, TOWNSHIP 4 NORTH, RANGE 2 WEST, SALT LAKE BASE AND MERIDIAN, U.S. SURVEY; DESCRIBED AS FOLLOWS:

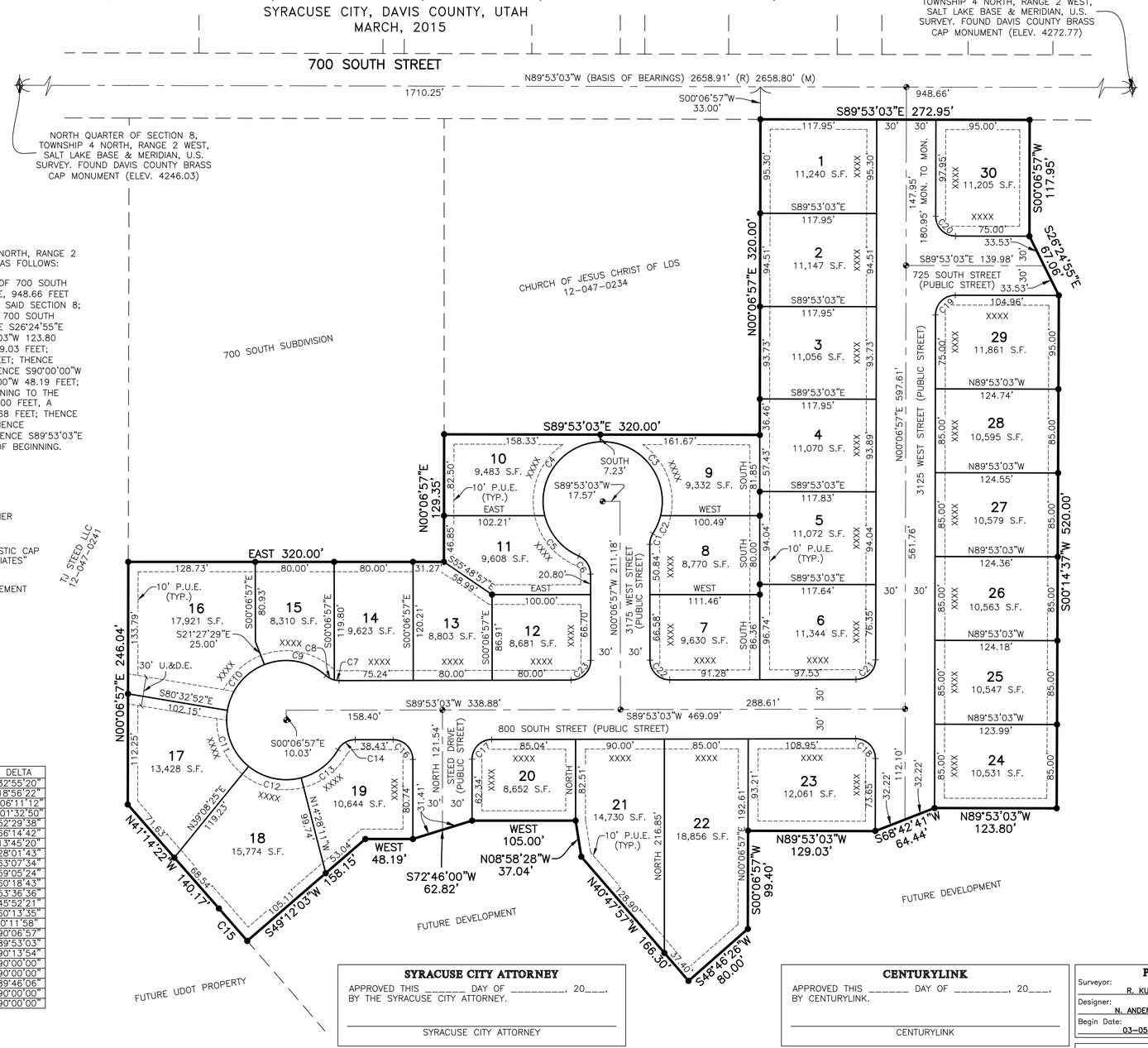
BEGINNING AT THE A POINT ON THE SOUTH RIGHT OF WAY LINE OF 700 SOUTH STREET, SAID POINT BEING N89°53'03"W ALONG THE SECTION LINE, 948.66 FEET AND S00°06'57"W 33.00 FEET FROM THE NORTHEAST CORNER OF SAID SECTION 8; THENCE S89°53'03"E ALONG SAID SOUTH RIGHT OF WAY LINE OF 700 SOUTH STREET, 272.95 FEET; THENCE S00°06'57"W 117.95 FEET; THENCE S26°24'55"E 67.06 FEET; THENCE S00°14'37"W 520.00 FEET; THENCE N89°53'03"W 123.80 FEET; THENCE S68°42'41"W 64.44 FEET; THENCE N89°53'03"W 129.03 FEET; THENCE S00°06'57"W 99.40 FEET; THENCE S48°46'26"W 80.00 FEET; THENCE N40°47'57"W 166.30 FEET; THENCE N08°58'28"W 37.04 FEET; THENCE S90°00'00"W 105.00 FEET; THENCE S72°46'00"W 62.82 FEET; THENCE N90°00'00"W 48.19 FEET; THENCE S49°12'03"W 158.15 FEET; THENCE ALONG A CURVE TURNING TO THE LEFT WITH AN ARC LENGTH OF 43.68 FEET, A RADIUS OF 12550.00 FEET, A CHORD BEARING OF N41°08'23"W, AND A CHORD LENGTH OF 43.68 FEET; THENCE N41°14'22"W 140.17 FEET; THENCE N00°06'57"E 246.04 FEET; THENCE N90°00'00"E 320.00 FEET; THENCE N00°06'57"E 129.35 FEET; THENCE S89°53'03"E 320.00 FEET; THENCE N00°06'57"E 320.00 FEET TO THE POINT OF BEGINNING.

