



PERSONNEL MANUAL

PERSONNEL MANUAL

FOR

THE CITY OF

NEWARK, DELAWARE

**APPROVED BY CITY COUNCIL
ORDINANCE NO. 88-37
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PERSONNEL MANUAL

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STATEMENT OF THE CITY GOVERNMENT'S MISSION

The city government of the City of Newark was established by its citizens and the State of Delaware for a specific purpose. That purpose is to provide its citizens with essential public services to guarantee the general health, safety and welfare of the community. With that basic purpose in mind, the City government has established certain operational goals and organizational values which must guide the conduct of each City employee. The general goals and organizational values of the City are:

- ⇒ To provide services to Newark residents in a cost-effective way with an emphasis on quality, value and responsibility.
- ⇒ To embody a “customer service philosophy” by treating citizens in a manner that is courteous, helpful and responsive.
- ⇒ To provide equal access of services, programs, and activities to all citizens.
- ⇒ To uphold the City’s Code of Ethics to maintain the highest standards of morality and instill confidence in the integrity of government.
- ⇒ To maintain adequate growth in our financial base and maintain our current level of services.
- ⇒ To preserve the City’s quality of life with a focus on enhancing the physical appearance of the City.
- ⇒ To maintain controlled growth and compatible land use patterns.
- ⇒ To maintain and recruit a qualified, professional workforce to uphold our service commitment.
- ⇒ To develop a “team” approach to managing the City, policy development, and problem solving.
- ⇒ To provide effective leadership in order to motivate employees, discourage complacency, and improve productivity.
- ⇒ To treat employees in a manner that we would like employees to treat citizens.



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Organizational Values

The City supports certain values which should guide the City's direction in carrying out its mission. We believe in:

CARING

- ☐ for the citizens we serve
- ☐ for the employees with whom we serve

COURAGE

- ☐ to do what is right
- ☐ to act decisively on what is wrong

COMMITMENT

- ☐ to provide superior quality and service
- ☐ to being the best
- ☐ to be dependable
- ☐ to details of execution

COMPETENCY

- ☐ to learn, know and perform our jobs well

COMMUNICATION

- ☐ to open informal channels of interaction at all levels

PERSONNEL MANUAL

SUBJECT: Purpose and Scope

A. Purpose

This manual of Personnel Practices and Procedures establishes those policies, practices and procedures necessary to implement and administer the City's personnel system. It attempts to achieve the goal of fair and equal treatment for all employees through the establishment of uniform guidelines and systematic procedures. This text represents the most current administrative personnel practices and procedures of the City of Newark. It particularly pertains to the administration of fringe benefits and the establishment of work practices and procedures.

B. Authorization

The practices and procedures contained in this manual have been established by the City Manager in accordance with the authority granted by Chapter 2, Article IX, Section 2-102.4 of the Code of Ordinances.

C. Scope

All employees of the City of Newark shall be subject to the application of the personnel policies and procedures described in this manual.

D. Definitions

1. Employees – Each individual who is compensated by and provides a service to the City regardless of the number of hours of work performed during a given time period or the length of the term of employment. It shall not include any elected official, any voluntary, appointed member of any board, commission or authority, or any person performing services for the City on the basis of a service contract, retainer, or prescribed fee.
2. Full-Time – Any employee who is regularly scheduled to work at least thirty-seven and one-half (37 ½) hours during the work week.
3. Part-Time – Any employee who is regularly scheduled to work less than thirty-seven and one half (37 ½) hours during the work week.
4. Regular – Any employee whose term of employment is for an indefinite period of time.
5. Temporary – Any employee whose term of employment is for a specified period of time.
6. Management Supervisory Position – Any of those management positions designated as Supervisory by Article IX, Section 2-92.3 of the City Code. (2)
7. Management Non-Supervisory Position – Any of those management positions designated as either department director, professional and technical or confidential by Article IX, Section 2-92.3 of the City Code. (2)

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Purpose and Scope

E. Amendments and Revisions

This manual may be amended and revised periodically as necessary at the direction of the City Manager.

Since personnel practices and procedures are in a constant state of change, this is not intended to be a static document. The entire system of employee benefits and relations is being continuously reviewed so as to better serve the needs of the City and its employees, and to use available resources in a way that will serve them best. This manual, therefore, has been designed to be routinely updated and amended as the need arises.

F. Distribution List

A copy of this manual and all subsequent revisions or amendments shall be distributed to the following:

1. Director of Electric
2. Electric Line Supervisor
3. Director of Water and Wastewater
4. Assistant Water and Wastewater Director
5. Water and Wastewater Supervisor
6. Street Supervisor
7. Chief Mechanic
8. Director of Public Works
9. Public Works Superintendent
10. Director of Building
11. Chief of Police
12. Police Captains (2)
13. Police Lieutenants (4)
14. Director of Finance
15. Assistant Director of Finance
16. Information Technology Supervisor
17. Customer Services Supervisor
18. Director of Planning



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Purpose and Scope

19. City Manager
20. Assistant to the City Manager (2)
21. City Secretary
22. City Solicitor
23. Clerk of the Court
24. Director of Parks and Recreation
25. Assistant Director of Parks and Recreation
26. Parks Superintendent
27. Parks Supervisor
28. Assistant Director of Electric
29. Assistant Planning Director
30. Each Union President (3)
31. Library
32. Police Department Library
33. Bookkeeper II
34. Codes Inspection Supervisor
35. Parking Superintendent



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Amended 04/09/07

1.1-3

PERSONNEL MANUAL

SUBJECT: The Personnel System

A. Administration

The administration of the personnel system established in this manual shall be the responsibility of the City Manager. This authority has been officially established by the City Charter.

The following informative documents and practices shall form the basic administrative framework of the personnel system:

1. Manual of Personnel Practices and Procedures – This manual shall provide the practices and procedures to guide the City Manager and other City employees in the administration of the personnel system
2. Dissemination of Personnel Practices and Procedures – Each supervisory employee shall be provided with a copy of this manual and shall become thoroughly familiar with its contents. Any questions, which arise concerning personnel policies and procedures, should be directed to the City Manager’s office. Each supervisory employee shall make this manual available for inspection to any employee.
3. Records – The accurate documentation of personnel related activity is absolutely necessary to insure the fair and consistent application of the practices and procedures contained herein. The City Manager’s Office shall maintain the official personnel file for each employee containing all documentation pertaining to his or her employment. Upon request, each employee may be allowed to view the contents of his or her personnel file within the guidelines established by state law and this personnel manual.

B. General Personnel Policies and Principles

The maintenance and growth of the quality and kinds of services offered by the City depends significantly upon the effective utilization of the human resources employed by the City. The performance and utilization of employees becomes progressively more important with each increase in personnel costs and with each new equipment purchase and facility development.

Personnel practices and procedures have a significant impact on the performance and utilization of employees. Unsatisfactory or impractical policies can have a substantial impact on the cost and effectiveness of municipal operations.

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The Personnel System

Consequently, it is vitally important that a sound personnel system be established and properly administered with understanding and foresight. Such a plan should meet the City's needs and motivate employees through the creation of a satisfying working environment, appropriate and fair compensation, and fair and consistent application of these practices and procedures.

The following shall be declared personnel practices of the City:

1. Employment by the City shall be based solely on merit and fitness, free of personal or political consideration.
2. The City shall not discriminate in any manner against any person on the basis of age, race, color, creed, religion, sex, national origin, marital status, disability, political affiliation, sexual orientation, gender identity¹ or expression², parental status or active military or veterans status except where such factors constitute a *bona fide* occupational qualification with regard to selection or employment with the City.
3. Just and equitable incentives and conditions of employment shall be established and maintained to promote efficiency and economy in the operation of the City.
4. Positions shall be classified and compensated according to duties, responsibilities and requirements.
5. Appointments, promotions and other personnel actions shall be based on merit.
6. The policies and procedures contained herein shall be administered fairly and consistently with due consideration given the rights and interests of employees, the public and the City.
7. The tenure of any City employee shall be subject to the employee's continued good behavior, the satisfactory performance of work, the necessity for the performance of work, and the availability of work.
8. The City shall attempt to develop employees to become effective workers, treat each person with consideration and respect, and provide a clean, healthy and safe place of work.

¹ Gender identity is distinct from sexual orientation and refers to a person's innate, deeply felt psychological sense of gender, which may or may not correspond to the person's body or designated sex at birth.

² Gender expression refers to all of a person's external characteristics and behaviors, including dress, mannerisms, grooming, speech patterns, and social interactions, that are socially identified with a particular gender.

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C. Application of Practices

The City Manager is responsible for developing and implementing these personnel practices and procedures and abiding by the basic principles, which are intended to be the foundation of the City of Newark's personnel system. Each department director and supervisory employee shall have a copy of this manual and shall make it available to all subordinate employees. This manual is also posted on the City's Website at www.cityofnewarkde.us and on the City's internal computer network.



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SUBJECT: Recruitment and Selection - Police Officers

A. Policy

It is the policy of the City of Newark to recruit and select Police Officers from as broad a field of applicants as is reasonably possible in order to assure that the City appoints the most qualified and competent applicants available, to provide an equal opportunity to all qualified applicants, and to base the selection of Police Officers on valid, applicable and job-related measures of qualifications.

B. Advertising

1. Classified ads shall be placed in area newspapers, on radio stations, and on the City's website soliciting applications from interested individuals.
2. Promotional recruiting materials shall be provided to all individuals inquiring about or applying for the position of Police Officer.
3. Promotional recruiting materials shall be provided to schools and other educational institutions offering degree programs in Criminal Justice or a related field.

C. Application - Each individual requesting consideration for appointment to the position of Police Officer shall complete an Application for Employment and an Affirmative Action Form.

D. Minimum Standards - Each applicant for Police Officer must meet the following Minimum Standards to be eligible for consideration.

1. Must be at least twenty-one (21) years of age as of the applicant's appointment to probationary employment.
2. Must possess an associate's degree or have satisfactorily completed at least half of the requirements for a bachelor's degree program from an accredited College/University.
3. Must have a valid driver's license and at least one year of driving experience. Applicant must not have had license suspended or revoked within a three-year period immediately preceding the date of application.
4. Any felony conviction will be considered serious enough to disqualify the applicant from further consideration.

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Police Officer Recruitment

5. Physical Requirements

- a. Visual acuity of 20/200 or better vision in each eye that is correctable to 20/20 vision.
- b. Normal color vision, night vision, and peripheral vision.
- c. Normal directional, volume and frequency levels of hearing.
- d. Normal volume and clarity in speaking.
- e. No major impediment of the senses.
- f. No physical deformities that would be detrimental to proper performance of police duties.
- g. Weight in proportion to his or her height.
- h. The physical abilities necessary to perform the duties of the position.

6. Citizenship – Must be a United States citizen.

E. Written Examination – Each applicant must undergo a written examination and correctly answer at least seventy percent (70%) of the test questions. The written examination shall be a validated entry-level test for a Police Officer.

F. Oral Interview

1. Eligibility – The top thirty-five (35) applicants who correctly answer at least seventy percent (70%) of the test questions shall be eligible for an Oral Interview.
2. Composition of Oral Interview Board
 - a. Police command officer designated by the Chief.
 - b. The Chief of Police.
 - c. The Assistant to the City Manager (personnel officer).
3. Traits Evaluated (See form on p. 2.4-7)
 - a. Appearance, Manner and Bearing
 - b. Motivation
 - c. Oral Expression
 - d. Judgment and Reasoning
 - e. General

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4. Standards – Each member of the Oral Interview Board shall rate each applicant on each trait. Each interviewee shall receive a score for each trait which shall be equal to the average of the ratings for that trait by the members of the Board. Each interviewee shall receive a Composite Interview Score which shall be equal to the sum of the interviewee's average scores for each trait.
5. Personal History Statement – Each applicant shall be provided with a Personal History Statement upon completion of the Oral Interview. This statement must be completed by the applicant and returned to the City Manager's Office before a specified date (p. 2.4-8 to 2.4-33).

G. Eligibility Roster – Each applicant will receive a Final Rating which shall be equal to the sum of the following:

1. Percentage of correctly answered written test questions multiplied by .40.
2. Composite Interview Score multiplied by .60.
3. Certification as police officer with the State of Delaware – five (5) points, or certification with another state – one (1) point.
4. Educational degrees earned – one point for bachelor's degree.

H. Term of Eligibility Roster – Until terminated by the Assistant to the City Manager and the Chief of Police.

I. Background Investigation – Each applicant shall undergo a Background Investigation and Physical Agility Test conducted by the Police Department.

1. Physical Agility Test – Each applicant must successfully complete a Physical Agility Test to verify that the applicant possesses the minimum physical skills required to perform the duties of a Police Officer (p. 2.4-34 to 2.4-38). Each applicant who fails to pass the physical agility test shall be rejected from consideration for the position of Police Officer during the current recruitment period.
2. The Background Investigation and Physical Agility Test shall be initiated at the direction of the Chief of Police.



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Police Officer Recruitment

3. Standards – The Background Investigation shall be conducted by an officer to be designated by the Chief of Police. The investigation shall be conducted in accordance with the Background Investigator’s Guide (p. 2.4-39 to 2.4-44) and shall assess each applicant’s suitability for appointment on the basis of:
 - a. Whether the applicant’s personal conduct may reasonably be expected to interfere with or prevent effective performance as a Police Officer; or
 - b. Whether the applicant’s personal conduct may reasonably be expected to interfere with or prevent the effective performance by the Police Department of its duties and responsibilities.
4. Reasons for Disqualification
 - a. Delinquency, misconduct or excessive absenteeism in prior employment.
 - b. Criminal, dishonest, infamous, or notoriously disgraceful conduct.
 - c. Conduct that is contrary to justice, honesty, or good morals.
 - d. Intentional false statement or deception or fraud in examination or appointment.
 - e. Habitual use of intoxicating beverages to excess.
 - f. Illegal use of narcotics, drugs, or other controlled substances.
 - g. Reasonable doubt as to the loyalty of the applicant to the Government of the United States.
 - h. Opposition on the basis of conscience or belief to the use of force in an official capacity.
5. The above reasons for disqualification are not meant to be absolute and may be conditional based upon the following additional considerations.
 - a. The nature and seriousness of the conduct.
 - b. The circumstances surrounding the conduct.
 - c. When the conduct occurred.

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- d. The applicant's age at the time of the conduct.
 - e. Extenuating social or environmental factors.
 - f. The presence or absence of attempts toward rehabilitation.
6. Based on the findings of the Background Investigation, the City Manager and the Chief of Police shall place each applicant in one of the three following categories:
- a. Eligible for further screening - no derogatory information of any kind.
 - b. Conditional eligibility for further screening - some derogatory information, but not sufficient to eliminate automatically from further consideration.
 - c. Disqualified - confirmed derogatory information sufficient to disqualify automatically.
7. Retention
- a. Successful Applicants - This report shall be permanently retained in the employee's personnel file.
 - b. Unsuccessful Applicants - This report, along with other application materials, shall be retained for a minimum of three (3) years after the completion of the Background Investigation Report.

J. Probationary Appointment

1. Chief of Police Interview - As each vacancy for Police Officer occurs and after the City Manager has authorized the selection of an eligible candidate to fill the vacancy, the Chief of Police shall interview the three (3) highest rated applicants on the Eligibility Roster. The Chief of Police shall recommend to the City Manager which of the three (3) highest rated applicants should receive a Probationary Appointment to fill the vacancy.
2. City Manager Approval - The City Manager shall consider the recommendation of the Chief of Police and may appoint one (1) of the three (3) highest rated applicants to a probationary appointment. Prior to receiving the City Manager's approval for hire, each successful applicant shall meet the City Manager. This appointment shall be conditional based upon the applicant's ability to successfully undergo a Psychological Evaluation and a Pre-Employment Physical Examination.



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Police Officer Recruitment

K. Psychological Evaluation - Each applicant who has been selected for a probationary appointment shall undergo a Psychological Evaluation conducted by a qualified psychiatrist or clinical psychologist.

1. Purpose - This evaluation shall determine if the applicant exhibits any gross indications of unsuitability for the position of Police Officer.
2. Based on the results of the Psychological Evaluation, the applicant shall be declared eligible for further final screening or declared ineligible and rejected from further consideration.
3. Retention
 - a. Successful Applicant - This report shall be permanently retained in the employee's personnel file.
 - b. Unsuccessful Applicant - This report, along with other application materials, shall be retained for a minimum of three (3) years following the completion of the Psychological Evaluation.

L. Pre-Employment Physical Examination - Each applicant who has been selected for a probationary appointment shall undergo a Pre-Employment Physical Examination conducted by a qualified physician.

1. Purpose - This examination shall determine if the applicant is physically capable of performing the duties of a Police Officer and working for the City of Newark.
2. The examining physician shall certify the applicant's physical qualifications on a form provided by the City. See p. 2.4-45 and 2.4-46.
3. Based on the results of this examination, the applicant shall be declared eligible for probationary appointment or declared ineligible and rejected from further consideration.
4. Retention
 - a. Successful Applicant - This report shall be permanently retained in the employee's personnel file.
 - b. Unsuccessful Applicants - This report, along with other application materials, shall be retained for a minimum of three (3) years following the completion of the Pre-Employment Physical examination.

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POLICE OFFICER

ORAL INTERVIEW APPRAISAL GUIDE

CANDIDATE'S NAME: _____
INTERVIEW DATE: _____
INTERVIEWER: _____

INSTRUCTIONS - Each candidate is to be rated in each of the following five (5) areas. The rating for each area should be on a scale between one (1) and twenty (20) as follows:

Not Acceptable - 1 – 3 **Deficient** - 4 – 6 **Satisfactory** - 7 – 12
Above Average - 13 – 16 **Excellent** - 17 – 20

1. **Appearance, Manner and Bearing** Appearance, manner and bearing that will assist effective public contact with citizens, other law enforcement officers, civic groups, etc. Able to command respect. Appears at ease, friendly and confident and able to deal tactfully and diplomatically with the public under adverse or stressful situations. Does not react to stress with loss of composure, aggression or anger.

Rating _____

2. **Motivation** Is sufficiently motivated to enter and remain in the field of law enforcement. Knows enough about the career to make an informed decision and has defined career expectations.

Rating _____

3. **Oral Expression** Able to express ideas clearly and exhibits rational, organized, and persuasive thought process. Uses decisive terminology.

Rating _____

4. **Judgment and Reasoning** Able to grasp ideas quickly and able to comprehend complex concepts thoroughly. Able to consider all facts before deciding upon a course of action. Knows when to seek more information. Recognizes a situation that requires flexibility. Does not possess predisposed attitudes/opinions that may affect sound judgment.

Rating _____

5. **General** To what extent does this candidate possess what you consider to be the ideal qualifications of a Police Officer.

Rating _____

Total Rating _____

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CITY OF NEWARK, DELAWARE

PERSONAL HISTORY STATEMENT

FOR THE POSITION OF

POLICE OFFICER



NAME

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Personal History Statement

PERSONAL HISTORY STATEMENT INSTRUCTIONS

1. The following questions must be answered truthfully and completely. Any omission, falsification or misstatement may be reason for your rejection.
2. All responses will be thoroughly investigated by the City of Newark.
3. If additional space is required, you may use the blank pages at the end of this booklet. Make sure you reference all additional information by question number.
4. If you have any questions regarding this statement, you may contact the City Manager's Office at (302) 366-7026.
5. When completed, return this statement to the City Manager's Office, City of Newark, 220 Elkton Road, Newark, DE 19711-4562.
6. If you do not return this statement before _____, you will not be considered further for the position of police officer.
7. After carefully reading these instructions, place your initials in the space provided.

Initials _____

Personal History Statement

PERSONAL

1. Your full name (print) _____
First Middle Last

List any other names you have used or been known by, and attach a statement giving reasons (if none, so state).

2. Your current address (print) _____
Number Street

City

State

Zip

3. Your telephone number () _____ () _____ () _____
Home Business Cell

4. Your date of birth _____
Month / Day / Year

5. Your Social Security Number _____

6. Your place of birth _____
City State/Country County

7. Are you a United States citizen? _____
Yes/No Natural Born Naturalized/Date

8. List all organizations, clubs, and associations of which you are or have been a member, or with which you are or have been associated.

9. List your hobbies, special skills and abilities, including speaking foreign languages:

10. Have you ever consumed, sold, or possessed any illegal drug or abused a prescribed drug?

Yes [] No [] If yes, list the number of occasions and approximate dates:

Personal History Statement

REFERENCES

11. Fill in below the names of three persons not related to you, and not former employers who have known you intimately for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities.

A. _____ () _____
Name Years known Residence Phone #

Home Address

Occupation or Profession

Business Phone

Business Address

In what capacity is the above known to you? _____

* * * * *

B. _____ () _____
Name Years known Residence Phone #

Home Address

Occupation or Profession

Business Phone

Business Address

In what capacity is the above known to you? _____

* * * * *

C. _____ () _____
Name Years known Residence Phone #

Home Address

Occupation or Profession

Business Phone

Business Address

In what capacity is the above known to you? _____

Personal History Statement

ACQUAINTANCES

12. Fill in below the names of three persons not related to you, and not former employers or references, who are friends, fellow students, or fellow workers. Names listed should be those of persons who have seen you frequently during the past year.

A. _____ () _____
Name Years known Residence Phone #

Home Address

Occupation or Profession Business Phone

Business Address

In what capacity is the above known to you? _____

* * * * *

B. _____ () _____
Name Years known Residence Phone #

Home Address

Occupation or Profession Business Phone

Business Address

In what capacity is the above known to you? _____

* * * * *

C. _____ () _____
Name Years known Residence Phone #

Home Address

Occupation or Profession Business Phone

Business Address

In what capacity is the above known to you? _____

Personal History Statement

FINANCIAL

13. Have any debts for which you were responsible for payment ever been referred by a creditor to another party for collection (a collection agent)?

Yes [] No [] If Yes, explain: _____

14. Have your wages ever been garnished?

Yes [] No [] If Yes, explain: _____

RESIDENCE

15. List addresses since your tenth birthday or last 15 years (whichever is least) starting with present address at top:

| From Month/Year | From Month/Year | Address (Street, City & State) | Resided with or Rented From (Address & Phone of Owner) |
|-----------------|-----------------|--------------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Personal History Statement

WORK HISTORY

16. List all jobs you have held in the last ten years. Put you present or most recent job first. If you need more space, you may use blank pages at the end of this booklet. Include military service in proper time sequence and temporary, part-time jobs.

A. _____
Name and Address of Employer

_____ \$ _____
Name and Title of Your Supervisor Monthly Salary

_____ Your Duties
Exact Title or Position

From _____ To _____ Work Telephone (_____)
Month/Year Month/Year

Reason for Leaving

B. _____
Name and Address of Employer

_____ \$ _____
Name and Title of Your Supervisor Monthly Salary

_____ Your Duties
Exact Title or Position

From _____ To _____ Work Telephone (_____)
Month/Year Month/Year

Reason for Leaving

C. _____
Name and Address of Employer

_____ \$ _____
Name and Title of Your Supervisor Monthly Salary

_____ Your Duties
Exact Title or Position

From _____ To _____ Work Telephone (_____)
Month/Year Month/Year

Reason for Leaving

Personal History Statement

D.

Name and Address of Employer

Name and Title of Your Supervisor

\$ _____
Monthly Salary

Exact Title or Position

Your Duties

From _____ To _____
Month/Year Month/Year

Work Telephone (_____) _____

Reason for Leaving

E.

Name and Address of Employer

Name and Title of Your Supervisor

\$ _____
Monthly Salary

Exact Title or Position

Your Duties

From _____ To _____
Month/Year Month/Year

Work Telephone (_____) _____

Reason for Leaving

F.

Name and Address of Employer

Name and Title of Your Supervisor

\$ _____
Monthly Salary

Exact Title or Position

Your Duties

From _____ To _____
Month/Year Month/Year

Work Telephone (_____) _____

Reason for Leaving

Personal History Statement

G.

Name and Address of Employer

Name and Title of Your Supervisor

\$ _____
Monthly Salary

Exact Title or Position

Your Duties

From _____ To _____
Month/Year Month/Year

Work Telephone (_____) _____

Reason for Leaving

H.

Name and Address of Employer

Name and Title of Your Supervisor

\$ _____
Monthly Salary

Exact Title or Position

Your Duties

From _____ To _____
Month/Year Month/Year

Work Telephone (_____) _____

Reason for Leaving

I.

Name and Address of Employer

Name and Title of Your Supervisor

\$ _____
Monthly Salary

Exact Title or Position

Your Duties

From _____ To _____
Month/Year Month/Year

Work Telephone (_____) _____

Reason for Leaving

Personal History Statement

17. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service?

Yes [] No [] If Yes, state details: _____

18. Have you previously submitted an application for employment with another police department?

Yes [] No [] If Yes, what is the name of the police department(s) and date of application?

19. List below every criminal justice employment examination you have taken. If none, so state.

| Agency | Approximate Date of Examination | Position on List | Status |
|--------|---------------------------------|------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

Personal History Statement

MILITARY

20. Have you ever served in a military or naval organization of the United States?
Yes [] No []

21. If Yes, give branch of service _____ Company _____
Regiment _____ Division _____ Dates _____

22. Your service number _____

23. Highest Rank Held _____

24. Date and location of entrance of active duty _____

25. Periods of active military service:

| From | To | From | To |
|------|----|------|----|
| | | | |
| | | | |
| | | | |
| | | | |

26. List all medals and decorations awarded you as a member of the armed forces:

27. What is the type of your discharge (honorable, dishonorable, medical, honorable conditions, etc.)? Be exact: (Attach DD-214)

28. Give date and location of discharge: _____

29. If you have no military service, give reason(s): _____

30. Are you now or were you ever an active or inactive member of any branch of the United States Reserve Forces? Yes [] No [] Active [] Inactive []

Branch _____ Unit _____ Rank _____ Dates _____

Address _____

Personal History Statement

31. Are you now or were you ever a member of the National Guard? Yes [] No []

State _____ Regiment _____ Unit _____ Rank _____
 From _____ To _____ From _____ To _____

32. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, Captain’s Mast or company punishment, or any other disciplinary action while a member of the armed forces? Yes [] No []

33. List any disciplinary action taken against you in the National Guard or other reserve unit:

EDUCATION

34. Indicate below the schools you have attended and courses completed. If you cannot remember, say so. It is not necessary to write to the school for information. If you need more space, use blank pages in back of booklet.

| Name of School Address (City/State) | a. # of Full Years. b. Work Completed. c. Courses Completed | Dates Attended | | Date Graduated | Principal or Dean |
|---|---|----------------|-------------|-------------------|----------------------|
| | | From Mo/Yr | To Mo/Yr | | |
| Junior High School | a. | | | | |
| | b. | | | | |
| | c. | | | | |
| High School | a. | | | | |
| | b. | | | | |
| | c. | | | | |
| University or College | a. | | | | |
| | b. | | | | |
| | c. | | | | |
| Extension, Graduate, Correspondence Courses | a. | | | | |
| | b. | | | | |
| | c. | | | | |

35. Were you ever expelled or suspended from any school or were you ever disciplined by a school official? Yes [] No [] If Yes, explain below:

Personal History Statement

CRIMINAL

36. Answer questions (a) through (f). If yes to any, complete the chart below.
Are you:

- (a) Currently a suspect or charged with any crime? Yes [] No []
- (b) Currently on probation/parole of any type? Yes [] No []
- (c) Presently free on bail, on your own
recognizance or conditional release? Yes [] No []
- (d) Wanted on any outstanding warrant(s) (including
traffic warrants)? Yes [] No []
- (e) The subject of a protection from abuse complaint? Yes [] No []
- (f) Currently under indictment? Yes [] No []

| | |
|--|--|
| Letter or Item: | |
| Charge: | |
| Complaint Number: | |
| Next Court Date And Location: | |
| Amount of Bail: | |
| Judge: | |
| Probation/Parole Officer | |
| Probation/Parole Expiration | |

| | |
|--|--|
| Letter or Item: | |
| Charge: | |
| Complaint Number: | |
| Next Court Date And Location: | |
| Amount of Bail: | |
| Judge: | |
| Probation/Parole Officer | |
| Probation/Parole Expiration | |

Personal History Statement

37. Answer questions (a) through (v). If you answer yes to any, explain on the next page. Be sure to give truthful answers and do not omit or misstate anything. As an adult or juvenile, have you ever:

- | | | | |
|-----|---|---------|--------|
| (a) | Been interviewed or questioned by any law enforcement agency for any reason other than possible employment? | YES [] | NO [] |
| (b) | Been placed under arrest for any reason? | YES [] | NO [] |
| (c) | Been convicted of any crime? | YES [] | NO [] |
| (d) | Had a <i>capias</i> issued for your arrest (failed to show)? | YES [] | NO [] |
| (e) | Been placed on probation or parole of any kind? | YES [] | NO [] |
| (f) | Had to pay a fine? | YES [] | NO [] |
| (g) | Had to pay restitution? | YES [] | NO [] |
| (h) | Had to pay a court cost? | YES [] | NO [] |
| (i) | Had to post any bail? | YES [] | NO [] |
| (j) | Lost or forfeited any posted bail? | YES [] | NO [] |
| (k) | Been a defendant in any criminal case? | YES [] | NO [] |
| (l) | Been questioned or interrogated about any crime or criminal incident? | YES [] | NO [] |
| (m) | Pleaded "nolo contendere" (no contest) to any criminal charge? | YES [] | NO [] |
| (n) | Received a subpoena to appear in any criminal or civil case? | YES [] | NO [] |
| (o) | Had police come to your residence to investigate a criminal activity? | YES [] | NO [] |
| (p) | Been the subject of a private criminal proceeding? | YES [] | NO [] |
| (q) | Been the subject of a protection from abuse order? | YES [] | NO [] |
| (r) | Been a character witness in any proceeding? | YES [] | NO [] |

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Personal History Statement

(s) Been the subject of an investigation by any social service or governmental agency for child abuse or child neglect? YES [] NO []

(t) Been the subject of an investigation by any social service or governmental agency for domestic abuse or a domestic related incident? YES [] NO []

(u) Been a member of any organization which advocates violence or illegal activities? YES [] NO []

If yes, explain: _____

(v) Been detained but not arrested by any government or police agency? YES [] NO []

If yes, explain: _____

| | |
|------------------------|--|
| Letter of Item: | |
| Date: | |
| Location: | |
| Charge(s): | |
| Plea/Verdict: | |
| Sentence: | |
| Description: | |

| | |
|------------------------|--|
| Letter of Item: | |
| Date: | |
| Location: | |
| Charge(s): | |
| Plea/Verdict: | |
| Sentence: | |
| Description: | |

Personal History Statement

| | |
|------------------------|--|
| Letter of Item: | |
| Date: | |
| Location: | |
| Charge(s): | |
| Plea/Verdict: | |
| Sentence: | |
| Description: | |

38. Have you ever stolen anything? Yes [] No []

If yes, indicate the items(s), value and date(s):? _____

TRAFFIC

39. Do you possess a valid operator's license? Yes [] No []

State Issued _____ Number _____

40. Did you ever possess an operator's license issued by any other state?

Yes [] No [] If yes, list state(s) and give reason _____

41. Was your license ever suspended or revoked? Yes [] No []

If yes, when _____

42. Was your license ever restored? Yes [] No [] When? _____

43. Have you ever been refused an operator's license by any state?

Yes [] No [] If yes, state details _____

Personal History Statement

44. Have you been involved in a motor vehicle accident within the last three (3) years? If yes, state complete details for each accident whether collision or non-collision:

A. _____ Police investigation? Yes [] No []
Date

Location Investigating Agency

Injury or Non-injury Complaint Number

Who was legally at fault? Cause of Accident

B. _____ Police investigation? Yes [] No []
Date

Location Investigating Agency

Injury or Non-injury Complaint Number

Who was legally at fault? Cause of Accident

C. _____ Police investigation? Yes [] No []
Date

Location Investigating Agency

Injury or Non-injury Complaint Number

Who was legally at fault? Cause of Accident

Personal History Statement

45. List below all traffic citations you have received, excluding parking:

| Location (City & State) | Approximate Date | Nature of Violation | Penalty or Disposition |
|----------------------------|---------------------|---------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

ABILITIES

46. A police officer may perform, but is not limited to, the following tasks. With proper training and direction, could you (please place your initials in the appropriate boxes):

| | | YES | NO |
|-----|---|-----|----|
| A01 | Force door open | | |
| A02 | Crawl through windows | | |
| A03 | Climb fire escapes or ladders | | |
| A04 | Climb or pull oneself over obstacle | | |
| A05 | Drag suspect/victim to safety | | |
| A06 | Stand for long periods; guard crime scene/parade duty | | |
| A07 | Fire weapon accurately with each hand | | |
| A08 | Fire a shotgun | | |
| A09 | Load/unload weapon under all weather conditions | | |
| A10 | Load/unload weapon under stressful conditions | | |
| A11 | Fire weapon from kneeling position | | |
| A12 | Fire weapon from standing position | | |
| A13 | Fire weapon from prone position | | |
| A14 | Recognize hazardous materials by smell | | |
| A15 | Lift and carry stretcher with a person on it | | |
| A16 | Run a distance after a suspect (100 yards) | | |
| A17 | Walk/run on slippery surface | | |
| A18 | Quickly enter or exit a police vehicle | | |
| A19 | Walk for long periods/foot patrol | | |
| A20 | Perceive objects while chasing suspect | | |
| A21 | Place/remove handcuffs from suspect | | |
| A22 | Stand handcuffed suspect on two feet | | |
| A23 | Pin resisting suspect to car hood or wall | | |
| A24 | Apply restraining holds | | |
| | | | |

Personal History Statement

| | | YES | NO |
|-----|---|-----|----|
| A25 | Perform strenuous activities wearing body armor/other equipment | | |
| A26 | Subdue/control resisting suspect | | |
| A27 | Force resisting person from prone to standing position | | |
| A28 | Force resisting person into police vehicle | | |
| A29 | Maintain balance while warding off blows/kicks | | |
| A30 | Use baton properly | | |
| A31 | Perform defensive maneuvers | | |
| A32 | Jump obstacles while chasing suspect | | |
| A33 | Dodge low hanging objects while chasing suspect | | |
| A34 | Dodge around objects while chasing suspect | | |
| A35 | Remain outdoors for long periods in all types of weather | | |
| A36 | Perform rescue functions, administer first aid/CPR | | |
| A37 | Read road signs, house numbers from mid-street | | |
| A38 | Drive a police vehicle day or night in various conditions | | |
| A39 | Write/read reports, citations, maps and training materials | | |
| A40 | Provide accurate and detailed descriptions of persons/vehicles | | |
| A41 | Conduct searches of persons, premises and vehicles | | |
| A42 | Defend self/others from assault | | |
| A43 | Subdue/control/disarm a resisting offender | | |
| A44 | Determine spatial orientation of objects | | |
| A45 | Receive commands under various conditions | | |
| A46 | Receive radio/telephone messages under various conditions | | |
| A47 | Receive cries for help from others over various distances | | |
| A48 | Receive sounds of danger/alarm/sirens/vehicles/breaking glass | | |
| A49 | Transmit radio/telephone messages | | |
| A50 | Give orders/directions to others over varying distances/conditions | | |
| A51 | Testify in court | | |
| A52 | Effectively communicate with people, give information, mediate disputes | | |
| A53 | Patrol in vehicles for long periods of time | | |
| A54 | Drive vehicles under strenuous conditions | | |
| A55 | Drive vehicles under adverse weather conditions | | |
| A56 | Drive vehicle while talking on radio | | |
| A57 | Direct traffic using arm and hand signals | | |
| A58 | Operate vehicle controls (dash lights, radio, siren) | | |
| A59 | Pat down suspect for weapons/contraband | | |
| A60 | Work rotating shifts | | |
| A61 | Work overtime when needed | | |
| A62 | Work on any day of the week or holiday | | |
| A63 | Wear a uniform | | |

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Personal History Statement

If you answered "no" to any part of Question 46, please complete the information below.
Note: Do not include any medical information.

