CLARK COUNTY

EMPLOYEE HANDBOOK AND ADMINISTRATIVE MANUAL

(Administrate Manual References are underlined)

ORIGINAL IMPLEMENTATION: 1/1/2013

REVISED EFFECTIVE 02/05/2026

MISSION STATEMENT:

The mission of Clark County and its employees is to provide cost effective services, with equal access to all citizens; to continue and enhance partnerships; to responsibly manage our resources and prepare for the future.

CORE VALUES:

Clark County employees are expected to act ethically and exemplify values of

- Integrity,
- Respect,
- Fairness,
- Accountability, and
- Client Service.

SECTION 1

1.1 PURPOSE - NOW POLICY 000.001

Now located at policy 000.001 General Provisions and Definitions -
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_fb4d6b85d0d3476dbae738bf6b705597.pdf

1.2 GENERAL POLICY STATEMENT - NOW POLICY 000.001

Now located at policy 000.001 General Provisions and Definitions -
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_fb4d6b85d0d3476dbae738bf6b705597.pdf

1.3 THE ROLE OF DEPARTMENT HEADS - NOW POLICY 000.001

Now located at policy 000.001 General Provisions and Definitions -
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_fb4d6b85d0d3476dbae738bf6b705597.pdf

1.4 POLICY INITIATION AND REVISION - NOW POLICY 000.001

Now located at policy 000.001 General Provisions and Definitions -
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_fb4d6b85d0d3476dbae738bf6b705597.pdf

1.5 DEPARTMENT SPECIFIC WORK RULES - NOW POLICY 000.001

Now located at policy 000.001 General Provisions and Definitions -
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_fb4d6b85d0d3476dbae738bf6b705597.pdf

SECTION 2: POSITION TRANSACTIONS - NOW ADMINISTRATIVE COMPENSATION POLICY

Now located in the administrative compensation policy
https://www.clarkcountywi.gov/_files/ugd/59ff6b_17c1b457a426497e8b09253b337502f8.pdf

2.1 HIRING AUTHORITY - NOW POLICY 000.001

Now located at policy 000.001 General Provisions and Definitions -
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_fb4d6b85d0d3476dbae738bf6b705597.pdf

2.2 TYPES OF EMPLOYMENT - NOW POLICY 000.001

Now located at policy 000.001 General Provisions and Definitions -
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_fb4d6b85d0d3476dbae738bf6b705597.pdf

Additional Information:

- **Project** – A position that is normally funded for 6 or more consecutive months and which requires employment for 600 hours or more per 26 consecutive biweekly pay periods, either for a temporary workload increase or for a planned undertaking which is not a regular function of the employing agency,

and which has an established probable date of termination. No project position may exist for more than 4 years.

- **Internship**: typically, are one-time work or service experiences related to a student's major or career goal generally involve a student working in a professional setting under the supervision and monitoring of practicing professionals. Based upon each department's budgets, grants, and programming needs, internships can be paid or unpaid. Internships are considered to be structured educational experiences which incorporate productive work experience as a regular part of a college student's curriculum
- When positions change from temporary to part-time or full-time, they will be filled through the applicable recruiting procedure. (Approved at Personnel Committee on 8/26/2015 and approved by the Clark County Board on 10/2/2014)

2.3 JOB VACANCIES & POSTING - NOW POLICY 100.103

Now located at Policy 100.103 Recruitment and Hiring
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_9533fd7b321e420bacf88c6f3d0e47de.pdf

2.4 JOB TRANSFERS & PROMOTIONS - NOW ADMINISTRATIVE COMPENSATION POLICY NOW LOCATED IN THE ADMINISTRATIVE COMPENSATION POLICY HTTPS://WWW.CLARKCOUNTYWI.GOV/_FILES/UGD/59FF6B_17C1B457A426497E8B09253B337502F8.PDF

2.5 RECLASSIFICATIONS - NOW ADMINISTRATIVE COMPENSATION POLICY

Now located in the Administrative Compensation Policy
https://www.clarkcountywi.gov/_files/ugd/59ff6b_17c1b457a426497e8b09253b337502f8.pdf

SECTION 3: EMPLOYEE ORIENTATION AND TRAINING

Every new employee will receive a two-tiered orientation program; one, a basic Payroll/Personnel/IT and second, a department specific orientation.

3.1 REQUIRED TRAINING

- ***THE FOLLOWING TRAININGS WILL BE REQUIRED FOR EACH NEW EMPLOYEE:***
  - Harassment and Discrimination Prevention
  - Civil Rights Compliance
  - Health Information Portability and Accountability Act (HIPAA)

- ***THE FOLLOWING MAY BE REQUIRED, AS APPLICABLE, BY DEPARTMENT:***

Accident Investigation		Ergonomics/Workstation Design
Avoiding Sexual Harassment in the Workplace		Excavation Awareness
Avoiding Slips, Trips & Falls		Fire Investigations Part 1
Bloodborne Pathogens		Fire Investigations Part 2
Chain Saw Safety		Forklift Safety
Confined Spaces		Hazard Communication
Defensive Driving		Hearing Conservation
Diversity & Ethics in the Workplace		Hybrid Vehicle Safety
Drug and Alcohol Abuse		Ladder Safety
Emergency Action Plan		Safe Use of Fire Extinguishers
Lawn Mower Safety		Safety Committees
Lockout/Tag-out		School Bus Safety
Personal Protective Equipment		Technical Education Safety
Playground Safety and Maintenance		Violence in the Workplace
Protect your Back!		Work Zone Safety

Respirator Safety and Fit Testing		Other safety training that may be required due to specific position
Responding to the Media for Law Enforcement		

- Skills, safety or awareness training will be conducted and documented by each department as needed.
- Organized training programs may be available for maintaining and/or enhancing the knowledge, proficiency, ability and skills of employees in order to keep them abreast of current developments in their occupation or field.
- Training plans also may be developed as part of a plan to correct or improve performance deficiencies identified.
- Specific plans, programs, or arrangements for training are the responsibility of the department and must be approved by the Department Head.
- In addition, reimbursement will be made only for programs approved in writing by the supervising Committee, which may at its discretion place limits and conditions on the reimbursement.
- Employees who attend specialized training, the duration of which is three weeks or more and in which the County pays the employee's wages, may be required to sign an employment contract.

3.2 PERSONNEL FILES

- Individual personnel files will be maintained in the Office of Personnel at the Courthouse with duplicates available at the Sheriff's Department, ADS, and Highway office, as applicable. The expectation is that all files will be maintained electronically in the future. The Rehabilitation and Living Center will maintain individual personnel files on grounds for regulatory purposes. Copies will be distributed to the Office of Personnel. (Approved at Personnel Committee on 4/1/2014 and approved by the Clark County Board on 5/1/2014)
- Files will be subject to audit by the Personnel Committee and open to review by the employee's Department Head. Each review will be documented to comply with Wis. Stat. 103.13.
- Employees must promptly report any change in name, address, telephone number, marital status or number of dependents to the Office of Personnel or the Rehabilitation and Living Center Personnel office.
- The provisions of Wisconsin Statute 103.13 regarding maintenance and accessibility of personnel records are hereby adopted by reference. A copy of the statute is available from the Office of Personnel upon request.
- All medical information regarding an employee must be kept in a confidential file separate from the employee's personnel file. Access to any medical file shall be strictly limited to those with a need to know the medical information. Employee medical documentation will be handled in a manner consistent with the Health Information Portability and Accountability Act.

3.3 HOURS OF WORK AND BREAK PERIODS - NOW POLICY 400.403

Now located in the Meals and Break Periods Policy 400.403
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_9657005a5dd04867a82ba38718877495.pdf

3.4 UNFORESEEN CLOSINGS - NOW POLICY 800.805

Now located in the Emergency Closure Policy 800.805
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_cd47fe2844f84b03b3bd5f56d41aa53d.pdf

3.5 REPORTING ABSENCES

- Employees unable to report to work shall notify their supervisor or designee of an absence at least 30 minutes before their shift begins.
- Approval of all planned and unplanned PTO is granted at the discretion of the Department Head.
- Pre-planned PTO of three-days or greater should be scheduled at minimum two weeks prior to the date of absence (at the discretion of the Department Head.)

- Employees are expected to continue advising the supervisor of expected return if the absence is longer than one day.
- If an employee is aware that they may have an absence, which involves illness or injury, which will extend beyond three (3) days, the employee should contact the Office of Personnel to discuss applicability of Family and Medical Leave time.
- Absences in excess of three (3) days, which involve illness or injury, must be verified by a doctor.
- It is the expectation of Clark County that employees will be punctual and in regular attendance. Poor attendance, failure to report or excessive tardiness is disruptive to the work environment. Either may lead to disciplinary action, up to and including termination of employment.

3.6 PAYROLL & DEDUCTIONS FROM PAYROLL

Standardization of payroll and payroll procedures will be in accordance with applicable State and Federal guidelines.

- **Data Changes:** Please notify your supervisor and the Payroll and Assistant Comptroller if any changes occur in your name, home address, telephone number(s), marital status, name or number of dependents, number of tax exemptions, insurance classification, beneficiary changes, or individuals to be contacted in case of emergency. This information is necessary as it may affect your compensation, dependents' eligibility for medical insurance, and other important matters.
- **Deductions:** It is the Employer's policy to comply with applicable wage and hour laws and regulations. If you have any questions or concerns about your salaried status or you believe that any deduction has been made from your pay that is inconsistent with your salaried status, you should immediately raise the matter with the Payroll and Benefits Coordinator or the Personnel Manager who can assist you in understanding the information that is required in order to investigate the matter.
- **Complaints:** The Employer is committed to investigating and resolving all complaints as promptly, but also as accurately, as possible. Consistent with the U.S. Department of Labor's policy, any complaint will be resolved within a reasonable time given all the facts and circumstances. If an investigation reveals that you were subjected to an improper deduction from pay, you will be reimbursed, and the Employer will take whatever action it deems necessary to ensure compliance with the salary basis test in the future.

3.6.1 CHARITABLE ORGANIZATION DEDUCTIONS

Employees may consent in writing to allow after tax, monetary payroll deductions to specific viewpoint neutral charitable organizations, without a specific designation as to purpose or restriction. Authorizations are voluntary, can be revoked in writing at any time, and are not a condition of employment in any way. Refer to Appendix Q, "Employee Authorization for Payroll Deduction."

3.7 WORK RULES - NOW GENERAL PROVISIONS AND DEFINITIONS POLICY

Now Located in the General Provisions and Definitions Policy; for Supplemental Pays reference Administrative Compensation Policy
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_fb4d6b85d0d3476dbae738bf6b705597.pdf

3.8 LAYOFF & RECALL

Clark County retains the right to lay off employees, in whole or in part, and to retain those employees who are most qualified to perform the available work. Clark County values the commitment and loyalty of our long-term employees and as such, decisions regarding recruitment, selection, promotion and lay-off will consider length of service as part of the overall evaluation. Length of service may also be considered when making temporary assignments to "lead" positions.

3.9 TERMINATION OF EMPLOYMENT – NOW POLICY 100.105

Now located in the Separation from Employment Policy 100.105
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_ad9db7e6d71f47e1bec598d102083885.pdf

3.10 WORKPLACE SAFETY/ON-THE-JOB ACCIDENTS

It is Clark County's policy to ensure that you have safe and healthful working conditions. Employees are asked to help the County by observing good safety practices and maintaining good health. Use of cellular phones while operating a motor vehicle is prohibited. Hands-free technology may be used if allowed by state law or local regulations. Employees must inform their supervisor of any hazardous situations.

