

**CITY OF CLEVELAND  
HUMAN RESOURCES POLICIES AND PROCEDURES MANUAL**

**Section B - General Policies and Procedures**

The General Procedures Section of the Manual is designed to provide support and assistance to City Departments and employees in coordinating Human Resources programs, processes and services.

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## **EMPLOYEE PROBATIONARY PERIOD**

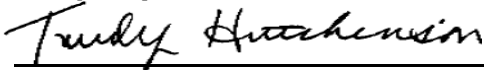
### **I. Probationary Period**

- A. The probationary period provided by Section 131 of the Charter of the City of Cleveland for some employees is 120 calendar days from the effective date of hire, promotion or appointment to the affected position subject to the following exceptions:
1. The applicable collective bargaining agreement supersedes this policy and may provide for a different duration for the probationary period.
  2. The Civil Service Commission, where the good of the service requires, fixes the duration of the probationary period for individual classifications at six calendar months; but such action must be taken at the time the examination for such classification is announced.
  3. Probationary employees will be regularly evaluated and are subject to probationary termination at any time if performance does not merit continued employment.
  4. The Civil Service Commission may extend an employee's initial 120 day probationary period for an additional period not to exceed 60 calendar days where an extension is necessary for adequate evaluation of that employees' performance. Any extension of a bargaining unit employee's probationary period must be done with mutual agreement between the collective bargaining unit and the City, and must be agreed to prior to expiration of the current probationary period.
- B. The probationary period shall be utilized for the following:
1. Closely observing the employee's progress as the employee is assigned responsibilities consistent with the job classification.
  2. Securing the most effective adjustment of the new employee to his or her position

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3. Documenting the employee's ability to meet the requirements of the new position.
- C. No appointment or promotion is final until the appointee has satisfactorily served his or her probationary period.
  - D. Please see Civil Service rule 6.80 – 6.84 or applicable collective bargaining agreement for further information on probationary period.

**This policy has been issued under the authority of:**



\_\_\_\_\_  
**Signature**

Director of Personnel & HR

\_\_\_\_\_  
**Title**

March 17, 2008

\_\_\_\_\_  
**Date**

**B-1**

## **EMPLOYMENT IN ADDITION TO CITY EMPLOYMENT**

### **Employment in Addition to City Employment**

- A. An employee who desires secondary employment must secure written authorization from the appointing authority, the department director, and the Director of Human Resources (see attached form). Secondary employment is defined as an occupation, vocation, profession, trade, or business other than City employment for which remuneration is received and which includes any work engaged in for profit including self-employment. The authorization will be effective until January 31 of the year following the year it is granted, and must be requested annually thereafter. Discipline/Dismissal can result in failure to obtain authorization.
- B. All requests for secondary employment will be reviewed and approved to avoid both impropriety and the appearance of impropriety, avoiding improper influences from business, family, position, party or person. Secondary Employment evaluations shall avoid activities that would impugn the dignity of the City. Please see City of Cleveland Policy C-21 (Ethics Policy).
- C. The appointing authority must determine if the secondary employment involves a conflict with the employee's City position and/or operational needs of the department/division. The appointing authority will not authorize any employment whose nature or hours worked are such that job performance with the City is adversely affected. Examples include employment that could tire or reduce efficiency of personnel while on City payroll or that results in visits or telephone calls or other distractions while on the job or results in time off from the employee's City job. If any of the above conditions exist, they should be documented, and the employee will be subject to the City's progressive discipline policy. The appointing authority has the right to revoke the authorization at any time based upon the operational needs of the department/division.
- D. If an employee is unable to work due to illness or injury, the employee is required to advise the appointing authority if the employee intends to work the secondary job during the period that the employee is incapacitated. Employees who participate in the Injury Pay Program are not permitted to work secondary employment.
- E. The City will not defend personnel in lawsuits brought against them as a result of actions taken or not taken during secondary employment. Therefore, it is recommended that City employees have an understanding with the secondary employer that they be covered by that employer's general comprehensive liability insurance, if applicable.

**B-2**

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- F. The following stipulation is required to be signed on all requests for authorization for secondary employment:
1. I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.
  2. I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.
  3. I authorize the Secondary Employer, referenced above, to release to the City of Cleveland any and all records, documents, and/or other data compilations regarding the specific days on which I will perform or performed work for the Secondary Employer and the exact hours of work I will perform or performed for the Secondary Employer (i.e., starting time, ending time, total number of hours worked, etc.). The authorization covers all information regardless of how the Secondary Employer maintains the information in the ordinary course of business (e.g., paper, electronic or other data compilation format). The request may include, but is not limited to, the production of the following types of records, documents, or data compilations utilized by the Secondary Employer to record the days and hours of work I will perform or performed for the Secondary Employer: payroll records, work schedules, time cards, proof of Bureau of Workers' Compensation certification, etc.

**This policy has been issued under the authority of:**



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**Signature**

Director of Human Resources

---

**Title**

March 26, 2018

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**Date**

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**AUTHORIZATION FOR SECONDARY EMPLOYMENT -- REQUEST FORM**

NAME \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

EMPLOYEE ID #: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ DIVISION \_\_\_\_\_

SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

JOB TITLE \_\_\_\_\_

TYPES OF DUTIES PERFORMED \_\_\_\_\_

DAYS TO BE WORKED BASED ON A 14 DAY SCHEDULE \_\_\_\_\_

HOURS TO BE WORKED: \_\_\_\_\_

I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.

I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.

I authorize the Secondary Employer, referenced above, to release to the City of Cleveland any and all records, documents, and/or other data compilations regarding the specific days on which I will perform or performed work for the Secondary Employer and the exact hours of work I will perform or performed for the Secondary Employer (i.e., starting time, ending time, total number of hours worked, etc.). The authorization covers all information regardless of how the Secondary Employer maintains the information in the ordinary course of business (e.g., paper, electronic or other data compilation format). The request may include, but is not limited to, the production of the following types of records, documents, or data compilations utilized by the Secondary Employer to record the days and hours of work I will perform or performed for the Secondary Employer: payroll records, work schedules, time cards, proof of Bureau of Workers' Compensation certification, etc.

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

\_\_\_\_\_  
Date

**AUTHORIZED BY:**

\_\_\_\_\_  
APPOINTING AUTHORITY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT DIRECTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DIRECTOR OF HUMAN RESOURCES

\_\_\_\_\_  
DATE

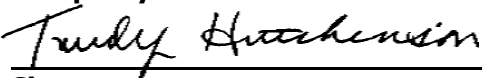
**EXPIRES JANUARY 31, \_\_\_\_\_ (Note: Approval must be renewed annually)**

**B-2-1**

## EMPLOYMENT STATUS

- A. A full-time employee is defined as an employee who is regularly scheduled to work the normal working hours of the department or division to which he or she is assigned. Union agreements generally define the normal work week for full-time employees 40 hours per week of work in five, eight hour days.
- B. The following are not considered full-time employees:
1. **Part-time Employees:** A part-time employee is defined as an employee who is regularly scheduled to work less than the normal working hours of a Department or Division. Each part-time employee must sign an acknowledgment form that he or she understands that he or she is not entitled to benefits reserved to full-time employees, unless otherwise specified by ordinance or contract. (See form B-3-1) The employee's department/division is responsible for having the employee sign this acknowledgment form. The department/division is also responsible for forwarding a copy of the authorization to the Department of Human Resources.
  2. **Seasonal Employees:** A seasonal employee who works full-time during a specific season or period of the year performing some work or activity limited to that season or period of the year.
  3. **Temporary 60-Day Transitory, Temporary 30-Day Emergency Employee or Part-Time:** With the consent of the Civil Service Commission, persons may be temporarily employed for transitory work, but such employment shall not continue for more than 60 calendar days. When there is an eligible list in existence for a title, the list must be used for selecting a 60 calendar day transitory hire. With the consent of the Civil Service Commission, when an emergency arises, persons may be temporarily employed during the period of the emergency, but not for longer than 30 calendar days. When there is an eligible list, candidates from the list must be considered first.

**This policy has been issued under the authority of:**



\_\_\_\_\_  
**Signature**

Director of Personnel & HR

\_\_\_\_\_  
**Title**

March 17, 2008

\_\_\_\_\_  
**Date**

**NON-FULL-TIME EMPLOYEE ACKNOWLEDGMENT FORM**

I understand that I am a part-time/seasonal/temporary transitory or temporary emergency employee who is scheduled to work less than a full-time employee. Therefore, I realize that I am not entitled to participate in the City's employee benefits program unless the Codified Ordinances of the City of Cleveland so authorize.

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

\_\_\_\_\_  
Department/Division Signature

\_\_\_\_\_  
Employee Identification Number

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

\_\_\_\_\_  
Department/Division Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## EXIT INTERVIEW PROCEDURE

### Exit Interview

- A. Normally, no later than the employee's last working day, the employee, upon separation from City employment by way of layoff, resignation, retirement, discharge or termination, must be given an exit interview by an appropriate member of the employee's department/division staff as designated by the director/commissioner.
  1. In the event of a resignation, the employee is encouraged to submit a written letter of resignation (preferably describing the circumstances and reasons leading to the resignation to the appointing authority, with a copy to the Department of Human Resources).
  2. During the interview, the employee will be advised of the following:
    - a. C.O.B.R.A. rights (if applicable)
    - b. The option to convert life insurance
    - c. The option to receive a refund of the employee's portion of O.P.E.R.S. contributions
    - d. A confirmation of sick leave balance, unused vacation and pro rated vacation
- B. The employee will be responsible for returning all City property such as City identification cards, keys, parking cards, badges, uniforms, radios, pagers, cellular phones and any other City property.
- C. If any City property has been lost or damaged, the cost of replacing such property may be deducted from the employee's final paycheck or the final paycheck may be withheld until all such items have been returned.
- D. An exit interview checklist will be completed and must include the employee's permanent mailing address (see Form B-4-1). If this address is different from the current address, the P.I.D. should reflect the change.
- E. This exit interview check list will be signed and dated by the employee and the designated City of Cleveland agent and placed in the employee's personnel file.

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- F. If the employee is unable to attend the exit interview or if the employee is deceased, a notation should be made on the exit form.

**This policy has been issued under the authority of:**

*Tandy Hutchinson*

\_\_\_\_\_  
**Signature**

Director of Personnel & HR

\_\_\_\_\_  
**Title**

March 17, 2008

\_\_\_\_\_  
**Date**

**EXIT INTERVIEW CHECKLIST (2- Pages)**  
*For Employees Separating From City Employment*

---

EMPLOYEE NAME

---

DEPARTMENT/DIVISION

---

EMPLOYEE IDENTIFICATION NUMBER

---

CURRENT PERMANENT ADDRESS

**ITEM DESCRIPTION/DATE RECEIVED**

1. CITY OF CLEVELAND I.D. CARD  
(    /    /    )
2. PETTY CASH FUNDS RECEIPT  
(    /    /    )
3. CITY VEHICLE  
(    /    /    )
4. KEYS TO CITY VEHICLE  
(    /    /    )
5. PARKING KEY CARD  
(    /    /    )
6. FUEL KEY CARD  
(    /    /    )
7. KRONOS KEY CARD  
(    /    /    )
8. OTHER KEY CARD  
(    /    /    )
9. DIVISION I.D. CARD  
(    /    /    )
10. CITY PROPERTY KEYS  
(    /    /    )
11. CITY TOOLS  
(    /    /    )
12. OFFICE SUPPLIES & EQUIPMENT  
(    /    /    )
13. UNIFORM  
(    /    /    )
14. RADIO  
(    /    /    )

**EXIT INTERVIEW CHECKLIST (2- Pages)**

- 15. WALKIE TALKIE  
(    /    /    )
- 16. PAGER  
(    /    /    )
- 17. CELLULAR PHONE  
(    /    /    )
- 18. COBRA ELECTION FORM/REPORT OF COBRA QUALIFYING EVENT  
(    /    /    )
- 19. OPTION TO CONVERT LIFE INSURANCE  
(    /    /    )
- 20. OPTION TO RECEIVE REFUND OF P.E.R.S.  
(    /    /    )
- 21. CONFIRMATION OF TOTAL SICK LEAVE BALANCE \_\_\_\_\_ HRS.
- 22. CONFIRMATION OF UNUSED VACATION \_\_\_\_\_ HRS.
- 23. CONFIRMATION OF PRO RATED VACATION \_\_\_\_\_ HRS.
- 24. CONFIRMATION OF OVERTIME/COMP TIME BALANCE \_\_\_\_\_ HRS.
- 25. OTHER:  
(    /    /    )
- 26. OTHER:  
(    /    /    )

Why have you chosen to leave your position with the City of Cleveland?