Number _____ Reason _____

Number _____ Reason _____

Number _____ Reason _____

47. If it became necessary in the course of police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs?

Yes [] No [] If Yes, explain: _____

Personal History Statement

I certify that this Personal History Statement contains no willful misrepresentation or falsifications, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentations or falsifications, my application may be rejected, my name may be removed from consideration, or I may be dismissed.

I authorize the City of Newark to conduct or participate in an investigation of my personal background, work history and police record as may be necessary to verify any information provided by me to the City and/or determine my fitness to hold the position for which I have applied.

Signature in Full

Date Completed

CITY OF NEWARK
Delaware

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, Medical Association;

The United States Armed Forces, Maritime Service, Veteran's Administration, Selective Service Administration;

Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any School, College, University, Business School, Trade School, Elementary, or High School;

Any Local, State or Federal Law Enforcement Agency;
Any Past or Present Employer;
Any Credit Bureau or Retail Merchants Association;
Any Bank or Financial Institution;
Any Insurance Company

I, _____, have applied for employment with the City of Newark Police Department. I am aware that my entire background will be thoroughly investigated and I hereby authorize and request the release of any and all information you have that concerns me, including academic transcripts and disciplinary matters, to a representative of the City of Newark Police Department. This authorization, or a reproduction thereof, shall be valid for a period of two years from the date of execution of this document.

Date of Birth _____ Place of Birth _____

Social Security Number _____

Armed Forces Membership _____ Service Number _____

Veteran's Administration File Number _____

Given under my hand, this _____ day of _____, 20____

Signature of Witness

Signature

FOR INFORMATION CONTACT

Charles M. Zusag
City Manager's Office
City of Newark
220 Elkton Road
Newark, DE 19711-4562
(302) 366-7026

Current Address

City, State, Zip Code

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Physical Agility Test Instructions

To be Read to the Applicant

Introduction:

This test is designed to measure the essential, job-related physical abilities required of a police officer with the Newark Police Department, identified through an agency-wide task analysis. The test is limited to those aspects of the job that do not require specific training or techniques; for example, hand-cuffing or subduing resisting subjects are skills that require additional training.

Task:

From a starting position in the driver's seat of a patrol vehicle with the seat belt fastened and your hands on the wheel, you must complete a continuous course containing the following sections. You will receive a total time from the command "go", until you complete the final trigger pull at the end of the course.

1. From the starting position in the patrol vehicle, remove the seat belt and exit the vehicle.
2. You must then run 40 feet to the patrol vehicle parked in front of you.
3. You must then push the patrol vehicle 20 feet. You will be told by the test monitor when the vehicle has traveled 20 feet. You may then stop pushing.
4. You must then run 40 feet to the fence ahead of you. When you reach the fence, you must climb over it in the area between the two outer cones. Be careful not to cut your hand on any wires that may be protruding.
5. Once you have cleared the fence, run 75 feet to the obstacle ahead of you.
6. When you reach this obstacle, you must proceed under this obstacle between the outer cones.
7. Proceed to the cone 50 feet ahead of you then turn right.
8. Proceed to the cone 55 feet ahead of you then turn left.
9. Proceed to the obstacle 30 feet ahead of you.
10. When you reach this obstacle you must jump across the 4-foot distance.
11. Proceed to the fence 74 feet ahead of you.
12. You must climb over this fence in the area marked by the two outside cones.

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Physical Agility Test Instructions

13. After you have cleared the fence, turn right and run to the last set of stadium stairs 220 feet ahead of you.
14. Turn left, then run to the top of the stadium stair, where you will be met by the timekeeper.
15. The timekeeper will hand you a handgun. You must pull the trigger of the handgun 5 times with each hand.
16. The timekeeper will stop the clock after the last trigger pull.
17. You must then drag or carry an approximately 100-pound dummy 30 feet.

Conditions:

The subject will wear standard physical training apparel (i.e. shorts, t-shirt, and sneakers). The test shall not be performed during severe weather conditions (e.g. rain, snow, sleet, etc.).

Standard:

To successfully pass the physical agility test, a subject must complete items one (1) through sixteen (16) in no more than one minute and thirty seconds (1:30:00). You must then successfully complete item seventeen (17). Each subject will be allowed two attempts at passing the test. If a subject receives a passing score on the first attempt, he or she may take the test again for a better time. A rest period of no longer than fifteen (15) minutes will be allowed between tests.

Risks and Discomforts:

There is the possibility of certain adverse reactions during the administration of this test. These possible adverse reactions include abnormal blood pressure, musculoskeletal injury, fainting, disorders of the heartbeat, and, in very rare instances, heart attack and/or death.

Every effort will be made to minimize the occurrence of these reactions by careful observation during testing. The test will be administered by trained personnel with CPR certification in the event of an emergency.

You are responsible for monitoring your own condition throughout the test. Should any unusual symptoms occur, stop and immediately inform the test administrator of the symptom(s).

Do you understand these directions and safety precautions?

Do you have any questions at this time?

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PHYSICAL AGILITY TEST
INFORMED CONSENT FORM

Purpose of Physical Agility Testing:

The purpose of the physical agility test is to evaluate your ability to perform the essential functions of the job of a police officer with the Newark Police Department. Test components may be modified to accommodate a qualified individual with a disability who requests reasonable accommodation in the fitness assessment process.

Explanation of the Test:

You must complete a continuous course containing the following sections. You will receive a total time from the "go" order in the police car until the timekeeper stops the clock after the last trigger pull.

Exit Vehicle: From a starting position in the driver's seat of the police vehicle with the seat belt fastened, you must unfasten the seat belt and exit the vehicle. This is the method by which most incidents are initiated. This section tests item one of the job-task inventory.

Vehicle Push: You must then push a stationary vehicle the length of one parking space, roughly the distance an officer must push a stationary vehicle to remove it from the roadway. This station tests item three of the job-task inventory.

Foot Pursuit: You must then complete a sprint of a one-hundred and fifty yard course which contains several ninety-degree turns, a four-foot tall fence, a four foot wide simulated ditch, and a three-foot high obstacle to crawl under. This section tests items two, four, five, six, seven, eight, nine, ten, eleven and twelve of the job-task inventory.

Stairs: You must then run up the equivalent of three flights of stairs. This section tests items thirteen and fourteen of the job-task inventory.

Weapon Simulation: You must then pull the trigger of a service pistol five times with your strong hand, then five times with your weak hand. The timekeeper will stop the clock after the last trigger pull. This station tests items fifteen and sixteen of the job-task inventory.

The completion of the continuous course will be followed by:

Body Extraction: You must then drag or carry an approximately 100-pound dummy thirty feet. This station tests item seventeen of the job-task inventory.

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Physical Agility Test

Risks and Discomforts:

There is the possibility of certain adverse reactions during the administration of this test. These possible adverse reactions include abnormal blood pressure, musculoskeletal injury, fainting, disorders of the heart beat, and, in very rare instances, heart attack and/or death.

Every effort will be made to minimize the occurrence of these reactions by careful observation during testing. The test will be administered by trained personnel with CPR certification in the event of an emergency.

You must understand that you are responsible for monitoring your own condition throughout the test. Should any unusual symptom(s) occur, you should cease participation and immediately inform the test administrator of the symptom(s).

Benefits to be Expected:

The battery of fitness assessments shall be utilized as a measurement of your ability to perform the essential functions of the job of police officer.

Any questions about the procedures used in the fitness assessments are welcomed. If you have any doubts or questions, please ask for further explanation.

Consent of the Applicant:

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the description of the test, and that I am aware that there is a potential for injury inherent in any fitness assessment procedure. I understand that any violations of specific instructions from the examiner may be considered as failing in that specific component. I agree that any injury or illness resulting from my participation in the fitness testing process shall not be the responsibility of the Newark Police Department, the City of Newark, or any other person(s) or agency associated with the test, test measurement devices, or requirements of the testing process. I further agree to hold these entities harmless in the event of any illness or injury sustained, or thought to have resulted from my participation in the fitness assessment process in whole or in part.

Full Name of Test Subject: _____

Please Print

Signature of Test Subject: _____

Date: _____

Witness: _____

.....

Test Results: **Pass** **Fail**

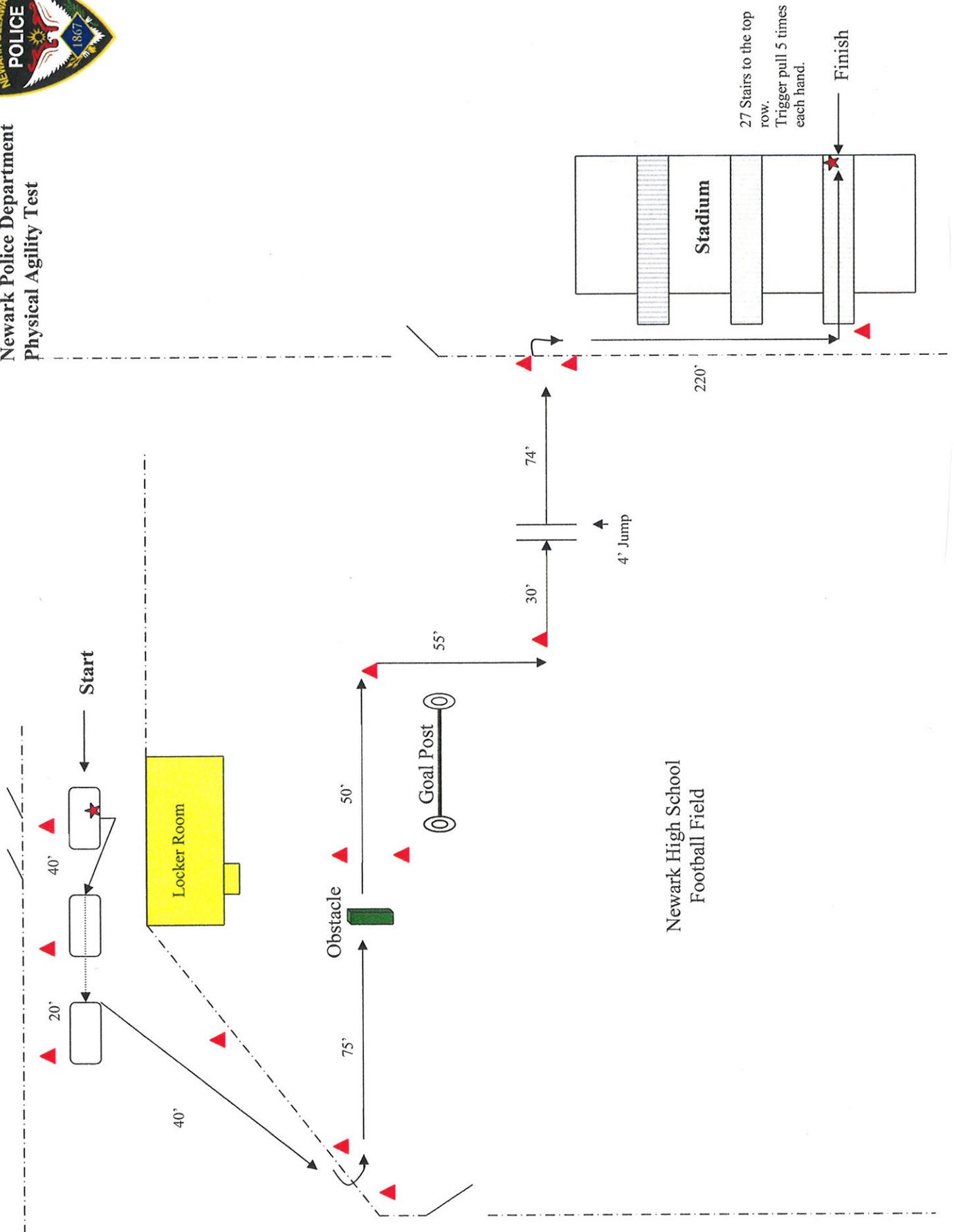
Time: _____

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Newark Police Department
Physical Agility Test

Physical Agility Test Map



Newark High School
Football Field

CITY OF NEWARK
Delaware

BACKGROUND INVESTIGATOR'S GUIDE

This guide assumes that the employee who is assigned to perform the Background Investigation is a police officer trained and experienced in the techniques of investigation, but with little or no experience in the investigation of Police Officer applicants. This guide will offer guidelines for the performance of this investigation as well as a format for reporting the results of the investigation.

INTRODUCTION

The City of Newark conducts in-depth investigations of all applicants for the position of Police Officer. The purpose of this investigation is twofold. First, it will attempt to verify any information provided by the applicant to the City during the course of the recruitment and selection process. Second, the investigator must attempt to identify and verify the existence or occurrence of any conduct by the applicant which might interfere with or prevent the effective performance of the official duties and responsibilities of either the Police Department or the applicant as a Police Officer. It is not the role of the investigator to make judgments about the facts developed through investigation or to make recommendations regarding the applicant's future eligibility.

At all times, the investigator should attempt to focus the investigation on those areas of personal conduct which may have a direct impact upon the applicant's ability to effectively perform the duties of a Police Officer. Those areas which are of specific concern to the investigator are the applicant's employment history, military service, record of criminal convictions, driving record, credit history, and interpersonal relationships. The investigator is expected to question any individual who may have personal knowledge of the applicant in these areas.

PLANNING THE INVESTIGATION

Prior to beginning the investigation, the investigator should be mindful of the following:

1. The information provided by the applicant and others connected with the investigation is private and confidential. At no time should the investigator disclose this information to any unauthorized individuals. This information is gathered for the sole purpose of evaluating the applicant's eligibility for the position of Police Officer.
2. Personal interviews of references are the best method for obtaining information about the applicant. While you are gathering information, you will also be able to evaluate the reliability of the source. List the names, addresses, and telephone numbers of persons to be contacted or interviewed arranging them so that you may contact them

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Background Investigator's Guide

in a logical sequence to avoid backtracking or wasting time. Call ahead to schedule an appointment and save time. Keep your schedule flexible to allow for following leads developed along the way. If it is not practical or possible to interview a reference personally, mail a letter requesting the information you need. Allow enough lead-time so that your report is not delayed by late information.

PLANNING THE INVESTIGATION

Prior to beginning the investigation, the investigator should be mindful of the following:

1. The information provided by the applicant and others connected with the investigation is private and confidential. At no time should the investigator disclose this information to any unauthorized individuals. This information is gathered for the sole purpose of evaluating the applicant's eligibility for the position of Police Officer.
2. Personal interviews of references are the best method for obtaining information about the applicant. While you are gathering information, you will also be able to evaluate the reliability of the source. List the names, addresses, and telephone numbers of persons to be contacted or interviewed arranging them so that you may contact them in a logical sequence to avoid backtracking or wasting time. Call ahead to schedule an appointment and save time. Keep your schedule flexible to allow for following leads developed along the way. If it is not practical or possible to interview a reference personally, mail a letter requesting the information you need. Allow enough lead-time so that your report is not delayed by late information.
3. Persons contacted during the course of the investigation may have never had personal contact with a police officer. It is important that these contacts are positive and that the investigator is courteous, professional and thorough in dealing with all references.
4. If the investigator discovers information which is likely to cause the rejection of the application, the investigator should make every attempt to verify the information and report it accurately and completely in the Background Investigation Report.
5. The investigator should be fair, consistent and impartial. Caution should be exercised by the investigator to report verifiable, factual information and to refrain from editorializing or injecting the investigator's personal biases or prejudices into the report.

A personal interview of the applicant by the investigator is not permitted. This personal contact is prohibited to insure the complete objectivity of the investigator and to prevent the injection of the investigator's personal values, biases and prejudices about the applicant into the Background Investigation Report.

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Background Investigator's Guide

Although a personal interview is not permitted, the investigator is not totally prohibited from contacting the applicant. Fingerprinting is required for a complete background investigation. Therefore, the background investigator must have some personal contact with the applicant. However, the background investigator should attempt to keep this personal contact to an absolute minimum.

6. The Background Investigation Report will be reviewed by the Police Chief prior to the Chief's interview and before a decision is rendered on the applicant's future eligibility. The facts developed by the investigation, including any inconsistencies in information provided by the applicant will be reviewed thoroughly by the Police Chief and the City Manager. They will decide if the applicant is to be rejected or considered further. This judgment is not to be rendered by the investigator.

REASONS FOR REJECTION OF THE APPLICANT

There are several justifiable reasons for the rejection of an applicant for the position of Police Officer. The investigator should be thoroughly familiar with these reasons for rejection.

They are:

1. Delinquency, misconduct or excessive absenteeism in prior employment.
2. Criminal, dishonest, infamous or notoriously disgraceful conduct.
3. Conduct that is contrary to justice, honesty, or good morals.
4. Intentional false statement or deception or fraud in examination or appointment.
5. Habitual use of intoxicating beverages to excess.
6. Illegal use of narcotics, drugs or other controlled substances.
7. Reasonable doubt as to the loyalty of the applicant to the government of the United States.
8. Opposition on the basis of conscience or belief to the use of force in an official capacity.

These reasons for rejection are not meant to be absolute and may be conditional based upon the following considerations:

1. The nature and seriousness of the conduct in question.
2. The circumstances surrounding the conduct.
3. When the conduct occurred.
4. The applicant's age at the time of the conduct.
5. Extenuating social or environmental factors.
6. The presence or absence of attempts toward rehabilitation.

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Background Investigator's Guide

PERSONAL HISTORY STATEMENT

The investigation begins with the review of the Personal History Statement completed by the applicant. The applicant has been advised that the Background Investigation will be based on this document and any misrepresentation or falsification of any information provided to the City may be grounds for rejection or dismissal.

Review the Personal History Statement carefully. It will acquaint you with the candidate. Check it for inconsistencies, conflicting statements or omissions. Check it against any other information provided by the applicant. Note any questionable items which must be resolved by the investigation.

EMPLOYMENT HISTORY

Former employers of the applicant should be contacted. The investigator should attempt to verify any employment information provided by the applicant. The investigator should also attempt to interview the applicant's supervisor, co-workers or other individuals who have a personal knowledge of the applicant. See list of suggested interview questions below. A copy of a release signed by the applicant should accompany any request for information.

MILITARY SERVICE RECORD

If the applicant has served in the military, the investigator should contact the branch in which the applicant has served and attempt to verify the information provided by the applicant. A copy of a release signed by the applicant should accompany any request for information.

RECORD OF CRIMINAL CONVICTIONS

The applicant should be fingerprinted in order to do a proper criminal record check. The applicant's criminal record should be requested from the Federal Bureau of Investigation.

DRIVING RECORD

A report of the applicant's driving record should be obtained from every state where the applicant was licensed to drive.

CREDIT HISTORY

A report of the applicant's credit history should be requested and attached to the investigator's report.

Background Investigator's Guide

INTERPERSONAL RELATIONSHIPS

The investigator should attempt to assess the kind of relationships established between the applicant and others and the ability of the applicant to relate to individuals on both a professional and social level. The investigator should interview all references provided by the applicant as well as any other individuals who may have a personal knowledge of the applicant such as neighbors, family members, or co-workers. See list of suggested interview questions below.

SUGGESTED INTERVIEW QUESTIONS

The following questions are suggested as a guide to assist the investigator to gather the necessary information from interview subjects. The investigator may use these questions as a starting point and develop additional questions to elicit specific facts to support statements made in response to these questions. Possible interview subjects to contact would include references provided by the applicant, present and former employers, present and former neighbors, co-workers, family members and any other individuals personally acquainted with the applicant.

1. How long has the subject known the applicant? What is the nature of their relationship?
2. Is the applicant able to maintain effective interpersonal relationships on a professional and/or social level?
3. Has the applicant ever been disciplined or terminated by an employer for misconduct including excessive absenteeism or tardiness?
4. How was the applicant's attendance record with former employers when compared to co-workers? Worse, the same, or better?
5. Is the applicant generally liked by others? Respected?
6. Is the applicant able to control his/her temper under stressful conditions?
7. Is the subject aware of any person who is disliked by the applicant or who dislikes the applicant?
8. Is the subject personally aware of any instance in which the applicant has failed to lawfully discharge any financial obligation?
9. Has the subject personally witnessed the applicant use or consume alcoholic beverages? How does the use or consumption of alcohol affect the applicant?
10. Has the subject personally witnessed the applicant use drugs illegally?
11. Has the subject personally witnessed the applicant express any views which indicate that the applicant may be biased or prejudiced toward any individual or group because of race, gender, religion or ethnicity?
12. Has the subject personally witnessed the applicant express any views which indicate that the applicant might not be able or willing to enforce all laws fairly and consistently?
13. Is there any reason to question the ability of the applicant to use force when necessary?
14. Has the applicant ever deviated from the use of good judgment?

REPORT FORMAT

Cover Page

CITY OF NEWARK
DELAWARE

BACKGROUND INVESTIGATION REPORT

(APPLICANT'S NAME)

(INVESTIGATOR'S NAME)

(DATE SUBMITTED)

Following Pages

Investigator should report all information in narrative form under the following categories:

1. Employment History
2. Military Service
3. Record of Criminal Convictions
4. Driving Record
5. Interpersonal Relationships

Responses from interviewees should be reported under the appropriate heading and should include the name of the subject and the relationship to the applicant, and direct quotations, whenever possible.

Attachments

The investigator should attach to the report a copy of the applicant's credit history and any other reports, documents, etc. obtained during the investigation.

Amended 04/22/10



PRE-EMPLOYMENT MEDICAL EXAMINATION FORM



City of Newark
City Manager's Office
220 Elkton Road
Newark, DE 19711-4562

Dear Doctor:

_____ is being considered for employment as a police officer
(Applicant's Name)
with the City of Newark Police Department.

This applicant must be certified to be able to perform the duties of this position. Below is a list of tasks that the applicant will be required to perform should he/she be hired:

- Break down and force open doors.
- Climb through openings (e.g. windows).
- Climb up or over obstacles.
- Crawl in confined areas.
- Drag or pull heavy object or person.
- Handcuff passive suspects or prisoners.
- Jump across obstacles.
- Jump down from elevated surfaces.
- Lift and carry heavy objects or persons.
- Physically push moveable objects (including vehicles).
- Run up and down stairs.
- Sit for more than one half of the work shift.
- Engage in a physical altercation after being assaulted.
- Repeatedly enter and exit an automobile during an entire shift.
- Conduct a forcible entry into a building or room.
- Wear soft body armor and a heavy gunbelt during an entire work shift.
- Run after a fleeing subject on difficult terrain and in difficult conditions.
- Patrol on foot in both normal and adverse weather conditions.

The applicant must also have:

- Visual acuity of 20/200 or better in each eye that is correctable to 20/20.
- Normal color vision, night vision, depth perception, and peripheral vision.
- Normal directional, volume, and frequency levels of hearing.
- Normal volume and clarity in speaking.
- No major impediment of the senses.
- No physical deformities that would be detrimental to proper performance of police duties.
- Weight in proportion to his or her height.

After reviewing these activities and conditions, and after examining the applicant, please complete the following statement by circling the appropriate word: (Please list any limiting factors on the reverse of this page.)

It is my professional opinion that the individual **MEETS/DOES NOT MEET** all of the above listed criteria.

Date

Physician's Name

Physician's Signature

Note to Examining Physician: The person you are about to examine will have to cope with the functional requirements and environmental factors listed on the other side of this form. Please take them into consideration as you make your examination and report your findings and conclusions.

1. Height: _____ feet, _____ inches. Weight: _____ pounds. Is height/weight proportionate? YES NO

2. Eyes:

(A) Distant Vision (Snellen): without glasses: right 20/_____, left 20/_____; with glasses, if worn: right 20/_____, left 20/_____.

(B) Color Vision: Is color vision normal when Ishihara, color plate, lantern, yarn, or other comparable test is used? YES NO

Audiometer

| | | | | | | | | | |
|-----|-----|------|------|------|------|------|------|------|------|
| 250 | 500 | 1000 | 2000 | 3000 | 4000 | 5000 | 6000 | 7000 | 8000 |
| / | / | / | / | / | / | / | / | / | / |

3. Ears: (Consider denominators indicated here as normal. Record as numerator, the greatest distance heard.)
 Ordinary Conversation: Right ear _____/20 ft.; Left ear _____/20 ft.

4. Other findings: In items (a) through (l) briefly describe any *abnormality* (including diseases, scars, and disfigurations.) Include a brief history, if pertinent. If normal, so indicate.

| | |
|--|---|
| a. Eyes, ears, nose, and throat (including tooth and oral hygiene) | g. Extremities |
| b. Head and back (including face, hair, scalp) | h. Urinalysis Sp. Gr. _____ Sugar _____ Blood _____ Albumen _____ Casts _____ Pus _____ |
| c. Speech (note any malfunction) | i. Respiratory tract (X-ray, if indicated) |
| d. Skin and lymph nodes (including thyroid gland) | j. Heart (size, rhythm, function) Blood Pressure _____ Pulse _____ EKG (if indicated) |
| e. Abdomen | k. Back |
| f. Peripheral blood vessels | l. Neurological and mental health |

Conclusions: Summarize below any medical findings which in your opinion, would limit this person's performance of the job duties and/or would make him/her a hazard to himself/herself or others. If none, so indicate.

No limiting conditions

Limiting conditions as follows:



PERSONNEL MANUAL

SUBJECT: Performance Evaluations

A. Purpose

The purpose of the performance evaluation process is to manage and improve the performance of employees. Objectives of the performance evaluation process are to measure the effectiveness of the workforce in meeting established goals and objectives, provide feedback to the employee on job performance, assess employee recruitment practices, provide a basis for personnel decisions, and maintain written documentation on employees' work records.

B. Authority and Responsibility

The City Manager's Office is responsible for administering the personnel function, including the performance evaluation process. This office is responsible for overseeing the evaluation process, developing evaluation procedures, initiating employee evaluations, maintaining the City's official personnel file, and submitting approved status reports to the Finance Department for payroll changes.

The employee's immediate supervisor is responsible for assigning work, monitoring work performance, and evaluating the employee's performance on the appropriate evaluation form, and recommending the appropriate personnel action based upon the results of the evaluation. The immediate supervisor is defined as the person who either oversees, reviews or checks the work of the employee. The supervisor, or "rater", must rate the performance of the employee in certain factors according to established performance standards. Comments supporting the ratings and the recommendation should be provided on the evaluation form.

Prior to discussing the evaluation with the employee, the rater should discuss the employee's performance with the department director. After preliminary review and comment by the department director, the rater should discuss and review the evaluation form with the employee. The rater should provide the employee with a verbal explanation of the ratings, comments and recommendation. The employee has the right to attach a written response to the rater's comments, ratings and recommendation. After the employee has been given an opportunity to review and respond to the evaluation, the employee must sign the evaluation form to acknowledge that the employee is aware of the contents of the evaluation. Any employee who refuses to sign the evaluation form may be subject to disciplinary action as provided by this policy.

The rater must forward the signed evaluation form along with the rater's recommended personnel action to the department director. The rater may recommend one of the following personnel actions based upon the results of the evaluation, and the employee's status, group and location within the salary grade.



PERSONNEL MANUAL

Performance Evaluation

Probationary Employees

Management

1. Each employee who receives a performance rating of less than zero may be terminated from employment.
2. Each employee who receives a performance rating of zero or more shall be changed to non-probationary status.

AFSCME, Employees Council, FOP and Management Part-Time

1. Termination - Employee must be rated between 0.0 and 2.49.
2. Change to non-probationary status and merit step increase - Employee must be rated between 2.5 and 5.00.