- All accidents, no matter how small, must be reported to your supervisor immediately. Your supervisor will see that you get appropriate medical care and may require you to obtain medical attention.
- Employees are covered by Worker's Compensation Insurance in accordance with State law. Worker's Compensation provides payment to employees injured at work to replace lost income. It also provides payment of medical bills and related expenses.
- Payments made in lieu of lost wages for Worker's Compensation are reportable to the Wisconsin Retirement System. Thus, required employee contributions, where applicable, will be withheld from such payments.
- Clark County supports an Early Return to Work (ERTW) program.
    - This program allows employees to return to work with temporary restrictions during the healing process for work related injuries or illnesses.
    - Employees may be utilized in other departments and may complete work outside of their normal duties while involved in the ERTW program.
    - Decisions regarding the ability of the employer to meet an employee's restriction will be made by the Human Resources/Personnel Department in conjunction with applicable Department Heads.

It is essential that the "Employers First Report of Injury" form (Appendix D) be filed with the Personnel Department or your Worker's Compensation may be jeopardized. Incidents involving property damage without personal injury should be reported using the form "Clark County Incident Report" (Appendix E). Employees submitting, or assisting those submitting, false Worker's Compensation claims will be subject to disciplinary action up to and including termination. Legal action may also be taken against employees submitting fraudulent claims.

SECTION 4: OTHER POLICIES AND STATEMENTS

4.1 SMOKEFREE WORKSITE POLICY

Smoking, including the use of electronic smoking devices, shall not be permitted in any county owned, operated or leased vehicle or buildings. Smoking shall also be prohibited in any outdoor county worksite where two or more employees are required to be in the course of their employment. The includes, without limitation, common work areas, auditoriums, conference and meeting rooms, private offices, elevators, hallways, employee lounges, stairs, restrooms, construction sites, temporary offices such as trailers, and vehicles.

No smoking is permitted in areas determined by the Public Property Committee. "No Smoking" signs shall be posted at such locations.

Violation of this policy may result in employee discipline as deemed appropriate by department head and/or governing committee. (Approved by the Clark County Board on 1/22/2015)

4.2 PERSONAL BUSINESS/SOLICITATION

- Clark County Ordinance # 128-3-91 states that Courthouse solicitation is prohibited.
- Clark County intends to maintain a business atmosphere in all operations and facilities in order to prevent disturbances in county operations and to protect employees from undue interference while performing their jobs.
- Employees shall not solicit nor conduct non-county business with any client of Clark County with who they or their department are or may reasonably expect to be involved during the performance of their county duties.

- Non-employees may not come on county property to solicit or distribute literature on behalf of any organization, fund, activity or cause, except for purposes of regular county business.
- County time, space, materials and equipment are maintained for the purpose of conducting county business.
- Employees are expected to avoid conducting personal business on county time and with the use of County property including telephones, copy machines, vehicles, cell phones and computers.
- Employees are expected to advise relatives and outside associates to contact them only in the event of emergencies.
- Exceptions must be approved, in writing, by one of the following:
    - Administrative Coordinator
    - Department Head
    - Personnel Manager
    - Executive Director for HCC postings.
- Each year, in January, a list of approved fund raisers will be available from the Office of Personnel.
- Should telephone or cell phone charges for personal use be unavoidably incurred, the County must be reimbursed upon receipt of the vendor's billing.
- Specific policies regarding the use of and charges for employee-owned cell phones are the responsibility of the Department Head and Supervising Committee.
- Employees may not solicit or distribute written materials to other employees in work areas, including halls, stairs, lobbies, and elevators, nor can employees solicit other employees or distribute written materials to other employees on county property while either employee is on working time.
- Bulletin boards are to be used consistent with procedures established by the County for posting items.

4.3 POLITICAL ACTIVITIES

Employees are free to engage in political activity outside of work hours and to the extent that it does not adversely affect the performance of job duties, or Clark County operations. When engaging in political activity or engaging in discussion of issues of public importance, employees are expected to ensure that their actions and positions are not attributed to the Employer. Employer resources may not be used for promoting a particular candidate or political party or for advocating a particular position on an issue that has become identified as the viewpoint of a particular candidate or party.

Definition of "Employer Resources": Employees may not use employer resources for political activities. Employer resources include, but are not limited to, office supplies, electronic equipment including e-mail, facsimile and photocopying machines, letterhead, bulletin boards and other public spaces.

Definition of "Political" Activities: Political activities include partisan and non-partisan elections and referendums. Any political activity must be conducted independent of your role as an employee. The following guidelines are not exhaustive, but are intended to help in differentiating between those activities that may be viewed as harmful to workplace functioning and those activities that generally fall outside the "political" activities subject to employer restrictions and intervention. Employees are expected to avoid the following political activities:

- Using working hours or employer resources to solicit money or signatures or to make political contributions;
- Using non-work hours to solicit contributions, signatures or services from other employees who are on work time;
- Posting political materials in areas open to the public;
- Using the employer's mailing address as the return address for political solicitations;
- Providing employer mailing lists to any individual or organization for political solicitations if this information is not generally available to the public. (Note: the use and distribution of employer mailing lists to outside parties always requires prior authorization including an assessment of whether fees should be charged to cover production costs);

- Political advocacy in the form of clothing items, armbands and buttons that cause a disruption in operations and/or violate the rights of others including the right to be free from discrimination, harassment and intimidation in the workplace.
- Lobbying is prohibited on County Property.

4.4 OTHER EMPLOYMENT/CONFLICT OF INTEREST

Employees may hold outside jobs as long as they continue to meet performance standards of their county position, and provided the outside job does not create a conflict of interest with the county position. All employees shall be held to the same performance standards and work schedules, regardless of existing outside employment demands. Outside employment that creates a conflict of interest is prohibited, and the determination of whether a conflict of interest exists is left to the sole discretion of the employer.

4.5 JURY DUTY AND OTHER COURT SUMMONS

- Employees called to be selected or to serve on a jury shall not forfeit any pay or benefits.
- Employees shall be paid their regular rate of pay for scheduled days and shall turn their jury duty paycheck over to the Department head or designee to be forwarded to the County Treasurer.
- Employees shall keep the mileage allowance paid by the Court. Employees who elect to use paid time off shall keep the jury duty pay.
- Employees subpoenaed to appear during work time at judicial and quasi-judicial proceedings shall do so without the benefit of County wages or salaries unless they elect to use appropriate paid time off benefits or unless they are doing so for purposes or causes relevant to the nature of their County employment.

4.6 STATE AND FEDERAL FAMILY AND MEDICAL LEAVE ACTS (REGULATIONS 29 CFR PART 825 AND SECTION 103.10, WISCONSIN STATUTES)4 .6 LEAVE – FAMILY, MEDICAL, AND MILITARY FAMILY – NOW POLICY 400.405

Now located in Leave – Family, Medical, and Miliatry Family Policy 400.405
https://filecloud.co.clark.wi.us/url/fmlapolicyupdate

4.7 CLARK COUNTY SEXUAL HARASSMENT POLICY

- It is the policy of Clark County that all employees should be able to enjoy a work environment free from sexual harassment.
- Therefore, the policy and procedure of Clark County shall be as follows:
    - It is illegal and shall be an infraction of the policies of Clark County for any employee, representative or agent, male or female, to sexually harass another employee, job applicant, client, vendor or contractor or representatives thereof, by:
        - Making unwelcome sexual advances requesting sexual favors, making explicit or implicit sexual expressions through verbal or physical conduct;
        - Making submission to, acceptance of, or rejection of such conduct the basis for employment or other business or operational decisions affecting the employee or other person in such areas as hiring, promotions, transfers, services or salaries;
        - Creating an intimidating, hostile or offensive working environment by such conduct.
- Any employee who believes he or she has been the subject of sexual harassment should report the alleged act immediately, preferably within 48 hours, to any one of the following individuals:
    - Immediate Supervisor
    - Department Head
    - Office of Personnel
- An investigation of all complaints will be undertaken immediately.
    - All information disclosed in the complaint and the investigation procedure will be held in the strictest confidence and only disclosed when necessary and appropriate or as required.

- Any Department Head, Supervisor, manager, officer or other employee who has been found by Clark County, after appropriate investigation, to have sexually harassed another employee will be subject to appropriate disciplinary action up to and including termination.
- Clark County recognizes that the question of whether a particular action or incident is a purely personal, social relationship, without a discriminatory employment effect, requires a factual determination based upon all facts in each individual case. Given the nature of this type of discrimination, Clark County also recognizes that false accusation of sexual harassment can have serious effects on innocent men and women. We trust that all employees of Clark County will continue to act responsibly to establish a pleasant working environment free of discrimination.
- No employee will be subjected to any form of retaliation or discipline for pursuing a sexual harassment complaint.
- If an employee believes that he or she is being retaliated against for pursuing a claim of harassment, that employee should immediately file a written complaint with the Office of Personnel.
- Clark County reserves the right to initiate an independent outside investigation or review of the facts with recommendation to the Office of Personnel.

Clark County will conduct its investigation in as confidential a manner as possible. Interviews, allegations, statements, and identities will be kept confidential to the extent possible and allowed by law. However, Clark County will not allow the goal of confidentiality to be a deterrent to an effective investigation. A timely resolution of each complaint will be reached and communicated to the employee. Appropriate corrective action, up to and including termination, will be taken promptly against any employee engaging in discrimination and/or harassment. The corrective action issued will be proportional to the severity of the conduct. The alleged harasser's employment history and any similar complaints of prior unlawful discrimination and/or harassment will be taken into consideration. Refer to Appendix F: "Complaint procedures for Claims of Discrimination, Harassment or Retaliation."

Training

On a periodic basis, the County will conduct training on discrimination, harassment and retaliation issues.

State and Federal Agencies

Employees retain the right to bypass the County Complaint process or to file a simultaneous complaint with the appropriate State or Federal Office. See Appendix G: "How to File an Employment or Service Delivery Discrimination Complaint"

4.8 WORKPLACE DISCRIMINATION

- Under Federal and State Fair Employment Laws, members of protected classes are shielded from unlawful discrimination in employment. (Wisconsin Fair Employment Act; §111.31-111.395 of Wisconsin State Statutes)
- Such discrimination can be in the form of harassment such as:
    - Unsolicited and repeated derogatory epithets, derogatory statements or gestures made to a person because of his/her protected status.
    - Any attempt to penalize or punish a person because of his/her protected class status.
- All allegations of workplace harassment and/or discrimination will be subject to an immediate and confidential investigation by management.
- If an employee is found responsible for the harassment/discrimination, he/she will be subject to disciplinary action up to and including termination from employment.
- No employee will be subjected to any form of retaliation or discipline for pursuing a workplace harassment/discrimination complaint.
- Any employee who believes he or she has been the subject of sexual harassment should report the alleged act immediately, preferably within 48 hours, to any one of the following individuals:
    - Immediate Supervisor

- Department Head
- Office of Personnel

4.8.1 DISCRIMINATION, HARASSMENT & RETALIATION-FREE WORKPLACE DEFINITIONS AND GUIDELINES

It is the policy of Clark County to maintain a safe workplace environment that is free from discrimination, harassment and retaliation. Every employee has a personal responsibility to help maintain a safe and healthful workplace environment. Under federal and state fair employment laws, members of protected classes are shielded from unlawful discrimination in employment. Workplace harassment and discrimination whether engaged in by employees, supervisors or members of the public, will not be tolerated and will subject offenders to disciplinary action or discharge from employment. Retaliatory acts taken against employees for reporting workplace safety issues, harassment or discrimination will also not be tolerated and will subject the offender to disciplinary action or discharge from employment.