CONTAINING 454,873 SQUARE FEET OR 10.442 ACRES

LEGEND

- = CALCULATED SECTION CORNER
- = SET STREET MONUMENT
- = SET 5/8" REBAR AND PLASTIC CAP STAMPED "REEVE & ASSOCIATES"
- P.U.E. = PUBLIC UTILITY EASEMENT
- U.&D.E. = UTILITY AND DRAINAGE EASEMENT
- = BOUNDARY LINE
- = LOT LINE
- = ADJOINING PROPERTY
- = ROAD CENTERLINE
- = SECTION TIE LINE

60 0 60 120 180
Scale: 1" = 60'



CURVE TABLE

#	RADIUS	ARC LENGTH	CHD LENGTH	TANGENT	CHD BEARING	DELTA
C1	20.00'	11.49'	11.33'	5.91'	N16°20'43"E	32°55'20"
C2	60.50'	20.00'	19.91'	10.09'	N23°20'12"E	18°56'22"
C3	60.50'	112.13'	96.75'	80.56'	N39°13'35"W	106°11'12"
C4	60.50'	107.23'	93.73'	74.11'	S36°54'24"W	101°32'50"
C5	60.50'	55.43'	53.51'	29.83'	S40°06'50"E	52°29'38"
C6	20.00'	23.12'	21.86'	13.05'	S33°14'18"E	66°14'42"
C7	20.00'	4.80'	4.79'	2.41'	N83°14'17"W	13°45'20"
C8	20.00'	9.78'	9.69'	4.99'	N62°20'46"W	28°01'43"
C9	60.50'	66.66'	63.34'	37.17'	N79°53'42"W	63°07'34"
C10	60.50'	62.39'	59.67'	34.29'	S38°59'50"W	59°05'24"
C11	60.50'	63.68'	60.78'	35.15'	S20°42'13"E	60°18'43"
C12	60.50'	56.61'	54.57'	30.57'	S77°39'53"E	53°36'36"
C13	60.50'	48.44'	47.15'	25.60'	N52°35'38"E	45°52'21"
C14	20.00'	21.02'	20.07'	11.60'	N59°46'15"E	60°13'35"
C15	12550.00'	43.68'	43.68'	21.84'	N41°08'23"W	0°11'58"
C16	20.00'	31.46'	28.31'	20.04'	S45°03'29"E	90°06'57"
C17	20.00'	31.38'	28.26'	19.96'	N44°56'31"E	89°53'03"
C18	20.00'	31.50'	28.34'	20.08'	S45°00'00"E	90°13'54"
C19	20.00'	31.42'	28.28'	20.00'	N45°06'57"E	90°00'00"
C20	20.00'	31.42'	28.28'	20.00'	N44°53'03"W	90°00'00"
C21	20.00'	31.34'	28.23'	19.92'	S45°00'00"W	89°46'06"
C22	20.00'	31.42'	28.28'	20.00'	N45°06'57"W	90°00'00"
C23	20.00'	31.42'	28.28'	20.00'	S44°53'03"W	90°00'00"