Non-Probationary Employees

Management

1. Each employee who receives a performance rating of less than zero on two consecutive evaluations may be terminated from employment.
2. The annual base salary rate of each employee who receives a performance rating of zero or more shall be increased by 4% but not more than the maximum of the range.

AFSCME, Employees Council, FOP and Management Part-Time

1. Termination - Employee must be rated between 0.0 and 2.49 on two consecutive performance evaluations.
2. No pay increase - Employee must be rated between 0.0 and 2.49.
3. Merit step increase, if applicable or no pay increase - Employee must be rated between 2.50 and 5.00.



PERSONNEL MANUAL

Performance Evaluation

Temporary Full-Time

1. Not recommended for re-hire - Employee must be rated between 0.0 and 2.49.
2. Recommended for re-hire - Employee must be rated between 2.50 and 5.00.

The department director may either approve or deny the rater's recommendation. If the department director denies the recommendation of the rater, the director shall attach to the evaluation form a written justification for the denial. The department director may attach any other appropriate comments.

The employee shall be provided a copy of the department director's comments, acknowledge the receipt of same and be given the opportunity to attach a written response to them.

C. Types of Formal Performance Evaluations

Although the monitoring and evaluating of an employee's performance is a continuous process, formal evaluations are to be conducted at regular intervals. The types of formal, written evaluations include the probationary, merit, annual and termination evaluations.

Other evaluations may be initiated by the department director or immediate supervisor at any time and submitted to the City Manager's Office on the appropriate form.

1. Probationary Evaluation - The length of probationary period varies among employee groups. The probationary period may be either six months for Local 1670, Management, or Employees Council employees; or approximately eighteen months for FOP employees.

The probationary evaluation serves three purposes. First, it enables the supervisor to clarify job responsibilities and advise the employee of problem areas where improvements are needed. Second, it enables the employer to assess the employee's work potential and whether the employee meets the minimum job requirements.

Third, it serves as the final screening method in the employee recruitment process. It allows the employee's supervisor to make a final determination as to whether the employee is suited for the position. It should be noted that dismissal of an employee for performance that is rated below acceptable standards may occur at any time during the probationary period.



PERSONNEL MANUAL

Performance Evaluation

A probationary evaluation is to be conducted prior to the end of the employee's probationary period. Department directors should specifically recommend the retention or dismissal of the employee based on the supervisor's evaluation of the employee's performance. Each probationary, regular, employee represented by Employees Council, FOP Lodge No. 4, and AFSCME Local 1670 who is rated between 2.50 and 5.00 shall be retained as a non-probationary employee and may be eligible for a merit step increase. Management and regular part-time employees are eligible to receive a merit increase upon satisfactory completion of one year of service. Each employee who is rated between 0.0 and 2.49 during the probationary period shall be immediately terminated from employment.

2. Merit Evaluation - Each member of Management, Employees Council, FOP Lodge No. 4, or AFSCME Local 1670 who has not reached the top step of his/her established pay range is eligible to receive a merit step increase at regular service intervals. The merit performance evaluation is to be used as the basis for the decision on whether a merit step increase should be approved.

The performance evaluation for the merit step increase is to be conducted and submitted to the City Manager's Office prior to the employee's completion of his/her service interval. Department directors should determine whether an employee should receive or be denied a merit step increase based on their performance evaluation.

The City Manager is responsible for overseeing the evaluation process and authorizing payroll changes based on the department director's approval of the merit step increase.

3. Annual Evaluation - Each member of Management, Employees Council, FOP Lodge No. 4 or AFSCME Local 1670 who has reached the top step of their pay range will be evaluated annually shortly before the anniversary of their hire by the City.

The purpose of the annual evaluation is to provide continued feedback on the employee's work performance, positive work initiatives, and weak or problem areas. Annual evaluations are to be conducted and submitted to the City Manager's Office prior to the employee's anniversary date. Although performance evaluation ratings, at this point, are not tied to pay increases, they may be used as the basis for promotions or other personnel actions.

PERSONNEL MANUAL

Performance Evaluation

4. Termination Evaluation - Each temporary, full-time employee shall be evaluated at termination. If the employee receives an evaluation rating between 0.0 and 2.49, the employee shall be ineligible for rehire in the future. If the employee receives an evaluation rating between 2.50 and 5.00, the employee may be considered for rehire in the future.
5. Other Evaluations - Other non-scheduled evaluations may be initiated by the department during interim periods. These evaluations may be warranted as a follow-up to discipline, to assess performance improvement requirements, following a change in assignment or promotion, or during the probationary period. The purpose of these evaluations is to monitor the employee's performance at more frequent intervals than prescribed.

Although the evaluation is initiated by the department rather than the City Manager's Office, the rating form and related materials should be submitted to the City Manager's office. The completed evaluation form shall be retained in the employee's official personnel file.

D. Evaluation Cycle

Performance evaluation should not be regarded as a static, annual or semi-annual activity, but as a year-round, ongoing cycle. During the cycle, continuous feedback should be provided to the employee on his/her performance, ability to meet job requirements, achievement of work standards, and the need for improvement.

The performance evaluation cycle consists of three phases: performance planning, performance monitoring, and the performance evaluation. Each phase and the supervisor's role in carrying out each phase is described below.

1. Performance Planning

Performance planning represents the beginning of the performance evaluation cycle. This phase should be initiated immediately following the hiring, transfer, promotion, demotion, or reclassification of an employee. It also should be initiated immediately following the formal evaluation of an employee.

Performance planning is future oriented. It is designed to promote the employee's understanding of job requirements, performance standards, work goals, and what is expected of the employee over the next evaluation period.

PERSONNEL MANUAL

Performance Evaluation

A performance planning conference, an informal counseling session between the supervisor and employee, should be held to clarify performance expectations and standards. To prepare for the session, the supervisor should review relevant documents prior to meeting with the employee. Examples of documents to review include the employee's job description, the most recent performance evaluation, the department's current management plan objectives that are relevant to the position, and the employee's personnel file.

Once the supervisor has reviewed relevant materials, the performance planning conference should be held in a relaxed atmosphere and may be conducted at the same time as the employee's formal evaluation. To encourage the employee's involvement in performance planning, the discussion should be interactive and solicit input from the employee.

The discussion should focus on developing a workplan for the employee over the next evaluation period. A workplan will simply outline performance goals and expectations and may be developed on an informal (unwritten) or formal (written) basis. For most employees, an informal discussion on the workplan will suffice. For employees who have performance deficiencies, as identified during the formal evaluation, a written performance improvement plan should be developed and placed in the employee's personnel file. The plan should document performance deficiencies and specify corrective actions that must be taken prior to a certain date.

In either case, informal or formal workplans should clarify performance standards in terms of when or how often a task should be performed (frequency), how much will be done (quantity), how well it will be done (quality), resources that will be used, and in what priority work will be performed. One workplan may be developed for positions with similar duties and responsibilities, but should be discussed separately with each employee.

2. Performance Monitoring

Performance monitoring occurs mid-cycle between evaluations. This phase of the performance evaluation cycle is conducted informally and involves observing the employee's performance, collecting information, coaching, and providing feedback to the employee.



PERSONNEL MANUAL

Performance Evaluation

Supervisors are responsible for observing and documenting job performance and work-related behavior. The nature of the position and supervisory/subordinate relationship determines how performance will be observed. For example, some positions allow the supervisor to directly observe the employee's work as it is being performed. In other positions where the employee performs work independently, the supervisor rarely observes the work performance. In these cases, the supervisor can indirectly observe work by reviewing work products, results, performance indicators, or records and by obtaining feedback from others who observe or have direct knowledge of the employee's work.

Specific examples of job performance should be documented as it is observed. Documentation is important for several reasons. First, written records assist the supervisor in recalling job-related behaviors over the entire evaluation period. Second, records of specific job behaviors or incidents can substantiate performance ratings. Third, documentation helps to identify recurrent performance or disciplinary problems.

The formal performance evaluation should not take the place of regular communication between the employee and supervisor. Regular feedback should be provided to the employee as performance is observed and documented. Feedback is more helpful at the time work is being performed. Coaching or counseling the employee may provide effective positive or negative reinforcement of a job-related behavior. In fact, the lack of communication can unintentionally serve as positive reinforcement for undesirable behavior. Therefore, praise, encouragement, constructive criticism, or discipline should be initiated when behavior is observed.

When providing feedback, focus on:

- the specific behavior or actions of the employee rather than the individual's personality.
- directly observable behavior, not opinions
- descriptions of incidents, rather than judgments of personal value systems
- present, not past behavior
- needs of the employee in terms of his/her ability to meet performance standards, rather than the needs of the supervisor
- actions of the employee rather than "why" things were done.



PERSONNEL MANUAL

Performance Evaluation

3. Performance Evaluation

The performance evaluation phase of the evaluation process takes place at the end of the cycle. While it focuses on job-related behavior that occurs throughout the evaluation period, it also incorporates elements of performance planning. The performance evaluation involves the supervisor's review of the employee's work performance, preparing the formal rating on the appropriate evaluation form and conducting the performance evaluation interview. Since the supervisor has been providing feedback to the employee throughout the evaluation period, the performance evaluation should be conducted with relative ease by the supervisor and contain no surprises to the employee.

a. Supervisor's Preparation

To ensure that the performance evaluation is a positive and valuable experience to the employee and accurately reflects the employee's level of performance, advanced preparation is essential. The City Manager's Office will send evaluation forms, attendance records, and status reports, if applicable, to departments several weeks prior to when an evaluation is due. Generally, all evaluations due in a particular month are distributed at the same time.

Upon receipt of the evaluation form, the direct supervisor of the employee should tentatively schedule a date for the evaluation interview. The interview should be held at least one week prior to the due date as the evaluation will then be reviewed by the department director and submitted to the City Manager's Office.

In order to complete the evaluation, the supervisor should review relevant personnel material including the employee's job description, last evaluation, attendance records, the personnel file, performance standards, departmental records on productivity or performance indicators, and supervisory logs or documentation on specific examples of job performance. As discussed previously, documentation of specific, observable behavior during the evaluation period is invaluable in supporting the overall rating or in justifying high or low ratings on a particular factor.

PERSONNEL MANUAL

Performance Evaluation

b. Completing the Evaluation Form

Once the appropriate material is reviewed, the supervisor should become familiar with the rating form. Copies of the Performance Evaluation forms and Performance Factors are provided on pages 2.5-18 to 2.5-29 and 2.5-33 to 2.5-50. Prior to completing the evaluation, it is particularly important to review the description of standard behavior for each performance factor.

In order to rate each employee fairly, the supervisor must be thoroughly familiar with the duties and responsibilities of a position as well as the standards against which employee performance is rated. Do not prejudge an employee's overall performance, prior to rating each factor. By considering each factor separately, performance strengths and weaknesses will be more easily identified.

In a large department, several different supervisors may be required to rate employees against the same standards. It may be helpful for supervisors to discuss the interpretation of performance standards and rating factors to ensure consistency and avoid inflated ratings of employees. In departments where there is a distinct hierarchy of positions and supervisory levels, such as the police department, a broader participation in the evaluation process may be required. The initial evaluation shall be conducted by the employee's immediate supervisor and cross-checked or reviewed through the chain of command.

c. Evaluation Pitfalls

The long-term use of an evaluation form can lead to superficial reviews of the employee's performance, a less than thorough review of rating factors, or rater errors. If not utilized correctly, performance evaluations are of little value. Avoid these common evaluation pitfalls:

- 1) Central Tendency Effect - The supervisor provides ratings that cluster around the midpoint of the scale and do not reflect performance.
- 2) Recency Factor - The supervisor rates the employee based on performance over the past several weeks or on a recent incident rather than over the entire evaluation period.
- 3) Halo Effect - The supervisor allows performance in one area or past performance rating to influence current ratings on all factors.

PERSONNEL MANUAL

Performance Evaluation

- 4) Personal Bias - The supervisor's ratings may be influenced by personal values or subjective factors rather than job-related factors.
- 5) Leniency or Strictness - The supervisor rates the employee either too harshly or too leniently, which tends to skew the overall evaluation.

d. Evaluation Interview

Once the supervisor has conducted the actual evaluation on the evaluation form, the evaluation interview should be scheduled. Provide the employee with advanced notice of appraisal interview and be prepared to devote at least 30 minutes to promote an open exchange of communication. The appraisal interview should be conducted in a quiet, relaxed atmosphere, free from distractions, phone calls, or interruptions.

The following appraisal interview guidelines should be followed:

- 1) Set The Tone - Convey a positive, professional attitude. Maintain a relaxed atmosphere, but stress the importance of the evaluation process. The evaluation interview should be described as an interaction process. Encourage the employee's input and participation.
- 2) Explain The Purpose - Explain the purpose of the meeting and what will be discussed. The purpose of the evaluation interview is to discuss the employee's performance over the evaluation period, obtain an understanding of the employee's performance strengths and weaknesses, and explain how the employee's performance relates to standards and ratings.
- 3) Discuss Performance - Review the ratings factor by factor. Cite specific examples of observed behaviors as the basis for ratings. Reinforce specific accomplishments and strengths, but make sure praise is sincere and job related. Provide constructive criticism on performance weaknesses. While some supervisors may be hesitant to cite weaknesses, remember that no employee is perfect. Even the most outstanding performers can improve their performance in some way.

PERSONNEL MANUAL

Performance Evaluation

- 4) Actively Listen - To ensure that the employee understands what's being conveyed, promote involvement and actively listen to the employee. Use open-ended questions to invite a response and acknowledge the employee's perception of the discussion. Reiterate the employee's response to affirm your understanding of what is being communicated.
- 5) Plan For Improvement - Plans for future improvement in performance should be discussed. For employees with performance deficiencies in a particular area or those who have received an overall less than satisfactory evaluation, the performance plan should be developed with specific goals and timetables. This should be discussed point-by-point, and signed by the employee. This part of the interview overlaps with the performance planning phase of the evaluation cycle.
- 6) Discuss Impact on Pay - The overall evaluation's impact on pay, if any, should be discussed. While evaluations may provide a basis for personnel decisions, the supervisor should not make promises regarding promotions, reclassifications or upgrades. Clarify that the supervisor's recommendation will be subject to the approval of the department director and submitted to the City Manager.

E. Instructions

The City employs several different performance evaluation forms. The type of evaluation form used depends on the position which the employee has been assigned to. Instructions have been developed for each form to assist raters to complete it properly. See pages 2.5-14 to 2.5-17 and 2.5-30 to 2.5-32.

F. Employee Signature

Each performance evaluation is to be discussed with the employee by the employee's immediate supervisor and department head. The employee must sign the evaluation form to acknowledge the discussion. The employee's signature does not indicate concurrence with the evaluation. Any employee who refuses to sign the evaluation form may be subject to disciplinary action as follows:

1. First Offense - Written reprimand.
2. Second Offense - One (1) day suspension.



PERSONNEL MANUAL

Performance Evaluation

3. Third Offense - Termination from employment.

An employee who feels the evaluation is inaccurate may provide written comments on the evaluation form or in a separate memorandum to be attached to the evaluation.

G. Confidentiality

Performance evaluation forms are confidential and restricted in access to:

1. The employee. A copy of the completed evaluation will be provided to the employee at his/her request.
2. The employee's supervisor
3. The employee's department director
4. The City Manager and representatives of the City Manager's Office who may make them available to other representatives of management in connection with personnel actions related to the employee.

PERSONNEL MANUAL

MANAGEMENT PERFORMANCE EVALUATION SYSTEM

INSTRUCTIONS FOR RATERS

PURPOSE

The management performance evaluation system is intended to direct employee behavior toward adherence to the values and pursuit of the goals of the City's Mission Statement. It attempts to achieve this by establishing clearly defined and objective performance standards.

OBJECTIVES

The performance evaluation system is designed to:

Manage performance - The job planning process provides a proactive approach to setting objectives and performance standards.

Promote objectivity - The establishment of measurable and realistic job performance standards allows the rater to reach equitable decisions regarding performance evaluations.

Promote communication - The process provides a vehicle for better communication on performance standards and encourages employee input in the evaluation process.

EVALUATION PROCESS

The performance evaluation is conducted shortly before the employee's annual performance review date. This is normally the anniversary date of the employee's hire. The evaluation of the employee's performance according to clearly defined performance levels and standards provides an objective way to reach equitable decisions regarding performance.

EVALUATION FORM

The management performance evaluation form consists of two major sections. Part I focuses on job-related performance areas during the evaluation period. Worth 70% of the total evaluation, Part I recognizes that certain performance areas are common to all management positions and should be considered as a basis for evaluation.

PERSONNEL MANUAL

Part II recognizes the need for an individualized, job-related approach to performance evaluation. Worth 30% of the total evaluation, Part II is goal-directed. The supervisor and employee agree on acceptable performance standards for which the employee is responsible. Known as performance planning, the employee is aware of what is expected during the evaluation period through the setting of performance objectives. The rating provides an assessment of the employee's success in achieving established objectives at the conclusion of the rating period.

COMPLETING THE EVALUATION FORM

A. Rating

Choose a rating in each of the relevant performance areas which most accurately describe the employee's performance during the evaluation period. You may add performance areas not already included on the evaluation form. Each area marked Needs Improvement shall be assigned a value of -1. Each area marked Meets Expectations shall be assigned a value of 0. Each area marked Exceeds Expectations shall be assigned a value of +1. After all performance areas have been rated, calculate the average value for all applicable performance areas.

B. Comments

It is important to explain a rating of Needs Improvement or Exceeds Expectations. For any Performance Area receiving such a rating, cite a specific example of the employee's performance which justifies such a rating.

C. Performance Objectives

1. Objectives are specific statements which identify key areas of responsibility in terms of the results expected. At least three of the employee's top performance objectives should be identified for the upcoming year. Objectives should possess the following qualities:
 - results-oriented and specific
 - consistent with city/departmental goals
 - clear and concise
 - achievable, yet challenging
 - mutually agreed upon
 - accomplished through specific activities or performance standards

PERSONNEL MANUAL

2. The evaluation of performance objectives involves reviewing and listing the top objectives from the previous year. A minimum of three objectives must be rated. Choose a rating for each performance objective which most accurately describes the employee's performance during the evaluation period. Calculate the average value for each performance objective using the same method as in Section I.

D. Overall Performance Rating

1. To calculate the overall performance rating, multiply the Performance Area Rating by .70 and the Objectives Rating by .30 and add the weighted scores.

Example

Average Performance Factor Rating $\underline{0.5} \times .70 = 0.35$

Average Performance Objective Rating $\underline{0.3} \times .30 = 0.09$

Overall Performance Rating 0.44

2. In the rater comments section, provide the employee with additional direction to guide him/her toward improved performance.
3. The Overall Performance Rating determines which personnel action you will recommend. Each employee who receives a rating of zero or more may receive a merit increase if eligible to do so.
4. Solicit employee comments and have the employee sign the form in the space provided.
5. The performance evaluation form and any attached documentation must be forwarded to the City Manager's Office for inclusion in the employee's personnel file.

HOW PERFORMANCE EVALUATION IS LINKED TO PAY

The performance evaluation process provides a direct link to the management compensation system. The overall evaluation, or level of performance, determines the employee's eligibility for a pay increase within the established pay range.

Pay increases are not automatic. They are based on the employee meeting and sustaining acceptable job performance.



PERSONNEL MANUAL

A. Management Salary Ranges and Pay Grades

The management salary range and pay grade for each position are approved by City Council based on the recommendation of the City Manager. Each position is assigned to a pay grade for which a minimum and maximum salary or pay range is established. Annually, City Council may approve an adjustment in pay ranges by granting an across-the-board increase. This increase would adjust the minimum and maximum salaries of each pay range, as well as the current annual base salary rate for each management employee, by a constant percentage. This increase is usually implemented on April 1 but may occur on any date determined by City Council.

The pay grade assigned to a position may also be changed as the result of a salary survey or the reallocation of a position. This is commonly referred to as an "upgrade" or "downgrade." In these cases, only the minimum and maximum salaries of the position change. The current annual base salary rate for the employee(s) involved would remain unchanged after an upgrade, provided it is still between the minimum and maximum salaries of the newly assigned pay grade. Future changes in the employee's annual base salary rate would occur as a result of an across-the-board increase or through the performance evaluation system.

B. Merit Increases

Employees who have not attained the maximum salary for their position fall within the "development range." The development range is designed to advance the employee to the range maximum, contingent on standard or better performance. A standard performance rating can never advance an employee's salary above the range maximum. The employee's poor performance will serve as an impediment to reaching the range maximum.

DEVELOPMENT RANGE

| <u>Performance Rating</u> | <u>Pay Adjustment</u> |
|---------------------------|-----------------------|
| Less than zero | no increase |
| Zero or more | 4%* |

*If 4% adjustment exceeds range maximum, adjustment is limited to range maximum.

Amended 8/26/03



PERSONNEL MANUAL

CITY OF NEWARK, DELAWARE MANAGEMENT EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE NAME: _____ PROBATIONARY: _____
 TITLE: _____ ANNUAL: _____
 EVALUATION PERIOD: _____ OTHER: _____

MISSION STATEMENT

The City of Newark's mission is to improve the City's quality of life by providing well-managed, cost-effective services to our customers, both internal and external, with an emphasis on quality, value, accessibility and responsibility.

I. Performance Areas

The performance of each and every employee shall be evaluated with respect to the employee's adherence to the values and pursuit of the goals of the Mission Statement.

Choose a rating in each of the following relevant performance areas which most accurately describes the employee's performance during the evaluation period. You may add performance areas not already included. Each area marked **Needs Improvement** shall be assigned a value of -1. Each area marked **Meets Expectations** shall be assigned a value of 0. Each area marked **Exceeds Expectations** shall be assigned a value of +1. If the performance area does not apply to the employee being rated, place a mark in the space provided.

| NOT APPLICABLE | NEEDS IMPROVEMENT | MEETS EXPECTATIONS | EXCEEDS EXPECTATIONS | <u>PERFORMANCE AREAS</u> |
|----------------|-------------------|--------------------|----------------------|--|
| | | | | TEAMWORK/COOPERATION |
| | | | | Supports management directives, follows instructions, responsibly carries out duties/assignments |
| | | | | Considers impact of actions on other departments/operations |
| | | | | Offers assistance to other employees and departments |
| | | | | Maintains a cooperative work environment |
| | | | | Encourages subordinates to assist others |
| | | | | Attempts to correct policy deficiencies in a constructive manner without complaining or blaming others |
| | | | | PROFESSIONALISM |
| | | | | Adheres to high standards of ethical conduct by avoiding any appearance of impropriety or conflict of interest |
| | | | | Keeps abreast of technical and/or legal developments in field of expertise |
| | | | | Recognizes when a decision is necessary, considers potential impact, and accepts responsibility for actions |
| | | | | Maintains confidentiality |
| | | | | LEADERSHIP |
| | | | | Achieves results by motivating and directing others |
| | | | | Delegates responsibility as needed |
| | | | | Sets positive example |
| | | | | Promotes a positive personal, professional and organizational image |
| | | | | SUPERVISION |
| | | | | Manages the performance of staff and uses personnel effectively |
| | | | | Evaluates employees objectively and fairly based on established performance criteria |
| | | | | Applies policies consistently and supports policy compliance by other employees |
| | | | | Takes appropriate corrective action on violations of ordinances, policies, procedures and work rules |
| | | | | Acts impartially |
| | | | | Keeps subordinates informed of policy developments and changes |
| | | | | Treats subordinates with respect, dignity and patience |
| | | | | EMPOWERMENT |
| | | | | Supports the professional development and training of subordinates |
| | | | | Solicits input from subordinates |
| | | | | Encourages subordinates to be creative |
| | | | | Supports initiative and innovation by subordinates |

| NOT APPLICABLE | NEEDS IMPROVEMENT | MEETS EXPECTATIONS | EXCEEDS EXPECTATIONS | <u>PERFORMANCE AREAS</u> |
|------------------------|-------------------|--------------------|----------------------|---|
| PLANNING | | | | |
| | | | | Establishes goals, develops realistic objectives, and sets priorities which reflect those of the City |
| | | | | Organizes work flow and manages time effectively |
| | | | | Coordinates functional elements to develop and implement plans |
| | | | | Proactively recognizes and addresses emerging issues and prevents recurrent problems |
| PRODUCTIVITY | | | | |
| | | | | Implements and completes assignments in an accurate, thorough and timely manner |
| | | | | Coordinates, schedules and carries out activities to meet deadlines |
| | | | | Produces an appropriate volume of work |
| | | | | Achieves established performance standards |
| | | | | Identifies and recommends potential improvements, cost saving measures, and innovations |
| | | | | Places a high priority on improving productivity |
| COMMUNICATION | | | | |
| | | | | Communicates effectively, both verbally and in writing |
| | | | | Prepares accurate, thorough and succinct written reports |
| | | | | Maintains positive customer relations |
| | | | | Responds promptly and courteously to inquiries, complaints or requests |
| | | | | Gives informative, organized and thorough presentations |
| PROBLEM SOLVING | | | | |
| | | | | Evaluates problems and solutions carefully and objectively before making a decision |
| | | | | Responds quickly and positively to changes in priorities |
| | | | | Performs effectively under stress and changing work conditions |
| | | | | Resolves routine problems effectively |
| | | | | Originates new ideas and work methods |
| JUDGMENT | | | | |
| | | | | Exercises appropriate discretion and good judgment |
| | | | | Presents logical and technically sound recommendations and decisions |
| | | | | Addresses questions and researches issues in an accurate and thorough manner |

| | NOT APPLICABLE | NEEDS IMPROVEMENT | MEETS EXPECTATIONS | EXCEEDS EXPECTATIONS | |
|--|----------------|-------------------|--------------------|----------------------|--|
| | | | | | <h1><u>PERFORMANCE AREAS</u></h1> |
| | | | | | COMPETENCE |
| | | | | | Demonstrates proficiency in the skills needed to perform duties |
| | | | | | Understands and applies knowledge and expertise to the work environment |
| | | | | | Quickly masters new skills needed to perform duties |
| | | | | | |
| | | | | | CARE OF CITY PROPERTY |
| | | | | | Appearance of worksite projects positive image |
| | | | | | Exercises reasonable care in the operation and/or use of City property |
| | | | | | |
| | -1 | 0 | +1 | | ← RATING VALUE OF EACH BOX CHECKED IN THIS COLUMN |
| | | | | | ← INDICATE TOTAL BOXES CHECKED MULTIPLIED BY RATING VALUE |
| | | | | | ← INDICATE SUM OF ALL BOXES IN PREVIOUS ROW |
| | | | | | ← DIVIDE SUM BY NUMBER OF PERFORMANCE FACTORS RATED AND INSERT ON PAGE 5 |

COMMENTS: For each Performance Area marked "Needs Improvement" or "Exceeds Expectations", cite specific examples of performance upon which the rating is based.

II. Evaluation of Objectives

The employee and the rater should list, discuss and evaluate progress made on objectives established in the previous performance evaluation. For each objective, choose a rating which most accurately describes the employee's progress toward achieving the objective. Use the same scoring method as in **Section I, Performance Areas**.

| NEEDS IMPROVEMENT | MEETS EXPECTATIONS | EXCEEDS EXPECTATIONS | <h1>EVALUATION OF OBJECTIVES</h1> |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Objective: _____ _____ _____ Comments: _____ _____ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Objective: _____ _____ _____ Comments: _____ _____ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Objective: _____ _____ _____ Comments: _____ _____ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Objective: _____ _____ _____ Comments: _____ _____ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Objective: _____ _____ _____ Comments: _____ _____ _____ |
| -1 | 0 | +1 | ← RATING VALUE OF EACH BOX CHECKED IN THIS COLUMN ← INDICATE TOTAL BOXES CHECKED MULTIPLIED BY RATING VALUE ← INDICATE SUM OF ALL BOXES IN PREVIOUS ROW ← DIVIDE SUM BY NUMBER OF OBJECTIVES RATED AND INSERT ON PAGE 5 |

III. OVERALL PERFORMANCE RATING

Performance Area Rating from page 3 _____ X 70% = _____

Objectives Rating from page 4 _____ X 30% = _____

OVERALL PERFORMANCE RATING _____

IV. PERFORMANCE OBJECTIVES FOR UPCOMING YEAR

The employee and the rater should discuss and prioritize at least three of the employee's top performance objectives that are to be accomplished during the upcoming year. Additional objectives may be attached. Performance objectives must be results oriented and specific, stating what is to be achieved.

1. Objective: _____

2. Objective: _____

3. Objective: _____

4. Objective: _____

5. Objective: _____

V. RATER COMMENTS:

I certify that this review constitutes my best judgment of the employee's performance and is based on my personal knowledge of the employee's work.

Rater

Date

V. EMPLOYEE COMMENTS:

I certify that I have received a copy of this evaluation and it has been discussed with me. My signature does not mean that I agree with the ratings assigned. I have been given the opportunity to respond to this evaluation and my concerns or disagreements have been stated above.

Employee

Date

VII. RECEIVED

City Manager

Date

Assistant to the City Manager

Date



PERSONNEL MANUAL

MERIT PAY PERFORMANCE EVALUATION SYSTEM CWA AND AFSCME EMPLOYEES

INSTRUCTIONS FOR RATERS

PURPOSE

The Merit Pay Performance Evaluation System serves two very important purposes. First, it promotes objective performance evaluation by establishing clearly defined performance standards. Second, through the use of quantifiable ratings, it introduces a greater degree of uniformity into the merit step increase process.

OBJECTIVES

The Merit Pay Performance Evaluation System is designed to:

Promote communication - The process provides a vehicle for better communication on performance standards and encourages employee input in the evaluation process.

Manage performance - The documentation of sub-standard performance guides the employee towards improved performance.

Promote objectivity - The establishment of measurable and realistic job performance standards allows the rater to reach equitable decisions regarding performance evaluations and pay.

Encourage improvement - The system, provides penalties for sub-standard performance and rewards for standard performance.

EVALUATION PROCESS

The performance evaluation is the heart of the Merit Pay Performance Evaluation System and it provides a direct link between the employee's performance and the employee's progress to the top of the pay grade. The performance evaluation is to be conducted shortly before the employee's performance review date.

EVALUATION FORM

The Merit Pay Performance Evaluation form consists of several sections. The first of these, Rating the Performance Factors, requires the employee's immediate supervisor to rate the employee's performance on a numerical scale from 0 to 5 in each of eight (8) different performance categories.



PERSONNEL MANUAL

The eight (8) rating categories are referred to as Performance Factors and they are common to every position in the employee group. A description of standard performance for each performance category may be found on the pages immediately following the evaluation form. Using the numerical scale provided, compare the performance of the employee being rated to the description of expected behavior for each performance factor. Assign a numerical rating from 0 to 5 which most consistently describes the employee's performance relative to the descriptions for expected behavior. An employee who is performing at expected levels is a good employee and should be rated between 2.5 and 3.49. The descriptive statements below should be useful in determining the rating for each performance factor.

Performance Level

| | |
|--------------|---|
| 0.00 to 1.99 | Performance is totally unacceptable and fails to meet the requirements of the position. |
| 2.00 to 2.49 | Performance falls short of meeting acceptable levels of performance. While not considered totally unacceptable, this rating indicates a performance deficiency that requires remedial action. |
| 2.50 to 3.49 | Performance consistently meets acceptable standards for the position. |
| 3.50 to 4.49 | Performance is above acceptable standards and exceeds the requirements of the position. |
| 4.50 to 5.00 | Performance is exemplary and well above acceptable standards for the position with no room for future improvement. |

The ratings should then be added and divided by 8 to determine the employee's Average Performance Factor Rating.