---

What, if any, action should/could the City of Cleveland taken to retain you?

---

**SIGNATURES**

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE IDENTIFICATION NUMBER

\_\_\_\_\_  
PREPARED BY

\_\_\_\_\_  
DATE

## **FLEX TIME, CORE HOURS, ALTERNATIVE WORK SCHEDULE**

- I. An appointing authority may establish flex time, core hours, and/or any other schedule that may be necessary for the operation of the unit, consistent with this policy and with the approval of the affected Director.
  - A. Flex time provides an alternative to a typical 8:00am to 5:00pm work day during the standard five-day work week. It is an arrangement that allows employees to set their own schedule within limits.
  - B. Core hours represent the time period during the work day that is within the tour of duty during which an employee with a flexible work schedule is required to be present for work.
    1. A flexible schedule is prearranged and fixed within the core hours. Employees are required to adhere to the flexible work schedule unless deviation from that schedule is approved by the appointing authority or designee.
    2. The normal work week for regular full-time employees shall be forty (40) hours of work in five (5) eight (8) hour days (The City reserves the right, as operational needs and conditions require, to establish and change hours of work, shifts and schedules of hours.).

All employees who work a regular work day shall be allowed not less than thirty (30) uninterrupted minutes for a scheduled lunch period, except for other schedules mutually agreed upon by the Appointing Authority (Employees are not permitted to use their lunch hour at the beginning or end of a work-day to show-up to work late or leave early).
    3. Any employee on an alternative work schedule may not use their lunch hour adjacent to the beginning or end of their work-day.
    4. All employees who work a regular work day shall be allowed two (2) fifteen (15) minute rest periods on each shift, each work day. The rest periods, to the extent practicable, will be scheduled during the middle two (2) hours of each one-half (1/2) shift but they may not be scheduled immediately before or after the meal period or at the start or the end of the shift, except for schedules agreed upon with the Appointing Authority. Further, fifteen (15) minute breaks are not allowed to be used back-to-back to create one larger break.

- C. Current provisions regarding hours as established in collective bargaining agreements must be adhered to. If a change is desired, it must be discussed with the affected union through the Department of Human Resources, Office of Labor Relations. Changes to work hours of bargaining unit employees must be handled through Labor Relations.
  - D. Alternative schedules are for specific lengths of time and cannot be changed unilaterally by the employee without express written permission from the appointing authority 24 hours in advance of any change or to avoid being tardy or AWOL.
- II. An alternative work schedule is a regular work schedule that is not based on the standard five-day work week.
- A. An appointing authority, with the approval of the affected director, may propose an alternative work schedule for an individual employee or group of employees based on operational needs or pursuant to employee request as specified below.
  - B. An alternative work schedule may consist of a 40-hour work week spread over a period of four to seven days in the employee's work week.
  - C. Approval of alternative work week
    - 1. An appointing authority's proposal for an alternative work week must demonstrate that the schedule will provide one or more of the following benefits to the department/division
      - a. Reduction in overtime within a defined work unit.
      - b. Improved customer service through expansion of work hours or enhanced staff coverage.
      - c. Increased opportunities for employee training or technology upgrades.
    - 2. An appointing authority's proposal for an alternative work week must be approved in writing by the affected department director, the Director of Human Resources and the Cluster Chief.
    - 3. An individual non bargaining unit employee may request an alternative work schedule based on personal need. The employee must submit a written request with acceptable documentation to

his/her appointing authority that explains the personal need.

4. Guidelines for Employee Request

- a. The employee's request may be necessitated by a temporary or on-going medical situation covered by the Family Medical Leave Act (FMLA).
- b. The employee's request may describe other good cause related to child care or similar non-medical issue.

5. Guidelines for Approval of Employee Request


- a. The appointing authority will review the employee request with respect to
  - i. Impact on Overtime
  - ii. Employee's Current Performance
  - iii. Employee's Attendance Record
  - iv. Impact on operations
- b. Approval of an employee's request for alternative work schedule must be in writing and signed by the employee and the appointing authority with written approval of the affected director and the Director of Human Resources.
- c. Prior to approval, the affected director will review the request with the executive assistant over the department.
- d. Approval of an employee request for an alternative work schedule may be withdrawn at any time with reasonable notice to the employee.
- e. Flex time and alternative schedules are for specific lengths of time and cannot be changed unilaterally by an employee without express written permission from the appointing authority 24 hours in advance of any change. Violators can be subject to being charged with being AWOL.

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6. Benefit Time Associated with Alternative Work Schedule

- a. All proposals for an alternative work schedule must specifically acknowledge that each employee's annual personal day benefit is limited to 16 hours
- b. All proposals for an alternative work schedule must limit designated holidays to 8 hours of holiday pay.

**This policy has been issued under the authority of:**

  
\_\_\_\_\_

**Signature**

Director of Human Resources

\_\_\_\_\_

**Title**

March 26, 2018

\_\_\_\_\_

**Date**



## **CITY OF CLEVELAND INJURY PAY PROGRAM**

City employees injured in the course of their employment where the injury or occupational disease is compensable under the Workers' Compensation Laws of the State of Ohio are eligible to participate in the City's Injury Leave Pay Program ("Program") as defined below.

### **Benefits to the Program**

- A. Injured employees are eligible to receive their regular pay and full benefits for up to sixty-calendar days (60) from the date of injury, in lieu of receiving compensation from the Bureau of Workers' Compensation (BWC). By receiving regular pay, employees will continue to contribute to retirement, deferred compensation, medical insurance, or any other type of payroll benefit that would normally be in effect for that employee.
- B. In addition, this Program eliminates any lag time that may occur between the time of injury and the time that the injured worker is actually compensated for time off by BWC.

### **Participation**

- A. All City employees covered by a collective bargaining agreement with language establishing an Injury Pay Program are eligible to participate in this program.
- B. Participation in the Program is the employee's option. The employee must decide whether to participate in the program at the time the injury is reported. As a condition of eligibility for the program, an employee must report a work related illness/injury to the appropriate managerial authority within twenty-four (24) hours that the injury/illness occurred.

### **Forms and Acknowledgement**

- A. If the employee chooses to participate in the Program, he/she must complete the *City of Cleveland Injury Leave Form* and forward it to his/her supervisor or payroll representative. This form acknowledges that employee has received, understands, and agrees to comply with the provisions of the Program.
- B. The employee must complete the *Employee Report of Workplace Accident Form, EI-4/A.C. 28* and forward it to his/her supervisor. The supervisor must complete the *Supervisor's Report of Workplace Accident, EAC-3*. Upon completion, each of these forms should be forwarded to Employee's Accident Control.
- C. When the employee seeks medical treatment, he/she must complete the Bureau of Workers' Compensation's *First Report of Injury (FROI)* application. The

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Managed Care Organization will forward a copy of this to Employees' Accident Control.

**Eligibility**

- A. Employees' Accident Control reviews the injury information to determine whether to certify or reject the claim. If the claim is certified, the employee will be eligible to participate in the Program. If the claim is rejected, the employee will not be eligible to participate in the Program.
- B. Only claims with an injury date on or after 1-1-2002 are eligible to participate in this Program. Employees with an injury date prior to 1-1-2002 are not eligible to participate in this Program, as it does not apply retroactively to claims with injury dates that pre-date 1-1-2002.
- C. An employee may be eligible to participate in the Program more than once if multiple dates of injury are involved. For example, an employee suffers a broken arm and misses a total of 38 days. He returns to work and two weeks later sprains his back. The back sprain would be considered a new claim, and the employee would be entitled to all the benefits of the Program for the new claim.

**Medical Treatment**

- A. Employees who participate in this Program must select a Physician of Record (POR) from the panel of physicians selected by the City. A physician from this panel must prescribe all medical treatment for the work related injury. If an employee requires specialized treatment from a physician that is not listed on the panel, the Physician of Record will make a referral to a specialist.
- B. Any employee who sustains a life-threatening injury may be treated at any medical treatment facility to which emergency medical personnel transport the employee. Employees are encouraged to use the City's preferred emergency care providers. However, once the employee's condition is stabilized, he/she must select a Physician of Record from the City's panel in order to participate in the Program.
- C. An employee who requires non-life-threatening emergency medical treatment and wishes to participate in the Program may seek treatment at any BWC certified emergency facility. If the employee requires follow up treatment, he/she must select a Physician of Record from the City's panel to receive Program benefits.
- D. Injured employees who choose to be evaluated by a physician that is not listed on the panel may do so. However, they will not be eligible for any benefits under this Program.

- E. The treating physician must supply written documentation in order for the employee to receive paid injury leave. The preferred form is BWC's *Medco-14, Physician's Report of Work Ability*. The physician must supply either an actual or estimated return to work date. The employee will be placed in injury pay leave status until he/she returns to work.
- F. Any employee who does not fully cooperate with the mandates of the Program and the treating physician's recommendations, including treatment, medication, therapy, vocational rehabilitation and/or transitional work assignment will be dropped from the program immediately and will forfeit any future claim to Program benefits.

**Participating Physicians and Medical Facilities**

- A. The City has carefully selected a panel of medical providers to ensure quality care of our injured employees. All of the treatment facilities and physicians on the panel are BWC certified and highly credentialed. In addition, the panel provided lists a variety of medical facilities and physicians that are geographically convenient for our employees to utilize.
- B. The Director of Human Resources, Employees' Accident Control Manager, Risk Manager, and Law Department designee will approve the medical providers listed on the panel. The panel of participating medical providers will be updated as needed to allow the addition or deletion of participating medical facilities and physicians.

### **Exhaustion of Program Benefits**

- A. If the employee is unable to return to work upon expiration of the paid injury leave granted, the employee may elect, in writing, to use accumulated sick leave or he/she may elect to seek payment under applicable provisions of the Workers' Compensation Act. The employee is responsible for completing and filing any and all forms that may be required by BWC.
- B. If an employee exhausts the sixty-day (60) allotment and is receiving lost time benefits through the BWC, the employee will be placed in an unpaid medical leave status.

### **Intermittent Injury Leave**

- A. An employee may be eligible to participate in the Program and be paid Injury Leave intermittently. For example, an employee is injured and misses 10 days from work. He returns to work and after two days finds he cannot perform job tasks. The employee would remain eligible to participate in the Program if the Physician of Record supplies appropriate medical documentation that the employee is disabled from employment. The two days that the employee returned to work would not be counted in the sixty-day (60) calculation.

### **Overtime**

Employees who participate in the Program will not be eligible to collect overtime pay. Employees will only be paid for their regularly scheduled hours during their period of disability, regardless of whether overtime has been offered in their Department.