SURVEYOR'S CERTIFICATE

I, ROBERT D. KUNZ, DO HEREBY CERTIFY THAT I AM A REGISTERED PROFESSIONAL LAND SURVEYOR IN THE STATE OF UTAH IN ACCORDANCE WITH TITLE 58, CHAPTER 22, PROFESSIONAL ENGINEERS AND LAND SURVEYORS ACT; AND THAT I HAVE COMPLETED A SURVEY OF THE PROPERTY DESCRIBED ON THIS PLAT IN ACCORDANCE WITH SECTION 17-23-17 AND HAVE VERIFIED ALL MEASUREMENTS, AND HAVE PLACED MONUMENTS AS REPRESENTED ON THIS PLAT, AND THAT THIS PLAT OF STEEDS LAKEVIEW FARMS IN SYRACUSE CITY, DAVIS COUNTY, UTAH, HAS BEEN DRAWN CORRECTLY TO THE DESIGNATED SCALE AND IS A TRUE AND CORRECT REPRESENTATION OF THE HEREIN DESCRIBED LANDS INCLUDED IN SAID SUBDIVISION, BASED UPON DATA COMPILED FROM RECORDS IN THE DAVIS COUNTY RECORDER'S OFFICE AND FROM SAID SURVEY MADE BY ME ON THE GROUND, I FURTHER CERTIFY THAT THE REQUIREMENTS OF ALL APPLICABLE STATUTES AND ORDINANCES OF SYRACUSE CITY, DAVIS COUNTY CONCERNING ZONING REQUIREMENTS REGARDING LOT MEASUREMENTS HAVE BEEN COMPLIED WITH.

SIGNED THIS _____ DAY OF _____, 20___.

REGISTERED LAND SURVEYOR 150228-2201 ROBERT D. KUNZ STATE OF UTAH

150228
UTAH LICENSE NUMBER — ROBERT D. KUNZ

OWNERS DEDICATION AND CERTIFICATION

WE THE UNDERSIGNED OWNERS OF THE HEREIN DESCRIBED TRACT OF LAND, DO HEREBY SET APART AND SUBDIVIDE THE SAME INTO PRIVATELY OWNED PROPERTY, COMMON AREA, LIMITED COMMON AREA, AND PUBLIC STREETS AS SHOWN ON THE PLAT AND NAME SAID TRACT STEEDS LAKEVIEW FARMS, AND DO HEREBY DEDICATE TO PUBLIC USE ALL THESE PARTS OR PORTIONS OF SAID TRACT OF LAND DESIGNATED AS STREETS, THE SAME TO BE USED AS PUBLIC THOROUGHFARES AND ALSO TO GRANT AND DEDICATE A PERPETUAL RIGHT-OF-WAY AND EASEMENT OVER, UPON AND UNDER THE LANDS DESIGNATED HEREON AS PUBLIC UTILITY, STORM WATER AND STORM DRAIN EASEMENTS, THE SAME TO BE USED FOR THE INSTALLATION MAINTENANCE AND OPERATION OF PUBLIC UTILITY SERVICE LINE, STORM DRAINAGE FACILITIES, IRRIGATION CANALS OR FOR THE PERPETUAL PRESERVATION OF WATER CHANNELS IN THEIR NATURAL STATE WHICHEVER IS APPLICABLE AS MAY BE AUTHORIZED BY THE GOVERNING AUTHORITY, WITH NO BUILDINGS OR STRUCTURES BEING ERECTED WITHIN SUCH EASEMENTS.