Prior to establishing any of the numerical ratings, the employee's immediate supervisor should discuss the employee's performance with the department director. Since both the supervisor and the department director must approve of the employee's rating, it is important to resolve any disagreements at this point so that when the evaluation is presented to the employee, the employee will receive a clear assessment of his/her strengths and weaknesses.



PERSONNEL MANUAL

The next section, Rating Justification, requires the employee's immediate supervisor to justify a rating for any individual performance factor which falls below 2.5 or above 3.49. You must specify which factor is being justified. The rater must also cite actions the employee will take to increase the next ratings to 2.5.

The Employee Comments section gives the employee the opportunity to respond to any information provided in the previous sections. This is an extremely important right granted to the employee. Each employee should be strongly encouraged to make use of this section.

Finally, the form must be signed by the employee, the employee's supervisor, and department director before it is submitted to the City Manager's Office. The employee may not refuse to sign the form. Any employee who refuses to sign the form may be subject to disciplinary action.



PERSONNEL MANUAL

CITY OF NEWARK, DELAWARE PERFORMANCE EVALUATION CWA AND MANAGEMENT PART-TIME EMPLOYEES

EMPLOYEE: _____ PROBATIONARY

JOB TITLE: _____ MERIT

DEPARTMENT: _____ ANNUAL

EVALUATION DATE: _____ OTHER

EVALUATION PERIOD: _____

A. PERFORMANCE FACTORS

The eight (8) rating categories are referred to as Performance Factors and they are common to every position in the employee group. A description of expected performance for each performance category may be found on the pages immediately following the evaluation form. Using the numerical scale provided, compare the performance of the employee being rated to the description of expected behavior for each performance factor. Assign a numerical rating from 0 to 5 which most consistently describes the employee's performance relative to the descriptions for expected behavior. An employee who is performing at expected levels is a good employee and should be rated between 2.5 and 3.49. See page 2.5-45 in the Instructions for Raters for descriptions of each performance level. The ratings for each factor should then be added and divided by 8 to determine the employee's Average Performance Factor Rating.

| <u>PERFORMANCE</u> | <u>RATING FROM 0 TO 5</u> |
|------------------------------------|-------------------------------|
| 1. TECHNICAL COMPETENCE | _____ |
| 2. ATTITUDE | _____ |
| 3. PUBLIC RELATIONS/COMMUNICATIONS | _____ |
| 4. PRODUCTIVITY | _____ |
| 5. POLICY COMPLIANCE | _____ |
| 6. ATTENDANCE | _____ |
| 7. CARE/USE OF EQUIPMENT | _____ |
| 8. PLANNING/ORGANIZING | _____ |
| AVERAGE PERFORMANCE FACTOR RATING | _____ |



PERSONNEL MANUAL

- 0.00 to 1.49** Performance is totally unacceptable and fails to meet the requirements of the position.
- 1.50 to 2.49** Performance falls short of meeting acceptable levels of performance.
- 2.50 to 3.49** Performance consistently meets acceptable standards for the position.
- 3.50 to 4.49** Performance is above acceptable standards and exceeds the requirements of the position.
- 4.50 to 5.00** Performance is exemplary and well above acceptable standards for the position.

B. RATER JUSTIFICATION/COMMENTS

Provide a written justification for ratings that fall below 2.5 or above 3.49. Specify which performance factor is being justified and cite actions which the employee must take to increase the next rating to 2.5.



PERSONNEL MANUAL

C. SUPERVISOR COMMENTS

D. SUPERVISOR CERTIFICATION

I certify that this review constitutes my best judgment of the performance of this employee and is based on my personal knowledge of the employee's work.

SUPERVISOR

DATE



PERSONNEL MANUAL

E. EMPLOYEE COMMENTS

I certify that I have received a copy of this evaluation and it has been discussed with me. My signature does not mean that I agree with the ratings assigned. I have been given the opportunity to respond to this evaluation and my concerns or disagreements have been stated in the Employee Comments section.

EMPLOYEE

DATE

F. DEPARTMENT DIRECTOR REVIEW

I have reviewed this evaluation. I approve of the supervisor's ratings.

DEPARTMENT DIRECTOR

DATE

I have reviewed this evaluation. I do not approve of the recommendation. My revised recommendation and comments are attached.

DEPARTMENT DIRECTOR

DATE



PERSONNEL MANUAL

G. RECEIVED

CITY MANAGER

DATE

H. RECEIVED

ASSISTANT TO THE CITY MANAGER

DATE



PERSONNEL MANUAL

PERFORMANCE FACTORS EMPLOYEES COUNCIL AND MANAGEMENT, PART-TIME EMPLOYEES

1. TECHNICAL COMPETENCE

- Demonstrates the skills needed to perform the job.
- Understands and applies knowledge/expertise to the work environment.
- Attempts to improve upon and expand expertise.

2. ATTITUDE

- Accepts assignments willingly.
- Promotes a positive image personally, professionally and organizationally.
- Acts impartially.
- Separates personal feelings from business matters.
- Cooperates with fellow employees.

3. PUBLIC RELATIONS/COMMUNICATIONS

- Understands written and verbal directions.
- Expresses ideas in a concise, organized and timely manner.
- Responds promptly and courteously to inquiries, complaints, or requests from the public.
- Maintains positive relationships with coworkers and the public.

4. PRODUCTIVITY

- Completes an appropriate volume of work for the position.
- Produces work which is accurate, consistent, thorough and of generally good quality.
- Follows instructions accurately and completely.

5. POLICY COMPLIANCE

- Attempts to learn and understand policies and procedures.
- Attempts to correct policy deficiencies in a constructive manner.
- Complies with policies.
- Supports policy compliance by other employees.



PERSONNEL MANUAL

Performance Factors Employees Council And Management Part-Time

6. ATTENDANCE

- Regularly reports for work as scheduled.
- Complies with reporting and notification procedures for vacation, sick leave and other absences.
- Uses no more than the Annual Average Sick Days for all City employees.
- Is regularly available for reasonable overtime assignments.
- Does not abuse work breaks, quitting time, or other special absences.

7. CARE/USE OF EQUIPMENT

- Maintains neat and orderly appearance at work site.
- Exercises reasonable care in the operation of assigned equipment.
- Operates assigned equipment with reasonable level of proficiency.

8. PLANNING/ORGANIZING

- Establishes realistic objectives and priorities.
- Coordinates, schedules and carries out activities to meet deadlines.
- Organizes work flow and manages time effectively.

Amended 8/26/03



PERSONNEL MANUAL

| | |
|--------------|---|
| 0.00 to 1.49 | Performance is totally unacceptable and fails to meet the requirements of the position. |
| 1.50 to 2.49 | Performance falls short of meeting acceptable levels of performance. |
| 2.50 to 3.49 | Performance consistently meets acceptable standards for the position. |
| 3.50 to 4.49 | Performance is above acceptable standards and exceeds the requirements of the position. |
| 4.50 to 5.00 | Performance is exemplary and well above acceptable standards for the position. |

B. RATER JUSTIFICATION/COMMENTS

Provide a written justification for ratings that fall below 2.5 or above 3.49. Specify which performance factor is being justified and cite actions which the employee must take to increase the next rating to 2.5.

C. SUPERVISOR COMMENTS



PERSONNEL MANUAL

D. SUPERVISOR CERTIFICATION

I certify that this review constitutes my best judgment of the performance of this employee and is based on my personal knowledge of the employee's work.

SUPERVISOR

DATE

E. EMPLOYEE COMMENTS

I certify that I have received a copy of this evaluation and it has been discussed with me. My signature does not mean that I agree with the ratings assigned. I have been given the opportunity to respond to this evaluation and my concerns or disagreements have been stated in the Employee Comments section.

EMPLOYEE

DATE

F. DEPARTMENT DIRECTOR REVIEW

I have reviewed this evaluation. I approve of the supervisor's ratings.

DEPARTMENT DIRECTOR

DATE



PERSONNEL MANUAL

I have reviewed this evaluation. I do not approve of the recommendation. My revised recommendation and comments are attached.

DEPARTMENT DIRECTOR

DATE

G. RECEIVED

CITY MANAGER

DATE

H. RECEIVED

ASSISTANT TO THE CITY MANAGER

DATE

PERFORMANCE FACTORS AFSCME LOCAL 1670 EMPLOYEES

1. TECHNICAL COMPETENCE

- Demonstrates the skills needed to perform the job.
- Understands and applies knowledge/expertise to the work environment.
- Attempts to improve upon and expand expertise.

2. ATTITUDE

- Accepts assignments willingly.
- Promotes a positive image personally, professionally and organizationally.
- Acts impartially.
- Separates personal feelings from business matters.
- Cooperates with fellow employees.

3. PUBLIC RELATIONS/COMMUNICATIONS

- Responds promptly and courteously to inquiries, complaints, or requests from the public.
- Understands written and verbal directions.
- Maintains positive relationships with coworkers and the public.

4. PRODUCTIVITY

- Completes an appropriate volume of work for the position.
- Produces work which is satisfactory, consistent, thorough and of generally good quality.
- Follows instructions accurately and completely.

5. POLICY COMPLIANCE

- Attempts to learn and understand policies and procedures.
- Attempts to correct policy deficiencies in a constructive manner.
- Complies with policies.
- Supports policy compliance by other employees.
- Remains at work site during breaks.

Performance Factors AFSCME Employees

6. ATTENDANCE

- Regularly reports for work as scheduled.
- Complies with reporting and notification procedures for vacation, sick leave and other absences.
- Uses no more than the Annual Average Sick Days for all City employees.
- Is regularly available for reasonable overtime assignments.
- Does not abuse work breaks, quitting time, or other special absences.

7. CARE/USE OF EQUIPMENT

- Maintains neat and orderly appearance at work site.
- Exercises reasonable care in the operation of assigned equipment.
- Operates assigned equipment with reasonable level of proficiency.
- Operates equipment according to City and departmental policies.
- Performs preventative maintenance on assigned equipment.

8. SAFETY

- Maintains a safe and efficient work environment which results in no preventable accidents.
- Recognizes and reports all unsafe equipment, conditions or procedures to supervisor.



PERSONNEL MANUAL

CITY OF NEWARK, DELAWARE PERFORMANCE EVALUATION TEMPORARY FULL-TIME EMPLOYEES

EMPLOYEE: _____

JOB TITLE: _____

DEPARTMENT: _____

HIRE DATE: _____

TERMINATION DATE: _____

A. PERFORMANCE FACTORS

The eight (8) rating categories are referred to as Performance Factors and they are common to every position in the employee group. A description of expected performance for each performance category may be found on the pages immediately following the evaluation form. Using the numerical scale provided, compare the performance of the employee being rated to the description of expected behavior for each performance factor. Assign a numerical rating from 0 to 5 which most consistently describes the employee's performance relative to the descriptions for expected behavior. An employee who is performing at expected levels is a good employee and should be rated between 2.5 and 3.49. See page 2.5-45 in the Instructions for Raters for descriptions of each performance level. The ratings for each factor should then be added and divided by 8 to determine the employee's Average Performance Factor Rating.

| <u>PERFORMANCE</u> | <u>RATING FROM 0 TO 5</u> |
|------------------------------------|-------------------------------|
| 1. TECHNICAL COMPETENCE | _____ |
| 2. ATTITUDE | _____ |
| 3. PUBLIC RELATIONS/COMMUNICATIONS | _____ |
| 4. PRODUCTIVITY | _____ |
| 5. POLICY COMPLIANCE | _____ |
| 6. ATTENDANCE | _____ |
| 7. CARE/USE OF EQUIPMENT | _____ |
| 8. PLANNING/ORGANIZING | _____ |
| AVERAGE PERFORMANCE FACTOR RATING | _____ |



PERSONNEL MANUAL

B. SUPERVISOR COMMENTS

C. SUPERVISOR CERTIFICATION AND RECOMMENDED ACTION

I certify that this review constitutes my best judgment of the performance of this employee and is based on my personal knowledge of the employee's work.

| <u>ACTION</u> | <u>OVERALL PERFORMANCE RATING</u> |
|---|-----------------------------------|
| <input type="checkbox"/> Not recommended for rehire | 0.00 to 2.49 |
| <input type="checkbox"/> Recommended for rehire | 2.50 to 5.00 |

SUPERVISOR

DATE

D. DEPARTMENT DIRECTOR REVIEW

I have reviewed this evaluation. I approve of the supervisor's ratings.

DEPARTMENT DIRECTOR

DATE

I have reviewed this evaluation. I do not approve of the recommendation. My revised recommendation and comments are attached.

DEPARTMENT DIRECTOR

DATE



PERSONNEL MANUAL

E. RECEIVED

CITY MANAGER

DATE

F. RECEIVED

ASSISTANT TO THE CITY MANAGER

DATE



PERSONNEL MANUAL

PERFORMANCE FACTORS TEMPORARY FULL-TIME EMPLOYEES

1. TECHNICAL COMPETENCE

- Demonstrates the skills needed to perform the job.
- Understands and applies knowledge/expertise to the work environment.
- Attempts to improve upon and expand expertise.

2. ATTITUDE

- Accepts assignments willingly.
- Promotes a positive image personally, professionally and organizationally.
- Acts impartially.
- Separates personal feelings from business matters.
- Cooperates with fellow employees.

3. PUBLIC RELATIONS/COMMUNICATIONS

- Responds promptly and courteously to inquiries, complaints, or requests from the public.
- Understands written and verbal directions.
- Maintains positive relationships with coworkers and the public

4. PRODUCTIVITY

- Completes an appropriate volume of work for the position.
- Produces work which is satisfactory, consistent, thorough and of generally good quality.
- Follows instructions accurately and completely.

5. POLICY COMPLIANCE

- Attempts to learn and understand policies and procedures.
- Attempts to correct policy deficiencies in a constructive manner.
- Complies with policies.
- Supports policy compliance by other employees.
- Remains at work site during breaks.



PERSONNEL MANUAL

Performance Factors Temporary Full-Time Employees

6. ATTENDANCE

- Regularly reports for work as scheduled.
- Complies with reporting and notification procedures for absences from work.
- Is regularly available for reasonable overtime assignments.
- Does not abuse work breaks, quitting time, or other special absences.

7. CARE/USE OF EQUIPMENT

- Maintains neat and orderly appearance at work site.
- Exercises reasonable care in the operation of assigned equipment.
- Operates assigned equipment with reasonable level of proficiency.
- Operates equipment according to City and departmental policies.
- Performs preventative maintenance on assigned equipment.

8. SAFETY

- Maintains a safe and efficient work environment which results in no preventable accidents.
- Recognizes and reports all unsafe equipment, conditions or procedures to supervisor.

PERSONNEL MANUAL

SUBJECT: Personnel Files

A. Policy

The accurate documentation of personnel related activity is absolutely necessary to insure the fair and consistent application of the practices and procedures contained in this manual. The City Manager's office shall maintain the official personnel file for each employee containing all documentation pertaining to his/her employment. Upon request, each employee may be allowed to view the contents of his/her personnel file within the guidelines established by state law.

B. Contents

Each personnel file shall contain the following documentation:

1. Application

- a. Original application for employment
- b. Future applications
- c. Miscellaneous

2. Performance

- a. Performance evaluation form
- b. Attendance record
- c. Physician's Medical Verification form
- d. Commendations
- e. Disciplinary actions
- f. Professional development
- g. Miscellaneous

3. Status Reports

4. Fringe Benefits

- a. Health
- b. Dental
- c. Life
- d. Pension
- e. Deferred compensation
- f. Job-related injuries
- g. Miscellaneous



PERSONNEL MANUAL

SUBJECT: Recruitment and Selection - Recreation Personnel

A. Policy

It is the policy of the City of Newark to recruit and select recreation employees and contractors from as broad a field of applicants as is reasonably possible in order to assure that the City appoints the most qualified and competent applicants available, to provide an equal opportunity to all qualified applicants, and to base the selection of employees and contractors on valid, applicable and job-related measures of qualifications.

B. Administration

The recruitment and selection of temporary, part-time recreation employees and contractors shall be administered by the Parks and Recreation department according to procedures established by the Director of Parks and Recreation and approved by the City Manager.

C. Other City Employees

A current regular, full-time or regular, part-time City employee may be appointed to any temporary, part-time or contractor position subject to the following conditions:

1. The work schedule for the temporary, part-time or contract position shall not conflict with the employee's regular, full-time or regular, part-time work schedule.
2. The recruitment and selection process shall be open and competitive. No preference shall be granted to any regular City employee.
3. Compensation shall be in accordance with Section 5.1 of the Personnel Manual. Fees for contractors will be flat rate or based on a percentage of revenue generated, consistent with market conditions and fees paid to all other contractors.
4. Fees paid to contractors will be reported as personal income to the Internal Revenue Service through the issuance of a Form 1099.

PERSONNEL MANUAL

SUBJECT: Employee Work Practices

A. Policy

Each employee of the City is expected to comply with established work practices. These practices are necessary to assure the safe, efficient and effective delivery of municipal services and to protect the rights of all City employees.

Many of these practices will be readily understood and observed by all City employees since they are similar to those that guide our behavior in all business or social relationships. Other practices are more applicable to the work we do as public employees of a municipality.

B. General Practices

The general practices listed below are not all inclusive. They are intended to illustrate the type of behavior which is required of City employees. Such practices are intended to promote a positive work environment where the effective delivery of services is not disturbed or obstructed by disruptive behavior of City employees or other individuals.

1. Each employee is expected to be at the employee's assigned work station ready to begin work at the beginning of the work day.
2. Except for authorized breaks and reasonable absences required to attend to personal needs, each employee is expected to remain at the assigned work station performing his/her assigned duties.
3. Each employee is expected to perform assigned duties and to report to his/her supervisor any conditions or circumstances which will prevent or inhibit the employee from the effective performance of these duties.
4. Each employee is expected to follow the instructions and procedures specified for their work assignment and to report any inadequacies in the instructions or procedures to his/her supervisor so that they may be remedied.
5. Each employee is required to adhere strictly to safety rules, including the use of safety equipment when specified, and to report unsafe conditions or practices to his/her supervisor immediately.

PERSONNEL MANUAL

Employee Work Practices

6. Each employee is expected to exercise reasonable care and caution in the operation of any City equipment or property so as not to cause excessive deterioration or unnecessary damage.
7. Each employee is expected to obey and comply with all city, state and federal ordinances, laws and statutes.
8. Each supervisor may establish additional work rules and procedures as necessary.
9. Each employee is expected to obey and comply with all written and verbal city, departmental and/or miscellaneous policies, procedures and work rules.

C. Nepotism

No employee or applicant may be hired, transferred, promoted or otherwise be assigned to any position which either supervises or is supervised by a relative of the employee. This policy shall apply only to personnel changes which take effect after the effective date of this policy.

For the purpose of this policy, a relative shall be defined as any person who has any of the following relationships with the employee:

1. Spouse
2. Parent
3. Child
4. Grandparent
5. Aunt or Uncle
6. Nephew or Niece
7. First Cousin
8. Brother or Sister
9. Grandchild
10. In-laws

PERSONNEL MANUAL

Employee Work Practices

D. Outside Employment

No City employee is allowed to perform any private work for pay within the City where the performance of such work has the potential for creating a conflict of interest or the appearance of impropriety.

1. Notification to City Manager's Office Required – Each employee who is performing or is contemplating the performance of private work for pay within the City shall notify the City Manager's Office immediately.
2. City Manager's Determination – The City Manager will review the private work performed by the employee to determine if the performance of such work is prohibited by this policy.
3. Factors Considered by City Manager – The City Manager's review will consider the following factors:
 - a. Is the performance of such work regulated by the City, either directly or indirectly?
 - b. Will the employee's official position confer any economic advantage upon the employee over others?
 - c. Will the employee represent any other interests before any City body?
 - d. Will the work be incompatible with the proper discharge of the employee's official duties or will it tend to impair the employee's independence of judgment or action in the performance of the employee's official duties.

The employee's private work will be considered a violation of this policy if any of the above questions are answered affirmatively.

4. Violations
 - a. Each employee determined to be in violation of this policy as a result of the City Manager's review shall be required to cease the performance of such work immediately or resign from employment.
 - b. Each employee who fails to notify the City Manager's Office as required herein may be subject to termination from employment.
5. Exceptions – Private work performed in uniform by sworn police personnel and sanctioned by the Chief of Police is exempt from this policy.

PERSONNEL MANUAL

Employee Work Practices

E. Guidelines for Appropriate Conduct

Each employee is expected to accept certain responsibilities, adhere to acceptable business principles and exhibit a high degree of professional integrity at all times. This not only involves sincere respect for the rights and feelings of others, but also demands that employees refrain from any behavior that might be harmful to other employees or to the general public. Participation in any such behavior may result in disciplinary action, up to and including termination from employment. These behaviors include, but are not limited to the following:

1. Conduct which is in violation of the law or acceptable standards of decency.
2. Sexual or any other kind of harassment of other employees.
3. Discrimination against other employees.
4. Unauthorized possession, selling, using or being under the influence of drugs or the unauthorized possession or consumption of alcohol while on duty or in City vehicles.
5. Refusal to perform assigned duties, insubordination toward supervision or management, or refusal to leave City property when directed to do so by a supervisor or management employee.
6. Theft of services or property from the City, fellow employees or citizens.
7. Deliberate damage to City property.
8. Unauthorized possession or use of firearms, explosives, ammunition, fireworks, or any type of weapon or dangerous material while on duty. An employee is considered to be authorized to possess or use a firearm or other weapon if, and only if, the employee has been trained in the use of and issued a firearm or other weapon by the City, for use in the performance of his or her job duties. Sworn officers of the Police Department shall be exempt from this policy so long as the employee complies with the Newark Police Department Weapons Policy. All other employees are expressly prohibited from carrying a firearm, concealed or unconcealed, while on duty. This prohibition extends to all City property, including but not limited to City office buildings or fleet vehicles.
9. Fighting or any other inappropriate physical contact while on duty.
10. Falsifying time sheets or other documents.
11. Frequent tardiness or absence from work, unauthorized absences or giving false reasons for absence.

3.1-4

Employee Work Practices

12. Gross negligence or willful disregard for safety, fire or security regulations.
13. Carelessness in the performance of work or in the operation of City vehicles and equipment.
14. Failure to perform assigned duties in a satisfactory manner.
15. The use of abusive language.
16. The showing or displaying of explicit images which might be objectionable to other employees.
17. Leaving the worksite during working hours without proper authorization.
18. Failure to properly report a vehicle collision or job-related injury to supervisors.
19. Excessive wasting of time, materials or supplies.
20. Illegal gambling, horseplay, sleeping, smoking in prohibited areas, or unauthorized use of City property, materials, supplies or equipment.
21. Excessive personal use of the telephone.
22. Violation of any of the policies, practices or procedures contained in this Manual.
23. Discarding, dumping, placing, or causing any litter, garbage, rubbish, refuse or other abandoned material to be placed on City property or inside any City equipment without the expressed permission of the employee's department director.
24. Accepting any personal gift, favor, gratuity, loan or promise as a City employee or for work performed by a City employee. The consumption of food or drink at a meal or meeting where City business is conducted or the acceptance of advertising novelties of nominal value are not a violation of this policy.

PERSONNEL MANUAL

SUBJECT: Discipline

A. Policy

Within any organization, it is absolutely essential to coordinate the use of human resources, materials and equipment toward the most efficient and effective achievement of organizational goals and objectives. Activities or behavior by City employees which inhibit the achievement of these goals and objectives must be effectively discouraged. Unfortunately, the City must occasionally employ disciplinary measures to achieve this end.

It is the City's policy to establish disciplinary policies and procedures which are effective, fair and consistently applied to all employees. The severity of the disciplinary measure applied will be related to the seriousness of the offense committed and may take a variety of forms ranging from a verbal warning to termination from employment.

B. Responsibility of Department Directors and Supervisors

Each department director and supervisor shall be responsible for enforcing the policies and procedures contained in this Manual, any departmental policies or procedures, or any other City policies, procedures or practices whether they be written or otherwise. They shall also be responsible for initiating appropriate disciplinary action against any employee or employees who violate any of these policies, procedures or practices.

The disciplinary process for sworn police personnel shall be established by the Chief of Police through a general order.

C. Disciplinary Procedure

The disciplinary process commences when an employee's supervisor(s) or department director becomes aware that an employee has violated any of the aforementioned policies, procedures or practices of the City or any of its departments.

1. Employee Notification - Each employee who is alleged to have committed a violation of any of these policies, procedures or practices shall be so notified by the employee's supervisor or department director. Such notification shall be issued in writing and shall describe the nature of the violation and the policy, procedure or practice violated. If field conditions or severity warrant more immediate action, such notification may be issued orally and confirmed later in writing. It shall also include a date and time for the employee to meet with the appropriate department director for a review of the alleged violation. A suggested format for this notification may be found on page 3.2-4. A copy of this notification shall be forwarded to the City Manager's Office.

Amended 8/26/03

PERSONNEL MANUAL

Discipline

2. Department Review – The appropriate department director shall review the facts of the alleged violation as presented by the employee, the employee’s supervisor or any other pertinent individuals.
3. Department Director Disciplinary Actions – Based on the facts presented, the seriousness of the violations committed, the occurrence of any related behavior, or the occurrence of any previous disciplinary action, the department director may institute any of the following actions against the employee:
 - a. Dismissal of charge against the employee.
 - b. Verbal or written reprimand.
 - c. Recommendation to the City Manager to suspend or demote the employee.
 - d. Recommendation to the City Manager to terminate the employee.

Any disciplinary action recommended by a department director shall be recorded in writing, presented to the employee, and placed in the employee’s personnel file. For a suggested format, see page 3.2-5.

4. Employee Appeal – The employee shall have the option of requesting a hearing to appeal the disciplinary action instituted by the employee’s department director. The request shall be in writing and be submitted to the City Manager’s Office no later than the end of the next regular business day following the employee’s receipt of the department director’s recommendation. If the employee does not exercise his/her right to appeal, the City Manager will render a decision on the department director’s recommendation within three (3) days following the City Manager’s receipt of the department director’s recommendation.
5. City Manager Hearing – The City Manager or his designated representative will review requests from employees to appeal recommendations from department directors to reprimand, suspend, demote or terminate employees. The City Manager shall consider all relevant information and allow both the employee and the department director to present arguments supporting their actions.
6. City Manager Disciplinary Actions – The City Manager may dismiss the charge, affirm the disciplinary action of the department director, or adjust the measure of discipline. Unless the charge is dismissed, disciplinary actions by the City Manager may include a written reprimand, suspension, demotion, or termination.

Any disciplinary action instituted by the City Manager shall be recorded in writing, presented to the employee, and placed in the employee’s personnel file. The action of the City Manager shall be final and the employee shall have no right to further appeal.



PERSONNEL MANUAL

Discipline

TO: Employee Name
FROM: Department Director
SUBJ: Notice of Intent to Initiate Disciplinary Action

It has been alleged that you committed the following act(s):

- 1.
- 2.
- 3.
- 4.

The commission of this act(s) is a violation of _____

You are hereby required to report to my office at _____ (time and date) _____ to answer questions regarding this allegation. If you wish, you may be accompanied by a union representative.

cc: City Manager
Personnel File



PERSONNEL MANUAL

Discipline

TO: Employee Name
FROM: Department Director
SUBJ: Notice of Recommended Disciplinary Action

Based on the information presented to me at your disciplinary hearing held in my office on, I have determined that the charges against you have been proved and that you violated _____

_____.

As a result, you shall be disciplined as follows:

You have the right to appeal this disciplinary action to the City Manager. Your appeal must be in writing and submitted to the City Manager no later than the end of the next regular business day following your receipt of this notice.

cc: City Manager
Personnel File

PERSONNEL MANUAL

SUBJECT: Training and Development

A. Policy

It is the policy of the City of Newark to provide training and professional development opportunities for its employees. The purpose of the City's training and development program is to promote an efficient and adequately trained workforce, to expand and improve skills of employees, to ensure training in new work techniques, and to improve the performance of employees.

B. Types of Training and Development

1. Professional association memberships, licenses and certification; conference attendance; and professional newsletter and magazine subscriptions.

Department directors are encouraged to maintain an active role in professional associations related to their field of expertise. The City may pay membership dues for professional associations for department directors and key management employees. Requests for the payment of professional dues must be accompanied by a Check Request and submitted to the City Manager for approval.

Attendance at professional conferences requiring out-of-town travel shall generally be reserved for department directors and key management employees whose attendance will either benefit the City or enhance the professional development of the employee. Conference attendance shall be limited to one per year per employee unless additional conferences are authorized by the City Manager. Requests for conference attendance shall be submitted to the City Manager and accompanied by a Travel Request and Expense Report, and Check Request(s). See pages 3.3-3, 3.3-4 and 3.3-5.

2. Required Seminars and Courses

Employees may be required to attend seminars or courses designed to promote an efficient and adequately trained workforce, expand and improve skills, learn new work techniques, and improve work performance. This training may be conducted either on-site in City-owned facilities or on other sites. Whenever possible, training sessions shall be scheduled for as many employees as possible to take advantage of group discounts.

PERSONNEL MANUAL

Training and Development

3. On the Job Training

On-the-Job Training will be provided to introduce, reinforce or improve essential job skills for employees. Supervisors should provide on-the-job training to familiarize employees with new work assignments, demonstrate the use of new equipment or technology, instruct employees on correct work procedures, explain performance standards, and expand skills for advancement opportunities. This training should be provided on an ongoing basis.

4. Voluntary Coursework

Employees may be eligible to receive financial assistance to pursue voluntary job-related, educational coursework. More information may be found on page 5.10-1 under Voluntary Educational Assistance.

C. Annual Training Guidelines

Each department director should attempt to enroll departmental employees in seminars, courses or on-the-job training programs at least once annually. Such training should be closely related to the employee's duties and may be in any one of the following areas:

1. Public safety
2. Technical skill building
3. Safety
4. Customer service
5. Personal development
6. Supervisory skill building

D. Reporting

All written requests, Check Requests, Travel Requests and Expense Reports for professional dues, subscriptions, seminars courses, or instructors shall be submitted to the Assistant to the City Manager. Such requests shall briefly summarize the training topic and include a list of all employees being trained.

PERSONNEL MANUAL

SUBJECT: VEHICLES

A. Policy

This policy regulates the use of City-owned vehicles and the use of personal vehicles in the conduct of City business. Each employee who may be required to operate a vehicle to conduct city business shall sign a "Vehicle Use Statement of Understanding" (see p. 3.4-7).

B. Driver's License/Insurance Requirement

Each employee who is required to operate a City-owned vehicle shall possess the appropriate, valid driver's license.

1. Verification – Each employee who is required to operate a City-owned vehicle shall be required to verify the status of their driving privileges upon request by a supervisory employee and annually upon a Driver's License Verification Form (see p. 3.4-8) provided by the City.
2. Loss of Driving Privileges – Each employee whose driving privileges are suspended or revoked shall notify his/her department director immediately and shall cease operating any City-owned vehicle which requires a valid driver's license. Such employee shall continue performing all other required duties.
3. Insurable Status – Each employee who has been informed that they have been placed on an uninsurable status by the City's insurance carrier shall cease operating any insured City-owned vehicle. Such employee shall continue performing all other required duties.
4. Disciplinary Action –
 - a. Non-Sworn Employees
 1. First Offense – Each employee whose driving privileges have been suspended or revoked shall be suspended without pay for two (2) work weeks.
 2. Second Offense – Each employee whose driving privileges have been suspended or revoked two (2) or more times within a five (5) year period shall be terminated from employment.
 - b. Police Officers

Each police officer whose driving privileges have been suspended or revoked shall be terminated from employment.

PERSONNEL MANUAL

VEHICLES

5. Operating a City-Owned Vehicle Without a Valid License – Each employee who operates a City-owned vehicle without a valid driver's license or while in an uninsurable status shall be terminated from employment.