### **Disallowed Claims**

If an employee is granted Injury Pay and the claim is later disallowed by BWC, the Injury Pay must be credited. The employee can elect to use sick, vacation, personal, or comp time to cover the period of time that he/she was paid. If the employee does not have enough sick or vacation time to cover this period, payment will be absorbed out of future earnings.

### **Opting out of the Program**

- A. If an employee initially chooses not to participate in the Program, he/she cannot opt back into the program. The decision to participate must be made at the time of the initial injury. The employee may decide to opt out of the Program at any time.

- B. If an employee decides to opt out of the Program, the employee may elect, in writing, to use accumulated sick leave or he/she may elect to seek payment under applicable provisions of the Workers' Compensation Act.
- C. Again, the employee is responsible for completing and filing any and all forms that may be required by BWC. If the employee seeks payment from BWC, he/she should be placed in an unpaid medical leave status. The attendance record does not need to be changed if the employee opts out of the Program.

### **Family Medical Leave Act (FMLA)**

Employees off due to work-related injury will be considered to be using FMLA while they are participating in the Program, the same as they would if they were receiving Workers' Compensation benefits.

### **Return to Work/Transitional Work**

- A. The Program physician will determine when the employee may return to work full duty or if transitional work is appropriate.
- B. Transitional work assignments will be identified where applicable and the Physician of Record has released the employee to participate in modified work duties within his/her restrictions. A comprehensive Transitional Work policy has been developed and approved which addresses all of the rules and guidelines pertaining to overtime and working outside an employee's normal classification. Any Division in need of a job analysis for Transitional Work can obtain this information working with Office of Workers' Compensation and/or VocRehab1.
- C. Refusal to participate in Transitional Work will result in forfeiture of benefits under the Program.

### **Secondary Duty**

All employees who participate in the program are prohibited from any type of secondary duty employment.

### **False or Fraudulent Claims**

In the event that the City finds that an employee who has received or is receiving paid injury leave has filed a false or misleading claim, has worked in violation of

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his/her medical restrictions, or is working in violation of his/her medical restrictions, the City reserves the following rights:

- a. The right to discharge or otherwise discipline the employee;
- b. The right to recoup the full worth of all wage and/or benefit payments rendered to the employee;
- c. Where lawful, the right to seek civil damages from or criminal prosecution of the employee.

**Program Modifications**

The City reserves the right to modify the program. The Program will not be modified without prior discussion with the Union.

**This policy has been issued under the authority of:**

*Tudy Hutchinson*

---

**Signature**

Director of Personnel & HR

---

**Title**

March 17, 2008

---

**Date**

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**(SAMPLE) Injury Pay Program Leave Form**

|                      |                        |
|----------------------|------------------------|
| Name:                |                        |
| Date:                | Home Address:          |
| Home phone:          | Work phone:            |
| Department/Division: | Job classification:    |
| Date of injury:      | Union (if applicable): |
| SSN:                 | Employee ID #:         |
| Supervisor's Name:   | Supervisor's phone:    |

I have received a copy of the City of Cleveland's Injury Pay Leave Program (the Program) and have carefully read and fully understand all the provisions of the Program. My signature on this form confirms my agreement to comply with all terms and conditions of the Program and confirms my understanding that if I violate any provision or provisions of the Program, the City may exercise its right to dismiss me from the Program immediately. I also understand that in the event that I am dismissed from the Program I will immediately forfeit any future benefits under the Program.

***I understand that I am prohibited from engaging in any type of secondary employment while participating in the Program.***

- I wish to participate in the program
- I do not wish to participate in the program

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Appointing Authority Signature

\_\_\_\_\_  
Date

**For Office Use Only – Do Not Complete This Section**

|   |   |
|---|---|
| <p><b>Last Date Worked (LDW)</b><br/>From: ___/___/___</p>      | <p><b>Return to Work (RTW)</b><br/>Estimated Date: ___/___/___<br/>Actual Date: ___/___/___</p> |
| <p><b><i>Upon completion, fax this form to 664.4253</i></b></p> |   |

- Injury Pay has been approved
- Injury Pay has not been approved: please check all that apply

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• IPP Form is not complete</li> <li>• Injury claim before 1/1/02</li> <li>• Doctor not on preferred list</li> </ul>  | <ul style="list-style-type: none"> <li>• Not certified BWC claim</li> <li>• Secondary duty employment</li> <li>• Written documentation absent</li> </ul> | <ul style="list-style-type: none"> <li>• Employee not covered by collective bargaining</li> <li>• Injury not reported within 24 hrs of occurrence</li> <li>• Actual/estimated RTW date absent on MEDCO-14</li> </ul> |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Initially opted out of program</li> <li><input type="checkbox"/> Injured worker does not cooperate with doctor's recommendation, transitional work plan, medication, rehab, etc.</li> </ul> |  |  |

OWC/IPP

## **INTERRUPTION OF WORKING HOURS DURING AN EMERGENCY**

II. **Policy Statement**--It is the policy of the City of Cleveland that employees will be notified as soon as possible concerning emergency conditions that require deviation from normal work schedules.

### **III. Initial Determination of Emergency**

- A. The initial determination of whether conditions exist to designate a situation as an emergency is made by the Mayor or the Mayor's designee.
- B. "Conditions" that constitute an emergency include but are not limited to
  - 1. Weather Conditions
  - 2. Public Health Alert
  - 3. Public Safety Related Threat and or
  - 4. Homeland Security Related Threat

### **IV. Designation of Essential Personnel**

- A. The Mayor or the Mayor's designee will determine departments, classifications and/or employees who are essential personnel and who, as essential personnel, are required to report for duty during the designated emergency.
- B. The Mayor or the Mayor's designee will determine the status of non-essential personnel who are not required to report for duty or who are not required to observe usual work routines during a designated emergency.

### **IV. Notice of Emergency Reporting Procedures**

- A. The Mayor or the Mayor's designee will notify employees concerning the responsibility to report to work during the emergency through the following channels of communication.
  - 1. City of Cleveland e-mail to all Chiefs and Appointing Authorities
  - 2. Message to area radio and television stations via the Mayor's press office
  - 3. Recorded message on City Hall switchboard
  - 4. Reverse 911 System
- B. The duration of the emergency designation is to be one work day unless more specific duration is given when the emergency is declared.

V. **Lifting of Emergency Designation**—Authority to lift the designation of "Emergency" rests with the Mayor or the Mayor's designee.



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**This policy has been issued under the authority of:**

*Tandy Hutchinson*

\_\_\_\_\_  
**Signature**

Director of Personnel & HR

\_\_\_\_\_  
**Title**

March 17, 2008

\_\_\_\_\_  
**Date**

**B-7**

**B-7**

## **LAY-OFF AND RECALL PROCESS**

### **I. Lay-Off Policy**

- A. Lay-off is defined as separation from City employment due to lack of work or lack of funds.
- B. Lay-off does not include a disciplinary suspension pending discharge, resignation, termination due to failure of a Civil Service examination or score too low to be appointed or discharge for any other reason in accordance with Rule 9.00 of the Civil Service Rules and City Charter Section 131.
- C. Each lay-off list must be accompanied by an explanation which states in detail the reason for the lay-off and the basis for each employee's inclusion on the list.
- D. The lay-off procedure for bargaining unit employees is detailed in each collective bargaining agreement. The Department of Human Resources must be contacted when contemplating the lay-off of a union employee.

### **II. Lay-Off Procedure**

- A. If an appointing authority, in consultation with the executive chain of command, determines that a lay-off is necessary, the appointing authority shall immediately consult with the Department of Human Resources and the Civil Service Commission.
- B. Once the need for lay-off and classifications affected are determined, a list of those employees to be affected shall be prepared by the Department of Human Resources and the Civil Service Commission. The criteria for establishing a lay-off list is by classification, by division and specifically, according to Rule 8.20 of the Civil Service Rules.
- C. Employees shall be laid off in the inverse order of their appointment in their classification. Employees must be laid off in the following order:

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1. Emergency, 30-day employees
  2. Transitory, 60-day employees
  3. Part-time employees
  4. Seasonal employees
  5. Employees holding temporary appointments who have not completed their probationary periods
  6. Employees holding temporary appointments who have completed their probationary period
  7. Employees holding regular appointments who have not completed their probationary period
  8. Employees holding regular appointments who have completed their probationary period
- D. The completed proposed lay-off list will contain:
1. Civil Service classification
  2. Date in classification
  3. Date of original hire
  4. Regular or temporary appointed status
  5. An in-depth explanation of the lay-off recommendation.
- E. When possible, the City will give two week's notice to employees to be laid off.
- F. When the proposed lay-off list has been reviewed and approved by the executive chain of command, the Department of Human Resources will send the approved lay-off list to the director of the department where the lay-off is to take place.

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- G. Upon receipt of the lay-off list, the director of the affected department will notify each affected employee of his/her lay-off status.
- H. Deletions or additions to the lay-off list may not be made until the proposed additions or deletions have been approved per step F of this section.
- I. Once a lay-off has been announced and letters sent, the Department of Human Resources will be responsible for furnishing affected employees with information explaining their benefits and any other pertinent matters.
- J. When and if laid-off employees are to be recalled, any rescinding of lay-off letters must be authorized by the Director of Human Resources. Additionally, employees recalled may be subject to a pre-employment physical and drug test as well as a criminal background check. For more information on pre-employment physicals, see section B-12 in this policy.

**III. Recall Procedure**

- A. The recall procedure for bargaining unit employees is detailed in each collective bargaining agreement.
- B. Non-bargaining unit employees should refer to Rule 8.24 of the Rules of the Civil Service Commission for the recall procedure.

**This policy has been issued under the authority of:**



**Signature**

Director of Human Resources

**Title**

February 1, 2013

**Date**

## **Nepotism Policy**

### **I. Purpose**

The Ohio Ethics Law and related statutes (R.C. Chapter 102; §§ 2921.42 and 2921.43 defines the restrictions on hiring family members, business associates, and friends by public officials and employees.

- A. The policy's purpose is not prohibitive, but to require full disclosure by an employee of his or her relationship to an applicant, candidate, or current employee transferring within divisions or departments. Public employees are not to use, or cause to be used his or her position or influence to secure such employment.
- B. The City of Cleveland encourages and welcomes the application of qualified candidates for employment. The City is committed to fair and equal treatment of all employees and applicants.
- C. Nepotism in the workplace fosters the perception of favoritism and the potential for unequal treatment, therefore, the City of Cleveland has adopted the following policy, for all new hires, promotions, and transfers.

### **II. Policy**

- A. A City official or employee may not directly influence decisions related to the recruitment, hiring or the terms and conditions of employment of a person who is a member of the employee's immediate family, with whom he or she shares a household, or with whom he or she has a personal relationship.
- B. The City of Cleveland prohibits a public official (employees) from hiring or using his or her authority or influence to secure such employment for any family member or person whom she or he has a personal relationship with. The policy does prohibit the public employee from securing a job, or job-related benefits for his/her family member.
- C. A family member includes mother, father, children, sister, brother, spouse, any step-relation, domestic partner, grandparents, uncles, aunts, and cousins, and in-laws of the same relation as any of the foregoing. A family member also includes any other person related by blood or by marriage and living in the same household.
- D. Household includes anyone with whom the employee shares a house, apartment, or other living arrangement.

- D. No officer or employee shall make employment decisions affecting an immediate family member, household member, or person with whom they share a personal relationship, such as but not limited to, direct supervision, affecting a performance review, disciplinary actions, transfers, promotions, or compensation, by direct or indirect means.