SIGNED THIS _____ DAY OF _____, 20___.

ACKNOWLEDGMENT

STATE OF UTAH)ss.
COUNTY OF _____)

ON THE _____ DAY OF _____, 20___, PERSONALLY APPEARED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, _____ (AND) _____ SIGNER(S) OF THE ABOVE OWNER'S DEDICATION AND CERTIFICATION, WHO BEING BY ME DULY SWORN, DID ACKNOWLEDGE TO ME _____ SIGNED IT FREELY, VOLUNTARILY, AND FOR THE PURPOSES THEREIN MENTIONED.

COMMISSION EXPIRES — NOTARY PUBLIC

ACKNOWLEDGMENT

STATE OF UTAH)ss.
COUNTY OF _____)

ON THE _____ DAY OF _____, 20___, PERSONALLY APPEARED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, _____ (AND) _____ BEING BY ME DULY SWORN, ACKNOWLEDGED TO ME THEY ARE _____ AND _____ OF SAID CORPORATION AND THAT THEY SIGNED THE ABOVE OWNER'S DEDICATION AND CERTIFICATION FREELY, VOLUNTARILY, AND IN BEHALF OF SAID CORPORATION FOR THE PURPOSES THEREIN MENTIONED.

COMMISSION EXPIRES — NOTARY PUBLIC

SYRACUSE CITY ATTORNEY

APPROVED THIS _____ DAY OF _____, 20___, BY THE SYRACUSE CITY ATTORNEY.

SYRACUSE CITY ATTORNEY

CENTURYLINK

APPROVED THIS _____ DAY OF _____, 20___, BY CENTURYLINK.

CENTURYLINK

PROJECT INFORMATION

Surveyor: R. KUNZ
Designer: N. ANDERSON
Begin Date: 03-05-15
Project Name: STEEDS LAKEVIEW FARMS
Number: 1714-34
Scale:
Revision:
Page: 1 of 1

DAVIS COUNTY RECORDER

ENTRY NO._____ FEE PAID _____ FILED FOR RECORD AND RECORDED, _____ AT _____ IN BOOK _____ OF THE OFFICIAL RECORDS, PAGE _____
RECORDED FOR:

DAVIS COUNTY RECORDER
_____ DEPUTY.

ROCKY MOUNTAIN POWER

APPROVED THIS _____ DAY OF _____, 20___, BY ROCKY MOUNTAIN POWER.

ROCKY MOUNTAIN POWER

QUESTAR

APPROVED THIS _____ DAY OF _____, 20___, BY QUESTAR.

QUESTAR

SYRACUSE CITY PLANNING COMMISSION

APPROVED THIS _____ DAY OF _____, 20___, BY THE SYRACUSE CITY PLANNING COMMISSION.

CHAIRMAN, SYRACUSE CITY PLANNING COMMISSION

SYRACUSE CITY ENGINEER

I HEREBY CERTIFY THAT THIS OFFICE HAS EXAMINED THIS PLAT AND IT IS CORRECT IN ACCORDANCE WITH INFORMATION ON FILE IN THIS OFFICE.

SYRACUSE CITY ENGINEER — DATE

SYRACUSE CITY COUNCIL

PRESENTED TO THE SYRACUSE CITY COUNCIL THIS THE _____ DAY OF _____, 20___, AT WHICH TIME THIS SUBDIVISION WAS APPROVED AND ACCEPTED.