C. Registration of City-Owned Vehicles

The Chief Mechanic shall coordinate all vehicle license registrations, inspections and renewals.

D. Acquisition of Vehicles

No vehicle may be purchased, rented, leased, replaced or otherwise acquired for use by the City or its employees without the authorization of the City Manager or his designee.

E. Operation and Use of City-Owned Vehicles

1. Routine Care and Maintenance – Each department director is ultimately responsible for the legitimate use, maintenance, cleanliness and storage of vehicles assigned to the director's department. Each department director shall ensure that vehicles are routinely washed, cleaned, and maintained in accordance with the preventative maintenance schedule.
2. Operating Guidelines – Each employee shall adhere to the following minimum operational guidelines for the use of City-owned vehicles:
 - a. City-owned vehicles are to be used exclusively for the conduct of City business and shall not be used for personal tasks.
 - b. City-owned vehicles are not to be used to transport any individual(s) who is not directly related to City business purposes. Family members of City employees are not to be transported in City-owned vehicles.
 - c. All traffic laws shall be strictly adhered to, with the exception of vehicles responding to an emergency.
 - d. Seat belts, shoulder harnesses, and other restraint devices should be worn at all times, by the driver and all passengers, when a vehicle is in motion.
 - e. Each employee is expected to operate the vehicle with the utmost caution and to drive defensively.
 - f. Smoking is absolutely prohibited by any persons in all City-owned vehicles.

PERSONNEL MANUAL

VEHICLES

- g. Each employee is prohibited from consuming alcohol or any illegal drugs within any City-owned vehicles. Each employee is expected to exercise good judgment and follow physician instructions in the operating of City-owned vehicles while using prescription medication.
- h. City vehicles should contain only those items for which the vehicle is designed. The City shall not be liable for the loss or damage of any personal property transported in the vehicle.
- i. Each employee must immediately report to their supervisor any vehicle malfunction or damage.
- j. Each employee who is cited for violating any traffic law while operating a City vehicle must immediately report such violation to their supervisor. The City is not responsible for the payment of any fine incurred by a City employee while operating a City vehicle.
- k. Each employee is prohibited from transporting a City vehicle out of Delaware without prior authorization of the employee's supervisor.
- l. The use of a cell phone while operating a moving, City vehicle is prohibited, except when done for law enforcement purposes.

F. Anti-Idling

Each employee must comply with the City's anti-idling ordinance. Absent a legitimate operational need, no City vehicle shall be allowed to idle for an excessive period of time.

G. Parking and Storage

Each City vehicle except "Take Home Vehicles" shall be parked in an appropriate space on City property at the end of the work day. Non-police City vehicles parked over night at the City Municipal Center shall use the parking area farthest from the building. Each vehicle shall be secured with doors locked, windows in the up position and items of value removed or stored out of plain view. Vehicle keys are to be kept in a secure location within a nearby City facility.

H. Take Home Vehicle – Personal Use of City Vehicle

Certain designated City employees will be permitted to use City vehicles for the purpose of commuting to and from their residence to their worksite. Such use may only be permitted with the expressed authorization of the City Manager or his designee. The City Manager may rescind such authorization at any time. Such authorization may be granted based on the following criteria:

PERSONNEL MANUAL

VEHICLES

1. The employee's duties are of an emergency nature and the need to minimize response time is matter of public health and safety.
2. The vehicle is used to transport emergency equipment.
3. The employee's residence is within fifteen (15) miles of the City Municipal Building.
4. The employee can accommodate vehicle at residence with off-street parking.
5. Each employee must complete a Vehicle Trip Report (see p. 3.4-10) documenting mileage driven for personal use. Each employee must reimburse the City on a monthly basis for such use. The amount of reimbursement shall be an amount equal to the number of miles driven multiplied by the current allowable IRS mileage rate. The employee shall submit the mileage documentation and reimbursement to the City Manager's Office on the first regular business day of the month following such use. Police officers are exempt from this provision.
6. Prior to commencing to operate a City vehicle for personal use, each employee must sign a Take Home Privilege Statement of Understanding (see p. 3.4-9).
7. The employee must travel over the most direct commuting route possible taking into account road and traffic conditions.

I. Personal Vehicles – Business Use of a Personal Vehicle

The City will occasionally require an employee to use their personal vehicle to conduct City business. Each employee who is required to use a personal vehicle must record such use on a Vehicle Trip Report (see p. 3.4-10) and submit it along with a check request for reimbursement. The City will reimburse the employee for each mile of such business use at the current allowable IRS rate. For other reimbursable business-related travel expenses, see Travel Expense Reimbursement (see p. 5.8-1 to 5.8-3). The employee must maintain the following minimum levels of personal automobile insurance coverage:

| | |
|-----------------|---------------------|
| Bodily Injury | \$100,000/\$300,000 |
| Property Damage | \$25,000 |

J. Collisions

Each employee who operates any City-owned vehicle or equipment is expected to exercise reasonable care and caution so as not to cause excessive deterioration or unnecessary damage.

1. Reporting

PERSONNEL MANUAL

VEHICLES

- a. Collisions – Each employee who is operating a vehicle that makes contact with another vehicle or object shall immediately report such contact to the police. This report must be made regardless of the severity of the contact or the extent of any property damage. The employee shall also notify the employee’s supervisor and department director. The Police Department shall forward copies of the police report to the Assistant Director of Finance and the City Manager’s Office.
- b. Damage – Each employee who is responsible for a City-owned vehicle shall notify his/her supervisor of any damage to the vehicle. The employee’s supervisor and department director shall investigate the damage and submit a full report to the Assistant Director of Finance.

2. Departmental Review

If there is any damage to a City vehicle or to other property as a direct result of the collision, the department director of the employee involved in the collision shall conduct a review of the collision and shall submit a written report of the findings of his review to the City Manager. Such report shall include all relevant information including the following:

- a. The estimated value of any property damaged as a result of the collision.
- b. A determination of whether or not the collision could have been avoided by the employee. Such determination shall be subject to the approval of the Assistant City Manager.
- c. Recommended measures to prevent a reoccurrence of similar collisions.

3. Disciplinary Action

- a. Each employee who was responsible for a City-owned vehicle while it was involved in a collision that the employee could have avoided shall be subject to disciplinary action.
- b. No disciplinary action is required if it is determined that the employee operator could not have avoided the collision.
- c. Any collision which is determined to be avoidable shall result in disciplinary action as follows:



PERSONNEL MANUAL

VEHICLES

| VALUE OF ALL PROPERTY DAMAGED | NUMBER OF AVOIDABLE COLLISIONS DURING PREVIOUS THREE YEARS | | | |
|-------------------------------------|---|---------------|--------------|---------------|
| | <u>FIRST</u> | <u>SECOND</u> | <u>THIRD</u> | <u>FOURTH</u> |
| Less than \$4,000 | Reprimand | 1-8 Hours | 1-3 Days | 3-5 Days |
| \$4,000 or More | 1-3 Days | 3-5 Days | 5-10 Days | Termination |
| More than \$10,000 | 3-5 Days | 5-10 Days | 10-20 Days | Termination |
| More than \$20,000 | 5-10 Days | 10-20 Days | Termination | --- |

- d. If the collision results in serious personal injury to another person or if the City employee is cited for violating a traffic law, the disciplinary action shall be doubled.
- e. Failure to notify the police of a collision involving a city vehicle, regardless of the severity of the collision, may result in disciplinary action up to and including termination from employment.



CITY OF NEWARK, DELAWARE

CITY VEHICLE USE STATEMENT OF UNDERSTANDING

I, _____, understand that I may be required to operate a
Print Name

City vehicle to perform assigned duties. I understand that this vehicle is to be used exclusively for City related business. I agree that I will not use this vehicle for personal reasons.

I understand that my inability to drive a motor vehicle as a result of loss of driving privilege may affect the status of my employment with the City.

I understand that under no circumstances will I use this vehicle if my ability to drive has been impaired in any way. This includes being under the influence of drugs (including prescription drugs), alcohol, illness, or any other condition that could impair my ability to drive safely.

I further agree that I will maintain my legal ability to operate a vehicle in the State of Delaware as well as my insurability.

I understand it is my responsibility to notify, within twenty-four (24) hours, my Department Director or the City Manager's Office of any change in my ability to drive, to remain insurable or of any suspension or revocation of my driving privileges.

I have received and read a copy of the City's policy on vehicles.

I understand that my failure to abide by this policy may be cause for disciplinary action.

Signature

Date



CITY OF NEWARK, DELAWARE

TAKE HOME PRIVILEGE STATEMENT OF UNDERSTANDING

I, _____, understand that I have been approved for the privilege
Print Name

of using vehicle number _____ to drive to and from work. I understand that this vehicle is to be driven only by me and to be used exclusively for City related business. I agree that I will not use this vehicle for personal reasons.

I understand that under no circumstances will I use this vehicle if my ability to drive has been impaired in any way. This includes being under the influence of drugs (including prescription drugs), alcohol, illness, or any other condition that could impair my ability to drive safely.

I further agree that I will maintain my legal ability to operate a vehicle in the State of Delaware as well as my insurability.

I understand it is my responsibility to notify, within twenty-four (24) hours, my Department Director or the City Manager's Office of any change in my ability to drive, to remain insurable or of any traffic citations that I receive.

Failure to abide by the above policies may cause for immediate termination of employment.

I agree to the above requirements and wish to have this privilege.

Signature _____ Date _____

This vehicle identified above is parked at the following address after work hours:

OR

I do not agree to the above requirements and do not wish to have this privilege.

Signature _____ Date _____

PERSONNEL MANUAL

SUBJECT: Drug and Alcohol Testing

A. Policy

The City is concerned about the widespread abuse of illegal drugs and alcohol within our society. City employees are expected to be free from the influence of drugs or alcohol while they are on duty. This policy is being established, in accordance with the Omnibus Transportation Employee Testing Act of 1991, to ensure a safe and efficient workplace that is free of drugs and alcohol. This policy is based on the independent authority of the City to establish personnel policies and procedures and to proscribe certain behavior which is harmful to the interests of the City and its employees.

B. Prohibited Activities

Employees are prohibited from engaging in the following activities:

1. The possession or consumption of alcoholic beverages while on duty without authorization.
2. The possession or consumption of any illegal, non-prescription drugs while on duty.
3. The operation of any City vehicle while under the influence of drugs.
4. The operation of any City vehicle by any employee with an alcohol concentration of 0.04 or greater.
5. Placing, carrying, or allowing the placement of any unauthorized alcoholic beverage in any City vehicle or equipment.
6. Reporting to work under the influence of drugs.
7. Reporting to work with a blood alcohol concentration of 0.04 or greater.
8. The operation of any City vehicle in violation of the Omnibus Transportation Employee Testing Act of 1991.
9. The refusal to submit to an alcohol or drug test as defined and required by the Omnibus Transportation Employee Testing Act of 1991.

PERSONNEL MANUAL

Drug and Alcohol Testing

C. Disciplinary Action

Each employee who engages in any of the activities prohibited by Section B of this policy shall be prohibited from operating City vehicles and be subject to the following disciplinary action:

1. Regularly scheduled work – Each employee who engages in the behaviors prohibited by Section B during regularly scheduled work hours including scheduled overtime assignments shall be terminated from employment.
2. Emergency overtime assignments – Each employee who engages in the behaviors prohibited by Section B during emergency overtime assignments shall be terminated from employment with the following exceptions:
 - a. Each employee with an alcohol concentration equal to or greater than 0.04 but less than 0.08 shall be immediately placed off-duty and forfeit all compensation for such overtime assignment. Each employee on standby status who violates this section shall be treated as a failure to respond to a call-out.
 - b. Each employee with an alcohol concentration of 0.08 or greater shall be terminated from employment.

D. Testing

1. Pre-Employment – Each individual who has been offered employment with the City as a Police Officer or in any position which requires a Commercial Driver's License (CDL) shall be tested for alcohol content and for the use of controlled substances. The offer of employment shall be withdrawn from any individual whose test reveals an alcohol content of 0.02 or greater or the presence of a controlled substance.
2. Random – Each employee who is assigned to a position which requires the possession of a CDL may be tested for alcohol content or for the use of controlled substances. Such tests shall be conducted on a random, unannounced basis in accordance with the Omnibus Transportation Employee Testing Act of 1991.

PERSONNEL MANUAL

Drug and Alcohol Testing

3. Reasonable Suspicion – Each employee who is assigned to a position which requires the employee to operate a City vehicle or to possess a CDL shall be tested for alcohol content or for the use of controlled substances if the employee's supervisor, department director or the Assistant to the City Manager reasonably suspects that the employee is under the influence of alcohol or controlled substances.
4. Post Accident – Each employee who operated a City vehicle while it was involved in a traffic accident which resulted in the loss of human life or the issuance of a traffic citation shall be tested for alcohol content or for the use of controlled substances.

E. Testing Procedures

All testing required by this policy will be conducted in accordance with the Omnibus Transportation Employee Testing Act of 1991. The testing will only be conducted by certified, qualified individuals who are either employed by a contractor hired by the City for this purpose or are sworn, law enforcement personnel.

F. Refusal To Submit To A Test

An employee who refuses to submit to a test shall be an employee who:

1. Fails to provide adequate breath for testing without a valid medical explanation after the employee has received notice of the requirement for breath testing.
2. Fails to provide adequate urine for controlled substances testing without a valid medical explanation after the employee has received notice of the requirement for urine testing.
3. Engages in conduct that clearly obstructs the testing process.

G. Referral

Each employee who may be in need of evaluation, counseling or rehabilitation may contact the employee's primary care physician for a referral.

H. Payment

1. The City shall pay the cost of testing for alcohol and controlled substances except as provided by this policy.

PERSONNEL MANUAL

Drug and Alcohol Testing

2. The employee shall pay the cost of any test requested by the employee to confirm the use of a controlled substance if the results of the confirmation test are positive. If the results of the confirmation test are negative, the City shall pay the cost of the confirmation test.
3. The City shall not pay the cost of evaluating, counseling or rehabilitation which may be required by the Omnibus Transportation Employee Testing Act of 1991.

I. Positive Test For Controlled Substances

1. Each employee whose random confirmation test indicates the use of controlled substances shall immediately be prohibited from operating City vehicles and shall be suspended from work without pay for a period of two (2) weeks.
2. Each employee who has been tested positive on a random basis for controlled substances shall undergo a return-to-duty test with a negative result prior to being allowed to operate City vehicles.
3. Each employee who has been tested positive on a random basis for controlled substances shall be subject to unannounced follow-up testing as directed by a substance abuse professional.
4. Each employee whose follow-up test reveals the presence of a controlled substance shall be terminated from employment.

J. Positive Test For Alcohol

Each employee whose random test indicates an alcohol concentration of greater than 0.02 but less than 0.04 shall be prohibited from operating City vehicles for a period of twenty-four (24) hours.

Such employee shall be disciplined as follows:

1. First occurrence - written reprimand
2. Second occurrence - eight (8) hour suspension
3. Third occurrence - forty (40) hour suspension
4. Fourth occurrence - termination from employment

K. Questions

Each employee may contact the Assistant to the City Manager for further information about this policy.

PERSONNEL MANUAL

SUBJECT: Safety Training

A. Policy

It is the City's policy to provide a safe and healthy work environment for its employees. The City will train its employees to perform their duties in a safe manner, provide employees with necessary safety equipment and promote a safe and healthy work environment. The Assistant to the City Manager shall be designated the City's Safety Coordinator.

B. Training

1. Each employee assigned to a position represented by the American Federation of State, County and Municipal Employees, Local 1670 shall be required to attend training sessions in the following areas:
 - a. Defensive driving techniques - once every three years.
 - b. Proper lifting techniques to avoid back injuries - once every three years.
 - c. CPR - once every other year.
 - d. Any other safety-related topic designated by the employee's department director - once every other year.
2. Police employees - Sworn police officers shall be required to undergo safety training on a regular basis in accordance with federal, state and local laws and general orders issued by the Chief of Police.
3. Other City employees - Other City employees shall be required to undergo safety training on an as needed basis as determined by the employee's department director and/or the Assistant to the City Manager.

C. Safety Meetings

Each Department Director in the Electric, Water and Wastewater, Public Works and Parks and Recreation Departments shall meet no less than once every three (3) months with field employees and their supervisors to promote safe work practices and discuss safety concerns. The Department Director shall report to the Assistant to the City Manager on the agenda for each meeting and a roster of those in attendance.

PERSONNEL MANUAL

Safety Training

D. Safety Committee

A committee consisting of employee representatives from the Electric, Water, Public Works and Parks Departments and the Assistant to the City Manager shall meet once every six months to review job-related injuries and vehicle accidents. The committee shall attempt to determine the cause of an injury or accident and may offer recommendations to avoid future reoccurrences.

E. Safety Equipment

Each employee shall be required to comply with those sections of the City's working agreements which mandate the use of safety equipment.

F. Reporting of a Hazardous Condition

Each employee is encouraged to report the existence of any hazardous working condition to the employee's immediate supervisor, department director, the Assistant to the City Manager or a member of the Safety Committee.

G. Safety Award

The city will offer a financial incentive to certain employees to encourage them to be aware of safe work practices and to behave safely at work.

1. Covered employees – Each employee assigned to a position represented by AFSCME, Local 1670 and FOP Lodge 4.
2. The City will select three (3) employees at random from among those employees in each of the aforementioned groups who have not sustained a job-related injury or been involved in an avoidable collision while operating a City vehicle during the previous calendar year. From each group of three (3) employees, the employee with the best attendance record shall receive a \$650 cash payroll bonus, the employee with the second best attendance record shall receive a \$350 cash payroll bonus, and the employee with the third best attendance record shall receive eight (8) hours of paid vacation leave. The “best attendance record” shall be determined by the length of time since the employee was last absent from work on sick leave or a job-related injury leave.

PERSONNEL MANUAL

SUBJECT: Harassment

A. Policy

Each employee of the City is entitled to a work environment which is free from discrimination and harassment, including sexual harassment. It is expected that all relationships among employees will be conducted on a professional level and free of bias, prejudice and harassment.

B. Prohibited Practices

1. Sexual harassment is prohibited by this policy. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when, for example:
 - a. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
 - b. Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual; and/or
 - c. Such conduct has the purpose or effect of interfering with an individual's work performance or creating an intimidating, hostile, abusive, or offensive working environment.

2. Sexual harassment may include a range of subtle and not so subtle behaviors and may involve individuals of the same or different gender. Depending upon the circumstance, these behaviors may include, but are not limited to:
 - a. Unwelcome sexual propositions;
 - b. Sexually graphic statements about an individual's body;
 - c. Remarks with a sexually demeaning implication;
 - d. Unwelcome touching, patting, or other physical contact of a sexual nature;
 - e. Unwelcome sexually explicit humor;
 - f. Displaying photographs, reproductions, or other potentially offensive images;
 - g. Suggesting or demanding sexual involvement which may include implied or explicit threats concerning one's job status or employment condition.

3. Harassment on the basis of any other protected characteristic is also strictly prohibited. Under this policy, harassment consists of verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, citizenship, or any other characteristic protected by law, and that:

PERSONNEL MANUAL

SUBJECT: Harassment

- a. Has the purpose or effect of creating an intimidating, hostile, abusive, or offensive work environment;
 - b. Has the purpose or effect of interfering with an individual's work performance; and/or
 - c. Otherwise adversely affects an individual's employment opportunities.
4. Harassing conduct includes, but is not limited to: epithets, slurs, or negative stereotyping; threatening, intimidating, or hostile acts; denigrating jokes; the open display of pictures or any objects of a sexually suggestive nature; written or graphic material that denigrates or shows hostility or aversion toward an individual or group and that is placed on walls, elsewhere on the employer's premises, or is circulated in the workplace.

C. Complaint Procedure

1. Each employee who believes he/she is/has observed or been the subject of harassment is required to immediately file a written report of the harassment to the employee's supervisor or department director with a copy of the report to the City Manager's Office.
2. If the complaint involves any of the individuals listed above, the complaint shall then be filed with the next higher level of supervision;
3. The City Manager or a designated representative shall investigate all alleged violations of this policy;
4. The investigation of all complaints will be handled in a timely and confidential manner. Information concerning the complaint will not be released by the City to any third party or to any City employee who is not involved with the investigation of the complaint. Each employee is prohibited from discussing the complaint outside of the investigation process. The purpose of this provision is to protect the confidentiality of the complainant, to encourage the reporting of any incidents of harassment, and to protect the reputation of any employee wrongfully charged with harassment.
5. The investigation of the complaint will normally include conferring with the parties involved and any named or apparent witnesses. Each employee shall be guaranteed the right to a fair and impartial hearing. Each employee shall be protected from coercion, intimidation, retaliation, interference or discrimination for filing a complaint or providing information during the investigation.



PERSONNEL MANUAL

SUBJECT: Emergency Leave

A. Policy

Each regular, full-time employee may be allowed time off work with pay to attend to emergency situations. Such time off work shall be known as Emergency Leave and its use shall be subject to the provisions of the appropriate collective bargaining agreement or the City Code, and to the requirements of this policy.

B. Notification

Each employee who will be absent from work on Emergency Leave must notify the employee's supervisor as soon as it is reasonably possible. The employee shall state the reason and expected duration of such absence.

Amended 8/26/03

PERSONNEL MANUAL

SUBJECT: Extreme Weather Conditions

A. Policy

It is the City's responsibility to provide certain emergency public services during periods of extreme weather conditions. Certain City employees may be required to work during these periods while other employees may be allowed to remain at home or to leave work. This policy will establish notification procedures and compensation of employees during such periods.

B. Notification of Employees

1. During normal work hours - Each employee required to continue regularly scheduled work or to remain at work after the end of the regular shift will be notified by the employee's supervisor. Employees not required to remain at work will be notified by their supervisor and allowed to leave their work site. No supervisor or department director shall issue such notification without the authorization of the City Manager.
2. After normal work hours - Each employee required to report for an overtime assignment will be contacted by the employee's supervisor. Other employees will be expected to report for regularly scheduled work unless specifically notified by telephone, text message or email.

C. Compensation

City employees who are required to work during an extreme weather emergency incident shall be compensated as stated below. The City Manager shall have the exclusive authority to set the beginning and end of the extreme weather emergency incident for purposes of compensation.

1. After normal work hours - Each employee who is required to perform overtime work during an extreme weather emergency incident shall be compensated in accordance with the provisions of the appropriate collective bargaining agreement, personnel policy or City ordinance.
2. During normal work hours - Each Management, CWA or FOP employee who performs regularly scheduled work during an extreme weather emergency incident shall receive his/her regular pay for such work and shall also earn one (1) hour of accrued paid leave for each hour of work performed during such incident. Such leave shall be known as Emergency Weather Leave. Employees must use or forfeit such leave within six (6) months after accrual. AFSCME employees shall be compensated as provided by their working agreement. Each employee who is unable to report for work, who has been notified not to report for work, or who has been allowed to leave work shall receive their regular pay during such incident and shall not be required to use any accrued leave. Each employee absent on any leave prior to and during the emergency shall be considered to have used such leave.

PERSONNEL MANUAL

SUBJECT: Funeral Leave

A. Policy

Each full-time, regular employee who experiences the death of a member of the employee's immediate family shall be allowed time off work with pay.

B. Immediate Family

1. Management, Employees Council and AFSCME - The spouse, children, parent, parent-in-law, legal guardian, grandparent, brother or sister.
2. Fraternal Order of Police - The spouse, children, parent, parent-in-law, grandparent, brother or sister.

C. Duration

1. Management, Employees Council and AFSCME - Each employee may use up to a maximum of four (4) workdays of Funeral Leave for the death of the employee's spouse, child, parent, parent-in-law or legal guardian and up to three (3) workdays of Funeral Leave for the death of the employee's grandparent, brother or sister.
2. Fraternal Order of Police - Each employee may use up to a maximum of thirty-two (32) hours of Funeral Leave for the death of the employee's spouse, child, parent, or parent-in-law and up to twenty-four (24) hours of Funeral Leave for the death of the employee's grandparent, brother or sister.

D. Notice

Each employee who will be absent from work on Funeral Leave must notify the employee's supervisor as soon as is reasonably possible. The employee may be required to provide the supervisor with proof of death and relationship.

PERSONNEL MANUAL

SUBJECT: Holidays

A. Policy

In recognition of certain people and events, the City has designated certain days on which employees will be either granted a paid leave of absence or will receive additional compensation for work performed. The days to be observed as holidays for each employee group are established by ordinance or collective bargaining agreement.

B. Compensation

1. Management

- a. Each employee who is required to work on a designated holiday will receive either two (2) times the employee's Hourly Base and Longevity Pay for each hour of work performed; or one (1) hour of Base and Longevity Pay plus one (1) hour of Compensatory Time for each hour of work performed. There shall be no other compensation or time off provided in relation to the holiday for any employee who is required to work.
- b. Each employee who is not required to work on a designated holiday will either receive the employee's Base Salary and Longevity pay for the day; or will be allowed to take an additional day off work with pay at the discretion of the employee's department director. There shall be no other compensation or time off provided in relation to the holiday for any employee who is not required to work.

2. FOP, AFSCME Local 1670 and Employees Council - Each employee shall be compensated in accordance with the provisions of the employee's collective bargaining agreement.

3. Temporary - An employee of this group may be given time off. However, the employee shall not receive any compensation for the holiday. Each employee required to work on a designated holiday shall receive the employee's regular Hourly Base pay for each hour of work performed.

PERSONNEL MANUAL

SUBJECT: Hours of Work

A. Policy

The work schedule of each City employee shall be established by the employee's department director subject to the procedures contained in this policy and as approved by the City Manager.

B. Normal Work Day

1. Management -

a. Non-Supervisory - The Normal Work Day for each employee shall consist of seven and one-half (7 1/2) hours of work. Each employee's starting and quitting times shall be established by the employee's department director subject to the approval of the City Manager. Each employee shall be allowed a meal break during the Normal Work Day. Such meal break shall not exceed one (1) hour in length and shall not be considered time worked.

b. Supervisory - The Normal Work Day for each employee shall consist of eight (8) hours of work and shall coincide with the Normal Work Day of the employees supervised. Each employee's starting and quitting times shall be established by the employee's department director subject to the approval of the City Manager. Each employee shall be allowed a meal break during the Normal Work Day. Such meal break shall not exceed one (1) hour in length and shall not be considered time worked.

2. CWA - The Normal Work Day for each employee shall consist of seven and one-half (7 1/2) hours of work. Each employee's starting and quitting times shall be established by the employee's department director subject to the approval of the City Manager. Each employee shall be allowed a meal break during the Normal Work Day. Such meal break shall not exceed one (1) hour in length and shall not be considered time worked.

3. AFSCME Local 1670 - The Normal Work Day for each employee shall consist of eight (8) hours of work. Each employee's starting and quitting times shall be established by the employee's department director subject to the approval of the City Manager. Each employee shall be allowed a meal break and rest period during the Normal Work Day. Such meal break and rest period shall not exceed one-half (1/2) hour and fifteen (15) minutes respectively in length. Both of these work breaks shall be considered time worked.

PERSONNEL MANUAL

Hours of Work

4. FOP Lodge No. 4 – The Normal Work Day for each employee shall consist of either eight (8) or ten (10) hours of work as designated by the Chief of Police. Each employee's starting and quitting times shall be established by the Chief of Police subject to the approval of the City Manager. Each employee may be allowed a meal break during the Normal Work Day if it does not interfere with the delivery of services. Such meal break shall not exceed one-half (1/2) hour in length. The meal break shall be considered time worked.
5. Temporary, Full-time – The Normal Work Day for each employee shall consist of eight (8) hours of work. Each employee's starting and quitting time shall be established by the employee's department director subject to the approval of the City Manager. Each employee shall be allowed a meal break and rest period during the Normal Work Day. Such meal break and rest period shall not exceed one-half (1/2) hour and fifteen (15) minutes respectively in length. Both of these work breaks shall be considered time worked.
6. Part-time – There shall be no Normal Work Day for this group of employees. Each employee's starting time, quitting time and number of hours worked shall be established by the employee's department director. Each employee who is required to work more than four (4) consecutive hours shall be allowed a work break of at least one-half (1/2) hour which shall not be considered time worked.
7. The number of hours which constitute a Normal Work Day may be changed by the City Manager.

C. Normal Work Week

1. Management, CWA, AFSCME Local 1670 and Temporary, full-time employees. The Normal Work Week shall consist of five (5) Normal Work Days.
2. FOP Lodge No. 4 – The Normal Work Week may vary in number of days and hours worked. However, the average number of hours worked during a Normal Work Week will be forty (40) hours.
3. The number of Normal Work Days which constitute a Normal Work Week may be changed by the City Manager.

PERSONNEL MANUAL

Hours of Work

D. Meal Breaks

1. Management and CWA – Each employee is allowed a one (1) hour meal break to be used near the middle of the workday. Each employee is expected to use this break as their own personal time and will not be allowed to work during it except under the following conditions:
 - a. If the employee is required by his/her immediate supervisor to work during the break, the employee will be allowed to accrue one (1) hour of compensatory time or receive one (1) hour of overtime pay. Such compensatory time may be used at the end of the same workday.
 - b. If the employee desires to temporarily change the time of his/her break, the employee must request permission from his/her supervisor to do so. No employee may work during his/her meal break without the expressed permission of the employee's supervisor. No employee may work during his/her meal break for the purpose of accruing compensatory time unless specifically requested to do so by the employee's supervisor.
2. AFSCME Local 1670 – Each employee is allowed a one-half (1/2) hour meal break at a time to be designated by the employee's supervisor. The meal break shall be strictly limited to one-half (1/2) hour with no additional time for travel, and employees shall not use City vehicles to travel to any other place for their lunch unless specifically authorized by their supervisor to do so.

PERSONNEL MANUAL

SUBJECT: Sick Leave

A. Accrual

Each full-time, regular employee shall accrue sick leave as provided by the appropriate collective bargaining agreement or City ordinance. Part-time and temporary employees shall not accrue sick leave.

B. Usage

Each full-time, regular employee who is unable to report to work due to a personal illness or injury of the employee may be allowed to use accrued sick leave during such absence. Each employee who has exhausted all accrued sick leave shall not be paid for any absence due to a personal illness or injury. Each part-time or temporary employee who is unable to report for work due to a personal illness or injury may be allowed time off work without pay during such absence. The use of sick leave during absences caused by illness or injury of members of the employee's family is prohibited.

1. Notice - Each employee who will be absent from work due to a personal illness or injury must report such absence to the employee's supervisor not later than one-half (1/2) hour after the employee's scheduled starting time. Each employee who fails to provide the City with the required notice shall be considered to be absent from work without approval, shall receive no compensation while absent, and may be subject to termination from employment for such unapproved absence.
2. Medical Verification - Each employee who is absent from work on sick leave may be required to provide the City with a Physician's Medical Verification form documenting that the absence is the result of a personal illness or injury. (See page 4.6-6). This statement shall indicate the nature of the employee's illness, the expected date the employee may return to work, and any restrictions on the employee's ability to work.

A copy of this form shall be placed in the employee's personnel file. Each employee who is absent three (3) or more work days shall provide the City with a physician's statement. Such verification must be obtained during the employee's absence. Verifications obtained by the employee subsequent to the employee's absence are unacceptable.