4.8.2 EMPLOYEE RESPONSIBILITY TO REPORT

It is the responsibility of each and every employee to immediately report to management any and all health and safety issues, discriminatory, harassing or retaliatory conduct which may relate to the work environment whether it occurs on or off the job. Such conduct includes conduct by employees toward other employees, by employees toward the public and by members of the public toward employees which relates to their work.

4.8.3 DEFINITIONS OF PROTECTED CLASS

State and Federal law prohibits discrimination and harassment based on any protected class including, but not limited to, age, race, color, creed, disability, religion, sex, national origin, ancestry, arrest record, conviction record, marital status, sexual orientation, genetic testing, membership in the national guard, state defense force or any other reserve component of the military forces, for use or non-use of lawful products off the employer's premises during non-working hours.

4.8.4 DEFINITION OF HARASSMENT AND ACTS OF DISCRIMINATION

Harassment and acts of discrimination to be reported by employees can include:

- Unsolicited and repeated derogatory epithets, derogatory statements or gestures made to a person because of his/her protected status.
- Any attempt to penalize or punish a person because of his/her protected status.
- Creating an offensive and hostile working environment for a person because of his/her protected status, including sexual harassment.

4.8.5 DEFINITION OF WORKPLACE SAFETY

Any unsafe practice or condition, affecting persons, property or equipment, must be reported immediately to their immediate supervisor. Should a hazardous situation exist, safety concerns always take precedence over continuing operations. Any employee, who identifies new ways to increase workplace safety, should make these recommendations known to their immediate supervisor using the Clark County Unsafe Condition or Hazard Report (Appendix H).

4.9 DRUG-FREE WORKPLACE ACT

Illegal drugs and alcohol in the workplace are a danger to us all. They impair safety and health, promote crime, lower productivity and quality, and undermine public confidence in the work we do. Clark County will not tolerate the illegal use of drugs or the use of alcohol during hours of work. Under the federal Drug-Free Workplace Act of 1988, in order for Clark County to be considered a "responsible source" for the awarding of federal contracts, the following guidelines have been developed:

Any location, at which County business is conducted, is declared to be a drug-free workplace. This means:

- All employees are **absolutely prohibited** from unlawfully manufacturing, distributing, dispensing, possessing or using controlled substances in the workplace.
- Any employee violating the above policy is subject to disciplinary action up to and including termination for the first offense. Employees have the right to know the dangers of drug or alcohol abuse in the workplace, the County's policy about them, and what help is available to combat drug or alcohol problems. This document spells out the County's policy. To assist employees in overcoming drug or alcohol abuse problems, the County may offer the following:
    - Medical benefits for substance-abuse treatment (if on County insurance plan)
    - Information about community resources for assessment and treatment.
    - Counseling Programs – the Employee Assistance Program

Individual departments will develop and maintain an appropriate policy for their departments as applicable. Each department must submit their policy to the Office of Personnel for review and approval by the Personnel Committee.

4.9.1 SUPERVISORY TRAINING

In addition, the County will provide supervisory training to assist in identifying and addressing illegal drug and prohibit alcohol use by employees.

4.9.2 EMPLOYEE RESPONSIBILITY TO NOTIFY THE COUNTY

Any employee convicted of any criminal drug violation occurring in this workplace must inform the County of such conviction (including pleads of guilty and nolo contendre) within **five days of the conviction occurring.** Failure to inform the County subjects the employee to disciplinary action up to and including **termination for the first offense.**

4.9.3 ALTERNATIVES TO TERMINATION

The County reserves the right to offer employees convicted of any criminal drug violation in the workplace, participation in an approved rehabilitation or drug-abuse assistance program as an alternative to discipline. If such a program is offered and accepted by the employee, the employee must satisfactorily participate in the program as a condition of continued employment.

4.9.4 DRUG AND ALCOHOL TESTING

The Employer may conduct drug & alcohol testing based on reasonable suspicion that the employee under the influence of alcohol or illegal drugs and may conduct testing for employees in testing-designated positions (such as CDL). Any such testing will be done in accordance with established procedures.

Refer to Appendix I "Clark County Drug and Alcohol Testing Policy" for additional information.

4.10 POLICY FOR NURSING MOTHERS - NOW POLICY 700.702

Now located in Breastfeeding policy 700.702
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_cd72662f871f459985245f99e6d5142f.pdf

4.11 BULLETIN BOARDS

Clark County provides the following bulletins boards:

Location	Purpose
Clark County Courthouse, Coffee Shop	Two sections are intended for Union Business Communications; the other section is available for staff placement of classified advertisements and community events.
Clark County Courthouse, Entrance area to Office of Finance and Personnel	Labor Law posters and job postings

Clark County Courthouse, Third Floor Entrance	Display of advertisements from public and private groups.
Clark County Courthouse, Social Services Department	Public announcements and Civil Rights information.
Clark County Rehabilitation and Living Center, near time clock	Staff placement of classified advertisements and community events
Clark County Highway Office Neillsville Shop; Owen Shop and Loyal Shop.	Labor Law Posters, job openings, union business
Clark County Adult Development Services	Labor Law Posters, job openings, union business
Clark County Forestry Off-Site Work locations: Forestry Shop, Bruce Mound, Campgrounds	Labor Law Posters Union Postings (Forestry Shop Only)

- No notices shall be posted on the bulletin board which contain material which is libelous, offensive, profane or in any way detrimental to the employer.
- If such inappropriate material is found to be posted on bulletin boards, County officials have total discretion to remove the information.
- Employees posting notices must initial and date each posting.
- Postings will be reviewed and removed every two weeks.

4.12 TELECOMMUTING - NOW POLICY 800.804

Now located in the Telecommuting Policy 800.804
https://www.clarkcountywi.gov/_files/telecommutingpolicy

5.1 INFORMATION TECHNOLOGY POLICY - NOW GENERAL TECHNOLOGY POLICY

Now located in the General Technology Policy
https://www.clarkcountywi.gov/_files/ugd/02a99f_ef43dd8c60014420b16eb85e1a349506.pdf

SECTION 6: CLASSIFICATION AND COMPENSATION PLAN - Now administrative compensation policyNow located in the Administrative Compensation Policy

https://www.clarkcountywi.gov/_files/ugd/59ff6b_17c1b457a426497e8b09253b337502f8.pdf

6.1 CLASSIFICATION PLAN

Now located in the Administrative Compensation Policy
https://www.clarkcountywi.gov/_files/ugd/59ff6b_17c1b457a426497e8b09253b337502f8.pdf

6.2 WAGE RATES - NOW ADMINISTRATIVE COMPENSATION POLICY

Now located in the Administrative Compensation Policy
https://www.clarkcountywi.gov/_files/ugd/59ff6b_17c1b457a426497e8b09253b337502f8.pdf

6.3 TIMEKEEPING AND OVERTIME

NOW LOCATED IN THE ADMINISTRATIVE COMPENSATION POLICY
HTTPS://WWW.CLARKCOUNTYWI.GOV/_FILES/UGD/59FF6B_17C1B457A426497E8B09253B337502F8.PDF

6.3.1 EXEMPT / NON-EXEMPT EMPLOYEES

Now located in General Provisions and Definitions
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_fb4d6b85d0d3476dbae738bf6b705597.pdf

6.3.2 ACCRUAL

Now located in the Administrative Compensation Policy
https://www.clarkcountywi.gov/_files/ugd/59ff6b_17c1b457a426497e8b09253b337502f8.pdf

6.3.3 APPROVAL

Now located in the Administrative Compensation Policy
https://www.clarkcountywi.gov/_files/ugd/59ff6b_17c1b457a426497e8b09253b337502f8.pdf

6.3.4 ED EMPLOYEES (EXEMPT DEPARTMENT HEADS)

- Normal work schedule is Monday through Friday (8 hours/day). Flex schedules must be approved by the employee's supervising committee. All flex schedules must be reviewed at least on a quarterly basis.
- Employees are expected to work the number of hours necessary to complete their duties.
- Employees will often have to work more than 40 hours/week in order to complete their duties.
- Employees must use benefit leave (administrative leave, vacation time, or sick time) for full-day absences.
- Employees are also required to use benefit time for partial day absences unless the absence is determined to be in accordance with a flex schedule.
    - For example, if an employee only works 5 hours on a normal work day, he or she must use 3 hours of benefit leave.
- An employee's salary may be reduced for partial day absences for personal reasons or because of illness or injuries when accrued leave is not used by the employee because the employee's accrued leave has been exhausted or the employee chooses to use leave without pay while on state FMLA leave.
- This policy is established pursuant to principles of public accountability and complies with the requirements of 29 C.F.R. § 541.710.
- **Administrative Leave removed and replaced with compensatory time now located in the Administrative Compensation Policy**
  Now located in the Administrative Compensation Policy
  https://www.clarkcountywi.gov/_files/ugd/59ff6b_17c1b457a426497e8b09253b337502f8.pdf
- Employees are required to maintain a record of all hours worked. These records shall indicate the beginning and ending of work each day, the duration of meal periods, and the total number of hours worked per day and per week. The timekeeping system or an employee's daily planner may be used as a record for this purpose. Travel time that is directly related to the employee's job duties should be recorded as time worked. Home to work travel is not directly related to job duties. If an employee works a set schedule each week, the employee may maintain these records by noting deviations to the set schedule on the employee's calendar. Employees are expected to perform the majority of their primary functions on-site, during regular business hours. Work performed off-site and outside of regular hours of operation shall be recorded unless such time is de minimis (i.e., increments of time of less than 8 minutes to take a phone call, check email, etc.). All records of hours worked must be maintained for a minimum of three (3) years on-site and accessible.
- Employees may have to provide time records to their supervising committee in accordance with requirements and procedures established by the supervising committee.

6.3.5 EM EMPLOYEES (EXEMPT NON-DEPARTMENT HEADS)

- Normal work schedule is Monday through Friday (8 hours/day). Flex schedules must be approved by the employee's department head. All flex schedules must be reviewed at least on a quarterly basis.
- Employees are expected to work the number of hours necessary to complete their duties.
- Employees will often have to work more than 40 hours/week in order to complete their duties.
- Employees must use benefit leave (comp time, vacation time, or sick time) for full-day absences. Employees are also required to use benefit time for partial day absences unless the absence is determined to be in accordance with a flex schedule.

- For example, if an employee only works 5 hours on a normal work day, he or she must use 3 hours of benefit leave.

- An employee's salary may be reduced for partial day absences for personal reasons or because of illness or injuries when accrued leave is not used by the employee because the employee's accrued leave has been exhausted or the employee chooses to use leave without pay while on state FMLA leave.
- This policy is established pursuant to principles of public accountability and complies with the requirements of 29 C.F.R. § 541.710. Each employee is accountable to the public and each employee's work directly impacts the public trust. Failure to deduct salary for absences during regular working hours creates a perception of waste and mismanagement in the eyes of the public, and this policy is intended to prevent such perceptions and to ensure that each employee is accountable to the residents of Clark County.
- **Compensatory time accrual now located in the Administrative Compensation Policy**
  https://www.clarkcountywi.gov/_files/ugd/59ff6b_17c1b457a426497e8b09253b337502f8.pdf
- Under no circumstances are employees entitled to "cash out" comp time or otherwise convert comp time into wages or salary.
- Employees are required to maintain a record of all hours worked. These records shall indicate the beginning and ending of work each day, the duration of meal periods, and the total number of hours worked per day and per week. The timekeeping system or an employee's daily planner may be used as a record for this purpose. Travel time that is directly related to the employee's job duties should be recorded as time worked. Home to work travel is not directly related to job duties. If an employee works a set schedule each week, the employee may maintain these records by noting deviations to the set schedule on the employee's calendar. Employees are expected to perform the majority of their primary functions on-site, during regular business hours. Work performed off-site during regular business hours must have prior approval by the department head. Work performed off-site and outside of regular hours of operation shall be recorded unless such time is de minimis (i.e., increments of time of less than 8 minutes to take a phone call, check email, etc.). All records of hours worked must be maintained for a minimum of three (3) years on-site and accessible. Note: Rehabilitation and Living Center employees do not need to record their lunch break unless they leave grounds.
- Employees may have to provide time records to their department head or supervising committee in accordance with requirements and procedures established by the department head.