SYRACUSE CITY MAYOR — ATTEST: _____ CITY RECORDER

Reeve & Associates, Inc.
4155 S. HARRISON BLVD., SUITE 310, OGDEN, UTAH 84403
TEL: (801) 621-3100 FAX: (801) 621-2666 www.reeve-assoc.com
LAND PLANNERS • CIVIL ENGINEERS • LAND SURVEYORS
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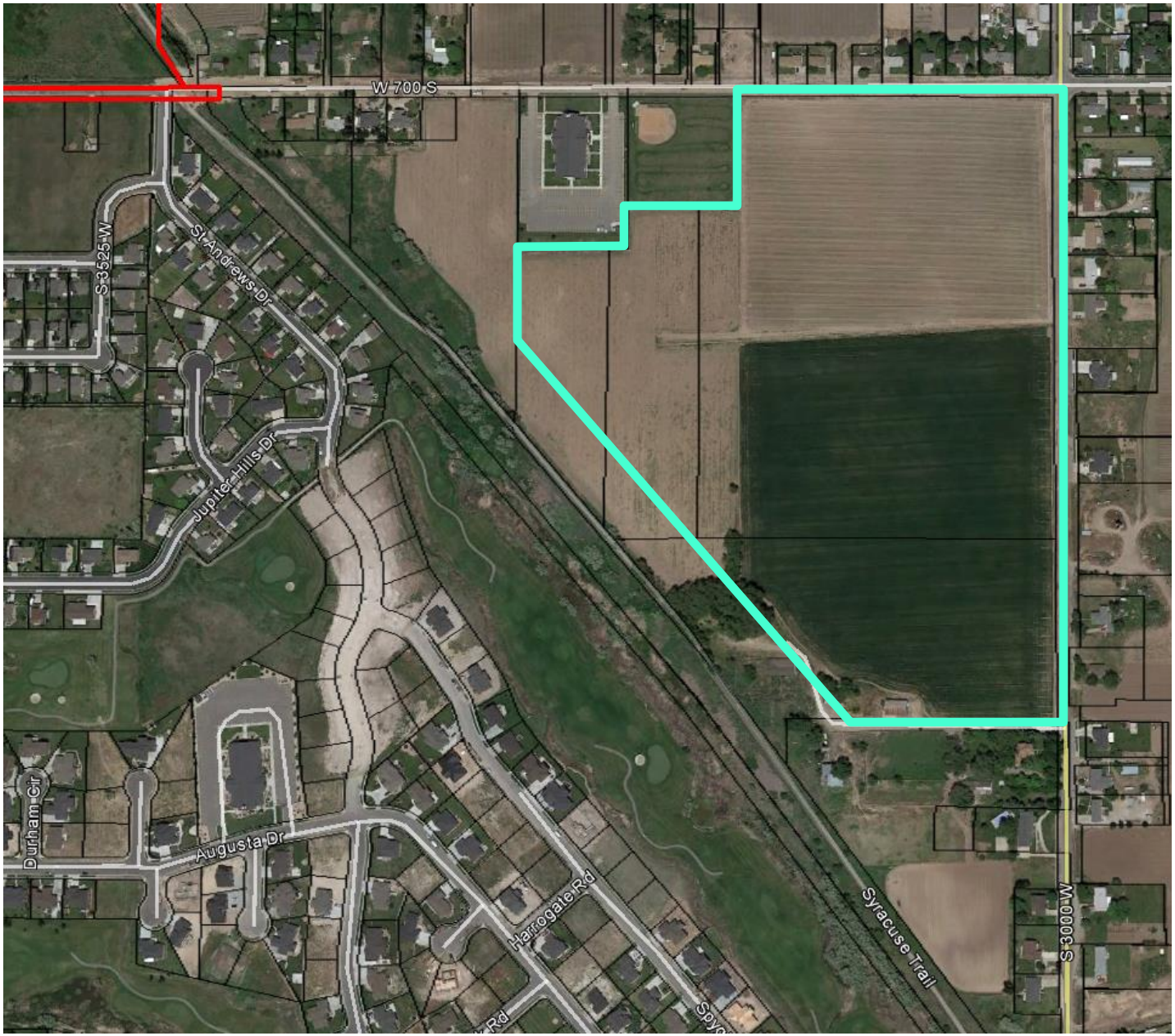

COUNCIL AGENDA

April 14, 2015

Agenda Item **#e.iv** Code Amendment to Title X pertaining to the PRD-Planned Residential Zone.

Public Meeting Outline

Planning Commission Work Session Discussions

January 20, 2015
February 3, 2015
March 3, 2015

Background

The Planning Commission and General Plan Committee have conducted a complete review of the PRD Planned Residential Development ordinance in Title X of the City Code. Please see attached recommendations.