### **III. Enforcement**

- A. Upon application for hire, promotion, transfer, job bid, or other reassignment, an employee or applicant will be required to report if any family members are City employees, and where assigned, if known at the time.
- B. Appointing Authorities and/or Personnel Administrators shall report to the Department of Human Resources any occasion where this policy affects an employment or employment-related decision or when an employee's change of personal circumstances results in violation of this policy. The Department of Human Resources will monitor the effect of this policy.
- C. This policy does not supersede any legal obligations of the City of its Appointing Authorities, nor does it supersede or change the provisions of any collective bargaining agreement.
- D. Except for the employment relationship described in Section II above, family relationships among City of Cleveland employees do not constitute *per se* nepotism under this policy. Appointing authorities will, however, disclose family relationships when there is a change in a related employee's job or pay status.

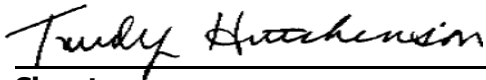
### **IV. Policy Violation**

- A. Any officer or employee who intentionally violates this policy shall be subject to the City of Cleveland's progressive discipline policy.
  - 1. Employees who, by virtue of changes of circumstances such as marriage or subsequent hiring, come into violation of this policy shall immediately notify management so that alternative measures can be considered.
  - 2. Employees who knowingly fail to notify management of a change of status or circumstances which result in violation of this policy shall be subject to the City's discipline policy.

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3. Management shall determine the measures necessary to correct violations of this policy arising from changes of status or circumstances but will, subject to operational needs, take the affected employees' preferences into consideration.

**This policy has been issued under the authority of:**



\_\_\_\_\_  
**Signature**

Director of Personnel & HR

\_\_\_\_\_  
**Title**

March 17, 2008

\_\_\_\_\_  
**Date**

## **OFFICE OF WORKERS' COMPENSATION**

### **I. Ohio Public Employers Risk Reduction Program**

- A. It is the intent of the City of Cleveland to recognize and implement the standards for employee health and safety as required by the Office of P.E.R.R.P., Division of the Ohio Bureau of Workers' Compensation.

For questions regarding P.E.R.R.P. health and safety requirements as they pertain to the City of Cleveland, refer to the Office of Risk Management, an Office of the Department of Finance.

### **II. Filing a Workers' Compensation Claim**

- A. The procedure for filing a workers' compensation claim is as follows:

If an employee is injured during the course of employment, he or she must report to his or her supervisor immediately, filling out an O.W.C.-3, employees/injured worker report of on-duty injury form.

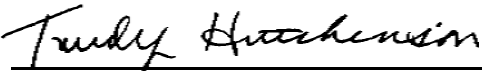
1. In case of a life threatening or catastrophic injury, the employee should report to the nearest capable medical facility or call EMS immediately for attention. For non-life threatening or non-catastrophic injuries, the injured worker should report to a City approved medical facility whenever feasible. All medical facilities in the immediate Cleveland area have the ability to supply the employee with a First Report of Injury Form (F.R.O.I.) to be completed by the employee.
2. The supervisor is required to complete form O.W.C.- 4, Supervisor's Report of Workplace Accident. (See B-10-1)
3. The employee must complete form O.W.C. - 3, Employee's Report of Workplace Accident and Claimant Release of Medical Information. (See B-10-2)



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4. Once steps one through three are completed, a complete packet consisting of the F.R.O.I., O.W.C.-3, O.W.C.-4 and the complete set of medical records should be submitted to the Department of Finance, Office of Risk Management. The claim will be reviewed, certified or rejected, and reported to the Bureau of Workers' Compensation to receive a claim number. A claim cannot be certified without all of the necessary information. (Claims may or may not be approved by the Office of Workers' Compensation, depending on the evaluation of all information and circumstances regarding the injury.)
- B. All questions regarding workers' compensation claims should be directed to the Department of Finance, Office of Risk Management.

**This policy has been issued under the authority of:**



\_\_\_\_\_  
**Signature**

Director of Personnel & HR

\_\_\_\_\_  
**Title**

March 17, 2008

\_\_\_\_\_  
**Date**

CITY OF CLEVELAND  
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**SAMPLE**

## Supervisor's Report of Workplace Accident

This form must be filled out by the individual who supervised the injured worker at the time of the accident and submitted along with the completed FORM OWC-3 to the Division's designated Safety Coordinator immediately after a workplace injury. The Division shall then forward this form to the Department of Finance, Office of Risk Management, immediately following the report of the injury. Please attach additional sheets if necessary. Please write clearly. Failure to complete this entire form in a timely manner is a violation of City policy and may result in discipline.

**SUPERVISOR'S INFORMATION**

|                                 |                             |
|---------------------------------|-----------------------------|
| Supervisor's Name:              | Supervisor's Job Title:     |
| Supervisor's Work Phone Number: | Supervisor's Work Location: |
| Department:                     | Division:                   |

**INJURED WORKER'S INJURY INFORMATION**

|  |                 |                             |  |
|--|-----------------|-----------------------------|--|
| Injured Worker's Name:   |                 | Injured Worker's Job Title: |  |
| Department:  | Division:       | Work Location:              |  |
| Date of Injury:  | Time of Injury: | Date & Time Reported:       |  |
| Explain how employee was injured:  |                 |                             |  |
| Was employee on duty when injury occurred? : Yes ____ No ____ If not on duty please explain: |                 |                             |  |
| Did the injury occur on City property? : Yes ____ No ____                                    |                 |                             |  |
| List job duties employee was performing at time of injury:                                   |                 |                             |  |
| What equipment or tools were being used? :   |                 |                             |  |

**Nature and extent of injuries. Check boxes and lines below to indicate which body parts were affected:**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Abdomen / Stomach<br><input type="checkbox"/> Ankle ( __Right / __Left)<br><input type="checkbox"/> Arm (Lower – below elbow) ( __Right / __Left)<br><input type="checkbox"/> Arm (Upper – above elbow) ( __Right / __Left)<br><input type="checkbox"/> Back: __Upper / __Mid / __Low<br><input type="checkbox"/> Buttocks<br><input type="checkbox"/> Chest<br><input type="checkbox"/> Ear ( __Right / __Left)<br><input type="checkbox"/> Elbow ( __Right / __Left)<br><input type="checkbox"/> Eye ( __Right / __Left) | <input type="checkbox"/> Face<br><input type="checkbox"/> Finger(s) - Which hand? <input type="checkbox"/> Right <input type="checkbox"/> Left<br>__1 <sup>st</sup> (Thumb)/ __2 <sup>nd</sup> (Index) / __3 <sup>rd</sup><br>/ __4 <sup>th</sup> / __5 <sup>th</sup><br><input type="checkbox"/> Foot ( __Right / __Left)<br><input type="checkbox"/> Hand ( __Right / __Left)<br><input type="checkbox"/> Head<br><input type="checkbox"/> Hip / Pelvis ( __Right / __Left)<br><input type="checkbox"/> Jaw<br><input type="checkbox"/> Knee ( __Right / __Left)<br><input type="checkbox"/> Leg (Lower – below knee) ( __Right / __Left) | <input type="checkbox"/> Leg (Upper – above knee) ( __Right / __Left)<br><input type="checkbox"/> Mouth<br><input type="checkbox"/> Neck<br><input type="checkbox"/> Nose<br><input type="checkbox"/> Ribs<br><input type="checkbox"/> Scalp / Skin (Specify location below)<br><input type="checkbox"/> Shoulder ( __Right / __Left)<br><input type="checkbox"/> Toe(s) - Which Foot? <input type="checkbox"/> Right <input type="checkbox"/> Left<br>__1 <sup>st</sup> (Big Toe) __2 <sup>nd</sup> / __3 <sup>rd</sup> / __4 <sup>th</sup> / __5 <sup>th</sup><br><input type="checkbox"/> Wrist ( __Right / __Left) |
|---|---|--|

Did you witness the injury: Yes \_\_\_\_ No \_\_\_\_

**It is your responsibility to investigate what happened whether or not you were a witness to the accident.**

Name, job title and phone number of all witnesses to the injury (attach additional sheets if necessary):

- 1.
- 2.

Was the injury a result of a motor vehicle accident: Yes \_\_\_\_ No \_\_\_\_

If yes, was a police report completed? : Yes \_\_\_\_ No \_\_\_\_ Date of Report: \_\_\_\_\_

Could the injury have been avoided? : Yes \_\_\_\_ No \_\_\_\_ How? :

Did injured employee return to work? : Yes \_\_\_\_ No \_\_\_\_ If yes, when? :

Did employee seek immediate medical treatment? : Yes \_\_\_\_ No \_\_\_\_

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|  |
|--|
| If no, was medical treatment offered and declined by injured worker? : Yes ____ No _____ |
| Additional comments regarding this injury:   |
| What corrective action will be taken to prevent reoccurrence of similar injuries:        |

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Appointing Authority's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Division Organization number: \_\_\_\_\_  
\_\_\_\_\_  
(To be completed by office)

Injured employee's alpha number:  
\_\_\_\_\_  
(To be completed by office)

**B-10-1**

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## Injured Worker's Report of Workplace Accident

**SAMPLE**

**Part A** must be filled out by the injured worker and submitted to the injured worker's immediate supervisor immediately after a workplace injury. **Part B** must be filled out by the injured worker if the worker has or will be filing a claim for Ohio workers' compensation benefits. This form shall be forwarded by the Division along with the completed OWC-4 form to the Department of Finance Office of Risk Management immediately following the injury. Attach additional sheets if necessary. Please write clearly. Failure to complete the entire form in a timely manner is a violation of City policy and may result in discipline.

**PART A: INJURED WORKER'S INFORMATION**

|  |   |   |
|--|---|---|
| Injured Worker's Name:   |   | Social Security Number:   |
| Home Address:  |   | Home/Cell Phone No:   |
| Job Title:   | Department:   | Division:   |
| Date of Injury:  |   | Time of Injury:   |
| Did injury occur on City property? :<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Address of work site where injury occurred:   |   |
| What were you doing at the time of the injury? :   |   |   |
| Name of witnesses:   |   |   |
| Describe how injury occurred:  |   |   |
| What equipment/tools were you using? :   |   |   |
| Did you continue working after the injury?: <input type="checkbox"/> Yes <input type="checkbox"/> No _____   |   |   |
| <b>Nature and extent of your injury. Check boxes and lines below to indicate which body parts were affected:</b>   |   |   |
| <input type="checkbox"/> Abdomen / Stomach<br><input type="checkbox"/> Ankle ( ___Right / ___Left)<br><input type="checkbox"/> Arm (Lower – below elbow) ( ___Right / ___Left)<br><input type="checkbox"/> Arm (Upper – above elbow) ( ___Right / ___Left)<br><input type="checkbox"/> Back: ___Upper / ___Mid / ___Low<br><input type="checkbox"/> Buttocks<br><input type="checkbox"/> Chest<br><input type="checkbox"/> Ear ( ___Right / ___Left)<br><input type="checkbox"/> Elbow ( ___Right / ___Left)<br><input type="checkbox"/> Eye ( ___Right / ___Left) | <input type="checkbox"/> Face<br><input type="checkbox"/> Finger(s) - Which hand? <input type="checkbox"/> Right <input type="checkbox"/> Left<br>___1 <sup>st</sup> (Thumb)/ ___2 <sup>nd</sup> (Index) / ___3 <sup>rd</sup> / ___4 <sup>th</sup> / ___5 <sup>th</sup><br><input type="checkbox"/> Foot ( ___Right / ___Left)<br><input type="checkbox"/> Hand ( ___Right / ___Left)<br><input type="checkbox"/> Head<br><input type="checkbox"/> Hip / Pelvis ( ___Right / ___Left)<br><input type="checkbox"/> Jaw<br><input type="checkbox"/> Knee ( ___Right / ___Left)<br><input type="checkbox"/> Leg (Lower – below knee) ( ___Right / ___Left) | <input type="checkbox"/> Leg (Upper – above knee) ( ___Right / ___Left)<br><input type="checkbox"/> Mouth<br><input type="checkbox"/> Neck<br><input type="checkbox"/> Nose<br><input type="checkbox"/> Ribs<br><input type="checkbox"/> Scalp / Skin (Specify location below)<br><input type="checkbox"/> Shoulder ( ___Right / ___Left)<br><input type="checkbox"/> Toe(s) - Which Foot? <input type="checkbox"/> Right <input type="checkbox"/> Left<br>___1 <sup>st</sup> (Big Toe) ___2 <sup>nd</sup> / ___3 <sup>rd</sup> / ___4 <sup>th</sup> / ___5 <sup>th</sup><br><input type="checkbox"/> Wrist ( ___Right / ___Left) |
| Other body part or further explanation of injury:  |   |   |
| Has the body part(s) listed been previously injured?   |   |   |
| Who did you report the injury to? :  |   | Date and time reported:   |
| Did you seek medical treatment? :<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes, when and where:   |   |