6.3.6 ES EMPLOYEES (NON-EXEMPT RLC EMPLOYEES)

Now located in Department Work Rules (link coming soon) and The Administrative Compensation Policy

- Compensatory time accrual now located in the Administrative Compensation Policy
  https://www.clarkcountywi.gov/_files/ugd/59ff6b_17c1b457a426497e8b09253b337502f8.pdf
- Among the three groups covered by this policy, this is the only group of employees who is eligible for a pay-out comp time when the employee leaves their employment with the County.

6.3.7 NON-EXEMPT, LTE, CASUAL, TEMPORARY OR PROJECT EMPLOYEES

Now located in the Administrative Compensation Policy
https://www.clarkcountywi.gov/_files/ugd/59ff6b_17c1b457a426497e8b09253b337502f8.pdf

6.4 SOCIAL SERVICES WORK RULES - NOW DEPARTMENT WORK RULES

Now located in the Department Work Rules
https://www.clarkcountywi.gov/admn-department-work-rules

6.5 CALL-IN PAY - NOW ADMINISTRATIVE COMPENSATION POLICY

Now located in the Administrative Compensation Policy
https://www.clarkcountywi.gov/_files/ugd/59ff6b_17c1b457a426497e8b09253b337502f8.pdf

6.6 OVERTIME AND COMPENSATORY TIME COMPENSATION - NOW ADMINISTRATIVE COMPENSATION POLICY

Now located in the Administrative Compensation Policy
https://www.clarkcountywi.gov/_files/ugd/59ff6b_17c1b457a426497e8b09253b337502f8.pdf

.6.1 HIGHWAY DEPARTMENT WORK RULES - NOW DEPARTMENT WORK RULES – HIGHWAY

Now located in the Department Work Rules – Highway
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_65202eb78f6d4e38b00dbbdd078cd61d.pdf

6.6.2 RLC DEPARTMENT WORK RULES - NOW DEPARTMENT WORK RULES - RLC

Now located in the Department Work Rules – RLC
https://www.clarkcountywi.gov/admn-department-work-rules

6.6.3 SOCIAL WORKER UNIT (DSS) SOCIAL SERVICES WORK RULES - NOW DEPARTMENT WORK RULES

Now located in the Department Work Rules
https://www.clarkcountywi.gov/admn-department-work-rules

6.6.4 TELECOMMUNICATORS/CORRECTIONS STAFF - NOW DEPARTMENT WORK RULES - SHERIFF CORRECTIONS

Now located in the Sheriff Corrections Department Work Rules
https://www.clarkcountywi.gov/_files/ugd/59ff6b_0d1fecea1490466d932af90baf79b79a.pdf

6.6.5 MISCELLANEOUS PROVISIONS - NOW DEPARTMENT WORK RULES - SHERIFF CORRECTIONS

Now located in the Sheriff Corrections Department Work Rules
https://www.clarkcountywi.gov/_files/ugd/59ff6b_0d1fecea1490466d932af90baf79b79a.pdf

6.7 FLEX SCHEDULES/ARRANGEMENTS

Flex schedules/arrangements are intended to provide alternate work hours to meet the needs of each department's specific operational function.

6.7.1 GUIDELINES FOR IMPLEMENTING A FLEX SCHEDULE

- All flex schedules outside of normal County work hours (M-F, 8:00 a.m. – 4:30 p.m.) must be discussed and approved by the applicable department head or appropriate committee prior to implementation.
- Flex schedules must ensure coverage of office hours during regular hours of operation for the County.
- Employees should be given as much notice as possible when required to work varied hours with less than seven (7) days' notice.
- Modifications/changes to flex or modified work schedules will not be made in an arbitrary or capricious manner and should have a demonstrated impact on improving operational efficiency.
- If a department allows flex schedules with "core" hours, employees must have an established start and end time to ensure office coverage during regular County hours of operation.

6.7.2 EXAMPLES OF FLEX SCHEDULES

Flex schedules may include, but are not limited to, the following types of work patterns:

- Designated "core" hours with the flexibility of staff establishing start and end times. For example, a department may designate core hours for a particular work group such as 9:00 a.m. to 3:00 p.m. with

the ability for an employee to begin their shift any time between 7:00 a.m. and 9:00 a.m. and end their shift between 3:00 p.m. and 5:30 p.m.

- Weekly expectations of working 40 hours with start and end times based on needs of the operation and/or employee requests.
- Flex times do not include alternate standard schedules such as four (4) ten (10) hour days.

6.8 MISCELLANEOUS COMPENSATION PROVISIONS - NOW DEPARTMENT WORK RULES AND ADMINISTRATIVE COMPENSATION POLICY

Now located in the Department Work Rules and Administrative Compensation Policy
https://www.clarkcountywi.gov/admn-department-work-rules
https://www.clarkcountywi.gov/_files/ugd/59ff6b_17c1b457a426497e8b09253b337502f8.pdf

6.9 EMPLOYEE BENEFITS - ELIGIBILITY

- Regular, full-time employees are eligible to receive fringe benefits unless described otherwise herein.
- The Personnel Committee, in conjunction with the supervisory committee, may make limited exceptions in individual situations for purposes of competitive recruiting of key positions or in other similar situations upon review of the Supervising Committees justification.
- Regular part-time employees receive benefits as described in the appropriate sections.
- Temporary and limited term employees and persons working for Clark County as part of a therapy or job training program are not entitled to fringe benefits unless required by State or Federal law.

6.10 HOLIDAYS

6.10.1 HOLIDAYS OBSERVED

January 1 – New Year's Day
Friday before Easter
Memorial Day
July 4 – Independence Day
Labor Day
Thanksgiving Day
Friday after Thanksgiving
December 24 – Christmas Eve Day
December 25 – Christmas Day

- Departments which are required to operate 24/7 shall have a separate department policy or multiplier on the application of holidays and when they are observed.
- All other leave will be included in the PTO bank.
- Holidays would be pro-rated for part-time employees, who are routinely scheduled to work 20 hours or more on a regular basis that are generally scheduled to work on the day the holiday falls on. If the part-time employee is not routinely scheduled to work on the designated holiday day, no holiday pay will be paid. For example, if a part-time employee is regularly scheduled to work Monday, Wednesday, Friday each week and the holiday falls on a Tuesday they will not receive holiday pay. If the holiday falls on a Friday, they will receive holiday pay since that is a day they are routinely scheduled to work.
- Pro-rated holidays will be based upon average hours worked per day for the two weeks immediately preceding the holiday. Holiday pay will not be paid to part-time employees working for 24/7 operations (i.e. either the Clark County Rehabilitation and Living Center or the Sheriff's Department) in accordance with those department's current practice, in addition, temporary, casual, seasonal and project employees will not be eligible for Holiday Pay.
- In order to receive holiday pay, employees must work or use planned PTO the scheduled day before and after the holiday with the exception of injured employees receiving workman's compensation insurance for injuries or disease directly incurred while serving Clark County (Approved at Personnel Committee on 2/16/2016 and approved by the Clark County Board on 3/15/2016)
- Holidays occurring on a Saturday will be observed on the preceding Friday. If a holiday occurs on a Sunday, it will be observed on the following Monday.
- When December 25th falls onto a Saturday or December 24th falls on a Sunday, the December 24th and December 25th holidays will be observed on the Friday and Monday surrounding that weekend.

(Approved at Personnel Committee on 11/18/2016 and approved by the Clark County Board on 12/15/2016)

6.10.2 SCHEDULED HOLIDAY PAY - NOW ADMINISTRATIVE COMPENSATION POLICY

Now located in the Administrative Compensation Policy
https://www.clarkcountywi.gov/_files/ugd/59ff6b_17c1b457a426497e8b09253b337502f8.pdf

6.10.3 UNSCHEDULED HOLIDAY PAY

- Employees called in to work on a holiday will receive premium holiday pay (1½ times the employee's regular rate of pay) for all hours worked in addition to 8 hours' holiday pay.
- Employees will receive a minimum of 2 hours pay when called in for unscheduled holiday work.

6.11 PAID TIME OFF (PTO)

All regular full and part-time employees, beginning with the first paycheck of 2013, will have designated holidays, legally required FMLA, and a PTO bank accrued based on hours worked/paid (PTO/holiday).

- PTO may be used in increments of no less than 15 minutes.
- Employees who separate or terminate their employment prior to their one-year anniversary date of hire will not receive pay-out for accrued PTO.
- Employees who have worked beyond their first year anniversary date of hire will receive full pay-out of PTO upon termination or transition to a non-benefited casual, reserve, LTE, seasonal or part-time position. Employees that terminate or transition prior to surpassing their first anniversary date of employment will have their accrued PTO forfeited. (Approved at Personnel Committee on 11/18/2016 and approved by the Clark County Board on 12/15/2016)
- Employees identified as "Elected", "temporary", "limited term", "casual", "project" or "intern" are not eligible to receive PTO.
- Newly appointed, non-represented, salaried employees with seven (7) or more years of qualifying experience may be placed at the 7 years of service level with the approval of the supervising committee and the Personnel Committee.
- PTO accrual and/or pay-out, if applicable, for part-time staff will be based on calendar years.
- Employees on disability leave and collecting from short-term and long-term disability shall accrue benefit time at their usual rate, provided they are utilizing benefit time to make them whole in reaching their designated scheduled hours.
- Employees on disability leave and collecting from short-term and long-term disability but not utilizing benefit time to make them whole shall accrue benefit time at a prorated amount (Approved at Personnel Committee on 11/18/2016 and approved by the Clark County Board on 12/15/2016).

6.11.1 ELIGIBILITY

- Regular, full-time employees are eligible to receive fringe benefits unless described otherwise herein.
- The Personnel Committee, in conjunction with the supervisory committee, may make limited exceptions in individual situations for purposes of competitive recruiting of key positions or in other similar situations upon review of the Supervising Committees justification.
- Regular part-time employees receive benefits as described in the appropriate sections.
- Temporary and limited term employees and persons working for Clark County as part of a therapy or job training program are not entitled to fringe benefits unless required by State or Federal law.

Years of continued benefit eligible service	Hours per year	Accrue Per Hr (up to 80 per PP or 2080 per yr)	Hours Per PP	Days Per Year	Potential Liability
0-6	145.6	0.07	5.6	18.2	$1,456,000.00
7-12	187.2	0.09	7.2	23.4	$1,872,000.00
13-19	228.8	0.11	8.8	28.6	$2,288,000.00
20 +	270.4	0.13	10.4	33.8	$2,704,000.00
		Proposed Liability		$1,810,720.00	
		Savings		**$189,357.00**	

Estimated reduction of future unfunded liability benchmarks

Payout of 40 hours	$176,000.00
Payout of 80 hours	$352,000.00

6.11.2 PTO CARRY OVER FROM YEAR TO YEAR

A. The maximum amount of PTO employees can accrue is 330 hours.

B. Employees will receive a year-end payout of accrued PTO in excess of 250 hours as found on the employee's balance on their last paycheck in November. The payout of these hours will be made on the first payroll check in December.
(Approved at Personnel Committee on 7/14/2022 and approved by the Clark County Board on 7/21/2022).

In years containing 27 pay periods, PTO will not accrue on the 27th pay period.