PERSONNEL MANUAL

Sick Leave

- a. First Offense – Each employee who is absent from work for three (3) or more days and who fails to submit the required Physician’s Medical Verification form shall receive no compensation for the absence and shall also receive a written reprimand to be placed in the employee’s personnel file.
 - b. Second Offense – Each employee who is absent from work for three (3) or more days on two (2) separate occasions and who fails to submit the required Physician’s Medical Verification form shall receive no compensation for the absence and shall also be suspended without pay for three (3) workdays.
 - c. Third Offense – Each employee who is absent from work for three (3) or more days on three (3) separate occasions and who fails to submit the required Physician’s Medical Verification form shall receive no compensation for the absence and shall also be terminated from employment.
3. False Information – Each employee who knowingly falsifies information provided to the City regarding any personal illness, injury or absence related thereto shall receive no compensation while absent, and may be subject to termination from employment for such falsification of information.

C. Excessive Sick Leave Use

1. Excessive sick leave use shall be defined as the use of sick leave at a rate which exceeds the average usage rate of a City employee during the previous calendar year.
2. Annual Report – During the first quarter of each year, the City Manager’s Office shall prepare and distribute a report to each department director identifying those employees whose sick leave use has exceeded the City-wide average during the previous calendar year.
3. Counseling – Each department director shall meet with each employee whose sick leave use exceeds the average usage rate of a City employee to determine if there is reason to believe that the employee may be abusing the sick leave benefit.
 - a. If the department director determines that the employee’s use of sick leave has been proper and justified, there shall be no further action taken with the employee at that time.

PERSONNEL MANUAL

Sick Leave

- b. If the department director determines that there is sufficient reason to believe that the employee may be abusing the sick leave benefit, the department director shall initiate corrective measures to reduce the employee's sick leave usage rate.
4. Corrective Measures –
- a. Explain and clarify policies and standards concerning the use of sick leave.
 - b. Provide the employee with written notification that the employee will be required to submit a Physician's Medical Verification form for each and every Sick Leave absence during the next six (6) months. See page 4.6-6.
 - c. The employee's supervisor shall closely monitor the employee's attendance record and may telephone the employee during future absences.
 - d. The employee's supervisor shall note on the employee's performance evaluation that the employee's attendance has been unsatisfactory, the acceptable standards for attendance and a schedule for improvement.
 - e. The department director shall explain disciplinary measures for failure to comply with this policy.
5. Disciplinary Measures –
- a. First Offense – Each employee who is absent from work and who fails to submit the required Physician's Medical Verification form shall receive no compensation for the absence and shall also receive a written reprimand to be placed in the employee's personnel file.
 - b. Second Offense – Each employee who is absent from work on two (2) separate occasions and who fails to submit the required Physician's Medical Verification form shall receive no compensation for the absence and shall also be suspended without pay for three (3) workdays.
 - c. Third Offense – Each employee who is absent from work on three (3) separate occasions and who fails to submit the required Physician's Medical Verification form shall receive no compensation for the absence and shall also be terminated from employment.

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Sick Leave

- d. Such disciplinary measures shall be executed in accordance with the City's discipline policy.
6. If the department director determines that the employee's excessive sick leave use is caused by a legitimate medical or psychological problem, the employee may be advised to seek professional help. The City Manager's Office can provide assistance in obtaining professional help.

D. Absence due to Pregnancy

1. Any pregnant female employee may be allowed time off work while temporarily, physically incapacitated from performing her duties. Such absence shall commence when the employee is declared by her physician to be physically incapacitated. The employee shall be allowed to remain absent from work until six weeks after the birth unless her physician verifies that she is still incapacitated. If her leave of absence is extended, she shall be reexamined by a physician on a regular basis until she is declared to be able to return to work.
2. Each regular, full-time employee on an approved leave of absence due to pregnancy may be allowed to use sick leave during such absence. Each part-time or temporary employee on an approved leave of absence due to pregnancy shall receive no pay for such absence.

E. Sick Leave Penalty Waiver

Each employee who wishes to request a waiver of the sick leave penalty must submit their request in writing to the City Manager's Office by December 31.



PERSONNEL MANUAL

SAMPLE MEMORANDUM TO EMPLOYEE REGARDING EXCESSIVE ABSENTEEISM

CITY OF NEWARK
Delaware

Date

TO: Employee
FROM: Department Director/Supervisor
SUBJ: Excessive Absenteeism

At our meeting on (date) we discussed your excessive use of sick leave and requirement to improve your attendance record in the next six months.

As a result of this counseling session, you will now be required to submit a copy of the attached "Physician's Medical Verification Form" for each future sick leave absence for a period of six months.

Failure to submit the proper medical verification form upon return to work shall result in the loss of pay for time off and written warning. Continued non-compliance shall result in a suspension for the second infraction and termination for the third infraction.

If you have any questions regarding this requirement, please let me know.

(Employee Acknowledgement)

cc: Personnel File



PERSONNEL MANUAL

CITY OF NEWARK, DELAWARE

PHYSICIAN'S MEDICAL VERIFICATION FORM

TO BE COMPLETED BY CITY DEPARTMENT

Name of Employee: _____

Position: _____

Department: _____

Physical Requirements of Position: _____

PHYSICIAN'S STATEMENT

1. Date of Illness/Injury: _____

2. Date(s) of Treatment: _____

3. Diagnosis/Nature of Illness/Injury: _____

4. Period of Incapacitation: _____

5. Treatment: _____

6. Projected Date of Return to Work: _____

_____ Full Duties _____ * Light Duties

7. *Duration and Physical Limitations while on Light Duty: _____



PERSONNEL MANUAL

8. Medical Prognosis (Long-Term or Chronic Medical Condition): _____

9. Degree of Permanency of any Presenting Disability: _____

10. Attending Physician's Name: _____

Address: _____

Phone No.: _____

Signature: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO:

**City of Newark
P.O. Box 390
Newark, DE 19715-0390**

Attn: _____

PERSONNEL MANUAL

SUBJECT: Unpaid Leave of Absence

A. Policy

Under normal circumstances, each City employee is expected to report for all work assignments. However, the City recognizes that certain situations may arise which prevent an employee from reporting for work. Unpaid Leaves of Absence may be granted for reasons other than physical or mental incapacitation but only after the employee exhausts all other paid leaves of absence.

B. Demonstration of Need

Each employee who requests an Unpaid Leave of Absence must demonstrate an extreme need for time off work before the leave is granted.

C. Approval

Each request for an Unpaid Leave of Absence must be submitted to the City Manager for approval. Each employee who fails to report for work as scheduled without the approval of the City Manager and who has not received approval for a paid leave of absence shall not receive pay for such absence and may be subject to disciplinary action up to and including termination from employment.

PERSONNEL MANUAL

SUBJECT: Vacation

A. Policy

The City recognizes that occasional time off work produces benefits for both the City and each of its employees. Therefore, the right of employees to have time off work has been established by either collective bargaining agreement or ordinance. However, to insure that the City is able to meet its obligation to the citizens and taxpayers of this City to provide public services, it is necessary for the City to establish procedures to regulate the use of approved absences by its employees.

B. Accrual

Each regular employee shall accrue paid vacation time as provided by the appropriate collective bargaining agreement or City ordinance.

C. Usage

1. Regular employees - Each employee may be allowed to use paid vacation time accrued subject to the conditions listed herein. No employee may be allowed to use paid vacation time if such use results in an interruption of City services or an increase in City expenditures.
2. Each Temporary employee may be excused from scheduled work without pay to attend to personal business. Such time off must be requested and approved in advance by the employee's supervisor.

D. Notice

Each employee must submit a request for the use of paid vacation time or to take time off work without pay. Such request must be submitted to the employee's supervisor at least twenty-four (24) hours prior to the requested time off. The supervisor may require the request to be in writing.

E. Scheduling

The employee's department director may approve or deny requests for the use of vacation time based on departmental staffing needs.

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Vacation

F. Draw (full-time, regular employees only)

A department director may require any or all employees of the department to draw for vacation time from among available time periods. Each department director who requires departmental employees to draw vacation times shall notify all concerned employees that they are required to draw, who they are drawing against, the order of the draw, and when the draw will occur.

G. Unapproved Use

No employee may use paid vacation time or take time off work without the approval of the employee's supervisor.

H. Use of Vacation Immediately Prior to Termination

1. Each employee who is eligible for the immediate receipt of retirement benefits shall be allowed to use accrued vacation time after the employee's last actual work day.
2. Each employee who is not eligible for the immediate receipt of retirement pension benefits shall not be allowed to use accrued vacation time after the employee's last actual work day.

I. Compensation for Accrued, Unused Vacation

1. Management and CWA – Each employee who terminates employment with the City shall receive compensation for all accrued, unused vacation time except as restricted below. Each employee who resigns voluntarily must notify the City in writing two (2) weeks prior to the date of termination. Each employee who resigns voluntarily and fails to provide the City with a two (2) week notice shall receive no compensation for accrued, unused vacation.
2. AFSCME Local 1670 – Each employee who terminates employment with the City shall receive compensation for accrued, unused vacation time as follows:
 - a. Voluntary resignation – Each employee who resigns voluntarily and provides the City with written notification at least two (2) weeks prior to the date of termination shall receive compensation for unused vacation time accrued through the previous calendar year. Each employee who resigns voluntarily and fails to provide the City with a two (2) week notice shall receive no compensation for accrued, unused vacation.

PERSONNEL MANUAL

Vacation

- b. Involuntary termination – Each employee who terminates employment involuntarily shall receive compensation for all accrued, unused vacation.
 3. F.O.P. – Each employee who terminates employment with the City shall receive compensation for accrued, unused vacation time as follows:
 - a. Voluntary resignation – Each employee who resigns voluntarily and provides the City with written notification at least two (2) weeks prior to the date of termination shall receive compensation for all unused vacation time. Each employee who resigns voluntarily and fails to provide the City with a two (2) week notice shall receive no compensation for accrued, unused vacation.
 - b. Involuntary termination – Each employee who terminates employment involuntarily shall receive compensation for all accrued, unused vacation.

PERSONNEL MANUAL

SUBJECT: Compensatory Time

A. Policy

The City recognizes that is often mutually beneficial to compensate employees for work performed in excess of their regular schedule by allowing them to take additional time off, known as Compensatory Time, in lieu of receiving Overtime Pay. To insure that the City is able to meet its obligation to the citizens and taxpayers of this City to provide public services, it is necessary for the City to establish procedures to regulate the accrual and use of Compensatory Time.

B. Accrual

1. Management and CWA - Each employee shall be allowed to accrue Compensatory Time as provided by the appropriate collective bargaining agreement or City ordinance. Such accrual shall be limited to a maximum of 150 hours after the adoption of this policy. Each employee whose Compensatory Time balance reaches 150 hours shall cease to accrue additional Compensatory Time and shall receive Overtime Pay for any work performed in excess of the employee's regularly scheduled work day or work week.

Each employee whose Compensatory Time balance, as of the adoption of this policy, exceeds 150 hours shall be required to use Compensatory Time to reduce the balance to below 150 hours prior to being allowed to accrue further Compensatory Time.

2. AFSCME - Each employee shall be allowed to accrue Compensatory Time as provided by the current working agreement.
3. FOP - Each employee shall be allowed to accrue Compensatory Time as provided by the current working agreement.
4. Part-Time and Temporary Employees shall not be allowed to accrue Compensatory Time.

C. Usage

Each employee may be allowed to use any Compensatory Time previously accrued. No employee may be allowed to use accrued Compensatory Time if such use results in an interruption of City services or an increase of City expenditures.

PERSONNEL MANUAL

Compensatory Time

D. Notice

Each employee must request the approval of the employee's supervisor prior to being allowed to use Compensatory Time. Such request must be submitted to the employee's supervisor at least twenty-four (24) hours prior to the requested time off. The supervisor may require the request to be in writing.

E. Scheduling

The employee's department director or his designee may approve or deny requests for the use of Compensatory Time based on departmental operational needs.

F. Unapproved Use

No employee may use Compensatory Time without the prior approval of the employee's supervisor.

G. Use of Compensatory Time Immediately Prior to Termination

1. Each employee who is eligible for the immediate receipt of retirement pension benefits shall be allowed to use accrued compensatory time after the employee's last actual work day.
2. Each employee who is not eligible for the immediate receipt of retirement pension benefits shall not be allowed to use accrued compensatory time after the employee's last actual work day.

H. Compensation for Unused Compensatory Time

Each employee who terminates employment with an unused Compensatory Time balance shall receive a lump sum payment equal to the employee's regular, hourly wage multiplied by the number of hours of unused Compensatory Time as of the effective date of separation.

PERSONNEL MANUAL

SUBJECT: Family and Medical Leave

A. Policy

In accordance with the Family and Medical Leave Act, eligible employees will be allowed to be absent from work for up to a maximum of twelve (12) weeks during any twelve (12) month period for any one or more of the following reasons:

1. The birth of a child and in order to care for such child or the placement of a child with the employee for adoption or foster care. Leave for this reason may only be taken within the twelve (12) month period following the child's birth or placement with the employee; or
2. To care for an immediate family member of the employee if such immediate family member has a serious health condition; or
3. The employee has a serious health condition that prevents the employee from performing the functions of his/her position.

B. Definitions

1. "Immediate family members" – The employee's spouse, child or parent.
2. "12 month period" – A rolling 12 month period measured backward from the date leave is used and continuous with each additional leave day used.
3. "Spouse" – The employee's legally married domestic partner. If both the spouse and the employee are City employees, then their total leave for reasons A.1 and A.2 may not exceed an aggregate of 12 weeks during the 12 month period.
4. "Child" –
 - a. Any biological, adopted, foster or step- child under 18 years of age; or
 - b. Any biological, adopted, foster or step- child who is incapable of self-care because of a mental or physical disability.
5. "Serious health condition" – An illness, injury, impairment, or physical or mental condition that involves:
 - a. Inpatient care; or
 - b. Any period of incapacity requiring absence from work for more than three (3) calendar days and that involves continuing treatment by a health care provider; or

PERSONNEL MANUAL

Family and Medical Leave

- c. Continuing treatment by a health care provider for a chronic or long-term health condition that is incurable or which, if left untreated, would likely result in a period of incapacity of more than three (3) calendar days; or
 - d. Prenatal care by a health care provider.
6. “Continuing treatment” –
- a. Two or more visits to a health care provider; or
 - b. Two or more treatments by a health care practitioner on referral from, or under the direction of, a health care provider; or
 - c. A single visit to a health care provider that results in a regimen of continuing treatment; or
 - d. In the case of a serious, long-term or chronic condition or disability that cannot be cured, being under the continuing supervision of, but not necessarily being actively treated by, a health care provider.
7. “Parent” – The biological parent of an employee or an individual who stood in loco parentis to an employee when the employee was a child.

C. Eligibility

To be eligible for Family and Medical Leave, an employee must:

- 1. Have been employed by the City for twelve (12) months; and
- 2. Have worked at least 1,250 hours during the previous twelve (12) month period immediately preceding the start of the leave.

D. Substitution of Vacation, Compensatory Time or Sick Leave

An employee who is absent from work for more than five (5) work days during any twelve (12) month period will be required to use accrued, paid leaves as follows:

- 1. For leaves due to a reason specified in A.1. or A.2. above, the employee will be required to use accrued vacation and and/or compensatory time.
- 2. For leaves due to a reason specified in A.3. above, the employee will be required to use accrued vacation, compensatory time and/or sick leave.

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Family and Medical Leave

E. Notification

1. An employee must provide the City with a minimum of thirty (30) calendar days notice of the intent to use leave for a foreseeable reason. A Request for Family and Medical Leave form must be completed and submitted to the employee's supervisor (4.11-5). If the reason for leave is unforeseeable, the employee should provide the City as much notice as possible.
2. Failure to provide the required advance notice for a foreseeable leave may result in a delay of the commencement of leave until thirty (30) calendar days after notice is received.
3. The City may designate as Family and Medical Leave the use of any paid leave of absence for any of the reasons in Section A above. The employee shall be provided written notice of such designation on U.S. Department of Labor form WH-381 "Employer Response to Employee Request for Family or Medical Leave" (4.11-5 to 4.11-6).

F. Medical Certification

1. For leaves taken because of A.2 or A.3 above, the employee must submit a completed U.S. Department of Labor form "Certification of Health Care Provider" to the City Manager's Office within fifteen (15) days after requested, or as soon as is reasonably possible (4.11-7 to 4.11-10).
2. The City may require a second medical opinion, periodic status reports, or a fitness-for-duty report to return to work.
3. All documentation related to the employee's or immediate family member's medical condition will be held in strict confidence.

G. Fringe Benefits

1. An employee who is absent on an unpaid Family and Medical Leave shall continue to receive group health insurance coverage through the City provided the employee continues to pay the City the required employee contribution for such coverage.
2. If the employee's required health insurance contribution is not paid within thirty (30) calendar days after it is due, the City may terminate such coverage.

PERSONNEL MANUAL

Family and Medical Leave

3. An employee who chooses or is unable to return to work after exhausting all Family and Medical Leave rights shall be required to reimburse the City for the premium cost of any health, dental, life, dependent life, and long-term disability insurance coverage provided by the City to the employee while the employee was absent on unpaid Family and Medical Leave.
4. An employee who is absent on an unpaid Family and Medical Leave shall continue to pay the City the employee's pension contribution.
5. If the employee's required pension contribution is not paid, the employee will not accrue credited service toward a retirement pension benefit while on leave.
6. Any employee who is on an unpaid Family and Medical Leave for more than fifteen (15) calendar days during any month shall not accrue sick leave or vacation for that month.

H. Job Protection

1. If the employee returns to work after using Family and Medical Leave, the employee will be reinstated to the employee's former position.
2. The employee has no right to return to the employee's position if the position is eliminated or if the employee is terminated for reasons unrelated to the use of Family and Medical Leave.
3. If the employee fails to return to work after exhausting all Family and Medical Leave rights, the employee may be terminated from employment.



Family and Medical Leave Act of 1993

Employer's Response to Employee Request for Family or Medical Leave

Date: _____

To: _____
(Employee's Name)

From: _____
(Name of Appropriate Employer Representative)

Subject: REQUEST FOR FAMILY/MEDICAL LEAVE

On _____, you notified us of your need to take family/medical leave due to:
(Date)

- The birth of a child, or the placement of a child with you for adoption or foster care; or
- A serious health condition that makes you unable to perform the essential functions for your job; or
- A serious health condition affecting your spouse, child, parent, for which you are needed to provide care.

You notified us that you need this leave to begin on _____ and that you expect
(Date)
leave to continue until on or about _____.
(Date)

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that: (Check appropriate boxes; explain where indicated)

1. You are eligible not eligible for leave under the FMLA.
2. The requested leave will will not be counted against your annual FMLA leave entitlement.
3. You will will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by _____ (insert date) (must be at least 15 days after you are notified of this requirement), or we may delay the commencement of your leave until the certification is submitted.

4. You may elect to substitute accrued paid leave for unpaid FMLA leave. We will will not require that you substitute accrued paid leave for unpaid FMLA leave. If paid leave will be used, the following conditions will apply: *(Explain)*
5. (a) If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with you, and it is agreed that you will make premium payments as follows: *(Set forth dates, e.g. the 10th of each month, or pay periods, etc. that specifically cover the agreement with the employee)*
- (b) You have a minimum 30-day *(or indicate longer period, if applicable)* grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, *provided* we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work. We will will not pay your share of health insurance premiums while you are on leave.
- (c) We will will not do the same with other benefits *(e.g. life insurance, disability insurance, pension, etc.)* while your are on FMLA leave. If we do pay your premiums for other benefits, when you return from leave, you will will not be expected to reimburse us for the payments made on your behalf.
6. You will will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.
7. (a) You are are not a “key employee” as described in § 825.217 of the FMLA regulations. If you are a “key employee,” restoration to employment may be denied following FMLA leave on grounds that such restoration will cause substantial and grievous economic injury to us as discussed in § 825.219 of the FMLA regulations.
- (b) We have determined that restoring you to employment at the conclusion of FMLA leave will will not cause substantial and grievous economic injury to us. *(Explain (a) and/or (b) below. See § 825.219 of the FMLA regulations.)*
8. While on leave, you will will not be required to furnish us with periodic reports every _____ *(indicate interval of periodic reports, such as appropriate for the particular leave situation)* of your status and intent to return to work (see § 825.309 of the FMLA regulations.) If the circumstances of your leave change and you are not able to return to work earlier than the date indicated on the reverse side of this form, you will will not be required to notify us at least two work days prior to the date you intend to report to work.
9. You will will not be required to furnish recertification relating to a serious health condition. *(Explain below, if necessary, including the interval between certifications as prescribed in § 825.308 of the FMLA regulations.)*

PERSONNEL MANUAL

SUBJECT: MILITARY LEAVE

A. Policy

Serving in a branch of the United States military is one of the highest forms of service to one's country. The City supports its employees who volunteer for military service. As an expression of that support and to lessen the burden that military service places upon City employees who choose to serve, it is the policy of the City of Newark to temporarily compensate any current, regular, full-time employee who is involuntarily ordered to active military service.

B. Amount of Compensation

The City shall pay any current, regular, full-time employee who is involuntarily ordered to active military service the difference between the employee's regular base and longevity pay and the employee's total military compensation.

C. Term of Temporary Compensation

The City shall continue to compensate an employee in accordance with this policy for up to a maximum of one year after the employee begins military leave.

D. Other Benefits

All City sponsored group insurance coverage for the employee shall cease while the employee is absent on military leave. This does not prohibit the employee from exercising any right to continued group insurance coverage as provided by the Uniform Services Employment and Re-Employment Rights Act of 1994 (USERRA). The employee shall not accrue sick or vacation leave while absent on military leave.

PERSONNEL MANUAL

SUBJECT: Light Duty Assignments

A. Policy:

The Assistant to the City Manager is authorized to temporarily permit a disabled employee to be placed on a light duty assignment provided such assignment is available, practical and serves the needs of the City. This policy is not intended to address those situations wherein an employee has been deemed permanently disabled from performing the employee's regularly assigned duties.

B. Definitions:

1. Disabled or Disability - Any verifiable physical or mental condition which prevents the employee from performing the employee's regularly required duties.
2. Disability Leave – Any absence from work due to a disability which prevents the employee from performing the employee's regularly required duties.
3. Light Duty – Temporary alternatives to the employee's regularly required duties.

C. Employee Request:

1. Any disabled employee may request to be assigned to Light Duty. Such request must be in writing, explain the circumstances of the disability, and be submitted to the Assistant to the City Manager through the employee's department director.
2. Each request for Light Duty must be accompanied by a Physician Verification Form completed and signed by the employee's physician. This form shall include the following :
 - a. A statement that the employee is temporarily prohibited from performing the employee's regularly assigned duties due to a disability.
 - b. An estimated date when the employee will be able to resume the performance of the employee's regularly required duties or the date of the employee's next medical evaluation.
 - c. A list of restrictions or limits on the performance of physical tasks by the employee.

PERSONNEL MANUAL

Light Duty Assignments

D. Department Director Request:

A department director may request that a disabled employee be placed on Light Duty by submitting a written request to the Assistant to the City Manager. Such request must be accompanied by a Physician Verification Form as in C2 of this policy.

E. Duration of Assignment:

A Light Duty assignment may be available to a disabled employee for a maximum of sixty (60) calendar days during any twelve (12) month period. Extension of this time limit may only be granted for extenuating circumstances by the Assistant to the City Manager. If no Light Duty assignment is available, the disabled employee shall be placed on leave.

F. Light Duties Assigned:

Tasks assigned to an employee on Light Duty shall, in all cases, comply with the restrictions provided by the employee's physician. Such tasks may, however, include duties normally performed by other Position Classification Descriptions, employee groups, or in other departments. The performance of any "Light Duty" task which would require the payment of Out-of-Grade pay shall be deemed to be unavailable to the employee for the purpose of this policy.

G. No Overtime:

Each employee placed on Light Duty shall be prohibited from performing extra duty or overtime assignments.

SUBJECT: Leave Donations

A. Policy

The City recognizes that its paid leave policies do not always provide adequate income protection to an employee who is unable to work. In such instances, the City Manager may allow employees to contribute accrued, unused vacation or compensatory time to a seriously ill or disabled employee who is unable to work and who has exhausted all accrued paid leaves of absence.

B. Eligible Employees

Seriously ill or disabled employees who have exhausted all accrued paid leaves of absence are eligible to receive and/or request the donation of leave time from fellow employees.

C. Types of Leave Eligible for Donation

Accrued vacation and compensatory time may be donated. Future accruals may not be donated. All other paid leaves including but not limited to Sick Leave, personal days, and Safety days are not eligible for donation.

D. Leave Donation Request Form

Each employee who wishes to donate leave must submit a Leave Donation Request form to the City Manager's Office indicating the number of hours and type of leave to be donated. If approved by the City Manager, the Leave Donation Request form will be forwarded to the Finance Department to be processed.

E. Value of Leave Donated

The City recognizes that the cash value of one hour of leave varies dependant upon the base salary and longevity rate of each employee. All leave time donated shall be converted to its cash value by multiplying the donor's current hourly base and longevity rate by the number of hours donated. The cash value of the donation shall be divided by the recipient's current hourly base and longevity rate to determine the number of hours of leave time to be credited to the recipient.

F. Use of Donated Leave

The recipient may use any leaves, both accrued and donated, to prolong employment with the City or to bridge a gap until the recipient is able to return to work. If the recipient is unable to use all donated leaves prior to termination from employment, the recipient or recipient's beneficiary shall be compensated for all unused, donated leave.



PERSONNEL MANUAL

LEAVE DONATION REQUEST FORM



TO: City Manager

FROM: _____

I hereby request permission to donate accrued paid leave time to the recipient indicated below.

Vacation Hours Donated _____

Compensatory Time Hours Donated _____

Recipient Name _____

Donor Signature

Date

APPROVED:

City Manager

FOR PERSONNEL USE ONLY

Donor Hourly Rate _____

Hours Donated X _____

Cash Value = _____

Recipient Hourly Rate _____

Hours Received _____



PERSONNEL MANUAL

SUBJECT: Compensation Plan for Temporary and Part-Time Employees

A. Wage Rates

Each employee assigned to a temporary or part-time position shall be compensated according to the following schedule of Wage Rates effective June 1, 2014.

HOURLY RATES

| <u>TITLE</u> | <u>A</u> | <u>B</u> | <u>C</u> | <u>D</u> | <u>E</u> | <u>F</u> | <u>G</u> |
|--|----------|----------|----------|----------|----------|----------|----------|
| <u>Group I – Temporary, Full or Part-Time</u> | | | | | | | |
| Horticulture Aide | 10.39 | 10.81 | 11.24 | 11.69 | 12.15 | | |
| Temporary Maintenance I | 8.61 | 8.96 | 9.31 | 9.69 | 10.08 | | |
| Temporary Maintenance II | 9.80 | 10.19 | 10.60 | 11.02 | 11.46 | | |
| Temporary Maintenance III | 10.39 | 10.81 | 11.24 | 11.69 | 12.16 | | |
| Meter Reader | 10.00 | 11.00 | 12.00 | 13.00 | 14.00 | | |
| Engineering Intern | 10.00 | | | | | | |
| *Parking Attendant | 8.64 | 9.22 | 9.59 | 9.98 | 10.38 | 10.80 | 11.23 |
| **Parking Lot Manager | 10.71 | 11.14 | 11.59 | 12.05 | 12.53 | 13.03 | 13.55 |
| YBC Crew Leader | 10.25 | 10.50 | 10.75 | 11.00 | 11.25 | | |
| YBC Crew Member | 7.75 | 8.00 | 8.25 | 8.50 | | | |

*5:01pm – 11:00pm Shift Differential - \$0.15/hour

*11:01pm – 5:00am Shift Differential - \$0.25/hour

**6:01pm – 12:00am Shift Differential - \$0.50/hour

**12:01am – 6:00am Shift Differential - \$0.75/hour



PERSONNEL MANUAL

Compensation Plan

Hourly Rate

| <u>Title</u> | <u>A</u> | <u>B</u> | <u>C</u> | <u>D</u> | <u>E</u> |
|---|----------|----------|----------|----------|----------|
| <u>Group II – Temporary Recreation Positions</u> | | | | | |
| Assistant Recreation Leader | 7.75 | 8.00 | 8.25 | 8.50 | 8.75 |
| Recreation Leader | 9.00 | 9.25 | 9.50 | 9.75 | 10.00 |
| Recreation Instructor I | 9.25 | 9.50 | 9.75 | 10.00 | 10.25 |
| Recreation Instructor II | 11.00 | 11.50 | 12.00 | 12.50 | 13.00 |
| Recreation Instructor III | 12.00 | 12.50 | 13.00 | 13.50 | 14.00 |
| Recreation Instructor IV | 14.00 | 14.50 | 15.00 | 15.50 | 16.00 |
| Recreation Instructor V | 16.00 | 16.50 | 17.00 | 17.50 | 18.00 |
| Asst. Day Camp Coordinator | 9.50 | 10.00 | 10.50 | 11.00 | 11.50 |
| Day Camp Coordinator | 11.00 | 11.50 | 12.00 | 12.50 | 13.00 |
| Softball Coordinator | 9.25 | 9.75 | 10.25 | 10.75 | 11.25 |
| Lifeguard | 9.00 | 9.25 | 9.50 | 9.75 | 10.00 |
| Head Lifeguard | 9.75 | 10.00 | 10.25 | 10.50 | 10.75 |

Rate Per Game

| | | | | | |
|------------------------|-------|-------|-------|-------|-------|
| Official I | 14.00 | 14.50 | 15.00 | 15.50 | 16.00 |
| Scorekeeper/Timekeeper | 7.75 | 8.00 | 8.25 | 8.50 | 8.75 |
| Volleyball Referee | 7.75 | 8.00 | 8.25 | 8.50 | 8.75 |



PERSONNEL MANUAL

Compensation Plan

B. Adjustment of Wage Rates

The Schedule of Wage Rates shall be established by the City Manager and may be revised at the direction of the City Manager.

C. Starting Wage Rate

The starting hourly rate of each newly hired employee assigned to a temporary or part-time position shall be Step A unless approved at a higher step by the City Manager.

D. Performance Evaluations

The performance of each employee in these groups shall be evaluated prior to the employee's separation from employment.

PERSONNEL MANUAL

SUBJECT: Deferred Compensation

A. Eligibility

Each employee is eligible to participate in the City-sponsored deferred compensation program.

B. Enrollment

Each employee who wishes to participate in the deferred compensation program shall notify the City Manager's Office and complete an enrollment form.

PERSONNEL MANUAL

SUBJECT: Group Health and Dental Benefits

A. Hospitalization and Major Medical

1. Authorized Coverages

- a. Current, regular, full-time employees - The City will provide hospitalization and major medical benefits to each employee and to the employee's eligible dependents in accordance with the employee's collective bargaining agreement or city ordinance.
- b. Temporary and part-time employees - No employee in this group is eligible to receive hospitalization and major medical benefits.
- c. Terminated regular, full-time employees
 - 1) Retirees - Each employee who terminates employment and is eligible for the immediate receipt of a monthly retirement or disability pension benefit may continue to receive hospitalization and major medical benefits for both the employee and the employee's eligible dependents.
 - 2) Other - Each employee who terminates employment may continue to receive hospitalization and major medical benefits to the extent permitted by the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

2. Enrollment

- a. New employees - Each new employee is required to designate a benefit plan from among available options and complete the appropriate enrollment form no later than thirty (30) calendar days after the employee's date of hire.
- b. Current employees - Each employee who wishes to change from one benefit plan to another available plan after the thirty (30) day period may do so only during the annual reenrollment period.

3. Effective Date

Health insurance coverage shall become effective on the first of the month immediately following the employee's date of hire.

PERSONNEL MANUAL

Group Health and Dental Benefits

4. Premium

- a. Current, regular, full-time employees – The City will pay the premium for hospitalization and major medical benefits for the employee and the employee's eligible dependents only to the extent provided by the employee's collective bargaining agreement or relevant city ordinance. The employee will pay the balance of the premium for authorized hospitalization and major medical benefits not expressly provided by the employee's collective bargaining agreement or relevant city ordinance.
- b. Terminated employees – Each terminated employee who chooses to continue to receive hospitalization and major medical benefits shall reimburse the City for any premium cost for such benefits in excess of that provided by the employee's collective bargaining agreement or relevant city ordinance.