Employee's Signature: \_\_\_\_\_

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

Immediate Supervisor's Signature: \_\_\_\_\_

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

**PART B: INJURED WORKER'S AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

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This section to be filled out only if the injured employee has filed or will file a workers' compensation claim. *As provided in Section 4123.651(C) of the Ohio Revised Code, I hereby authorize the release to the Industrial Commission of Ohio, the Ohio Bureau of Workers' Compensation, my employer the City of Cleveland, and their representatives, including legal counsel, of medical information, records, and reports necessary to the administration of my workers' compensation claim, as such medical information, records, and reports may pertain to a condition either allowed or alleged in my claim, or to determine the eligibility for payment of compensation and medical benefits in my workers' compensation claim. A photo static copy of this release shall have the same effect as the original.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone Number: (\_\_\_\_)

Physician's Address: \_\_\_\_\_  
\_\_\_\_\_ Street City/State  
Zip Code

OWC-3  
Revised May 7, 2009

**B-10-2**

## **OVERTIME/COMPENSATORY TIME POLICY**

### **I. General Guidelines**

- A. Under certain circumstances, City employees may be required to work more than their regularly scheduled hours.
- B. Overtime/compensatory time is governed by state and federal laws, as well as collective bargaining agreements.
- C. For the purposes of this policy, eligibility for overtime/ compensatory time is established when a non exempt employee works in excess of forty (40) paid hours in a week (unless stated otherwise in an applicable collective bargaining agreement).
- D. Employees covered by collective bargaining agreements shall receive compensation for overtime/compensatory time hours worked in accordance with their respective agreements. Any additional agreements regarding overtime/compensatory time must be negotiated with the affected bargaining unit(s).
- E. Unless specifically stated in a collective bargaining agreement, sick leave is not included as hours worked in the calculation of overtime.
- F. In order to maintain the safety of all City employees, within a twenty-four (24) hours period, no employee may work more than sixteen (16) continuous hours of overtime without an eight (8) hour break.
- G. All overtime must be approved in advance by the appointing authority or designee. An employee who fails to obtain prior approval for overtime worked and/or paid is subject to disciplinary action.

### **II. Non-exempt Employees (those covered by the F.L.S.A.)**

- A. Non-exempt employees are to be compensated for overtime worked at a rate of one and one half times their regular rate of pay.
- B. Non-exempt employees include all employees who are paid hourly.
- C. Each department/division shall prepare a written statement outlining the procedure for overtime approval and overtime compensation.
  - 1. All overtime must be approved by the appointing authority or authorized supervisor in writing pursuant to the department/divisional procedures before it is worked.

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2. For overtime of an emergency nature documentation of such overtime is allowed by verbal approval of the appointing authority; but still requires documentation within the next business day. No overtime is allowed to be updated into the KRONOS time keeping system without prior signed approval of the appointing authority. Requirements fall under the same guidelines as preapproved overtime; needing written authorization although after the fact.
  3. An employee who works overtime without first gaining approval from the appointing authority is subject to disciplinary action.
  4. The central payroll file is the official record for all approved payroll/personnel transactions. Therefore, all overtime/compensatory time transactions (i.e. money and time accrual and use must be thoroughly documented in the payroll system without exception)
- D. Accumulated compensatory time can be used at the employee's request, with the approval of the appointing authority based on operational needs.
- E. Each department shall develop a written policy stating how non-exempt, non-bargaining unit employees will be compensated for overtime hours worked. The policy must include the following elements:
1. Statement of whether the non-exempt, non-bargaining unit employee receives payment or compensatory time for overtime hours worked. Compensation will be at the rate of one and one half hours for each overtime hour worked.
  2. If overtime compensation is paid in the form of compensatory time, then the policy must also have the following provisions:
    - a. Each employee will be limited to a maximum of 240 hours of accrued compensatory time which cannot be carried over from year to year. Exceptions may be made upon the discretion of the appointing authority dependent upon operational needs.
    - b. Any hours accrued after the maximum amount is reached shall be compensated by cash payment.
    - c. Accumulated compensatory time may be used at the employee's request, with the approval of the appointing authority based on operational needs.

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- d. When an employee's accrued compensatory time is unused at their separation from employment, the employee will be paid for that time.
- e. All other provisions of the Fair Labor Standards Act (F.L.S.A.) must also be adhered to.

**III. Exempt Employees (those not required to be paid overtime/ compensatory time by the F.L.S.A.)**

A. This policy applies to all employees except for those in the following groups who are not under any circumstances eligible for approval of overtime/compensatory time (as per City ordinance):

- 1. Executive Assistants to the Mayor
- 2. Directors of Departments
- 3. Secretaries to Directors of Departments (Assistant Directors)
- 4. Commissioners of Divisions
- 5. Deputy Commissioners of Divisions
- 6. Assistant Commissioners of Divisions
- 7. Special Assistant to the Mayor
- 8. Planning Director
- 9. Executive Director of Community Relations Board
- 10. Secretaries to the Boards and Commissions
- 11. Attorneys in the Civil and Criminal Divisions of the Department of Law

B. The director of each department in conjunction with the Director of Human Resources shall promulgate a written policy delineating the specific regulations governing compensatory time for the exempt employees of that department, as required by City ordinance. The provisions listed below shall govern the accrual and use of compensatory time for departments in which exempt employees have been granted compensatory time but in which no written policy has been promulgated.

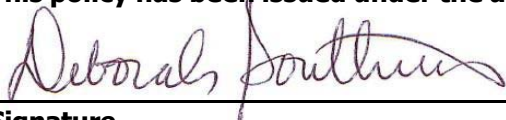
- 1. A written policy must be developed and it must include the following components:



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- i. Overtime compensation in the form of compensatory time shall not exceed one hour of time off for each overtime hour worked.
  - ii. Employees shall use the accrued compensatory time within one year of the date on which it was earned. Exceptions may be made upon the discretion of the appointing authority dependent upon operational needs.
  - d. Each employee will be limited to a maximum of 240 hours of accrued compensatory time, which cannot be carried over from year to year. Exceptions may be made upon the discretion of the appointing authority dependent upon operational needs.
  - e. The unused accrued compensatory time may not be converted into cash at any time including separation from employment.
2. Accumulated compensatory time may be used at the employee's request, with the approval of the appointing authority based on operational needs.

**This policy has been issued under the authority of:**



**Signature**

Director of Human Resources

**Title**

August 31, 2015

**Date**

**B-11**

## **PRE-EMPLOYMENT PROCEDURES**

### **I. Pre-employment Physicals – Full-time employment**

- A. Applicants for full-time employment with the City of Cleveland are required to submit to a criminal background and motor vehicle license check, successfully complete and pass a pre-employment physical examination, including drug and alcohol screen, prior to being hired.
- B. Pursuant to Pursuant to the federal Fair Credit Reporting Act, and after an offer of employment has been made, the City of Cleveland will conduct a comprehensive review of an applicant's background through an investigative consumer report.
- C. When an applicant is approved for hire, a date for the pre-employment physical examination, including drug and alcohol screen will be arranged by the Department of Human Resources.
  - a. The hiring division and/or department will be notified of the date, time and place of the physical examination.
  - b. It will be the responsibility of the department/division to notify the prospective employee.
- D. The medical facility conducting the examination will notify the Department of Human Resources if the prospective employee has been medically cleared to perform his or her assigned job. Upon clearance, the Department of Human Resources will notify the department/division of the clearance and the date, time and place for new employee orientation along with the new employee's start date.
- E. Former City of Cleveland employees hired, rehired or reinstated are required to submit to a criminal background and motor vehicle license check as well as a new hire physical examination, including drug and alcohol screen, prior to being hired, rehired and/or reinstated.
- F. No employee shall begin work prior to completing the criminal background and motor vehicle license check, pre-employment physical (including the City's having received a drug and alcohol screening) without the approval of the Director of Human Resources.

**II. Pre-employment Physicals – Part-time/seasonal employees, recalls and Reinstatements**

- A. Applicants offered positions other than full-time will be required to submit to a pre-employment drug screen. Applicants for employment who are under 18 years old must complete the pre-employment drug test consent form and the form must be signed by an adult who is responsible for the applicant. (See Form B-12-1).
- B. Any and all employees who are reemployed more than 60 days after being separated from the City are required to submit to criminal background check and pass a physical and drug screen prior to returning to work as a condition of reemployment. This also may include a criminal background check.
- C. An employee who returns to employment following an involuntary termination may be required to undergo a physical and drug screen as a new employee.
- D. An employee who is being recalled from a layoff may be subject to a pre-employment physical and drug test prior to returning to work.

**III. Failure of Drug Screen**

Prospective employees who fail their drug screen, will be so notified and any offer of employment will be rescinded. They may file another application for employment with the City of Cleveland one (1) year from the date of their previous pre-employment physical examination, drug and alcohol screen.

**This policy has been issued under the authority of:**



**Signature**

Director of Human Resources

**Title**

March 26, 2018

**Date**

**DRUG FREE WORKPLACE POLICY AND  
PRE-EMPLOYMENT DRUG TEST CONSENT FORM**

The City of Cleveland is committed to providing a drug free workplace. As a means of accomplishing this goal, the City requires that once an applicant is selected as a candidate for employment he or she must undergo a pre-employment drug test. An offer of employment is conditional until the applicant submits to and successfully completes a drug test with a negative result for illegal drugs. That result must also be received by the City before an offer of employment can be fully executed. The policy also applies to applicants under the age of 18.

I have read the above statement regarding the City of Cleveland's policy of pre-employment drug testing, and I understand that I cannot be employed by the City unless I take a drug test and the result of said test is negative. If applicable, the adult individual listed below will be notified of the result of this test. Therefore, by my signature below, I consent to take a pre-employment drug test administered by the City of Cleveland.

\_\_\_\_\_  
Name of minor child (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have read and understand the above statement regarding the City of Cleveland's policy of pre-employment drug testing and that it applies to the above-named minor child. I affirm that I am either a parent or that I am legally responsible for the above-named minor child. I understand that by signing this consent form, I allow the City of Cleveland to conduct a pre-employment drug test on the above-named minor child.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **PROCEDURE FOR INTER-DEPARTMENTAL/DIVISIONAL TRANSFERS**

### **I. Procedure for Inter Departmental/Divisional Transfers**

The following procedure is to be followed by appointing authorities who desire to interview City employees outside their division.