Based on estimated daily cost of employee wages and benefits, each day of paid leave represents an $80,000 cost to the county.

6.11.3 TRANSITION FROM 2012-2013

As of December 31, 2011, the vested unfunded vacation benefit equals $977,548 and the vested unfunded sick benefit equals $3,248,241. Current paid benefit time leave balances will be frozen as of 12/31/12 and the following will take effect:

- Beginning 1/1/2013, the County will implement a PTO or Paid Time Off plan.
- Once the County converts to a PTO Plan, additional sick leave accumulation will no longer occur and annual pay-outs of unused sick will have a final payout in January of 2013.
- All other accumulated benefit time hours will be converted to a cash equivalent at the employee's current rate of pay.
- Employees may use these dollar balances to "buy" future days off; i.e. you have a two-week vacation scheduled for February but you will not have accumulated two-weeks of PTO by that time. With prior department head approval, you will be able to "buy" two-weeks of PTO with the cash balance generated from unused vacation time as of 12/31/12 (Appendix K).
- Effective 1/1/13, employees will not be required to exhaust existing PTO balances prior to using the "cash balance account" provision.
- When an employee retires or leaves County employment, they will receive a payout of the remaining sick leave cash balance based on the following scale:

Full Years of Service (at time of separation)	% of Payment

Less than 5 years	0%
5-9	25%
10-15	50%
16 -20	75%
21+	100%

- When an employee retires or leaves County employment, they will receive a payout of the remaining vacation leave cash balance at 100% of the dollar value as of 12/31/12.
- In order to use the sick leave cash balance account, the employee will be required to follow sick leave use policies which were in effect as of 12/31/12, as follows:
  - Any sick leave absence of more than three days for the same individual must be verified by a doctor.
  - In addition, a Department Head may, at his/her discretion, require the submittal of a doctor or registered nurse's verification of an absence.
  - An employee on sick leave is required to notify the Department head at the earliest possible time of the anticipated date on which the employee will be able to resume his/her normal duties.
  - Employees shall at the earliest possible time and no less than 30 minutes prior to the start of their shift, inform their supervisors of their intent not to report or return to work.
    - In situations such as mental or physical impairment preventing an employee from doing so, the employee's family may contact the employee's immediate supervisor for this purpose.
  - From time to time, and until the employee returns to his/her job, the Department Head may require a certificate from the employee's physician that the employee is medically unable to perform his/her normal duties.
  - The Department Head shall require a statement from the employee's physician authorizing return to work in cases of debilitating injury or contagious illness that may be aggravated by work requirements or jeopardize the health of co-workers and the public.
  - In the event that an employee is aware in advance that sick leave benefits will be needed or due, he/she shall notify his/her Department Head/Supervisor in writing and as far in advance as possible, of the anticipated time and duration of such sick leave, the reason for requesting such sick leave, and, if absence exceeds three work days, medical certification that the employee will be unable to perform his/her normal work functions.
  - In the event that an employee on sick leave fails to return to work or make other appropriate arrangements (see leave of Absence), as soon as he/she is medically able to perform his/her assigned duties, he/she may be deemed to have resigned his/her position and to have waived all employment rights.
- In January of 2013, each employee will receive a statement of vested benefits and their value as of the last payroll of 2012 and annually thereafter.
- To assist in understanding, please see the following example:
- Employee A has:
  - 4 full years of service (anniversary date to anniversary date) as of 12/31/12;
  - 384 hours of accumulated sick leave;
  - 80 hours of accumulated vacation time; and
  - Is paid $15.00 per hour
- This would result in the creation of a sick leave "cash benefit account" equivalent to $5,760.
  This would result in the creation of a vacation leave "cash benefit account" equivalent to $1,200.
- Employee A continues to work for the County for the next 5 years without accessing any of the "cash benefit account" to purchase additional PTO.
- In 2018, Employee A has the need to take time off, due to illness, which exceeds their current available PTO balance.
- Employee A is earning $18.00 per hour at the time.
- Employee A submits a request to their immediate supervisor and the Payroll Office to convert the "cash benefit account" to PTO for their absence.

- Employee A has a total of $6,960 between the sick leave and vacation leave "cash benefit account" and would be able to buy up to 386.67 (6,960÷18=386.67) hours of PTO at that time.
- The employee "buys" 120 hours of PTO which reduces the sick leave cash benefit account by $2,160. Thus resulting in a balance of $3,600 in the sick leave cash benefit account and $1,200 of vacation leave cash benefit account.
- Employee separates from County employment with 13 years of service; they receive 50% of the remaining cash benefit account balance for sick leave = 50%×3600= $1,800 and 100% of remaining vacation leave cash benefit account, $1,200, for a total of $ 3000 at the time of separation.

6.11.4 COMMUNICABLE DISEASES

Any communicable disease or sickness must be reported to the Department Head or the employees immediate Supervisor. If the employee's Department Head or immediate Supervisor feels the employee is unfit or unable to perform their duties or feels the ill/injured employee may be threatening the health or safety of other employees in the department, the employee will be sent home on benefit time until they are fit to return to work. A return-to-work permit from the employee's physician may be required.

6.12 BEREAVEMENT LEAVE

- Paid bereavement leave of up to three days may be granted by the Department Head for making arrangements and attending a funeral following the death of an employee's spouse, children, parents, brother, sister, grandparent or grandchild.
- This includes step and in-law relationships of the employee in the same degree.
- If additional time is needed, an employee may use PTO or unpaid leave for additional absence.

6.13 MILITARY LEAVE - NOW POLICY 400.405

Now located in Leave – Family, Medical, and Military Family Policy 400.405
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_a0dbb5865f37487f98835b5934b973c9.pdf

6.14 LEAVE OF ABSENCE - NOW POLICY 400.404

Now located in Leave of Absence Policy 400.404
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_3908c0e28ae243588abc9f4aa71f1edf.pdf

6.15 RETIREMENT

- For qualifying personnel, the County will pay retirement contributions in an amount not to exceed those established by State law.
- Coverage for all part-time employees is governed by the Wisconsin Employee Retirement Fund. Information regarding the currently authorized percentage and rules governing coverage may be obtained from the Office of Personnel.

6.16 MILEAGE AND MEAL ALLOWANCES - NOW COUNTY MILEAGE AND MEAL RESOLUTION

Now located in the Mileage and Meal Resolution
https://filecloud.co.clark.wi.us/ui/core/index.html?mode=public&shareto=#expl-tabl./SHARED/clark%20county%20notifications/FR5sVWfJ5Mw5pZ55/County%20Board%20Resolutions/2022

6.16.1 APPROVAL PROCESS AND REQUIREMENTS

As a general rule, business associate travel and related expenses for any person subject to this policy must be approved in advance by an appropriate supervisory authority. The supervisory authority for various categories of employees or other persons is defined as follows:

CATEGORY	SUPERVISORY AUTHORITY
Employees	Department Head and/or Immediate Supervisor
Department Head/Elected Officials	Governing Committee/Board
Committee/Board Members	County Board Chair
County Board Chair	Finance Committee Chair

Only travel that is approved in advance by the person's supervisory authority shall be eligible for reimbursement. Supervisory authority may grant approval for travel in any manner it deems appropriate, including approval for travel expenses that may be incurred on a regular basis.

An exception to this general rule is that Department Heads and Committee/Board Members do not need to seek prior approval for travel, which has been approved in the budget process, within that state if the travel is for the purpose of carrying out or delivering a county operation or service. Attendance by department heads at professional meetings that are not routine or administrative in nature, conventions, training sessions, and similar functions should be discussed with governing committees in advance and are subject to the availability of funding.

Persons attending meetings and training sessions shall be responsible upon their return to provide a report of their activities, in a form to be determined by the supervisory authority.

Supervisory authorities shall not have the power to approve travel that cannot be paid for out of the department's existing budget. Any requests for travel that require additional county funding for the department must also be approved by the Finance Committee and/or the full County Board as necessary.

In addition to the above requirements, out of state travel must be approved in advance by the appropriate governing committee. To receive reimbursement, the employee shall submit minutes noting the committee's approval with their request for reimbursement for said travel.

Travel expenses for personal items, including but not limited to, additional mileage, toiletries, phone calls, entertainment, etc. are not reimbursable.

6.16.2 ELIGIBLE TYPES OF TRAVEL

Each supervising authority, subject to the exclusions listed in this section, shall determine the types of travel that qualify for expense reimbursement. Illustrative examples of these are expenses related to:

- Delivery or performance of county provided service at a remote site or private residence.
- County sponsored events or meetings that require the attendance of the employee.
- Training and educational seminars.

6.16.3 EXPENSES THAT ARE NOT ELIGIBLE FOR REIMBURSEMENT

- Meals purchased within the county unless prior approval is obtained from the supervisory authority.
- Meetings in which the individual is serving as the representative of an organization other than Clark County.
- Expenses that exceed the limits set forth in this policy.
- Unless specifically approved in advance by the employee's supervisory authority, travel shall be by auto/motor vehicle.

6.16.4 EXPENSE REIMBURSEMENT LIMITS MEALS

Please see applicable County Board Resolution for current reimbursement amounts.
Itemized receipts of meal expenses must be attached to the meal reimbursement voucher when submitted to the Office of Finance in order to receive reimbursement.

6.16.5 MILEAGE FOR USE OF PRIVATELY OWNED VEHICLES

- Please see applicable County Board Resolution for current reimbursement amounts. In each case, county personnel using his/her personal vehicle would be covered by their primary automobile liability insurance.
- The county's automobile insurance would act only in excess of the primary policy limits and will be subject to exclusions and coverage limitations.
- If an employee is regularly assigned to more than one worksite, on different days of the week, travel time and mileage is not reimbursable.
    - For example, if an employee works at one location within the County on Monday, Tuesday, Wednesday and another on Thursday and Friday the mileage from home to the worksite is not reimbursable.

If an employee has travel other than what is identified above, the determination of miles incurred shall be the shorter of the distance from the employee's normal place of work to the destination, or the distance from the person's residence to destination if they are leaving from their place of residence, unless otherwise provide for by contract or statute.

- For example, an employee is scheduled to attend a full-day conference in Eau Claire. The employee lives in Osseo. The employee is not required to report at any time to their usual worksite (ex. Courthouse). The employee would only receive mileage reimbursement for travel from Osseo to Eau Claire and returning to Osseo. If the employee were required to report to the Courthouse prior to attending the conference, mileage would be reimbursed from Neillsville to Eau Claire to their ending destination, either Neillsville or home.

- County personnel, including public officials, who use or are expected to use personal vehicles in the course of carrying out county duties for which they will receive mileage reimbursement, shall possess valid Wisconsin driver's license and current minimum limits of automobile liability insurance appropriate for the nature and type of driving they are doing for the county.
- The minimum limits required by the county are $100,000 per person and $300,000 per accident for bodily injury and $25,000 for property damage.
- Personnel receiving mileage reimbursement must provide annually the Office of Finance or designee with evidence of insurance (a certificate of insurance or photocopy of their policy declaration page) showing the minimum limits required.
- It is the responsibility of each department head to make certain that evidence of insurability is submitted to the Office of Finance or designee for personnel receiving mileage reimbursement annually.
- For county personnel transporting clients, a form will be provided setting forth the above types and coverage they will need to carry in relation to the nature of the work they are performing for the county.

6.16.6 LODGING

- Clark County employees are eligible to receive the current State of Wisconsin Contract rate for hotel accommodations. When making reservations, employees should attempt to receive the current approved rate.
- Reimbursement for Friday and Saturday night's lodging shall not be reimbursed without prior approval of the employee's governing committee. To receive reimbursement, the employee shall submit committee meeting minutes noting the committee's approval with their request for reimbursement for lodging on these days.
- Additional costs associated with an employee's accompanying family member will not be reimbursed and are the responsibility of the employee.