B. Dental

1. Authorized Coverages

- a. Current, regular, full-time employees – The City will provide dental benefits to each employee and to the employee's eligible dependents as provided by the employee's collective bargaining agreement or relevant city ordinance.
- b. Temporary and part-time employees – No employee in this group is eligible to receive dental benefits.
- c. Terminated regular, full-time employees
 - 1) Retirees – Each employee who terminates employment and is eligible for the immediate receipt of a monthly retirement or disability pension benefit may continue to receive dental benefits for both the employee and the employee's eligible dependents.
 - 2) Other – Each employee who terminates employment may continue to receive dental benefits to the extent permitted by the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

2. Enrollment

- a. New employees – Each new employee who wishes to receive dental benefits must notify the City Manager's Office and complete an enrollment form no later than thirty (30) calendar days after the employee's date of hire.

PERSONNEL MANUAL

Group Health and Dental Benefits

- b. Current employees – Each employee who wishes to begin receiving dental benefits after the thirty (30) day period may do so only during the annual reenrollment period.

3. Effective Date

Dental insurance coverage shall become effective on the first of the month immediately following the employee's date of hire.

4. Premium

- a. Current, regular, full-time employees – The City will pay the premium for dental benefits for the employee and the employee's eligible dependents only to the extent provided by the employee's collective bargaining agreement or relevant city ordinance. The employee will pay the balance of the premium for authorized dental benefits not expressly provided by the employee's collective bargaining agreement or relevant city ordinance.
- b. Terminated employees – Each terminated employee who chooses to continue to receive dental benefits shall reimburse the City for any premium cost for such benefits in excess of that provided by the employee's collective bargaining agreement or relevant city ordinance.



PERSONNEL MANUAL

SUBJECT: Pension Plan

A. Policy

The City of Newark has established a defined benefit pension plan to provide retirement and/or disability benefits to all regular, full-time employees.

B. Authorized Coverage

Individual participation in the plan is voluntary. The City Manager's Office will notify all eligible employees of the criteria for enrollment and participation in the plan.

C. Benefits and Employee Contribution Rates

As provided by the pension plan.

PERSONNEL MANUAL

SUBJECT: Term Life Insurance

A. Policy

Each regular, full-time employee shall be provided with term life insurance coverage as provided by the employee's collective bargaining agreement or relevant city ordinance. Temporary and/or part-time employees do not receive term life insurance coverage.

B. Effective Date

Term life insurance coverage shall become effective on the first day of the month immediately following the employee's date of hire.

C. Terminating employees

1. Each employee who is not eligible for the immediate receipt of a retirement pension benefit shall be covered until the last day of the month in which the employee terminates.
2. Each regular, full-time employee who is eligible for the immediate receipt of a retirement pension benefit shall be provided with term life insurance coverage for the remainder of his/her life as provided by the employee's collective bargaining agreement or relevant city ordinance.
3. Disabled employees - Each employee who terminates employment and is eligible for the immediate receipt of a monthly disability pension benefit may be eligible to receive term life insurance coverage in an amount equal to the coverage provided immediately prior to the employee's termination subject to the approval of the City's group life insurance carrier.

D. Coverage Amounts

1. Management, CWA and FOP - Each employee may choose the amount of coverage from \$25,000 to \$100,000 as provided by the Flexible Benefits Plan.
2. AFSCME - Each employee shall be provided with coverage as provided by the employee's collective bargaining agreement.

PERSONNEL MANUAL

SUBJECT: Tool Allowance

A. Policy

The City requires its employees assigned to the positions of Senior Mechanic and Mechanic to be equipped with their own personal hand tools used in the performance of their duties. Since these tools are required in the course of their employment, the City recognizes its responsibility to financially assist these employees with the acquisition of new and/or replacement tools. Therefore, each of these employees will be reimbursed for this purpose by the City up to a maximum of \$250 per year per employee.

B. Ownership

These tools shall be owned exclusively by each of these employees.

C. Replacement

Each employee shall be responsible for maintaining a complete set of required tools in good working condition. These employees shall also be responsible for purchasing new tools or for replacing inoperable tools.

D. Documentation

The Chief Mechanic shall maintain a record of the amount reimbursed to each employee during the calendar year. Such reimbursement shall not exceed \$250 per employee per year. Each employee must provide the Chief Mechanic with a receipt for each requested reimbursement indicating the amount of reimbursement requested and the item(s) purchased.

E. Required Tools

The Chief Mechanic shall decide which tools are required for use by these employees and whether or not the purchase of any tool is eligible for reimbursement under this policy.

F. Reimbursement

Upon receipt of proper documentation and after approval by the Chief Mechanic, the Chief Mechanic shall complete a Check Request form, attach a copy of the receipt to the form and submit it to the Finance Department.

Upon submission of check request, tool allowance will be paid out on a payroll check.



PERSONNEL MANUAL

Tool Allowance

G. New Employees

Each new employee assigned to the position of Senior Mechanic or Mechanic II shall be eligible for reimbursement under this policy in an amount not to exceed \$20.83 for each month during the first calendar year of such assignment.

Amended 02/27/12

SUBJECT: Travel Expense Reimbursement

A. Policy

If an employee is required to travel to attend a conference, training, or City-related business, all reasonable expenses incurred by the employee shall be reimbursed by the City. Costs of transportation, lodging, registration fees, meals, etc. are reimbursable only when a Travel Request and Expense Report (page 5.8-4) with estimated total costs has been completed and approved in advance by the City Manager. Section 5 of the Travel Request and Expense Report form shall state the purpose of travel, dates of travel, and travel destination.

B. In-State Travel

A City-owned vehicle should be used for in-State travel when available. If a City-owned vehicle is not available, employees may use their personal vehicles. Reimbursement for the use of a personal vehicle when a City-owned vehicle is available must be approved in advance by the department director.

Each employee shall be reimbursed for the following expenses incurred while traveling in-State: the cost of gasoline if refueling is required while operating a City-owned vehicle, or a mileage allowance, at the current IRS rate, for driving a personal vehicle, tolls and parking fees, and one meal if the employee is required to work more than four hours after regular work hours. The mileage allowance shall cover all operating costs including repairs, insurance, gasoline, depreciation, etc. The employee is responsible for costs incurred for traffic or parking fines and any repairs to his/her personal vehicle.

To receive reimbursement, a check request with receipts for expenses incurred, must be submitted for costs over \$50 within seven (7) working days from the date of travel. A petty cash slip with receipts for expenses incurred may be submitted for reimbursement for expenses under \$50.

C. Out of State Travel

A Travel Request and Expense Report must be completed and approved for any out-of-state travel for which reimbursement will be requested. Estimated totals should be itemized in column number 10 of the form. If a travel advance is requested, a check request for the amount required should be submitted to the City Manager along with approved Travel Request and Expense Report. A check request may also be submitted for advance payment of the registration fees.

Travel Expense Reimbursement

Employees shall be reimbursed for the following expenses incurred while traveling out-of-state:

1. Transportation – The mode of travel is to be justified based on the most economical means in terms of costs and travel time.

If travel by automobile is feasible, a City-owned vehicle must be used unless the use of a personal vehicle has been approved in advance. Reimbursable costs include gasoline for a City-owned vehicle, mileage at the current IRS rate and tolls and parking fees. A rental car may be obtained upon arrival only if approved in advance by the City Manager.

Travel by airplane or train should be arranged in advance and accommodations should be made for tourist, coach, or economy class. The City will pay the fare for the shortest and most available direct route to and from the destination.

Taxi fares are reimbursable only when it is necessary to use such means of transportation. If travel to and from the airport is required, arrangements should be made for the airport shuttle rather than a taxi.

2. Lodging – The lodging allowance shall not exceed the normal maximum charge for a single room. It is expected that the employee will exercise prudent judgment in the selection of a place to stay. Reservations should be made at a hotel designated as conference/seminar site host, or accommodations available at the training site, or at a hotel offering discounted rates.

Lodging will be paid only for days during which the training is held and for appropriate arrival and departure time.

3. Phone Calls – The City shall pay for all business-related calls made by the employee. Collect calls should be made to the City, when necessary. The City will pay for one personal call per day provided that long-distance calls are not lengthy.

Travel Expense Reimbursement

4. Meals – The maximum daily allowance for meals is \$35.00 excluding tips and meals included within the event or registration fee. Tips should not exceed 15% of the cost of the meal and should be listed separately on the expense report.
5. Other – Costs of banquets sponsored by conference, or service-oriented workshops offered in conjunction with a conference may be paid if advance approval is received.
6. Non-reimbursable expenses:
 - a. Alcoholic beverages
 - b. Expenses of spouse/family
 - c. Social functions, i.e., tours, theatre
 - d. Loss or damage to personal property
 - e. Travel insurance

D. Reimbursement

A Travel Request and Expense Report, with itemized daily costs for transportation, lodging, phone calls, meals, etc. should be submitted to the City Manager's Office within seven work days after the employee's return. Receipts for expenses incurred during travel should be attached to the form. Discrepancies between the receipts and listed expenses should be noted.

If the employee is requesting reimbursement for expenses, a check request should be submitted to the City Manager indicating the expense category for which reimbursement is sought. If a travel advance was issued, the employee should submit a check made payable to the City of Newark listing the appropriate account number for any unexpended portion.



CITY OF NEWARK, DELAWARE TRAVEL REQUEST AND EXPENSE REPORT

PART I. TRAVEL REQUEST

| | | |
|---|------------|-------------------------|
| Name and Title of Requestor | Department | Date of Request |
| Purpose of Travel, Dates of Travel, Destination | | Estimated Total \$ - |
| Department Director Approval | Date | Approval Number |
| City Manager Approval | Date | Amount Approved |

PART II. EXPENSE REPORT

| EXPENSE CATEGORY | Requested Amount | Actual Amount Spent | | | | | | | TOTALS |
|---------------------------|------------------|---------------------|------|------|------|------|------|------|--------|
| | | Sun | Mon | Tues | Wed | Thur | Fri | Sat | |
| Air/Rail - Ticket Price | | | | | | | | | 0.00 |
| Car- Miles | Rate | | | | | | | | |
| | \$ 0.30 | | | | | | | | 0.00 |
| Parking/Tolls | | | | | | | | | 0.00 |
| Taxi/Shuttle/Bus | | | | | | | | | 0.00 |
| Lodging Rate | | | | | | | | | |
| X Nights | 0.00 | | | | | | | | 0.00 |
| Telephone | | | | | | | | | 0.00 |
| Registration Fees | | | | | | | | | 0.00 |
| Miscellaneous | | | | | | | | | 0.00 |
| Meals: Breakfast | | | | | | | | | |
| Lunch | | | | | | | | | |
| Dinner | | | | | | | | | 0.00 |
| Gratuities @ 15% of Meals | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTALS | \$ - | | | | | | | | \$ - |

I certify that the foregoing expenses were incurred in the conduct of City business.

Less amounts paid by City:

Employee Incurring Expense

Date

Registration _____

Transportation _____

APPROVALS:

Other (Including advances) _____

Department Director

Date

Due Employee _____

City Manager

Date

Due City _____

INSTRUCTIONS TRAVEL REQUEST AND EXPENSE REPORT

BEFORE THE TRIP

Complete **Part I** and the Requested Amounts in Part II. Submit the original Travel Request and Expense Report to the City Manager's Office no later than fifteen (15) workdays prior to your trip departure. Include a copy of your travel plans and submit estimated travel expenses. Any requests submitted to the City Manager's Office without supporting documentation will be returned to the requesting department. The estimated totals for each expense category should be entered under the column, Requested Amount, in Part II.

Upon approval by the City Manager, an Approval Number will be assigned to the request. The original Travel Request and Expense Report will be forwarded to the Finance Department. A copy of the approved Travel Request and Expense Report will be returned to the requestor.

A Check Request for registration fees, transportation costs or an advance of travel expenses may be submitted along with the Travel Request to prepay approved costs. All Check Requests for any subsequent cash advances must be accompanied by a copy of the original, approved Travel Request and Expense Report and submitted for approval to the City Manager's Office.

AFTER THE TRIP

Within seven (7) workdays after returning from your trip, enter the Approval Number, complete **Part II** and submit it to the City Manager's Office. Daily expenses for each category should be entered in the designated areas on the form. Print the completed form and attach receipts for all reasonable expenses incurred during your trip. Discrepancies between the receipts and listed expenses should be noted.

If you are requesting a reimbursement for travel expenses, submit a Check Request for the total expenditures minus any cash advances you received. If your expenses did not exceed any cash advance(s) you received and you are returning money to the City, attach a personal check made payable to the City of Newark and list the appropriate account number. You will receive a receipt for the amount remitted to the City.

The employee incurring the expense must sign the form to certify that the expenses were incurred in the conduct of City business and in accordance with the City's Travel Expense Reimbursement policy. Approval for reimbursement must be obtained from the employee's Department Director and the City Manager.

INSTRUCTIONS TRAVEL REQUEST AND EXPENSE REPORT

BEFORE THE TRIP

Complete **Part I** and the Requested Amounts in Part II. Submit the original Travel Request and Expense Report to the City Manager's Office no later than fifteen (15) workdays prior to your trip departure. Include a copy of your travel plans and submit estimated travel expenses. Any requests submitted to the City Manager's Office without supporting documentation will be returned to the requesting department. The estimated totals for each expense category should be entered under the column, Requested Amount, in Part II.

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PERSONNEL MANUAL

SUBJECT: Service Award

A. Policy

Each regular employee employed by the City for ten (10) years or more, has been granted by ordinance or collective bargaining agreement the right to receive additional annual compensation to be known as Service Award.

B. Eligibility

1. Each current, regular employee, as of December 1st, who has been granted this right and who has been employed by the City for at least ten (10) years shall receive Service Award.
2. Each separating, regular employee who has been granted this right and who has been employed by the City for at least ten (10) years, as of the effective date of separation, shall receive Service Award on a pro-rated basis.

C. Amount

1. Current employees

a) Full-Time

Service Award shall be equal to two percent (2%) of the employee's monthly base salary, as of the preceding November 1st, multiplied by the number of complete years of employment with the City as of December 1.

b) Part-Time

Service Award shall be equal to two percent (2%) of the employee's base hourly rate as of November 1 multiplied by the employee's years of service multiplied by eighty (80).

2. Separating employees

a) Full-Time

Service Award shall be equal to two percent (2%) of the employee's monthly base salary at separation, multiplied by the number of complete years of employment with the City at separation and pro-rated by the number of months of service during the current calendar year.

PERSONNEL MANUAL

Service Award

b) Part-Time

Service Award shall be equal to two percent (2%) of the employee's base hourly rate multiplied by the employee's years of service with the City at separation and pro-rated by the number of months of service during the current calendar year.

D. Time of Payment

1. Current employees – Service Award shall be distributed on or about December 1st of each year.
2. Separating employees – Service Award shall be distributed along with the final paycheck.

PERSONNEL MANUAL

SUBJECT: Voluntary Educational Assistance

A. Policy

The City shall provide financial assistance to each employee who successfully completes any formal, undergraduate educational course which is not a prerequisite to employment and which is directly related to the improvement of the employee's ability to perform his/her assigned duties.

B. Prior Approval

Each employee who wishes to apply for financial assistance according to this policy must receive the approval of the employee's department director and the City Manager prior to the commencement of the course. Such request for approval must be submitted in writing on an Application for Voluntary Educational Assistance Form (pg. 5.10-2).

C. Criteria

To be considered eligible for financial assistance, each course for which assistance is sought must be shown to have a direct effect on the improvement of the employee's ability to perform his/her assigned duties.

D. Required Documentation

Each employee who successfully completes a pre-approved course shall submit a Request for Educational Reimbursement (pg. 5.10-5) accompanied by documentation of all eligible expenses incurred for which financial assistance is requested. Successful completion shall mean the achievement of a grade of C or better. Costs incurred in the pursuit of any course for which the employee receives a grade below C shall be ineligible for financial assistance.

E. Eligible Expenses

The cost of tuition and textbooks shall be the only expenses eligible for financial assistance. No other costs shall be eligible for financial assistance.

F. Rate of Reimbursement

The City will reimburse each employee for half of all eligible expenses.



PERSONNEL MANUAL

CITY OF NEWARK, DELAWARE

APPLICATION FOR VOLUNTARY EDUCATIONAL ASSISTANCE

Name _____

Date _____

Job Title _____

Employee Group _____

Date Hired _____

Have you received reimbursement from the City for previous course work?

Yes ___ No ___ If yes, when? _____

Class standing: Freshman hrs _____ Sophomore hrs _____

Junior hrs _____ Senior hrs _____ Grade. Hrs _____

When will course work begin ____ / ____ / ____ End ____ / ____ / ____
Mo. Day Yr. Mo. Day Yr.

Name of institution _____

Major course of study _____

Course to be attempted:

| <u>Course No.</u> | <u>Name</u> | <u>Hours</u> |
|-------------------|-------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

ESTIMATED COSTS

Tuition \$ _____

Books \$ _____

Estimated Total \$ _____

Are you eligible to receive financial assistance from other sources to defray educational expenses?

Yes ___ No ___



PERSONNEL MANUAL

Name of other source(s): _____

I certify that the information submitted on this form is true to the best of my knowledge.

____ Approved ____ Disapproved

____ Approved ____ Disapproved

Employee Signature

Department Director/Date

City Manager/Date

Approval of the above listed courses has been tentatively granted pending receipt of documentation of your completion of the course work, receipt of an average grade and expenses incurred.



PERSONNEL MANUAL

Dear

Please find attached a copy of your Application for Voluntary Educational Assistance. You were granted tentative approval for reimbursement of related expenses pending the successful completion of your course work.

After you have successfully completed your course work, please submit to me all necessary documentation of your expenses and final grades, along with a Request for Educational Reimbursement so that I may determine your eligibility for this benefit.

I wish you continued success in your educational pursuits.

Sincerely,

Charles M. Zusag
Assistant to the City Manager

CMZ/smp

cc: Department Director



PERSONNEL MANUAL

REQUEST FOR EDUCATIONAL REIMBURSEMENT

Date: _____

Mr. Charles M. Zusag
Assistant to the City Manager
P.O. Box 390
Newark, DE 19715-0390

Dear Mr. Zusag:

I have now successfully completed voluntary education course work pursued during the ___Fall, ___Spring, ___Summer semester of 20____. This course work was previously approved by the City.

I am requesting the City to reimburse me for fifty percent (50%) of the cost of books and tuition. My cost for books and tuition was \$_____. A copy of my final grade and an itemized statement for books as well as the necessary receipts are attached documenting these costs.

Thank you in advance for your attention to this matter.

Sincerely,

Employee Signature

PERSONNEL USE ONLY:

_____ Approved for Reimbursement - Amount \$_____.

Charles M. Zusag
Assistant to the City Manager

PERSONNEL MANUAL

SUBJECT: Safety Glasses

A. Policy

The City will pay up to \$75.00 for the purchase of approved safety frames and prescription safety lenses for employees in specified positions.

B. Vendor

Glasses may only be purchased from a vendor approved by the City.

C. Positions Covered

Employees assigned to the following positions shall be eligible to purchase safety glasses in accordance with this policy:

- All positions in AFSCME Local 1670
- All positions directly supervising AFSCME employees
- Special Projects Coordinator
- Codes Inspection Supervisor
- Code Enforcement Officer
- Chief Surveyor
- Instrument Technician
- Survey Assistant
- Water and Sewer Inspector
- Utility Inspector
- Director of Electric
- Assistant Director of Electric

D. Approval

Prior to purchasing safety glasses, each employee must receive the written approval of the Assistant to the City Manager. The City will not pay for any safety glasses purchased without the written, prior approval of the Assistant to the City Manager.

PERSONNEL MANUAL

SUBJECT: Uniforms

A. Policy

It is in the City's best interest to promote a positive image of City employees. One means to promote a positive image is to establish guidelines for the appropriate attire of City employees while they are on duty. While on duty, City employees will be required to wear appropriate attire as defined by this policy.

B. AFSCME Employees

Each employee is required to wear a solid blue shirt or sweater with sleeves. No printed material is allowed on the shirt or sweater except for the words "City of Newark, Delaware," the employee's department, or the City's official logo. Pants are to be dark blue or khaki and may include dark blue jeans. Shorts are not permitted. Each employee may purchase blue outer garments such as coveralls, jackets, insulated pants, etc. Each employee may choose to purchase their uniform items directly at their own expense or lease them through the City's uniform supplier. Uniform items that show excessive wear are not permitted. The value of any item(s) leased shall be reported as a taxable benefit to the employee.

Exceptions – Each employee shall be permitted to wear until December 31, 2012 uniform items of a different color, purchased by the City prior to the adoption of this policy provided such items do not show excessive wear. Each employee shall be permitted to wear until December 31, 2013 Carhart jackets of a different color, purchased prior to the adoption of this policy provided such jackets do not show excessive wear.

Safety Items – While working outside of a building or vehicle, each employee is required to wear an approved, reflective, safety vest. The City will supply all safety vests at no cost to the employee. The City will supply other uniform safety items at no cost to the employee with the exception of safety glasses and safety shoes which are purchased jointly by the employee and the City in accordance with other personnel policies or bargaining unit agreements.

C. CWA Employees

Each employee assigned to a position listed below is required to comply with the uniform requirements listed in Sec. B above, except as indicated below:

Code Enforcement Officer
Property Maintenance Inspector I
Property Maintenance Inspector II
Fire Prevention Inspector
Fire Marshal
Chief Meter Reader – Shorts permitted

Uniforms

Meter Reader I – Shorts permitted
Meter Reader II – Shorts permitted
Stormwater Program Coordinator
Special Projects Coordinator
Chief Surveyor
Water and Sewer Inspector
Utility Inspector
Survey Instrument Technician

D. Management Employees

Each employee assigned to a position listed below is required to comply with the uniform requirements listed in Sec. B above:

Electric Line Supervisor
Water and Wastewater Supervisor
Street Supervisor
Chief Mechanic
Public Works Superintendent
Parks Supervisor
Parks Superintendent

E. FOP Employees

Each police officer is required to comply with the uniform requirements contained in the Newark Police Department Policy and Procedures Manual.

F. Temporary Employees

Each temporary Maintenance I, II, III and Horticulture Aide is required to comply with the uniform requirements listed in Sec. B above.



PERSONNEL MANUAL

SUBJECT: AIDS Testing

Policy

Each employee who in the performance of his/her duties experiences blood-to-blood contact with another individual shall be tested for the HIV virus.

PERSONNEL MANUAL

SUBJECT: Employee Parking

A. Prohibited Parking

Employees are not allowed to park personal vehicles or City vehicles in the spaces designated for visitor parking located next to City Hall on the southwest side of the building.

B. Parking - General

Individual parking spaces at City Hall are not reserved for the exclusive use of any employee.

PERSONNEL MANUAL

SUBJECT: Employee Use of City Telephones

A. Policy

The City telephone system is intended to be used primarily for conducting City business. The City of Newark reserves the right to silently monitor any telephone conversation that takes place using City-owned telephone equipment. Although City employees are not absolutely prohibited from using the City's telephone system for personal communications, such use will be regulated as follows:

1. Personal telephone calls shall not be allowed to interfere with the performance of an employee's duties. The number of such calls shall be kept to a minimum and the duration of each call shall remain as short as possible.
2. Each employee shall reimburse the City for the cost of any personal toll calls.
3. Employees are prohibited from accepting collect personal calls.
4. The use of City-owned cellular telephones shall be restricted to City business and personal emergencies only.
5. The use of City-owned cellular telephones for any reason shall be kept to an absolute minimum.
6. The use of any cell phone while operating a moving, City vehicle is prohibited.
7. Each employee who violates this policy may be subject to disciplinary action up to and including termination.

PERSONNEL MANUAL

SUBJECT: Safety Shoes

A. Policy

Each employee may be required by the employee's supervisor to wear approved safety shoes/boots or lineman's boots to prevent injury. The City will pay the cost up to a predetermined amount for the purchase of approved shoes or boots. The City will pay for the purchase of an initial pair of required footwear and for the replacement of worn-out footwear as needed at the discretion of the employee's supervisor.

B. Approved Footwear

The Purchasing Assistant shall designate a list of approved footwear models and vendors.

C. Purchase

Each employee who wishes to purchase a pair of safety shoes or lineman's boots must request a Safety Shoe Requisition from the employee's immediate supervisor. Worn-out footwear must be returned to the employee's supervisor before a requisition may be issued.

PERSONNEL MANUAL

SUBJECT: Security at City Facilities

A. Policy

The gates to the City's Phillips Avenue Maintenance Facility shall be kept closed and locked after regular working hours. Keys shall not be left inside City vehicles after regular working hours.

B. Locking the Gate

The Storekeeper will close and lock the gate at the end of each workday.

C. Working After Hours

Each employee required to work after regular hours shall always close and lock the gate upon leaving the facility. Each employee who discovers the gate to be open after regular work hours shall close and lock the gate and report the incident to his/her immediate supervisor.

D. Keys for Vehicles

All City vehicles shall be locked after regular working hours and the keys are to be kept in a secure place to be designated by the appropriate supervisor.

E. Violations

Each employee who violates this policy may be subject to disciplinary action up to and including termination.

PERSONNEL MANUAL

SUBJECT: Freedom of Information Act

A. Policy

The State Freedom of Information Act grants the public the right to "reasonable access" to public records and provides that the City may make reasonable rules and regulations concerning access to "public records."

B. Determination of Public Record

If you are not sure that a requested item is a "Public Record", the request for documentation should be forwarded to the City Solicitor to determine if the requested documents are a "public record" and fall under the jurisdiction of the Freedom of Information Act. A copy of the request shall be forwarded to the City Manager's Office. Copies of documents determined by the City Solicitor to be a "public record" shall be provided by the department director to the requesting party within a reasonable period of time.

C. Requests for Public Records

Any department that receives a request for a "public record(s)" shall ascertain from the requesting party the specific materials requested.

D. Inspection of Public Records

The review of any requested documents must be performed in the presence of a City employee to be designated by the appropriate department director. No documents may be removed by the requesting party.

E. Copying of Requested Documents

All copying of requested documents shall be performed by a City employee to be designated by the appropriate department director.

F. Fee for Copying and Research

1. The requesting party shall pay the City \$.25 per page except as hereinafter provided. This fee may be waived by the appropriate department director. Multiple copies of documents will not be provided.
2. A copy of a Police Traffic Accident Report shall be available to any involved party or their insurance carrier for a fee of \$20.00. Victims of criminal acts shall be provided with a copy of the first page of the Criminal Investigation Report free of charge. The requesting party shall be required to provide verification of identity to receive the requested information.

PERSONNEL MANUAL

Freedom of Information Act

3. The requesting party must reimburse the City for the cost of any research by City employees which may be needed to comply with the request. The department director shall prepare an invoice of reimbursable costs for the requesting party. Such costs may include but are not limited to wages, computer time and cost of supplies.

G. Excluded Documents

The following documents are not a "public record":

1. Any personnel-related documents excluded from disclosure by any State or Federal personal privacy law.
2. Trade secrets and commercial or financial information obtained from a person which is of a privileged or confidential nature.
3. Investigatory files compiled for civil or criminal law enforcement purposes including pending investigative files, pretrial and presentence investigations.
4. All criminal records. Any person, upon presentation of proper identification and with the approval of the State Bureau of Identification, may obtain a copy of his/her personal criminal records. Any information of a privileged or confidential nature such as names of witnesses, informants or law enforcement personnel shall be deleted from all criminal records prior to their release.
5. Intelligence files compiled for law enforcement purposes pertaining to local, state or national welfare and security.
6. Any records specifically exempted from public disclosure by statute or common law.
7. Any records which disclose the identity of the contributor of a bona fide and lawful charitable contribution to the City whenever public anonymity has been requested by the donor.
8. Any records involving labor negotiations or collective bargaining.
9. Any records pertaining to pending or potential litigation which are not records of any court.
10. Any record of discussions allowed by Section 10004(2), Delaware Code, to be held in executive session.

PERSONNEL MANUAL

SUBJECT: Smoke-Free Workplace

Policy

The City of Newark is dedicated to providing a healthful, comfortable and productive work environment for its employees.

The U.S. Surgeon General, in his 1986 report, the Health Effects of Involuntary Smoking, concluded that:

- Involuntary smoking is a cause of disease, including lung cancer, in healthy non-smokers.
- The separation of smokers from non-smokers within the same air space may reduce, but does not eliminate, the exposure of non-smokers to environmental tobacco smoke.

City of Newark office facilities and vehicles shall be entirely smoke-free. Smoking is strictly prohibited within all municipal buildings, including office areas, hallways, waiting rooms, restrooms, lunchrooms, elevators, meeting rooms, all common areas and inside all City vehicles. This policy applies to all employees and to visitors.

Each employee who violates this policy will be subject to disciplinary action up to and including termination from employment.

PERSONNEL MANUAL

SUBJECT: Grievance Procedure for the Americans with Disabilities Act

A. Policy

The Americans with Disabilities Act provides protection for disabled individuals with respect to employment, public accommodations, public services/programs and telecommunications. The City is committed to complying with all provisions of this act. Through the provision of reasonable accommodations, accessible facilities, auxiliary aids, and telecommunications devices (TDD's), the City desires to make its facilities, programs and services accessible to individuals with disabilities.

B. ADA Coordinator

The Assistant to the City Manager shall serve as ADA Coordinator and be responsible for the City's compliance with this act.

C. Grievance Procedure

Any person who wishes to submit a complaint against the City alleging non-compliance with the Americans with Disabilities Act may do so by submitting the complaint to the City's ADA Coordinator, Charles Zusag, Assistant to the City Manager, 220 Elkton Road, P.O. Box 390, Newark, Delaware 19715-0390 or by calling 366-7026 or for TDD users 453-8741.

1. The ADA Coordinator shall meet with the complainant within ten (10) workdays after receiving the complaint. After meeting with the complainant, the ADA Coordinator will attempt to resolve the complaint and will provide a written response to the complainant within five (5) workdays. If the complainant is satisfied with the response of the ADA Coordinator, the complaint shall be considered resolved.
2. If the complainant is not satisfied with the ADA Coordinator's response, the complainant may submit a written appeal of the coordinator's response to the City Manager. Such appeal must be filed with the City Manager within ten (10) work days following receipt of the coordinator's response. The City Manager shall meet with the complainant and the ADA Coordinator within ten (10) work days following the receipt of the appeal by the City Manager. The City Manager will provide a written response to the complainant within five (5) work days following this meeting. The decision of the City Manager shall be final.

PERSONNEL MANUAL

SUBJECT: Employee Recognition Program

A. Policy

Providing recognition to employees for their loyal and dedicated service to the City can have a positive impact on morale and productivity. Employees who feel appreciated for their work generally have a greater incentive to continue to do their best. Therefore, the City adopts the following program to formally recognize employees for their loyal and dedicated service to the citizens of Newark.

B. Annual Recognition Reception

Each year the City shall sponsor a reception luncheon to recognize employees and to present awards for noteworthy achievements.

C. Length of Service Awards

Each employee with ten (10) or more years of service who celebrates a quinquennial service anniversary shall be recognized by the presentation of an award bearing the employee's name and the years of service.

D. Attendance Honor Roll

A plaque shall be displayed in City Hall to honor the six employees in each employee group who have the best attendance records.

E. Commendation

Each employee who is formally commended for the performance of duties shall have a copy of the commendation placed in the employee's personnel file and shall be recognized at the Annual Recognition Reception.