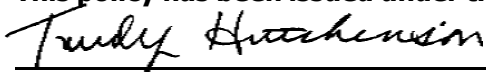
- A. Before any contacts or interviews are scheduled with any individuals, appointing authorities must have an approved Personnel Request.
- B. If the appointing authority decides to make an offer to a City employee from another division, contact must be made directly with the present appointing authority outlining this intention. By taking this step, an appointing authority will have the opportunity to evaluate the impact this potential loss will have on the operation of the division and initiate the appropriate action.
- C. Once an understanding has been reached between appointing authorities, including time frame, the Department of Human Resources should be immediately informed of this agreement so the appropriate steps can be initiated where necessary.

By following this procedure, it can be ensured that all parties involved are brought into the process at the appropriate time and operational needs are met.

### **II. Impact of Interdepartmental/Divisional Transfer**

An Interdepartmental/Divisional transfer is not considered to be a break in service. Employees who are transferred retain all service time earned during previous continuous employment with the City.

**This policy has been issued under the authority of:**



\_\_\_\_\_  
**Signature**

Director of Personnel & HR

\_\_\_\_\_  
**Title**

March 17, 2008

\_\_\_\_\_  
**Date**

**Public Records Policy**

**I. Public Records**

This office, in accordance with the Ohio Revised Code, defines records to include the following: any document – paper, electronic (including, but not limited to, email) or other format – that is created or received by, or comes under the jurisdiction of a public office that documents the organization, function, policies, decisions, procedures, operations, or other activities of the office. All records of the City of Cleveland are public unless they are exempt from disclosure under the ORC.

All exemptions are to be construed in favor of disclosure as required by law and any denial of public records in response to a valid request must be accompanied by an explanation, including legal authority, as outlined in the ORC. If the request is in writing, the explanation must also be in writing. If only a portion of a record is exempt, then only that portion may be withheld or redacted. Redactions must also be accompanied by an explanation.

It is the policy of the City of Cleveland that, as required by Ohio law, records will be organized and maintained so that they are available for inspection and copying in accordance with the law. The City of Cleveland record retention schedule is available in the City of Cleveland’s Law Library; located in the Public Administration Branch of the Cleveland Public Library on the first floor of City Hall (an outline of the retention schedule is available online at [www.city.cleveland.oh.us](http://www.city.cleveland.oh.us).)

**II. Record Requests**

Requests for public records must clearly state the records and/or information being sought to allow the City of Cleveland to identify, retrieve and review the records. If a request is vague and overbroad, the City may deny the request, but must inform the requestor about the manner in which records are kept and how the City accesses the records so that the requestor can revise the request.

For management and efficiency, the City has a public record request form available. The requestor does not have to put a request in writing and does not have to provide his or her identity or the intended use of the requested public record. The City does not limit or condition the availability of public records based on whether a written form is used or whether a request identifies him or herself. However, the records custodian may ask for a written request and may ask for the requestor’s identity and/or intended use of the information requested

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if (1) it would benefit the requestor by helping the public office identify, locate or deliver the records being sought and (2) the requestor is informed that a written request and the requestor's identify and intended use of the information are not required.

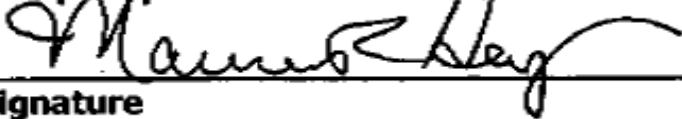
Public records are generally available for inspection during the normal operating hours of the department, division, or office location. Public records must be made available for inspection promptly and copies of public records must be made available within a reasonable period of time. "Prompt" and "reasonable" take into account the volume of records requested, the proximity of the location where the records are stored; and the necessity for any legal review of the records requested.


Each request should be evaluated for an estimated length of time required to gather the records. Most routine requests for records should be satisfied immediately if feasible to do so. Routine requests include, but are not limited to, meeting minutes, salary information, personnel rosters, police incident reports, building and violation notices and permits. If a limited number or copies are requested, or if the records are readily available in an electronic format that may be emailed or downloaded easily, these should be made as quickly as possible.

The City may charge for the actual cost of making copies of records. The City's current costs are as follows:

- 5 cents per page of paper copy
- \$1.00 per diskette
- \$2.50 per compact disc
- \$2.00 per audio tape
- \$2.50 per video tape
- \$1.00 per 5x7 photograph
- \$2.00 per 8x10 photograph
- If an outside duplication service is requested, all charges from an outside duplication service are passed on to the requestor.

**This policy has been issued under the authority of:**

  
\_\_\_\_\_  
**Signature**

  
\_\_\_\_\_  
**Title**

**March 17, 2008**  
\_\_\_\_\_

**Date**

## SEPARATION FROM CITY EMPLOYMENT

### I. Separation from City Employment

- A. Separation from City employment occurs in a number of ways. This policy serves to clarify the differences in types of separation. More specific information on benefits after separation can be found in the benefits section of this manual.

#### Types of Separations:

1. Resigned - Any employee who desires to leave in good standing shall file with the appointing authority a written resignation giving at least two weeks notice of his or her intention to leave City employment, unless the appointing authority consents to an earlier resignation date.
2. Retired – All employees fall into one of the three categories described below:
  - i. Group A: To qualify for retirement an employee must be:
    - a. Employed with 30 years of retirement credit or
    - b. Age 65 with 5 years of retirement credit
  - ii. Group B: To qualify for retirement an employee must be:
    - a. Employed with 32 years of retirement credit or
    - b. Age 52 with 31 years of retirement credit or
    - c. Age 66 with 5 years of retirement credit
  - iii. Group C: To qualify for retirement an employee must be:
    - a. Age 55 with 32 years of retirement credit or
    - b. Age 67 with 5 years of retirement credit.
3. Disability Retirement – Based upon which group an employee fits into, they may request disability retirement after they reach a certain age and have enough retirement credit. Disability retirement is applicable if an employee is considered to be mentally or physically incapacitated for the performance of his or her assigned duties. Please refer to Section A-15 or [www.opers.org](http://www.opers.org) for additional information regarding eligibility for disability retirement.
  - i. Uniformed Police and Fire employees may also be eligible for disability retirement from Police and Fire Pension Funds.



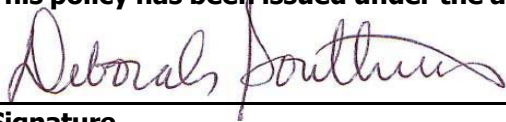
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- ii. Employees should contact the payroll representative within their division for additional information.
  - 4. Deceased - Any employee who is no longer living.
  - 5. Probationary Separation – An employee’s performance during the probationary period that does not merit continued employment is subject to probationary termination. (Civil Service Rule 6.80C)
  - 6. Dismissed/Terminated - Any employee who is separated due to disciplinary action:
    - i. Discipline - Any employee whose conduct, in the opinion of a superior, is such as to require that the employee be relieved of duty immediately. (Civil Service Rule 9.10B).
    - ii. Absent Without Leave (A.W.O.L.) Resigned - Any employee absent from duty without leave for ten consecutive scheduled work days shall be deemed to have resigned from City employment. (Civil Service Rule 8.45).
  - 7. Layoff - Any employee separated due to lack of work, or lack of funds.
  - 8. Employment Completed - Any employee hired for a specific project or program shall be separated at the completion of that project or program.
- B. Separation Benefits are due to an employee who terminates from City of Cleveland employment.
- 1. All earned, unpaid salary
  - 2. All earned, unpaid longevity
  - 3. Conversion of accrued sick leave (on the basis of one-third of accumulated sick leave hours times the average of the highest three years of pay). This benefit is paid out only for employees who retire from the City of Cleveland.
  - 4. Pro-rated vacation for the current year
  - 5. Accrued, unused vacation from previous years
  - 6. Unused compensatory time

C. Return of City of Cleveland Property

1. All City property, including City Identification Card(s), shall be returned on the last day of employment. The cost of any City property that is not returned will be deducted from the former employee's final paycheck and/or separation payment or the paycheck/payment will be withheld.

**This policy has been issued under the authority of:**



**Signature**

Director of Human Resources

**Title**

March 7, 2013

**Date**

## COMMUTER POLICY

This policy applies to all City of Cleveland employees. Use of a City vehicle by an employee is subject to federal tax law and compliance with IRS regulations. Any changes to federal tax law may impact an employee who uses a City vehicle.

### I. Introduction

In general, personal use of a City of Cleveland (government) vehicle, including commuting to and from work, is considered taxable and is reported to the IRS. Under the Internal Revenue Code, the City is required to include the value of an employee's personal use of a City vehicle in the employee's income, unless the City of Cleveland collects a commuting fee.

The personal use of a government-owned vehicle is generally a taxable fringe benefit. It may, however, be excludable as a de minimis benefit. Personal use includes the value of commuting in a government-owned vehicle, even if the vehicle is taken home for the convenience of the employer.

A City of Cleveland employee using a qualified personal use vehicle is not eligible to pay the commuting fee. A **qualified non-personal use vehicle** is any vehicle the employee is not likely to use more than minimally for personal purposes because of its design. Qualified non-personal use vehicles include:

Clearly marked police, fire, and public safety officer vehicles. The employee must be on-call, required to commute in the vehicle, and be prohibited from personal travel outside the jurisdiction.

- Unmarked vehicles used by law enforcement officers. The officer must be authorized to carry a firearm, execute search warrants and make arrests.
- Qualified specialized utility repair truck
- An ambulance or hearse used for its specific purpose.
- Any vehicle designed to carry cargo with a loaded gross vehicle weight over 14,000 pounds.
- Delivery trucks with seating for the driver only, or for the driver plus a folding jump seat.

### II. Procedure

Under limited circumstances an employee may be assigned a City-owned motor vehicle for short or long-term use.

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- A. Personal use of a City-owned vehicle by a commuting employee is strictly prohibited. However, if personal use is an infrequent occurrence (less than once a month) this may be excludable as de minimus.
- B. Upon a showing of the business need to assign a City-owned vehicle to an employee, the employee's appointing authority and the Chief Operating Officer may grant commuting privileges in writing to such employee. Criteria for granting commuting privileges include meeting a combination of the criteria set forth below, but other criteria may also be considered:
  - 1. The employee's regular work activities require a substantial amount of driving on City business several days per week.
  - 2. The employee must be "on call" at all times at the direction of the appointing authority in order to meet non-business hours emergency, security, or public communications needs of the City.
  - 3. The employee is required to use specialized equipment that cannot be feasibly attached to or transported in the employee's personal vehicle.
- C. If a commuting employee's duties change such that the criteria in this Policy are no longer met, the employee shall immediately relinquish the vehicle to the City.

### III. Commuting Valuation

Under the Internal Revenue Code and Section 171.421 of the Codified Ordinances, each employee granted commuting privileges will be charged a commuting fee (other than a qualified non-personal use vehicle, discussed earlier) to be determined by the Director of Finance.

- 1. The commuting fee shall be deducted from the employee's pay. The City has determined the value of the vehicle provided to the employee for commuting by the value of **each** one-way commute (home to work or work to home) at \$1.50.
- 2. If more than one employee commutes in the vehicle, this value applies to each employee.

The commuting fee imposed by Internal Revenue Code and Codified Ordinance Section 171.421 will be charged even when the vehicle is undergoing repair and while the

employee is on vacation. If the employee is on extended leave, the employee may request that commuting privileges and the corresponding fee be suspended. Upon the employee's return to duty, the procedures set forth in Procedure B-16-1 (*immediately following this policy*) must be followed to reinstate commuting privileges.