6.16.7 OTHER APPROPRIATE EXPENSES

Other appropriate travel related expenses will be reimbursed as needed. Illustrative examples are:

- Airfare or train fare for travel in coach or economy class or the lowest available fare.
- Parking fees

- Car rental fees, only for compact or mid-sized cars
- Fares for shuttle or airport bus service, where available; costs of public transportation for other ground travel
- Taxi fares, only when there is no less expensive alternative
- Charges for telephone calls, fax, and similar services required for business purposes.

6.16.8 MISCELLANEOUS PROVISIONS

Persons who are involved in an accident while traveling on business must promptly report the incident to their supervising authority and follow the provisions of other county safety and accident policies which may apply.

Vehicles owned, leased, or rented by Clark County may not be used for personal use. De minimis personal use, such as the examples provided below, is allowed:

- An employee is attending a multiple day training out-of-County. The employee may use a County vehicle to travel as necessary to provide for basic needs such as meals. Mileage for these types of activities must be kept to a minimum.
- An employee who is assigned a County vehicle for regular use including commuting to and from work, may be allowed to make incidental stops such as convenience stores, groceries, etc. so long as the stop is within the normal route of travel and does not require excess mileage to complete.
- An employee who is assigned a County vehicle shall have the value of the commuting use ($1.50 per one-way commute; $3.00 per day) imputed as taxable income. “Commuting use” is defined as the drive to and from the employee’s home to the employee’s regular work site(s). If an employee is called out from his or her home to a location other than the employee’s regular work site(s), the vehicle is being used for business rather than personal use and the drive shall not be counted as “commuting use.” Note: Employees assigned “Qualified Non-Personal Use Vehicles” as defined by the IRS (such as squad cars) are exempt from the requirement that commuting use be deemed taxable income.

County vehicles are intended for the use and transportation of County employees only. With prior approval, persons on business travel may be accompanied by a family member or friend, when the presence of a companion will not interfere with successful completion of business objectives. When travel is completed, persons must submit appropriate vouchers and required documentation to the Office of Finance for reimbursement.

Abuse or violation of any section of this policy, including falsifying expenses to reflect costs not incurred by the person, may be grounds for disciplinary action, up to and including termination of employment, censure, or removal from offices as deemed appropriate by the supervisory authority.

6.17 LENGTH OF SERVICE

Length of service shall commence from the most recent date of hire. During the introductory/trial period, length of service accrues but shall not apply. If there is a break in County employment, credit for previous Clark County service may be granted by the Personnel Committee at its discretion to determine eligibility for selected County benefits.

SECTION 9: ZERO TOLERANCE FOR VIOLENCE IN THE WORKPLACE

Clark County is committed to providing a work environment that is free from violence. Any acts or threatened acts of violence will not be tolerated. Anyone engaging in violent behavior will be subject to discipline, up to and including termination, and may also be personally subject to other civil or criminal liabilities.

Any employee who believes that he/she has been the subject or has been a witness of workplace violence should immediately report the matter to his/her immediate supervisor, department head or the Administrative Coordinator. It is the policy of Clark County to investigate reports of workplace violence for all acts occurring on county property or against an employee acting in their capacity as an employee. Employees are expected to

cooperate with the investigation of any workplace violence incidents. Employees who fail to cooperate with an investigation, who gives false information or who retaliates against an employee for making a report of workplace violence or for participating in a workplace violence investigation will be subject to disciplinary action, up to and including termination of employment.

It is the responsibility of managers and supervisors to make safety their highest concern. When made aware of a real or perceived threat of violence, management shall immediately inform the Administrative Coordinator. Management shall conduct a thorough investigation and take specific actions to help prevent acts of violence.

SECTION 10: DRESS CODE

Employees at all levels and job positions are representative of the organization and, therefore, dress, grooming and personal hygiene affects the public's impression of the County. In establishing professional appearance guidelines, the County's standards are: 1) Present a professional appearance at all times; 2) Promote a positive working environment and limit distractions caused by inappropriate dress; and 3) Ensure safety while working.

Departments may provide additional dress rules more stringent than those listed in this policy. Department Heads are responsible for communicating and enforcing the policy of their department. Disciplinary action is appropriate for attire that is offensive, distracting or in conflict with the policy.

10.1 DRESS AND GROOMING

All employees are expected to be neat and clean in appearance and to dress in a manner appropriate to the nature of their position and job duties in accordance with department requirements and health and safety standards. Employee's clothes or uniforms shall be neatly pressed and clean. Employees should avoid clothing, hairstyles, or jewelry that may detract or interfere with the performance of their work, or which might detract from the public service mission or image of our County. Employees are expected to maintain clean and appropriate oral and body hygiene. In the event of any question regarding the appropriateness of any particular style of clothing or grooming, the department head shall make the final determination.

10.2 CASUAL DRESS DAYS

Casual dress days are days in which office employees may be allowed to wear clothing that is less formal than that worn on other business days as permitted by the department head. Employees who are required to wear

uniforms or employees required to appear in court may not be able to dress in casual attire. All items deemed inappropriate above are also inappropriate for casual day.

SECTION 11: EMPLOYEE IDENTIFICATION CARDS/BADGES/KEYS

If an employee identification card/badge is required, employees shall be required to wear the card/badge appropriately and in a visual location. Employees are expected to take care of the card/badge and must report lost/stolen cards or keys to their supervisor immediately. Employees will be responsible for the costs of a replacement.

SECTION 12: PRIVACY IN LOCKER ROOMS

To protect the privacy interests of persons utilizing any Clark County locker room the following is in place:

APPLICATION:

This policy applies to all employees and all visitors while on County premises. Employees who have visitors on County premises are responsible for ensuring that the visitors are made aware of this policy.

GENERAL RULES:

1. No person may use any recording device in a County locker room. "Recording Device" means a camera, video recorder, or any other devices that may be used to record or transfer images.
2. No person may use a cell phone or other recording device to capture, record, or transfer a representation of a nude or partially nude person in a locker room.
3. Failure to comply with the policy may result in disciplinary action, up to and including termination of employment.

Clark County reserves the right to investigate any portion of its premises to determine any violation(s) of workplace policies. Violations may result in disciplinary action, up to an including discharge.

Wis. Stat. § 175.22 requires any person that owns or operates a locker room to adopt a policy that specifies when recording devices may be used in locker room and which prohibits the use of a cell phone to photograph a nude or partially nude person in the locker room.

SECTION 13: GRIEVANCE PROCEDURE

13.1 PURPOSE

This grievance procedure is established pursuant to Wis. Stat. § 66.0509(1m).

The Clark County Board of Supervisors declares that it is the policy of the organization to treat employees fairly and equitably and to provide employees with a fair means through which to seek local administrative redress for alleged violations, misinterpretations or inequitable applications of Clark County policies, rules and expectations of conduct relative to employee discipline, termination, or workplace safety. An employee has a right to use this Grievance Procedure without retaliation.

Clark County expects an employee and management to exercise reasonable efforts to resolve any questions, problems or misunderstandings prior to using the Grievance Procedure. An employee subject to a contractual grievance procedure shall follow the contractual procedure to the extent those procedures cover the matters covered by the Grievance Procedure. An employee subject to statutory (§59.26(8)(b)1 or Wis. Admin Code DHS Chapter 5 dispute resolution procedures shall be subject to those procedures to the extent those procedures cover the matters covered by the Grievance Procedure.

This grievance procedure may be modified or eliminated by the County at any time, with or without prior notice. This procedure is not a guarantee of employment, a guarantee of any rights or benefits, does not create or grant covered employees with a property interest in their employment or tenure rights of any kind and does not constitute a contract of employment, express or implied. *This grievance procedure may only be modified or eliminated by vote of the County Board. The designated County Committee retains the authority to propose changes to the County Board at their scheduled meetings with prior public notice given.*

13.2 DEFINITIONS

"Employee" for purposes of a grievance for Discipline and Termination (as defined in this procedure) means a "regular full-time" and "regular part-time" employee and who has completed twelve (12) continuous months of employment with the County. "Employee" does not include any of the following: *interns, project employees*, temporary/casual/seasonal employees, contract employees, limited term employees, contractors or their respective employees, employees subject to a collective bargaining agreement addressing employee discipline, termination and workplace safety, statutorily appointed individuals identified specifically in statute as serving at the pleasure of an appointing authority, elected officials, and independent contractors or volunteers.
"Employee" for purposes of Workplace Safety (as defined in this procedure) means a "regular full-time" and "regular part-time" employee of the County.

"Discipline" is defined as any of the following adverse employment actions: disciplinary suspension of employment, disciplinary reduction in base pay; and disciplinary reduction in rank or demotion. "Discipline" does not include any of the following actions: terminations, layoffs, or workforce reduction activities; non-disciplinary wage, benefit or salary adjustments or reductions; non-disciplinary reductions in rank or demotions; plans of correction or performance improvement; performance evaluations or reviews; documentation of employee acts or omissions in an employment file; oral or written reprimands; administrative suspensions pending investigation of misconduct or nonperformance; or change in assignment or assignment location, provided base pay is not reduced or action taken pursuant to an ordinance created under § 19.59(1m), or other non-material employment actions.

"Termination" means an involuntary separation from employment by the County for disciplinary or quality of performance reasons. "Termination" does not include layoff, furlough or reduction in workforce, job transfer, non-disciplinary demotion, reduction or position elimination based on failure to meet qualifications, resignation, abandonment, retirement, non-renewal of contract, death, separation as a result of disability, action taken pursuant to an ordinance created under §19.59(1m), or the end or completion of temporary employment, seasonal employment, contract employment, or assignment.
"Workplace Safety" shall mean any alleged violation of any standard established or adopted under Wisconsin Admin Code, Chapter Comm 32 or federal law or regulation relating to workplace safety. "Workplace safety" does not include conditions of employment unrelated to physical health and safety matters, including, but not limited to, hours, overtime, sick, family, or medical leave, work schedules, breaks, termination, vacation, performance reviews, and compensation.

13.3 GRIEVANCE PROCEDURE FOR DISCIPLINE AND TERMINATION

A. Filing Procedure.

1. **Who May File A Grievance for Discipline or Termination.** A grievance may only be filed by the "Employee" who is the subject of the Discipline or Termination.

2. **Initiating A Grievance.** An Employee may initiate a grievance relating to Discipline or Termination by presenting a written grievance on the form attached to this policy as Appendix L, "Clark County Discipline/Termination Grievance Form. "

   a) **Written Grievance Submission**: The employee must file a written Grievance within ten (10) working days (Monday thru Friday) of the termination or employee discipline.

The Grievance must be in writing and must be filed with the supervisor and with a copy to the Office of Personnel.

b) **Amendments**: No amendments may be made to a grievance once it has been filed. *At the discretion of the Impartial Hearing Officer, additional information may be requested.*

c) **Informal Resolution:** The supervisor and employee must informally attempt to resolve the dispute. *Informal resolution may include any documented format such as e-mails, memos or face-to-face meetings. Completion of the informal resolution process must be concluded within 10 working days (Monday thru Friday) from the date the grievance was received.* The supervisor shall notify the Office of Personnel of this meeting and the results of the meeting within 15 days of the date of the meeting, using form identified as Appendix N.