F. Employee Appreciation Award

The City will reward employees who commit a good deed, show exemplary customer service, act as a good Samaritan, handle an extraordinary event above and beyond the call of duty, or act in such a way as to reflect positively on the City of Newark and its employees.

Nominations may be submitted to the City Manager who will select those employees that meet these criteria. The selected employee will then be allowed to choose between a \$50 gift certificate from a commercial entity of their own choosing or an equal amount of cash. Nominations may be submitted at any time.

Each employee who receives a reward during the year will be mentioned at the City's annual recognition luncheon.

PERSONNEL MANUAL

SUBJECT: Retirement Gift

A. Policy

Each employee who terminates employment and is eligible for the immediate receipt of a retirement pension benefit from the City's pension plan shall receive a retirement gift in recognition of his/her years of service to the City.

B. Value

The purchase price of the gift shall be approximately equal to \$10 for each year of employment with the City.

C. Gift Selection

The employee shall be presented with a plaque and the choice of a gift from among the list of available retirement gifts. If the purchase price of the plaque and gift is less than the allotted value for the gift, then the employee shall be presented with the balance in cash. Any amount in excess of the allotted value shall be funded by private employee donations.

D. Proclamation

The City Secretary's Office shall prepare a proclamation in recognition of the employee's retirement. The proclamation shall be submitted to the City Council for their approval.

PERSONNEL MANUAL

SUBJECT: Use of Information Technology

A. Policy

City computers, Internet access and E-mail are tools that will help us be more efficient in our jobs. They are to be used to conduct City business. E-mail messages received or sent on City computers are City records and property. The City has the right to monitor employee use of the Internet and e-mail as well as the right to monitor City computers and audit their contents. Use of the internet and e-mail is a privilege that may be revoked if it is abused. It is the objective of this policy to increase productivity and decrease risks to network security and performance, protect the privacy, integrity and security of City information, increase adherence to City information and technology-related policies and standards, and to promote public trust in the City's use of information and technology assets. Each employee who violates this policy may be subject to disciplinary action up to and including termination from employment.

B. Purpose

All users of the City's information and technology resources must take responsibility for, and accept the duty to, actively protect information and technology assets. This includes taking responsibility to be aware of, and adhere to, all relevant policies and standards. The City's uses of information technologies to support employees and other authorized users to work efficiently in delivering services to residents. Proper use of these technologies assists in the daily management of information, saves time and money, reduces administrative overhead and improves service delivery. The technologies include, but are not limited to, information systems, services (e.g. web and messaging services), computers (e.g. hardware and software), and telecommunications networks and associated assets (e.g. telephones, facsimiles, cell phones, laptops, personal digital assistants). Improper use may jeopardize the confidentiality, integrity and availability of the City's information and technology assets, and may put personal information protection, security or service levels at risk.

C. Liability

Material obtained from the Internet may be protected by copyright laws. Therefore, each employee is obliged to determine whether copyrighted information can be used for official purposes. Generally, material from governments and public institutions is part of the public domain and not subject to copyright protection. Profanity and obscenity should not be used on the internet and e-mail. Personal use of the internet and e-mail should follow the same restrictions that apply to use of the telephone as detailed in Section 6.4-1 of the Personnel Manual.

PERSONNEL MANUAL

SUBJECT: Use of Information Technology

D. Downloading of Files

Computer viruses, “adware”, “spyware”, “malware” and “trojans” may be present in files that are downloaded or copied from the Internet to a City PC. To help protect the City Network from these malicious programs, our firewall and spam filter contain software that will identify and clean most of these harmful viruses and programs but no system is completely secure. Each employee must consult one of the Finance Department’s Information Technology staff before downloading and installing any software.

E. Use of Information Technology

1. Users must use City provided information technology resources as business tools required to do their work and provide efficient service delivery. This use is subject to the same restrictions and management review process as any other City resource.
2. Users must take precautions to prevent security breeches and/or damage to technology equipment. This includes protecting the confidentiality of sensitive customer information, protecting user passwords and PIN numbers as well as protection against computer viruses, spyware and malicious code from outside sources.
3. Users shall not:
 - a. attempt to circumvent or subvert system or network security measures
 - b. propagate viruses knowingly or maliciously
 - c. detrimentally affect the productivity, integrity or security of City systems
 - d. attempt to add, modify and/or upgrade any hardware, software and firmware to City systems without the direct consent and involvement of a member of the City’s IT function. IT personnel strongly discourage employees from using personal technology equipment attached to the City’s network or at any City facility. If the need should arise and there is justification for the use of personal equipment, the user must have the permission of the City’s IT function and understand that the City will not be responsible for the maintenance, repair or replacement of the equipment.
 - e. obtain files from unauthorized or questionable sources (e.g., racist, material, pornography, file swapping sites)
 - f. access Internet sites that might bring the public service into disrepute or harm the City’s reputation, such as those that carry offensive material
 - g. download non-work related files, such as Freeware, Shareware, movie or music files

PERSONNEL MANUAL

SUBJECT: Use of Information Technology

- h. divulge, share or compromise their own or another's authentication credentials
 - i. transmit or otherwise expose sensitive or personal information to the internet
 - j. use information and technology resources for commercial solicitation or for conducting or pursuing their own business interests or those of another organization
 - k. distribute hoaxes, chain letters, or advertisements
 - l. send rude, obscene, or harassing messages
 - m. send, forward and/or reply to large distribution lists concerning non-City related business. In addition, users must consider the impact on the network when creating and using large, work-related distribution lists.
 - n. attempt to obscure the origin of any message or download material under an assumed internet address
4. Users shall:
- a. comply with all applicable legislation, regulations, policies and standards
 - b. use all appropriate anti-virus precautions when accessing non-City data and systems from the City of Newark network
 - c. adhere to licensing agreements for all software used
 - d. access radio stations or video clips (typically referred to as "streaming" audio or video) over the Internet as long as the extent of such usage does not adversely affect the bandwidth available for work purposes
 - e. respect copyright and other intellectual property rights in relation to both programs and data
 - f. use approved security measures when accessing the City's network from home or from a non-City computer
 - g. only use messaging forums (e.g., internet Relay Chat, internet newsgroups) when conducting work-related business exchanging technical or analytical information
 - h. use hard passwords for system and network access
5. Any content created or transmitted using City equipment or retained within the City network will be managed as a public record. There is no expectation of personal privacy related to the use of City information technology resources except for specific privileged communications (i.e. Human Resources).



PERSONNEL MANUAL

SUBJECT: Use of Information Technology

F. Purchasing

Vendors offer many products for sale via the Internet. Prior to purchasing items through the Internet, a requisition should be completed and approved by Finance and Purchasing. The requesting department should indicate that the purchase is an Internet order. The City does not now use credit cards accepted by many on-line vendors.

G. Training

Each employee will be required to undergo an Internet orientation session conducted by the Finance Department IT Function prior to using the Internet or e-mail.

H. Addresses

The City's e-mail address will be configured as (your personal address here)@newark.de.us. There is no restriction on the number of letters or characters used in defining a personal e-mail address. A common style is comprised of the users first initial and last name, e.g., gsarris@newark.de.us. The password must be at least 5 characters and consist of letters and numbers. An e-mail address may be obtained by completing the application form on the following page and submitting it to the Information Technology Supervisor in the Finance Department.

I. User Profiles: Computer and Network login Passwords

Each employee will have a unique login username and password. The username and password allows the network to assign certain rights and privileges of files, directories and resources pertaining to the individual user. Since the password provides the security to protect individual data and secure information, the password must not be shared with other users and users may not login as anyone other than themselves. The password must be at least 5 characters and consist of letters and numbers.

E-mail addresses may also be assigned to employees that do not have a PC on their desks. Obviously, the more e-mail addresses assigned to a particular PC the more restricted access will be due to the physical limitations of the workstation. Use of e-mail will not be a justification for purchasing additional PC's.



PERSONNEL MANUAL

SUBJECT: Use of Information Technology

Application for E-Mail Address

DEPARTMENT _____

TOTAL NUMBER OF ADDRESSES REQUESTED _____

TOTAL NUMBER OF REGULAR EMPLOYEES _____

"I have read the above City of Newark policy regarding employee use of the Internet and e-mail. I will fully comply with this policy and understand that violations of Employee Work Practices listed in Chapter 3 of the City of Newark Personnel Manual or similar provisions of any bargaining unit contract which may apply are subject to appropriate disciplinary actions."

EMPLOYEE NAME _____

EMPLOYEE SIGNATURE _____

EMPLOYEE E-MAIL ADDRESS _____

EMPLOYEE PASSWORD _____

DEPARTMENT DIRECTOR APPROVAL _____

DATE _____

PERSONNEL MANUAL

SUBJECT: Benefits for On-The-Job Injuries or Job-Related Illnesses – Civilian Employees

A. Policy

The City of Newark is exempt from the State of Delaware's Workers' Compensation Law and is not required to provide Workers' Compensation Insurance coverage for its employees. The City does not elect to be covered by the State of Delaware's Workers' Compensation Law. However, the City has chosen to provide for the welfare of employees who are injured or become ill as a result of their employment with the City.

The City is not required to provide Workers' Compensation Insurance coverage, but has decided to provide somewhat similar benefits through the establishment of internal welfare programs and the expansion of other fringe benefits. Those benefits, which have been expanded in place of Workers' Compensation statutory benefits, are group health insurance, term life insurance, pension and other benefits provided by this policy. They are intended to provide the employee with benefits in lieu of those established by State law.

Each employee who sustains an on-the-job injury or job-related illness directly arising out of and in the course of employment with the City after the adoption of this policy shall be eligible for certain benefits which are described herein.

B. Obtaining Medical Treatment

Prompt medical attention may be required for an employee who is injured or becomes ill as a result of their employment with the City. Procedures for receiving medical attention depend on the severity of the injury and the employee's healthplan membership. Each employee who must obtain emergency medical treatment during working hours shall comply with the following procedures:

1. Healthplan Membership

Most full-time employees are members of one of the City's healthplans. To insure that the proper procedures for medical treatment are followed according to the provisions of the employee's healthplan, each employee must carry his/her healthplan membership card at all times and know the name and phone number of his/her primary care physician.

2. Failure to Follow Procedures

Failure to follow these procedures may result in a rejection of a claim for benefits from one of the City's healthplans. Each employee who incurs any bill for medical treatment as a result of his/her failure to follow these procedures shall be responsible for the payment of such bills.

PERSONNEL MANUAL

Benefits for On-The-Job Injuries or Job-Related Illnesses – Civilian Employees

3. Determining the Type of Injury or Illness

The employee's supervisor should determine whether or not the situation requires immediate treatment at an emergency medical facility. In order to make this determination, the supervisor should decide whether the injury or illness is life-threatening or non life-threatening. The procedures for each circumstance are as follows:

a. Life-Threatening Injury or Illness

1. Definition - A life-threatening injury or illness is defined as the sudden onset of symptoms or conditions that require immediate medical treatment in order to prevent the loss of life or a permanent disability.

2. Examples – Examples of injuries or illnesses that require emergency treatment include, but are not limited to:

- a) Uncontrolled bleeding
- b) Loss of consciousness
- c) Encounters with poisonous substances, either internally or externally
- d) Compound fractures

3. Procedures

- a) Any employee who sustains a life-threatening illness or injury as defined above should be taken immediately to the nearest emergency room.
- b) Present the employee's healthplan membership card to the emergency room admissions staff.
- c) Notify the employee's family or appropriate contact person.
- d) Notify the employee's primary care physician within twenty-four (24) hours of admission to the emergency room.
- e) Instruct the employee to obtain follow-up care, if necessary, by the employee's primary care physician.

b. Injuries or Illnesses That Are Not Life-Threatening

1. Definition - Medical treatment may be required for minor accidental injuries or unforeseen illnesses that are not life-threatening.

PERSONNEL MANUAL

Benefits for On-The-Job Injuries or Job-Related Illnesses – Civilian Employees

2. Examples - Examples of injuries or illnesses that are not life-threatening but which require medical attention include, but are not limited to:
 - a) Sprains, strains, back pain
 - b) Bumps, bruises, minor burns
 - c) Small lacerations, minor puncture wounds
 - d) Poison ivy
 - e) Allergic reactions

3. Procedures - Procedures for receiving medical treatment of an injury or illness that is not life-threatening depend upon the employee's healthplan membership.
 - a) If the employee is enrolled in an HMO plan:
 - Contact the employee's primary care physician or a twenty-four (24)-hour care facility and explain the illness or injury. In most cases, treatment will be provided at the physician's office or facility.
 - Do not take the employee to the emergency room unless instructed to do so by the employee's primary care physician. All emergency room admissions must be reported to the primary care physician within twenty-four (24) hours.
 - Present the employee's healthplan membership card to the attending physician or admissions staff.
 - Check with the physician to see whether follow-up care is needed. The physician will schedule an appointment for follow-up treatment or a determination will be made that the employee may return to work.

 - b) If the employee is enrolled in any other health insurance plan:
 - Take the employee directly to the Newark Emergency Center, Inc., 324 East Main Street, for treatment.
 - Present the employee's healthplan membership card to the attending physician or admission's staff.
 - Instruct the employee to obtain follow-up care, if necessary, by his/her physician.

PERSONNEL MANUAL

Benefits for On-The-Job Injuries or Job-Related Illnesses – Civilian Employees

- c) If a temporary or part-time employee sustains an on-the-job injury or job-related illness:
 - Take the employee directly to the Newark Emergency Center, Inc., 324 East Main Street, for treatment.
 - Complete a Newark Emergency Center "Industrial Authorization Form" and present it to the attending physician or admissions staff.
 - Check with the physician to see whether follow-up care is needed. The physician will schedule an appointment for follow-up treatment or a determination will be made that the employee may return to work.
- d) If a temporary or part-time employee must obtain emergency medical treatment, but not resulting from an on-the-job injury or job-related illness, the employees may seek treatment at a medical facility of their own choosing.

4. Reporting

Each employee who sustains a job-related injury or illness shall complete a Job-Related Injury/Illness Report and submit it to the City Manager's Office within twenty-four (24) hours after the occurrence of the injury/illness.

C. Payment For Medical Treatment

The City provides for the payment of medical treatment for all on-the-job injuries or illnesses through its Group Health Benefit Plan. Employees are required to adhere to healthplan rules for receiving medical care. The City will not pay for unauthorized or uninsured medical care except as hereinafter provided. Those expenses for reasonable and necessary medical treatment, which are not covered by the Group Health Benefit Plan, such as deductibles and copayments, may be paid directly or reimbursed to the employee by the City.

D. Physician Evaluations

Each employee who has sustained an on-the-job injury or job-related illness shall be required to submit to evaluations by medical personnel retained by the City. Such evaluations shall be scheduled as often as is reasonably necessary and shall continue as long as the employee continues to receive benefits referred to in this policy.

PERSONNEL MANUAL

Benefits for On-The-Job Injuries or Job-Related Illness – Civilian Employees

E. Temporary Total Disability

Each employee who is unable to perform the employee's regular duties as the result of an on-the-job injury or job-related illness and who has not been reassigned to a restricted duty or "light-duty" position shall commence a period of Full Paid Disability Leave. During the Full Paid Disability Leave, the employee shall receive one hundred percent (100%) of the employee's regular base salary and longevity pay for up to sixty (60) calendar days after the commencement of the disability.

If the employee's temporary total disability extends beyond the period of Full Paid Disability Leave, the employee shall cease to receive one hundred percent (100%) of the employee's regular base salary and longevity pay and may elect to receive in lieu thereof, one of the following:

1. The lesser of two-thirds (2/3's) of the employee's regular base salary and longevity or two-thirds (2/3's) of the latest average weekly wage as announced by the Secretary of Labor for the State of Delaware; or
2. One hundred percent (100%) of the employee's regular base salary and longevity subject to the availability of and deduction of accrued paid leaves. The employee shall begin using accrued sick leave, vacation, or compensatory time to make up the difference between Option #1 above and the employee's regular base salary and longevity pay. This option cannot be chosen if the employee has no accrued paid leaves.

The employee shall cease to receive temporary total disability benefits upon the earlier of (1) the employee's return to the performance of his/her regular duties, (2) upon the commencement of continuing total disability benefits, or (3) after the receipt of a maximum of three hundred (300) weeks of temporary and/or continuing total disability benefits. The city reserves the right to change the status of any employee from temporary to continuing total disability, except that the employee may continue to use any accrued sick leave under Section (E)(2) hereinabove until such accrued sick leave shall be exhausted.

F. Continuing Total Disability

Any employee who is unable to perform his/her regular duties as the result of an on-the-job injury or job-related illness after the expiration of the Full Paid Disability Leave referenced in paragraph (E)(1) hereinabove may be eligible to receive one of the following benefits. The city reserves the right to determine which benefit, if any, will be offered to the employee:

1. Reassignment to another available city position, for which the employee is qualified and is physically capable of performing. If the salary for the reassigned position is less than the salary of the position which the employee filled at the time when the employee sustained the on-the-job injury or job-related illness, then the employee shall receive additional compensation equal to the difference between the salaries for the two positions; or

PERSONNEL MANUAL

Benefits for On-The-Job Injuries or Job-Related Illness – Civilian Employees

2. If the employee is unable to perform the duties of any available city position, then the employee shall be terminated from employment and the employee shall receive a continuing total disability benefit. The benefit shall be equal to the lesser of two-thirds (2/3's) of the employee's regular weekly base salary and longevity or two-thirds (2/3's) of the latest average weekly wage as announced by the Secretary of Labor for the State of Delaware. The benefit may consist of a direct payment from the city's self-insurance fund, the payment of a disability pension benefit from the city's pension plan, the payment of a disability benefit from a group insurance plan, or the payment of a Social Security disability benefit, or any combination of the above.

The former employee shall cease to receive continuing total disability benefits in the amount stated in paragraph (F)(2) hereinabove after the earlier of the receipt of a maximum of three hundred (300) weeks of temporary and/or continuing total disability benefits or upon reaching the employee's normal retirement date, as defined by the city's pension plan, and commencing the receipt of a retirement pension benefit. However, if the former employee remains unable to perform the duties of the employee's former position, the employee may continue to receive a lesser disability benefit from the city's pension plan, a group insurance plan, or a disability benefit from the Social Security Administration.

G. Permanent Partial Impairment

Each employee who sustains a permanent partial impairment as a result of an on-the-job injury or illness may be eligible to receive compensation for such impairment subject to the approval of the City Council. Such compensation shall be equal to the greater of:

1. The lesser of (a) two-thirds (2/3's) of the employee's weekly regular base salary and longevity as of the employee's injury date or, (b) two-thirds (2/3's) of the average weekly wage as announced by the Secretary of Labor for the State of Delaware as of the employee's injury date, multiplied by a factor provided in Section H below; or
2. The benefit amount provided by the City's Accidental Death and Dismemberment (AD&D) Policy.

The City Manager shall notify the City Council of any Permanent Partial Impairment settlement. Any such settlement, which exceeds \$15,000 in value, shall also require the approval of City Council prior to the execution of that settlement agreement by the City Manager.

Each employee who sustains a permanent partial impairment, resulting from an on-the-job injury or illness, which is covered by the City's AD&D policy shall be required to file a claim for benefits provided by that policy. If the amount of the benefit that the employee receives from the AD&D policy is less than the amount provided by Subsection (G)(1) above, then the City shall only be required to compensate the employee for the difference between the two amounts.

Benefits for On-The-Job Injuries or Job-Related Illness – Civilian Employees

H. Permanent Partial Impairment - Schedule of Loss Multiplication Factor

1. For the loss of a hand – 220
2. For the loss of an arm – 250
3. For the loss of a foot – 160
4. For the loss of a leg – 250
5. For the loss of a finger –
 - for the loss of a thumb – 75
 - for the loss of the index finger – 50
 - for the loss of the middle finger – 40
 - for the loss of the finger between the middle finger and the little finger – 30
 - for the loss of the little finger – 20
 - the loss of the first phalange of the thumb or any finger – one-half (1/2) of the appropriate factor listed above.
 - the loss of one-half (1/2) of the first phalange of the thumb or any finger – one-quarter (1/4) of the appropriate factor listed above.
 - the loss of more than one (1) phalange shall be considered as the loss of the entire thumb or finger.
 - in no case shall the compensation for the loss of more than one (1) finger exceed the compensation for the loss of the entire hand.
6. For the loss of a toe –
 - for the loss of the great toe – 40
 - for the loss of any one (1) other toe – 15
 - the loss of the first phalange of any toe – one-half (1/2) of the appropriate factor listed above.
 - the loss of more than one (1) phalange shall be considered as the loss of the entire toe.
7. For the loss of vision –
 - for the total loss of vision in any one (1) eye – 200
 - for the partial loss of vision in any one (1) eye – 200 multiplied by the percentage of loss.
8. Amputation up to the ankle or any part of the foot shall be considered as a loss of the foot.

PERSONNEL MANUAL

Benefits for On-The-Job Injuries or Job-Related Illness – Civilian Employees

9. Amputation above the ankle shall be considered as a loss of the leg.
10. The total loss of use of a hand, arm, foot or leg shall be considered equivalent to the loss of that body part.
11. Amputation between the palmar surface of the hand and the shoulder shall be considered as a loss of the arm.
12. Amputation of fifty percent (50%) of the palmer surface of the hand shall be considered as a loss of the hand.
13. For the loss of hearing –
 - for the total loss of hearing in one (1) ear – 75
 - for the partial loss of hearing in one (1) ear – 75 multiplied by the percentage of loss.
14. For any body parts not listed, including neck and back – 300
15. For visible permanent scarring which is visible while the body is normally clothed – 150

I. Death

1. The beneficiary of each employee who dies as a result of an on-the-job injury or illness shall be eligible to receive the following benefits:
 - a. Receipt of a Spouse and Children's pension benefit or refund of pension contributions plus interest as provided by the City of Newark Employees Pension Plan; and
 - b. Receipt of an accidental death and dismemberment term life insurance benefit equal to and in addition to the basic term life insurance death benefit provided by the employee's working agreement.
2. The beneficiary of each employee who dies as a result of an on-the-job injury or illness may be eligible to receive death benefits from the Social Security Administration. It is suggested that the beneficiary of each deceased employee contact the Social Security Administration to determine eligibility requirements and benefit levels.

PERSONNEL MANUAL

Benefits for On-The-Job Injuries or Job-Related Illness – Civilian Employees

J. Conflicting Language

If there are any conflicts between the language of this policy and the language of the pension plan or any City insurance policies, then the language of the pension plan shall govern.

K. Time Limits for Benefits

Any claim for benefits provided by this policy must be submitted in writing to the City Manager within two (2) years after the injury or illness occurred. Claims submitted more than two (2) years after the injury or illness occurred shall be denied.

L. Subrogation

The City reserves the right of subrogation in the event that any third party or parties is held either in whole or in part responsible or makes payments by way of compromise or settlement for injuries or claims made by an employee against the City.

M. Dispute Resolution

1. Any employee having a dispute regarding the application or interpretation of this policy may request a hearing before a neutral, disinterested person knowledgeable as to the Delaware law and practice regarding benefits for on-the-job injuries and job-related illnesses. The person shall be selected by the City Manager and the employee's representative or their designees. If the parties cannot agree on a neutral, the person shall be chosen by the Delaware State Bar Association Lawyer Referral Committee from retired judges, active lawyers, or retired lawyers familiar with Delaware workers' compensation law and practice.
2. Any dispute regarding the termination of Temporary Total Disability benefits as provided by Section E shall be subject to an expedited review process as provided by (N)(1) above to determine "return to work status" exclusively. Pending this review, the employee may remain off work but will be required to use accrued paid leaves. The employee shall have the right to choose which accrued leave shall be used. If the employee has exhausted all accrued leaves or has insufficient accrued leaves to continue receiving regular pay, the employee shall be allowed to borrow up to two hundred forty (240) hours of Sick Leave as provided by the employee's working agreement. If it is determined by this review process that the employee is still unable to return to work, then all accrued leaves used during this review period shall be restored to the employee.

N. Modifications

This policy is subject to modification by the City Manager.



PERSONNEL MANUAL

CITY OF NEWARK, DELAWARE JOB-RELATED INJURY/ILLNESS REPORT

IMPORTANT NOTICE TO INJURED EMPLOYEE

If you are a **regular, full-time** employee, your health insurance will pay for all reasonable and necessary medical care to treat your injury. To insure timely payment of your medical bills:

1. Present your health insurance card to any medical provider who treats your injury.
2. Contact the City's health insurance carrier within 24 hours after receiving emergency medical treatment.
3. Obtain authorization for any follow up treatment from your primary care physician.
4. Forward any bills and/or receipts for medical care to the City Manager's Office.

If you are a **temporary** or **part-time** employee, you should direct your medical provider to call the City Manager's Office at (302) 366-7026 for billing information or mail any bills for services to the **City Manager's Office, City of Newark, 220 S. Main Street, Newark, DE 19711.**

Name _____

Job Title _____ Department _____

Date of Injury _____ Time of Injury _____ AM/PM Time Began Work _____ AM/PM

Describe what you were doing **before** the injury occurred: _____

Where were you when the injury occurred? _____

Describe what happened: _____

What was the injury? _____

Have you/will you receive medical treatment? ****** ****** If yes, where? _____

****If you are a regular, full-time employee and you have received medical treatment, you must contact your Primary Care Physician. ****

Name(s) of witnesses to the injury: _____

Will you be absent from work as a result of this injury? _____ If so, for how long? _____

Attach doctor's note.

Employee's Signature

Date

Supervisor's Signature

Date

Department Director's Signature

Date

Assistant to the City Manager's Signature

Date



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Washington, D.C. 20507

ADA: Disability-Related Inquiries and Medical Examinations of Employees

October 5, 2004

Dear:

This responds to your July 30, 2004, letter to the Equal Employment Opportunity Commission (Commission) asking whether the Americans with Disabilities Act (ADA) permits an employer to require medical records from employees to justify their use of sick leave. Specifically, you state that a commercial airline recently began requesting pilots to provide *all* of their medical records to justify the use of sick leave even when, in some instances, the leave was taken more than one year prior to the employer's request. Pilots who refuse to provide their records may be disciplined or fired for insubordination.

The ADA strictly limits the circumstances under which an employer may make disability-related inquiries or require medical examinations of employees. Generally, an employer only may ask questions or request medical documentation when it has a reasonable belief, based on objective evidence, that: (1) an employee's ability to perform essential job functions will be impaired by a medical condition; or, (2) an employee will pose a direct threat due to a medical condition. *See* EEOC Enforcement Guidance on Disability-Related Inquiries and Medical Examinations of Employees Under the Americans with Disabilities Act (Guidance), July 26, 2000. (This Guidance can be found on our website at www.eeoc.gov.) An employer also is entitled to know whether an employee's absence or request for sick leave is due to legitimate medical reasons. An employer, therefore, may ask an employee to justify the use of sick leave by providing a doctor's note or other explanation for the use of sick leave, as long as it has a policy of doing so for all employees. *Id.* at Question 15. An employer, however, may not ask for documentation unrelated to the use of sick leave (such as information about an illness or condition other than that for which sick leave was requested) or for more information than is necessary to justify the sick leave request. We believe that requiring *all* of an employee's medical records to support a sick leave request will violate the ADA.

Employers also may make disability-related inquiries or request medical documentation when an employee who has been on leave for a medical condition seeks to return to work, if the employer has a reasonable belief that the employee's present ability to perform essential job functions will be impaired by a medical condition or that he or she will pose a direct threat because of a medical condition. Any inquiries or documentation, however, must be limited to what is needed to assess the employee's ability to work. A request for medical records made a year or more after sick leave has been taken and after a pilot has resumed flying cannot be justified under this standard. The ADA strictly prohibits an employer from using an employee's leave as a justification for making far-ranging disability-related inquiries or requiring unrelated medical documentation. *Id.* at Question 17.

You also ask whether an employer may require extensive medical documentation to justify sick leave usage from one pilot but not from other pilots and employees. We can think of three situations in which an employer may require more documentation from a particular employee who requests leave than from other employees who request leave. First, if, in response to a requirement that all employees justify their use of sick leave, an employer receives information which causes it to have a reasonable belief that a particular employee has a medical condition that may make him or her unable to perform essential job functions or will pose a direct threat, the employer may ask that employee for additional medical information. An employer only may request information about the particular medical condition at issue, not the employee's entire medical record.

Second, an employer may require an employee to provide documentation sufficient to substantiate that he or she has an ADA disability when the employee requests leave as a reasonable accommodation and the disability or need for leave is not known or obvious. *See generally id.* at Questions 5, 7, 10, and 13. An employee who requests leave as a reasonable accommodation is asking an employer to modify its normal leave policies (e.g., by providing more leave than the employee would be entitled to under the employer's regular policy) for reasons related to a disability. Under these circumstances, the employer has the right to know that the employee has a covered disability and why the employee requires leave as a reasonable accommodation.

Third, although not addressed in our Guidance, it would seem that an employer may request more documentation from employees who request longer periods of leave (even if the leave does not constitute a reasonable accommodation) or who are suspected of abusing sick leave than it requires from employees who request short or infrequent periods of leave. For example, an employer could allow employees who take one or two days of sick leave simply to submit a form on which they indicate that they were out of work due to illness, but might require a doctor's note or other documentation from employees who are out sick for a week or more or who have been observed taking frequent sick leave on Mondays or Fridays.

Finally, you ask whether an employer may terminate a pilot for insubordination for refusing to provide all of his or her medical records to justify the use of sick leave. Although the Commission has not specifically addressed this issue, an argument could be made that terminating or disciplining an employee for failing to respond to a request that he or she believes is unlawful constitutes retaliation for opposing activity made unlawful by the ADA, *see* 42 U.S.C. §12203(a); 29 C.F.R. §1630.12(a), or interference with an employee's enjoyment of rights under the ADA. *See* 42 U.S.C. §12203(b); 29 C.F.R. §1630.12(b).

I hope this information is helpful to you. This letter is an informal discussion of the issues you raised and does not constitute an official opinion of the EEOC. If you have any questions, please contact me or Joyce Walker-Jones at Joyce.Walker-Jones@eeoc.gov.)

Sincerely,

Christopher J. Kuczynski
Assistant Legal Counsel
ADA Policy Division

CITY OF NEWARK, DELAWARE
JOB-RELATED INJURY/ILLNESS REPORT

IMPORTANT NOTICE TO INJURED EMPLOYEE

If you are a **regular, full-time** employee, your health insurance will pay for all reasonable and necessary medical care to treat your injury. To insure timely payment of your medical bills:

1. Present your health insurance card to any medical provider who treats your injury.
2. Contact the City's health insurance carrier within 24 hours after receiving emergency medical treatment.
3. Obtain authorization for any follow up treatment from your primary care physician.
4. Forward any bills and/or receipts for medical care to the City Manager's Office.

If you are a **temporary** or **part-time** employee, you should direct your medical provider to call the City Manager's Office at (302) 366-7026 for billing information or mail any bills for services to the City Manager's Office, City of Newark, 220 Elkton Road, Newark, DE 19711.

NAME _____

JOB TITLE _____ DEPARTMENT _____

DATE OF INJURY _____ TIME OF INJURY _____

AM/PM

Describe what you were doing when the injury occurred: _____

Where were you when the injury occurred? _____

Describe the injury: _____

Have you/will you receive medical treatment? ** _____ **

If you are a **regular, full-time employee and you have received medical treatment,
you must contact your Primary Care Physician.**

Name(s) of witnesses to the injury: _____

Will you be absent from work as a result of this injury? _____ If so, for how long? _____

Attach doctor's note.

Employee's Signature

Date

Supervisor's Signature

Date

Department Director's Signature

Date

Assistant to the City Manager's Signature

Date