Attachments

- Proposed Code Amendments

Planning Commission Recommendation

The Planning Commission moved to recommend approval, to the City Council, of the proposed Code Amendment to Title X pertaining to the PRD-Planned Residential Zone.

Chapter 10.75

PRD – PLANNED RESIDENTIAL DEVELOPMENT

Sections:

10.75.010 Purpose.

10.75.020 Permitted uses.

10.75.030 Conditional uses.

10.75.040 Minimum lot standards.

10.75.050 Development plan and agreement requirements.

10.75.060 Design standards.

10.75.070 Street design.

10.75.080 Off-street parking and loading.

10.75.090 Signs.

10.75.010 Purpose.

The purpose of this zone is to allow diversification in the relationship of residential uses to their sites and permit directed flexibility of site design. Further, its intent is to encourage a more efficient use of the land and the reservation of a greater proportion of common space for recreational and visual use than other residential zones may provide and to encourage a variety of dwelling units that allow imaginative concepts of neighborhood and housing options and provide variety in the physical development pattern of the City. This will allow the developer to more closely tailor a development project to a specific user group, such as retired persons.

The intent of this zone is to encourage good neighborhood design while ensuring compliance with the intent of the subdivision and zoning ordinances. All dwelling units are to be held in private individual ownership. However, the development shall contain common or open space and amenities for the enjoyment of the planned community that are developed and maintained through an active homeowners' association or similar organization with appointed management. [Ord. 12-01 § 1; Ord. 11-04 § 6; Ord. 11-02 § 1 (Exh. A); Ord. 08-07 § 1 (Exh. A); Ord. 06-27; Ord. 06-17; Code 1971 § 10-15-010.]

10.75.020 Permitted uses.

The following are permitted uses by right provided the parcel and building meet all other provisions of this title and any other applicable ordinances of Syracuse City:

(A) Accessory uses and buildings (Maximum 200 square feet).

(B) Churches, synagogues, and temples.

(C) Dwelling units, single-family (no more than four units attached).

(D) Educational services.

(E) Household pets.

(F) Private parks.

(G) Public and quasi-public buildings.

(H) Residential facilities for persons with disabilities and assisted living centers. [Ord. 12-01 § 1; Ord. 11-04 § 6; Ord. 11-02 § 1 (Exh. A); Ord. 08-07 § 1 (Exh. A); Ord. 06-27; Ord. 06-17; amended 1991; Code 1971 § 10-15-020.]

10.75.030 Conditional uses.

The following may be permitted conditional uses for non-attached dwellings, after approval as specified in SCC 10.20.080.

(A) Day care centers (major).

(B) Home occupations (minor or major).

(C) Temporary commercial uses (see SCC 10.35.050) (minor).

(D) Temporary use of buildings (see SCC 10.30.100(A)(9)) (minor). [Ord. 12-01 § 1; Ord. 11-04 § 6; Ord. 11-02 § 1 (Exh. A); Ord. 08-07 § 1 (Exh. A); Ord. 06-27; Ord. 06-17; amended 1991; Code 1971 § 10-15-030.]

10.75.040 Minimum lot standards.

All lots shall be developed and all structures and uses shall be placed on lots in accordance with the following standards:

(A) Density: ~~The City shall determine the dwelling unit density, building setbacks, and minimum lot size through a development plan based on the specific merits of the proposed development as well as on factors such as recreation facilities, greater open space, landscaping features, fencing type and design, signage, clubhouse provisions, homeowners' covenants, professional maintenance, trails/pathways, and quality of exterior building materials. However, condominium developments shall comply with the Utah Condominium Act, but in no case shall the~~ Overall density of (6) dwelling units per ~~net~~ gross acre~~, without recommendation for approval by the Planning Commission and the consent and approval of the City Council.~~

~~The overall density of the development may exceed eight dwelling units per net acre and increase up to a maximum of 12 dwelling units per net acre only after receiving recommendation for approval by the Planning Commission and consent and approval by the City Council. The Planning Commission recommendation and City Council consent and approval, for a developer to exceed eight dwelling units per net acre, shall be subject to the ability of the development plan to meet the following criteria:~~