3. **Extension of Time to File A Grievance, Impact of Untimely Filing.** The Office of Personnel may grant an Employee an extension of no more than five (5) working days to file a grievance provided the Office of Personnel receives a written request for an extension, on the form identified as Appendix M, "Request for Extension to File a Grievance", of time to file the grievance from the Employee within the initial five (5) working day period and the Employee demonstrates extenuating circumstances exist which justify the extension. The decision of the Office of Personnel on any extension request is final, binding and non-appealable. Failure to timely file a grievance with the Office of Personnel within five (5) working days or any period of extension granted by the Office of Personnel shall constitute a waiver of the right to use the grievance procedure and an abandonment of the grievance.

4. **Incomplete Grievance: Failure to Provide Complete Information.** If a timely filed grievance is incomplete, the Office of Personnel shall issue a written request to the Employee identifying the information needed to complete the grievance form and proceed with the grievance procedure. The Office of Personnel must issue the request for additional information within five (5) working days. If no written request is issued by the Office of Personnel within five (5) working days, the grievance shall move forward under this procedure. Provision of additional information does not constitute the ability to amend the grievance.

5. **Grievance Verification.** By signing the grievance, the Employee is declaring under penalty of law that the statements contained in a grievance relating to Discipline or Termination are true and correct. Any employee who files a grievance that is false or misleading or for the purposes of intimidation, annoyance, or harassment or who otherwise files a grievance in bad faith is subject to disciplinary action.

B. **County Answer and Hearing Request.**

Upon receipt of a complete grievance form and verification of the completion of an informal resolution attempt, the Office of Personnel shall provide a written response to the Employee either granting or denying the grievance using the form identified as Appendix N. The Employee shall have five (5) working days following receipt of the County's denial of a grievance to file a written request for a hearing with the Office of Personnel. Failure of the Office of Personnel to receive a written request for hearing from the Employee within five (5) working days shall constitute a waiver of the employee's right to use the grievance procedure and an abandonment of the grievance.

C. **Hearing Procedure**

1. **Selection of Impartial Hearing Officer:** Following receipt of the appeal requesting a hearing before an Impartial Hearing Officer, the Office of Personnel shall provide a list of three names of

persons available to serve as an Impartial Hearing Officer. The Office of Personnel and Grievant shall select a name from the list. If the parties cannot mutually agree on an Impartial Hearing Officer from the list, then the parties shall strike names from the list with the Grievant striking the first name. The remaining name shall be selected and assigned as the Impartial Hearing Officer.

2. **Hearing Date.** Upon notification of his or her selection, the Impartial Hearing Officer shall schedule a hearing within a period of not less than twenty (20) working days nor greater than forty-five (45) working days. Within five (5) working days of the date of the appointment of the Impartial Hearing Officer, the Impartial Hearing Officer shall conduct a pre-hearing conference with the Employee and the Office of Personnel to select the date for the hearing. Once the hearing date is scheduled, it may be adjourned only upon written motion of the Employee or the County and a finding by the Impartial Hearing Officer that there is an "extenuating circumstance" for an adjournment. The decision of the Impartial Hearing Officer regarding a request for adjournment shall be final, binding and not subject to appeal.

    a) Conciliation: Prior to the Hearing, the parties and Impartial Hearing Officer may engage in conciliation meetings to resolve the dispute. In cases involving allegations of workplace safety, the conciliation meeting shall be mandatory and shall occur not more than ten (10) calendar/working days after assignment to the Impartial Hearing Officer.
    b) The Impartial Hearing Officer's involvement in any conciliation process shall not disqualify the Impartial Hearing Officer from hearing the merits of any Grievance unless all parties agree to replace the Impartial Hearing Officer.

3. **Discovery; grievance amendment; witnesses and documents; pre-hearing statement; no mediation.**

    a) There shall be no pre-hearing discovery.
    b) The Employee and the County shall exchange a list of witnesses, *utilizing Appendix N*, they intend to call at the hearing and any documents and exhibits they intend to introduce at the hearing no less than ten (10) working days before the hearing.
    c) No amendments may be made to a grievance once it has been filed.
    d) The parties shall provide a copy of the witness list, documents, and exhibits to the Impartial Hearing Officer. No witness, exhibit or document which was not identified or exchanged by a party may be introduced absent a written finding by the Impartial Hearing Officer that there was excusable neglect for the failure of the party to identify a witness or document within the deadline for exchanging witnesses or documents.

4. **Hearing.**
    a) Record of Proceedings. The Impartial Hearing Officer shall conduct the proceedings and make a recording of the proceedings. Following the issuance of the decision, the record shall be provided to the County Clerk of Clark County for preservation.
    b) Representation.
        1. The Employee and the County may be represented by an attorney *or an individual* of their choice.
        2. Neither party shall be responsible for the attorney's or witness fees of the other.
        3. The representative shall not be a material witness to the dispute.
    c) Order of Case; Cross Examination; Exclusion of Evidence. The Employee shall call witnesses and present testimony and exhibits that are relevant to the grievance. The Employee may call one or more County witnesses in the Employee's case and question

the County witnesses with leading questions. At the close of the Employee's case, the County shall call its witnesses and present testimony and exhibits that are relevant to the grievance. The County may call the Employee adversely during its case and question the employee with leading questions. The parties may cross-examine witnesses presented by the other party. Cross-examination shall be limited to ten (10) minutes per witness unless this time period is extended by the Impartial Hearing Officer.

d) **Rules of Evidence.** The Impartial Hearing Officer is not bound by rules of evidence and may admit all evidence that the Impartial Hearing Officer determines is relevant and may exclude immaterial, irrelevant or unduly repetitious testimony or evidence. The Impartial Hearing Officer shall recognize the rules of privilege. The Impartial Hearing Officer may not base any finding or conclusion solely on hearsay evidence.

e) **Right of Impartial Hearing Officer to Question.** During the hearing, the Impartial Hearing Officer may ask questions as he/she deems necessary.

f) **Close of Record; no briefs.** After the Employee and the County have finished introducing evidence, the Impartial Hearing Officer shall close the record. The parties have no right to file briefs or position statements.

D. Burden Of Proof; Impartial Hearing Officer's Decision; Remedies

1. **Burden of Proof; Standard of Review.** Except in a grievance involving termination of an Employee that is subject to Wis. Admin. Code Chap. DHS 5, the Employee bears the burden of proof by clear, convincing and satisfactory evidence that the County's decision to Discipline/Terminate the Employee was arbitrary and capricious. If the Employee does not satisfy this burden of proof, the Impartial Hearing Officer shall deny the grievance.

2. **Decision.** The Impartial Hearing Officer shall issue a written decision within seven (7) working days of the close of evidence. The decision of the Impartial Hearing Officer shall, at minimum, contain a statement of issue(s), standard of review, findings and, if the grievance is sustained, a remedy for the Employee.

3. **Remedies.** Written Response: After receiving the evidence and closing the hearing, the Impartial Hearing Officer shall issue a written response. The Impartial Hearing Officer must answer the following question: Based on the preponderance of the evidence presented, has the Grievant proven the decision of the Administration was arbitrary or capricious? The recommendation shall contain findings of fact, analysis and a recommendation.

E. Costs of Impartial Hearing Officer.

The Employee and the County shall equitably (50/50) share the costs of the Impartial Hearing Officer for any grievance filed by the Employee related to a suspension. The County shall pay all costs for the Impartial Hearing Officer associated with a termination.

13.4 GRIEVANCE PROCEDURE - WORKPLACE SAFETY

A. Preconditions to Filing.

1. **Report of an Unsafe Condition.** It is the expectation that the Employee will make every effort to identify, inform and resolve Workplace Safety issues with their immediate supervisor prior to pursuing the matter via the grievance procedure. An employee may not file a grievance relating to a condition that the Employee believes constitutes a Workplace Safety violation unless the employee has first reported the condition to their Department Head, with a copy to the Maintenance Department and the Office of Personnel in writing on the attached form, Appendix N, "Unsafe Condition or Hazard Report."

2. **County Response.**
   - ***a)*** *Upon verbal notification of an immediate threat related to a potential workplace safety issue, the supervisor is expected to take immediate action.*
   - **b)** Upon receiving notice of an alleged Workplace Safety violation from an Employee, the County shall have ten (10) working days in which to investigate the condition and advise the employee in writing that the County: (a) has determined that the condition does not constitute a Workplace Safety violation and will not be taking corrective action; or (b) is taking corrective action in accordance with law to address the condition. Such a response will be provided by using the form identified as Appendix P.
3. **Grievance Filing Limitation.** If the County advises the employee in writing within ten (10) working days that it is taking corrective action in accordance with law and has commenced corrective action within this period, an Employee may not initiate a Workplace Safety grievance.

B. Filing Procedure.

1. **Who May File A Workplace Safety Grievance.** A grievance may only be filed by an "Employee." The Employee need not be personally impacted by a condition alleged to constitute a Workplace Safety violation.

2. **Initiating A Grievance.** An Employee may initiate a grievance relating to Workplace Safety by presenting a written grievance on the form attached to this policy as Appendix O, "Clark County Unsafe Condition Report and Workplace Safety Grievance Form" to the Office of Personnel within five (5) working days of:
   - **a)** the Employee's receipt of written notice from the County that the County will not be taking corrective action with respect to an alleged Workplace Safety violation;
   - **b)** the County's failure to begin corrective action within ten (10) working days of the Employee's report of the Workplace Safety violation referenced in section (1.04A) above;
   - **c)** the failure of the County to respond to a report of a Workplace Safety violation within ten (10) working days.
   - **d)** The Employee must sign and date the grievance. A grievance will not be considered filed until the Employee signs the grievance and the grievance is received by the Office of Personnel.

3. **Extension of Time; Impact of Untimely Filing.** The Office of Personnel may, in his or her sole and absolute discretion, agree to extend the time for filing a grievance up to an additional five (5) working days based upon a written request for an extension received from the Employee prior to the expiration of the five (5) working day deadline to file the grievance. Any written request for an extension of time must explain the reasons why the Employee cannot meet the grievance filing deadline. Failure to timely file a grievance with the Office of Personnel shall constitute a waiver of the right to use the grievance procedure and an abandonment of the grievance.

4. **Incomplete Grievance: Impact of Failure to Provide Compete Information.** If a timely filed grievance is incomplete, the Office of Personnel shall issue a written request to the Employee identifying the information needed to complete the grievance form and proceed with the grievance procedure. The Office of Personnel must issue the request for additional information within five (5) working days. If no written request is issued by the Office of Personnel within five (5) working days, the grievance shall move forward under this procedure. In the event of a dispute regarding either timeliness or sufficiency of information, the dispute shall be referred to the Clark County Executive Committee to make a determination. The decision of the Executive Committee shall be final and binding.

5. **Grievance Verification.** By signing the grievance, the Employee is declaring under penalty of law that the statements contained in a grievance relating to Discipline or Termination are true and correct. Any employee who files a grievance that is false or misleading or for the purposes of intimidation, annoyance, or harassment or who otherwise files a grievance in bad faith is subject to disciplinary action.

C. County Answer and Hearing Request. Upon receipt of a complete grievance form, the Office of Personnel shall provide a written response to the Employee either granting or denying the grievance. The Employee shall have five (5) working days following receipt of the County's denial of a grievance to file a written request for a hearing with the Office of Personnel. Failure of the Office of Personnel to receive a written request for hearing from the Employee within five (5) working days shall constitute a waiver of the employee's right to use the grievance procedure and an abandonment of the grievance.

D. Hearing Procedure

1. **Selection of Impartial Hearing Officer:** The selection of an Impartial Hearing Officer and hearing on a Workplace Safety violation shall be conducted in accordance with the Hearing Procedure in section 1.03 (c) above.