If an employee believes that a commuting fee has been improperly charged or overcharged, the affected employee should direct a written request for an adjustment to the employee's appointing authority, who shall forward the request to the Department of Finance and Division of Accounts with a recommendation. If the Director of Finance or Commissioner of Accounts along with the Chief Operating Officer concurs that an improper charge or overcharge has occurred, s/he shall issue an office voucher.

#### **IV. Long-Term Authorized Use Vehicles**

- A. No City-owned vehicle shall be assigned to an employee for long-term use throughout the 5-County area except in extremely limited circumstances. Upon a showing why general assignment of a City-owned vehicle is required for City business, the Chief Operating Officer may determine that long-term regular use privileges in the five-county area is in the interest of the City and may grant such privileges in writing to such employee.
- B. In the case of a long-term use employee or a control employee (under Section C), the value of the City-owned vehicle assigned to the employee will be reflected on the employee's Form W-2, along with the value of fuel supplied by the City. No commuting fee shall be collected from a long-term regular use employee (or a control employee). The employee should consult his or her own tax advisor to determine whether a portion of the amount may be deducted from income as a deductible expense.
- C. Special Rule for Control Employees
  - 1. A control employee is any elected official of the City or any employee earning the applicable annual salary as determined by the Internal Revenue Service.
  - 2. A control employee commutes but is not eligible to pay the commuting fee described in this policy.
  - 3. The value of the City-owned vehicle assigned to the control employee will be reflected in the control employee's Form W-2, along with the value of any fuel supplied by the City. No commuting fee shall be collected from a control employee.

**V. Driver Identification and Vehicle Cards**

This policy incorporates the Fuel Policy (Human Resources Policy C-10)

**VI. Vehicle Use Application and Authorization**

- A. In January of any given year, or beginning on the date of approval, of assignment of a City vehicle, each employee who pays the commuting fee shall be subject to payroll deduction for the commuting fee.
- B. If an employee is not acting within the scope of his or her employment while operating a City vehicle, the employee is personally liable for any damages or injuries sustained in the use of the vehicle. As described in Human Resources Policy C-16, State law requires all licensed drivers to obtain insurance to cover this possibility. It is the sole responsibility of the employee to obtain this insurance coverage
- C. Each employee who is granted privileges under this policy shall submit a photocopy of his or her Ohio driver's license and proof of insurance for City-assigned vehicles to the Commissioner of Motor Vehicle Maintenance (MVM) between January 1<sup>st</sup> and January 15<sup>th</sup> of each year.
- D. While operating a City vehicle, whether on city business or otherwise, the employee is governed by this policy.
- E. Each employee who is granted privileges under this policy shall take all appropriate measures to keep the vehicle safe from damage and secure.
- F. To be assigned a City-owned vehicle, the appointing authority shall follow the procedure as outlined in Procedure B-16-1 and Form B-16-2.

**This policy has been issued under the authority of:**

  
\_\_\_\_\_

**Signature**

Director of Human Resources  
\_\_\_\_\_

**Title**

March 26, 2018  
\_\_\_\_\_

**Date**

**B-16**

### **Commuter Vehicle Procedure**

The appointing authority must obtain a request form from the Commissioner of Motor Vehicle Maintenance (MVM) and have it completed by the employee seeking commuting privileges. The employee must return the completed form to his or her appointing authority. The employee's appointing authority and the employee's department director must sign the form approving the assignment and forward the form to the Chief Operating Officer. For department directors and employees in the Mayor's Office, the Mayor's Chief of Operations must sign the form approving the assignment privileges.

1. The Department of Public Works shall submit the form to the Mayor's Chief of Operations for final approval.
2. If all approvals are obtained, the Chief Operating Officer will forward the approved request form to the Commissioner of MVM, with a copy to the employee's appointing authority.
3. The employee's appointing authority will return a copy of the form to the employee.
4. If approved, the Commissioner of MVM notifies Central Payroll to begin payroll deduction if necessary and notifies the Division of Accounts.
5. If an employee wishes to terminate the assignment of a vehicle, he or she must send a written notice to the appointing authority. The appointing authority will forward the notice to the Commissioner of MVM. The employee should include with the notice his or her payroll number. The Commissioner of MVM will record the transaction and forward the approved original to Central Payroll and copies will be sent to the employee.

The Commissioner of MVM, through the Chief Operating Officer, will maintain all the City of Cleveland Vehicle Use Application/Authorization Form (B-16-2) concerning City-owned vehicles assigned to employees.

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**CITY OF CLEVELAND VEHICLE USE APPLICATION/AUTHORIZATION FORM**

**Department / Division** \_\_\_\_\_ Payroll # \_\_\_\_\_  
 Employee Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Work Location \_\_\_\_\_  
 Vehicle Code \_\_\_\_\_ Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Vehicle License # \_\_\_\_\_ Mileage \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ DL Date Issued \_\_\_\_\_ DL Expiration Date \_\_\_\_\_

**Does vehicle require any special equipment?** *Emergency Lights*  *Cell Phone Cradle*  *800 MHz*   
*Specialized tools / equipment specify:* \_\_\_\_\_ *Other* \_\_\_\_\_

Insurance Insurance Policy Number: \_\_\_\_\_ Insurance Policy Expiration: \_\_\_\_\_

**New Request**  **Renewal**

**Justification Statement:** I am requesting commuting privileges for the purpose of \_\_\_\_\_  
 \_\_\_\_\_

**New:** The above applicant is approved commuting privileges. Commuter (Short Term) Long Term Control Qualified Non-Personal Use

**Change:** The above applicant is approved to change commuting privileges. Commuter (Short Term) Long Term Control Qualified Non-Personal Use

**Cancellation:** The above applicant is approved to cancel commuting privileges. Commuter (Short Term) Long Term Control Qualified Non-Personal Use

\_\_\_\_\_  
**Commissioner** Date **Department Director** Date **Chief Operating Officer** Date

In accordance with Ordinance Number 2268-90, I hereby authorize the Commissioner of Accounts to deduct Commuter Valuation **or**  reflected on my Form W-2 as a condition of take-home privileges for the City owned vehicle. Further, I have read and agree to comply with all requirements set forth in the **City of Cleveland Vehicle Use Policy**, including obtaining coverage under my personal automobile insurance (**proof of insurance is required**).

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**(The Division of Motor Vehicle MUST be notified of any change in information)**

***DIVISION OF MOTOR VEHICLE MAINTENANCE USE ONLY***

Returned to Fleet Manager on (DATE) \_\_\_\_\_  
 Forwarded to Central Payroll on (DATE) \_\_\_\_\_



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**PLUS ADJUSTMENT PAY**

**No classified, non-bargaining unit employee will receive plus adjustment pay without written approval through a plus adjustment form and / or approval from the Mayor and Director of Finance. Plus adjustment pay for classified bargaining unit employees will be approved only as provided in the employee's collective bargaining agreement. Language within collective bargaining agreements supersedes language within this policy.**

**Per 173.01 City Council is exempt from this policy for their Executive Assistants' monthly pay adjustments made out of Council Members' monthly business expense account.**

**I. Definitions**

- A. Plus Adjustment— Temporary additional compensation paid to an employee for the following reasons:
  - 1. Performing duties outside of their normal job classification.
  - 2. To make corrections for payroll errors.
- B. Acting Capacity—An employee who performs all of the duties of a classification other than his/her normal classification. For the purpose of this policy, plus adjustments and acting capacity have the same requirements.

**II. Eligible Employees**

- A. An employee is eligible to receive plus adjustment pay if the employee's status is:
  - 1. Classified, Regular Civil Service, Non-Bargaining Unit
  - 2. Classified, Bargaining Unit
  - 3. Not otherwise excluded by this policy
- B. Qualifying actions that would result in a plus adjustment payment are as follows:
  - 1. Correction of a payroll error
  - 2. An employee performing duties of a job in a higher job classification than their current position. (This type of plus adjustment payment would require approval by the Mayor if the adjustment is greater than a 5% increase and / or made in more than 3 pay periods in a calendar year. See section III Part B.)
- C. Qualifying actions that would **not** result in a plus adjustment payment are as follows:

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1. Employees' assigned additional duties within their job classification (**reference Civil Service job descriptions as 'other duties assigned'**).
2. Classified, Regular Civil Service, and Non-Bargaining Unit employees **cannot** receive plus adjustments for performing Classified, Bargaining Unit duties.
3. Classified Bargaining Unit Employees **cannot** receive plus adjustments for performing Classified, Regular Civil Service, Non-Bargaining Unit duties.
4. A plus adjustment **cannot** be given to an employee while the division is waiting on a promotion to be approved and processed through a Personnel Information Document (PID).
5. An employee performing duties of a job in a lower job classification than their current position **cannot** receive a plus adjustment for performing the additional duties.

**Classified, Regular Civil Service, Non-Bargaining Unit Employees**

**III. Approval Process for Plus Adjustment Pay**

- A. Plus Adjustment Request Form
  1. All plus adjustment payments must be documented on the Plus Adjustment Request Form. See Attachment A (Form 10-01 which supersedes 81-237).
  2. All fields on the plus adjustment form must be completed for each payment to be processed. If the field not applicable it should be marked "n/a".
  3. The period of service in the acting/plus adjustment capacity must have a definite start date and end date which are to be included in the Comments column.
  4. If the 'Other' reason code is used on the request form for the plus adjustment, the Comments column must indicate the reason for the plus adjustment.
  5. Approval signatures must be obtained by the timekeeper and Director or Appointing Authority before the Plus Adjustment Request Form is input into the KRONOS system.
  6. All completed forms and necessary documentation must be retained in the Department/Division for each pay period the employee is in that position.

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- B. All plus adjustments exceeding 5% of the employee's regular wage rate and / or plus adjustments to be paid in excess of 3 pay periods per calendar year require the following:
1. The Department Director submits a written request to the chief of the applicable cluster for an employee to receive the plus adjustment. This request must include the following:
    - a. Justification for the plus adjustment
    - b. Duration of the plus adjustment payments providing specific dates, for example, 1/1/20XX – 1/31/20XX.
    - c. Name and position of the employee in whose place the acting employee will be working.
    - d. Verification the employee working in the plus adjustment position is qualified per Civil Service rules.
    - e. Proposed dollar amount of plus adjustment per pay period, in total for all pay periods, the percentage of wage increase per pay period and the percentage increase in total for the duration of the adjustment.
    - f. A statement that the employee who is appointed in an acting capacity has the signature authority to approve all transactions that would normally be approved by the employee in whose place the acting employee is working.
  2. Cluster Chief reviews the request with the Mayor or Mayor's designee and the Director of Finance.
  3. Cluster Chief notifies the department director concerning approval or denial of request for appointment to Acting Capacity.
  4. If approved, a copy of the approval notice is forwarded to the Division of Accounts and the Department/Division notifies the employee to be appointed to Acting Capacity of the terms of the appointment.
  5. If denied, the department director may not pay a plus adjustment to the employee working in acting capacity.

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**IV. Allowable Hours**

- A. Overtime – Plus Adjustment compensation is eligible for payment at time and a half of the plus adjustment rate for overtime worked
- B. Holiday Hours – Eligible for plus adjustment payment
- C. Vacation Hours – Not eligible for plus adjustment payment
- D. Sick Hours – Not eligible for plus adjustment payment
- E. Personal Hours – Not eligible for plus adjustment payment
- F. Compensatory Hours Used – Not eligible for plus adjustment payment

**V. Entry of Plus Adjustments into KRONOS –**

- A. Completed Plus Adjustment Request Forms and approval notices given by the Mayor are to be retained by the Department/Division and input into the KRONOS system no later than the Tuesday before final payroll processing for each pay period the employee is in that position.
- B. The Division of Accounts will receive a copy from the Department/Division for any employee appointed to Acting Capacity by an approval notice given by the Mayor no later than the Tuesday before final payroll processing for the first pay period of the effective date of the approval notice.
- C. The Division of Accounts will compare the Central Payroll Plus Adjustment Audit Report with the approval notices given by the Mayor that are on file in the Division of Accounts. Any Plus Adjustments input into the KRONOS system by the Department/Divisions that do not have an approval notice given by the Mayor on file in the Division of Accounts in accordance with section III B, will be stripped from the pay file and not processed.