(~~1~~) ~~The development area shall be a transitional residential buffer to commercial, industrial, and/or retail zones, as established in the general plan;~~

(~~2~~ 1) The development shall provide a standard road right-of-way of 60 feet which shall include curb, gutter, and sidewalk improvements;

(2) Open space/common space: shall be a minimum 50 percent of the total land area, excluding roadways, buildings, acreage and, excluding any above-ground City infrastructure. Of that 50 percent, 30 percent shall be in open space and 20 percent in common space.

(4) For detention ponds to be considered common space it must include amenities approved by planning commission and city council.

(4) The aesthetic and landscaping proposals shall provide ~~a~~

~~superior residential development and environment;~~ for trees and shrubs that break up the look of having the same building style duplicated throughout the development and shall be in accordance with the Architectural Review Guide .

(5) The development shall provide adequate off-street parking area(s), subject to requirements of this chapter and off-street parking requirements as found in Chapter 10.40 SCC; and

(6) The development design shall include a direct connection to a major arterial, minor arterial, or major collector roadway.

(B) Lot width: determined by development plan.

(C) Front yard: 20 feet.

(D) Side yards: a minimum of 16 feet between ~~attached units~~ primary structures and 8 feet from the property line

(E) Rear yard: a minimum of 15 feet.

(F) Building height: as allowed by current adopted building code, with a maximum height of 30 feet to the top of the roof structure.

(G) Structure: for attached units, there shall be no single roofline and shall have variations in architectural style between the buildings. The units shall include a minimum of two-car garages for each unit and shall not be the major architectural feature of the building.

(~~G~~ H. [Ord. 12-01 § 1; Ord. 11-04 § 6; Ord. 11-02 § 1 (Exh. A); Ord. 08-07 § 1 (Exh. A); Ord. 06-27; Ord. 06-17; amended 1998; Code 1971 § 10-15-040.]

10.75.050 Development plan and agreement requirements.

(A) Subdivision ordinance requirements shall generally apply to planned residential communities. The developer shall submit a residential development plan of all project phases for City consideration and approval and shall integrate the proposed development plan into a development agreement between the developer and City. The development agreement

shall undergo an administrative review process to ensure compliance with adopted City ordinances and standards with approval by the City Council. The subdivider shall develop the property in accordance with the development agreement and current City ordinances in effect on the approval date of the agreement, together with the requirements set forth in the agreement, except when federal, state, county, and/or City laws and regulations, promulgated to protect the public's health, safety, and welfare, require future modifications under circumstances constituting a rational public interest. ~~The Land Use Authority shall use the submitted development plan and agreement with the design amenities and unique development features and merits of the development to determine overall development dwelling unit density up to a maximum of 12 dwelling units per net acre.~~

(B) A planned residential development must have a minimum of five acres ~~with a minimum of 20 percent of the acreage in common space area excluding required roadways, curbs, and other City infrastructure~~.

(C) The developer shall landscape and improve all open space ~~or common space~~ around or adjacent to building lots and common spaces and maintain the same through a lawfully organized homeowners' association, residential management company, or similar organization. The HOA shall warrant the trees used in landscaping.

(D) The development plan submitted for review shall show the location and building elevations with exterior building materials, size, and general footprint of all dwelling units and other main buildings and amenities.

(E) The development plan submitted for review shall include landscaping, fencing, and other improvement plans for common or open spaces, with the landscaping designed in accordance with an approved theme to provide unity and aesthetics to the project. The plan shall include all special features, such as ponds, fountains, signs, walking paths, inviting entryways, etc., together with a landscape planting plan. ~~Open~~ Common space ~~and recreational areas~~ should be the focal point for the overall design of the development, with various community facilities grouped in places well related to the common ~~open~~ space~~s~~ and easily accessible to pedestrians.

(F) The proposed development shall show it will not be detrimental to the health, safety, or general welfare of persons residing adjacent to the proposed development.

(G) A planned residential community shall be of sufficient size, composition, and arrangement to enable its feasible development as a complete unit, managed by a legally established owners' association and governed by enforceable, duly recorded CC&Rs. [Ord. 12-01 § 1; Ord. 11-04 § 6; Ord. 11-02 § 1 (Exh. A); Ord. 08-07 § 1 (Exh. A); Ord. 06-27; Ord. 06-17; Code 1971 § 10-15-050.]

10.75.060 Design standards.

The Land Use Authority shall approve the required common building theme. The design shall show detail in the unification of exterior architectural style, building materials, and color and size of each unit; however, the intent is not to have the design so dominant that all units are identical. Residential dwellings shall comply with SCC 10.30.020. [Ord. 12-01 § 1; Ord. 11-04 § 6; Ord. 11-02 § 1 (Exh. A); Ord. 08-07 § 1 (Exh. A); Ord. 06-27; Ord. 06-17; Code 1971 § 10-15-060.]

10.75.070 Street design.

The Land Use Authority may approve an alternative street design so long as it maintains the City's minimum rights-of-way. The developer shall dedicate all street rights-of-way to the City. [Ord. 12-01 § 1; Ord. 11-04 § 6; Ord. 11-02 § 1 (Exh. A); Ord. 08-07 § 1 (Exh. A); Ord. 06-27; Ord. 06-17; Code 1971 § 10-15-070.]

10.75.080 Off-street parking and loading.

For multi-unit developments; one additional off-street parking space shall be provided for each unit of four dwellings. Off-street parking and loading shall be as specified in Chapter 10.40 SCC; provided, however, that the City may limit or eliminate street parking or other use of City rights-of-way through the employment of limited or alternative street designs. [Ord. 12-01 § 1; Ord. 11-04 § 6; Ord. 11-02 § 1 (Exh. A); Ord. 08-07 § 1 (Exh. A); Ord. 06-27; Ord. 06-17; amended 1991; Code 1971 § 10-15-080.]

10.75.090 Signs.

The signs permitted in this zone shall be those allowed in residential zones by Chapter 10.45 SCC. [Ord. 12-01 § 1; Ord. 11-04 § 6; Ord. 11-02 § 1 (Exh. A); Ord. 08-07 § 1 (Exh. A); Ord. 06-27; Ord. 06-17; amended 1991; Code 1971 § 10-15-090.]

Chapter 10.10
DEFINITIONS

10.10.040 Definitions.

~~"Common space" means land area within a development not individually owned or dedicated for public use, for which its design and intended use as an amenity shall be for the direct benefit of the residents in such development. Common space may be either natural or functional as a designed element of a development that has a functionally described and planned benefit. Examples include landscaped areas that provide visual relief, shade, screening, buffering, or another environmental amenity and nature trails, exercise trails, and facilities, e.g., swimming pools, tennis courts, club houses, pavilions, and golf courses.~~

"Common Space" means land area with an amenity whose dedicated purpose is shared equally by all the residents of that community or the public.

~~"Open space" means any area of land characterized by openness that provides for that portion of the human environment, through dedication to preservation of said openness, in order to enhance urban, suburban, or rural areas, and provide important physical, recreational, conservation, aesthetic, or economic value or assets.~~

~~(1) "Functional open space" means any area of land improved and dedicated for public or private use and designed as an amenity for the benefit of the residents of a development or citizens of the City. Examples include landscaped aesthetic areas, City parks, playgrounds, and ball fields.~~

~~(2) "Natural open space" means any area of land, essentially unimproved and not occupied by structures or manmade impervious surfaces, dedicated or reserved in perpetuity for public or private enjoyment as a preservation of open area.~~

~~(3) "Cluster subdivision open space" means open space, either natural or functional, provided to compensate for the lot size reductions from minimum lot size requirements or increases in overall gross density.~~

~~(4) "Public open space" means open space owned by a public agency, such as the City of Syracuse, and maintained by such agency for the use and enjoyment of the general public.~~

"Open Space" means any area of land without human-built structures; such as parks, recreational and natural areas or land not occupied by buildings. Open space does not include curb and gutter, driveways and roadways.

ADD:
"Gross Acreage" means the total land being developed