**Classified, Bargaining Unit Employees**

**VI. Approval Process for Plus Adjustment Pay**

- A. All plus adjustments for bargaining unit employees will be made in accordance with the applicable collective bargaining agreement.
- B. Documentation of payments to be completed in the Plus Adjustment Request Form, as noted below. Along with the Plus Adjustment Request Form, copies of the applicable sections of the collective bargaining agreements supporting the plus adjustment payments should be included with the form.

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- C. The Division of Police must use their specific plus adjustment forms that have been approved by the Division of Accounts, which were set up to follow collective bargaining agreement terms.
- D. The Division of Fire must use their specific plus adjustment forms that have been approved by the Division of Accounts, which were set up to follow collective bargaining agreement terms for all plus adjustments except Acting Pay.
- E. Plus Adjustment Request Form – to be used by all divisions other than the Division of Police.
  - 1. All plus adjustment payments must be documented on the Plus Adjustment Request Form. See Attachment A (Form 10-01 which supersedes 81-237)
  - 2. All required fields on the Plus Adjustment Request Form must be completed for the payment to be processed.
  - 3. The period of service in the acting/plus adjustment capacity must have a definite start and end date included in the Comments column.
  - 4. If the 'Other' reason code is used for the plus adjustment, the Comments column must indicate the reason for the plus adjustment.
  - 5. The Calculation column of the plus adjustment form will include a calculation of how the plus adjustment total was determined.
  - 6. Approval signatures of the timekeeper and Director or Appointing Authority must be obtained before the payment can be entered into KRONOS.

**VII. Employees Assigned Multiple Job Duties**

- A. A Personnel Information Document (PID) must be completed by the division to assign multiple job duties to an employee. Once processed, the time for the hours worked in each job can be coded in KRONOS according to the job performed.
- B. Payments made for multiple job duties should not be made through plus adjustments.

**Bi-Weekly Review**

VIII. Report Criteria & Distribution

- A. The Division of Accounts will run a Bi-Weekly Payroll Plus Adjustment Audit Report in accordance with payroll pay dates. The Report will detail the following information:
  - 1. Department
  - 2. Division

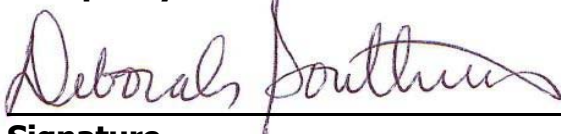
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3. Employee Name
4. Employee ID Number
5. Job Description
6. Union or Non-Union
7. Current Pay Period Adjustment
8. Acting Pay
9. Plus Adjustment Pay
10. Plus Overtime Pay
11. Plus Regular Pay
12. Total # of Year-to-Date Adjustments

- B. Once the report is completed, the Division of Accounts will distribute the Bi-Weekly Payroll Plus Adjustment Audit Report to the following:
1. Director of the Department giving the plus adjustment.
  2. Commissioner of the Division giving the plus adjustment
  3. Director of Finance – All plus adjustments for all divisions
  4. Director of Human Resources – All plus adjustments for all divisions

A review of these payments should be completed bi-weekly to ensure that all payments are made in compliance with the above policy.

**This policy has been issued under the authority of:**



**Signature**

Director of Human Resources

**Title**

November 7, 2014

**Date**

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**Sample PLUS Adjustment Request Form**

Pay Period # \_\_\_\_\_  
 Year \_\_\_\_\_  
 Dept. # / Unit \_\_\_\_\_

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**PLUS Adjustment Request Form**

Pay Period Ending \_\_\_/\_\_\_/\_\_\_

|    |   | Reason Codes                  |                  |                                   |             |  |
|----|---|-------------------------------|------------------|-----------------------------------|-------------|--|
|    |   | ACF = Acting Pay - Fire       | PAD = Adjustment | PRG = Regular Pay                 |             |  |
|    |   | ACT = Acting Pay              | POT = Overtime   | OTH = Other (Explain in Comments) |             |  |
| 1) | <input type="checkbox"/> Barg. <input type="checkbox"/> Non-Barg. | Employee Name                 | Employee ID      | Employee is Replacing:            | Employee ID | Plus Adjustment Comments                                     |
|    |   | Calculation (rate x hours)    | Tot. \$ Adjust.  | P.A. dates worked this PP         | Reason Code |  |
|    |   | \$ _____ x _____ hrs. = _____ |                  |                                   |             | Total time of temp. appt. From-To: ___/___/___ - ___/___/___ |
| 2) | <input type="checkbox"/> Barg. <input type="checkbox"/> Non-Barg. | Employee Name                 | Employee ID      | Employee is Replacing:            | Employee ID | Plus Adjustment Comments                                     |
|    |   | Calculation                   | Tot. \$ Adjust.  | P.A. dates worked this PP         | Reason Code |  |
|    |   | \$ _____ x _____ hrs. = _____ |                  |                                   |             | Total time of temp. appt. From-To: ___/___/___ - ___/___/___ |
| 3) | <input type="checkbox"/> Barg. <input type="checkbox"/> Non-Barg. | Employee Name                 | Employee ID      | Employee is Replacing:            | Employee ID | Plus Adjustment Comments                                     |
|    |   | Calculation                   | Tot. \$ Adjust.  | From: To:                         | Reason Code |  |
|    |   | \$ _____ x _____ hrs. = _____ |                  |                                   |             | Total time of temp. appt. From-To: ___/___/___ - ___/___/___ |
| 4) | <input type="checkbox"/> Barg. <input type="checkbox"/> Non-Barg. | Employee Name                 | Employee ID      | Employee is Replacing:            | Employee ID | Plus Adjustment Comments                                     |
|    |   | Calculation                   | Tot. \$ Adjust.  | From: To:                         | Reason Code |  |
|    |   | \$ _____ x _____ hrs. = _____ |                  |                                   |             | Total time of temp. appt. From-To: ___/___/___ - ___/___/___ |
| 5) | <input type="checkbox"/> Barg. <input type="checkbox"/> Non-Barg. | Employee Name                 | Employee ID      | Employee is Replacing:            | Employee ID | Plus Adjustment Comments                                     |
|    |   | Calculation                   | Tot. \$ Adjust.  | From: To:                         | Reason Code |  |
|    |   | \$ _____ x _____ hrs. = _____ |                  |                                   |             | Total time of temp. appt. From-To: ___/___/___ - ___/___/___ |

\* Indicate how many pay periods this adjustment has been given in this calendar year, including this pay period.  
 Please attach signature letter and contract section allowing for adjustments, if applicable.

TimeKeeper \_\_\_\_\_ Date \_\_\_\_\_ Director or Appointing Authority \_\_\_\_\_ Date \_\_\_\_\_  
 Div. of Accounts \_\_\_\_\_

## **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

### **I. Policy Statement**

The City of Cleveland cares about the health and well-being of its employees and recognizes that a variety of personal problems can disrupt their personal and work lives. While many employees solve their problems either on their own or with the help of family and friends, sometimes employees need professional assistance and advice.

The City of Cleveland will provide confidential and voluntary assistance through its Employee Assistance Program ("EAP") to all employees and their family members who may be faced with dynamic challenges of financial concerns, legal issues, alcohol or drug problems, marital problems, illness of a family member, emotional worries, child care problems, etc. For the welfare of employees as well as effective business operations, the City encourages its employees to take advantage of this valuable benefit of employment.

### **II. Application**

Employees and their family members can refer themselves to the EAP. The program may be reached 24 hours a day on weekdays and weekends. There is no charge for employees or their families to use the services of the EAP.

EAP counselors are available to meet with employees or family members to assess a problem and develop a plan for resolution. The counselors may suggest a referral to an outside resource, such as a therapist, agency, physician, treatment facility or other professional that would be appropriate to assist in resolving the problem or situation. Where an employee may be in need of information, a referral, or suggestion, contact may be made with the parties over the telephone.

Employees who want to visit the EAP during regular work hours must use sick, vacation or personal time. If illness is involved, sick, vacation and/or personal time may be used for treatment or rehabilitation on the same basis that it is granted for other health problems.

The EAP counselors will make every effort to coordinate referral for ongoing treatment with the employee's health insurance coverage as well as his/her ability to pay.

### **III. Mandatory Referral**

Where there are severe or repeated occurrences of an employee's unsatisfactory job performance on or off duty, where attendance is unsatisfactory or there appears to be signs of other problems, the supervisor should counsel the employee in consultation with the Director of Human Resources or designee with an end toward resolving the



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situation. If the employee appears to be unable or unwilling to correct the situation, the employee may be mandatorily referred by the Appointing Authority or designee to the EAP to assist in the resolution of the problem.

The employee may accept or refuse participation in the EAP; however failure may result in disciplinary action up to and include discharge. Continued employment at the City may be contingent upon the employee calling the EAP for assistance or an employee

**IV. Participation**


Participation in EAP Program does not jeopardize job security or promotional opportunities. However, it does not excuse the employee from following the City's policies and procedures or meeting required standards for satisfactory job performance except where specific accommodations are required by law.

All contact between an employee and the EAP is held strictly confidential. In cases where an employee's continued employment is contingent upon calling the EAP, the EAP counselor will only verify whether or not the employee has contacted the EAP and, if ongoing treatment is necessary, and that the employee is following through on the treatment.

Although this policy is intended to encourage voluntary rehabilitation, nothing in this policy waives the City's rights to discipline an employee, to initiate or to cooperate with law enforcement in prosecuting offenders.

*See the City of Cleveland DRUG-FREE WORKPLACE Policy for additional information.*

**This policy has been issued under the authority of:**

  
\_\_\_\_\_  
**Signature**

Director of Human Resources  
\_\_\_\_\_  
**Title**

March 26, 2018  
\_\_\_\_\_  
**Date**

**FAIR HIRING POLICY**

I. Statement of Policy

The City of Cleveland is an equal employment opportunity employer with the goal of hiring the best qualified applicants for City employment. The City is committed to ensuring just and fair measures and practices when screening and identifying persons eligible for employment, regardless of whether they have had past convictions or arrests.

Except as otherwise required by state or federal law, the City shall not inquire about an applicant's conviction history until a conditional offer of employment is extended. City job applications shall not contain a "box" or inquiry regarding a job applicant's prior convictions.

The City will follow the steps identified below when conducting a criminal background check:

- A. A background check will be performed only if an applicant has received a conditional offer of employment;
- B. If the background check reveals a conviction, the applicant will not be automatically disqualified from employment, unless prohibited by state or federal statute; and
- C. The Appointing Authority along with the Director of the Department of Human Resources will consider the relevance of the criminal investigation using the following parameters:
  1. Whether the criminal conduct for which the person was convicted has a direct and/or specific negative bearing on a person's fitness or ability to perform one or more of the duties or responsibilities necessarily related to the employment sought;
  2. The nature and severity of the offense;
  3. The age of the applicant at the time of the offense;
  4. The date of the offense;

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5. How long the person has lived while not incarcerated or under correctional supervision without having any new convictions; and
6. Any evidence demonstrating the applicant's rehabilitation.

**This policy has been issued under the authority of:**



**Signature**

Director of Human Resources

**Title**

August 8, 2011

**Date**

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