E. Burden of Proof; Impartial Hearing Officer's Decision; Remedies

1. **Burden of Proof; Standard of Review.** The County bears the burden of proving by a preponderance of the evidence that the condition identified by the Employee does not constitute a Workplace Safety violation and that no corrective action is required. If the County does not meet its burden of proof, the Impartial Hearing Officer shall grant the grievance.

2. **Decision.** The Impartial Hearing Officer shall issue a written decision within seven (7) business days of the close of evidence. The decision of the Impartial Hearing Officer shall, at a minimum, contain a statement of:
   - **a)** the standard of review;
   - **b)** the particular provisions of Wis. Admin. Code Chap. Comm 32 that are implicated by the Workplace Safety grievance;
   - **c)** findings; and
   - **d)** if the grievance is sustained, an order of corrective action.

3. **Remedies.** If the grievance is sustained, the Impartial Hearing Officer may order the County take corrective action in accordance with law to address the Workplace Safety violation. The Impartial Hearing Officer shall have no authority to require the County to take any specific corrective action or provide any specific remedy in response to the Workplace Safety violation.

F. Costs of Impartial Hearing Officer. The County shall pay all costs for the Impartial Hearing Officer associated with a Workplace Safety grievance.

13.5 COUNTY BOARD APPEAL OF DISCIPLINE, TERMINATION AND WORKPLACE SAFETY MATTERS

A. Who May File an Appeal. An appeal of the Impartial Hearing Officer's decision may be filed by the Employee or the County.

B. Requesting An Appeal. An appeal may be initiated to the County Board by filing an appeal with the Corporation Counsel on the form attached as Appendix P, "Request for Grievance Appeal to the County Board" within seven (7) working days of the date of the Impartial Hearing Officer's decision. Failure to file a written appeal by the filing deadline will result in the waiver of the right to an appeal and the outcome of the proceedings before the hearing officer shall be final.

C. County Board Appeal. When the Corporation Counsel receives a timely request for appeal, the Corporation Counsel shall forward the appeal to the chair of the County Board along with a copy of the hearing record inclusive of any exhibits introduced at the grievance hearing. The Chair shall schedule a meeting of the County Board to review the hearing records and the Impartial Hearing Officer's decision. The County Board shall not take testimony, accept additional evidence, accept briefing, accept oral argument or otherwise conduct a hearing of any sort in relation to an appeal.

D. Standard of Review. The Board shall not overturn or otherwise modify the Impartial Hearing Officer's decision unless the decision of the Impartial Hearing Officer is found to be one of the following:

- **a)** Arbitrary – Based on a notion, whim, or preference;
- **b)** Oppressive – Cruelly overbearing; tyrannical; or
- **c)** Unreasonable –Having or showing little sense or judgment; excessive, immoderate; or exorbitant.

E. Decision. The County Board shall deliver a written decision to the Employee and the County no later than seven (7) working days from the date of the County Board meeting. The written decision shall contain:

- **a)** A statement of the issues;
- **b)** findings, along with an explanation as to why the findings differ from the hearing examiner; and
- **c)** a remedy along with an explanation as to why any remedy differs from the remedy granted by the Impartial Hearing Officer.

F. Remedies on Appeal; Discipline and Termination. The County Board may award one or more of the following remedies to the Employee on appeal in a matter involving Discipline or Termination:

- **a)** Reinstatement;
- **b)** a lesser adverse employment action including without limitation, suspension of employment, reduction in suspension, reduction in base pay, reduction in rank, demotion, oral or written reprimand or performance improvement plan;
- **c)** documentation of employee acts and/or omissions in an employment file;
- **d)** back pay; and
- **e)** lost benefits.

G. Remedies on Appeal; Workplace Safety. If the County Board determines on appeal that a violation of Workplace Safety has occurred, the County Board may order that corrective action be taken by the County according to law.

H. Final Decision. The decision of the County Board shall be final. Any judicial review of the County Board's decision shall be only as provided by law.

13.6 STATUTES AND REGULATIONS INCORPORATED

Wis. Stat. § 66.0509(1m) – Civil Service System; Veteran's Preference
Wis. Stat. § 59.26(8)(b)1 – Sheriff; Undersheriff; Deputies
Wis. Admin Code DHS Chapter 5 – Personnel Administration in Local Human Services Agencies
Wis. Stat. § 19.59(1m) - Codes of ethics for local government officials, employees and candidates
Wis. Admin Code, Chapter Comm 32 – Public Employee Safety and Health

APPENDIX A: CLARK COUNTY EMPLOYEE HANDBOOK ACKNOWLEDGMENT

Creation Date: January 1, 2013

Revised: January 1, 2021

I acknowledge receipt of and understand I have the responsibility to read and follow the Employee Handbook of Clark County as written (eff. 1/1/2021).

Please sign and print name legibly:

Employee #: _____

Received By: (Employee) _____ Date: _____

Issued By: (Dept. Head/Supervisor) _____ Date: _____

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APPENDIX B: RECRUITMENT AND HIRING – NOW POLICY 100.103

Now located in Recruitment and Hiring Policy 100.103
https://www.clarkcountywi.gov/_files/ugd/cc0ce5_9533fd7b321e420bacf88c6f3d0e47de.pdf

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The Living and Rehabilitation Center will follow State and Federal regulations and county policies including internal policies of the Rehabilitation and Living Center related to personnel issues. The Executive Director and or/designee are responsible to take appropriate actions related to personnel issues to maintain the operations of the organization and to preserve the health, safety and security of the residents and staff. An employee may be placed on suspension when he/she commits a serious act, but not so severe as to warrant immediate termination. Discretion should be used in applying suspension as a management tool. (Approved at Personnel Committee on 4/1/2014 and approved by the Clark County Board on 5/1/2014)

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APPENDIX D:

WORKER'S COMPENSATION FIRST NOTIFICATION OF INJURY

Call County Mutual Care Line

1-833-564-0894

APPENDIX E:

CLARK COUNTY, INCIDENT REPORT

Complete this form and return to: Clark County Clerk.
517 Court Street – RM 301
Neillsville, WI 54456-1927

Name of Injured Person	Date
Address	City State Zip
Date/Time of Injury/Loss	Phone Number
Site/Location:	
Description of Incident:	
Witnesses: (if any)	
Reported by:	
Signature:	

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APPENDIX F:
COMPLAINT PROCEDURE FOR CLAIMS OF DISCRIMINATION, HARASSMENT OR RETALIATION

A. **Informal Notice to Others When Offended.** When an employee is exposed to speech or conduct found to be personally offensive, including speech or conduct which is perceived to be discriminatory, harassing or retaliatory, the employee, at his or her discretion, may elect to promptly and politely advise the offending co-worker that the speech or behavior is offensive and unwelcome. The employee is encouraged to document the encounter in case the informal notice does not resolve the matter.

B. **Formal, Written Complaint** (See Appendix H, Clark County Harassment/Discrimination Complaint Form). Allegations of unlawful discrimination, harassment or retaliation should be reported to your immediate supervisor, with a copy to the Office of Personnel. If the allegation involves your immediate supervisor, then the allegation should be reported to either your Department Head or the Personnel Manager. In any case where the employee is uncomfortable with the designated reporting procedure, the employee may report the allegation directly to the Personnel Manager

C. **Supervisor Meets with Complainant**. The Supervisor, or other designated "first responder", *must meet* with the Complainant about the allegation even if the complaint is untimely or deemed difficult to impossible to corroborate. The supervisor's role is to: 1) document the facts as presented, including dates/time of day, and to document all reported circumstances relating to the complaint; 2) obtain copies of any relevant documentation; 3) record the names of any witnesses or names of persons who may have had a similar experience; and 4) sign and date the report of findings. In *all* cases the Supervisor will report the investigation findings to the Personnel Manager. Under *no* circumstances may the supervisor agree to drop an investigation at the request of an employee who may have "second thoughts" about pursuing a complaint.

D. **Interim Measures.** Depending on facts and circumstances, interim steps, such as temporary employee reassignment or paid leave, pending investigation, may be deemed advisable. Any such interim measures need to be reviewed with the Personnel Manager before being acted on.

E. **Follow-up Investigation**. After reviewing the supervisor's report, either the Department Head or the Personnel Manager, as appropriate will either conduct the follow-up investigation or assign this responsibility to another management-level employee. At this stage in the process, the respondent, who is the subject of allegations of unlawful discrimination, harassment or retaliation, must be informed of the specific allegations, the identity of the complainant(s) and given an opportunity to respond to any and all allegations.

F. **Report of Investigation**. Based upon the investigation's outcome, management will take appropriate action to resolve the complaint. A resolution may or may not result in disciplinary action being taken by the County. The complainant and respondent will be informed of the outcome of the investigation.

Either party may appeal the findings in the Report to The Personnel Committee within 30-days of being informed of the outcome of the investigation or the appeal will be considered untimely. The Report of the Investigation will also be provided to the standing Committee of the individuals involved.

A file on all discrimination, harassment and retaliation complaints will be maintained by the County within the Office of Personnel.

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APPENDIX G: HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT

If you feel that you have been treated differently because of your age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief or affiliation, military participation, or use or non-use of lawful products off the employers or service providers premises during non-working hours, you may file a complaint. If you were wrongfully denied services, or if the treatment you received was separate or different from others, or if the program was not accessible to you, it may be discrimination.

IMPORTANT: If your application for service was not taken or you were told you were not eligible for a particular program, BUT you feel you are eligible, ask the provider for a pamphlet which explains how to request a local agency appeal process or State administrative hearing review. You're right to appeal a decision or to request a State administrative hearing does not need to be connected to a discrimination complaint.

You may file an informal discrimination complaint with your employer or service provider, or you may file a formal discrimination complaint with a state or federal agency. However, complaints alleging discrimination on the basis of age for the United States Department of Agriculture, Food and Nutrition Services (USDA-FNS) programs, this complaint will be forwarded to the appropriate FNS Regional OCR within 5 working days after receipt. FNS Regional OCR will refer the complaint to the Federal Mediation and Conciliation Services (FMCS) within 10 days of initial receipt by the agency. No one may threaten or harass you for making a complaint. No one may threaten or harass your witnesses because they are willing to say that they saw, heard or experienced.

All formal complaints must be filed within 180 days of the event or treatment you feel was discrimination. However, you should file the complaint as soon as possible after the action took place.
IF you file an informal complaint and you are not satisfied with the resolution, you can still file a formal complaint as long as you do it within filing time frame. Do not wait until after the filing deadline to get an answer to the informal complaint if you plan to make a formal complaint.

To file an informal discrimination complaint with your provider or employer, request a discrimination complaint form by calling the Equal Opportunity Coordinator Joe DuPont at (**715**) **743-5298** - or TDD **(715) 743-3157**.

Send the completed form back to your provider's Equal Opportunity Coordinator.

If you wish to file a formal discrimination complaint, you may send the completed complaint form directly to the appropriate state or federal agency listed on the following pages. Include a letter stating that you are making a formal complaint to their agency as the funding source. Staff of the state or federal agency will provide the results to you within 90 days.

File formal discrimination complaints about these services with a state agency listed below.

Program	State Agency
Wisconsin Works (W-2), (W-2) Transitions, Temporary Assistance to Needy Families (TANF), Brighter Futures Initiative, Child Support, Early Care and Education, Head Start, Child Care and Day Care Certification Programs, Child Welfare, Milwaukee Child Welfare and Integration Programs, Emergency Assistance, Families and Economic Security, Community Service Jobs, Job Access Loans, Adoption and Foster Care Programs, Safety and Permanence Programs (Out-of-Home Care, Safety and Well Being, Program Integrity), Child Placement Services, Child Abuse and Neglect, Protective Services, Kinship Care, Domestic Abuse/Domestic Violence Programs, and other programs administered by the Wisconsin Department of Children and Families. Refugee and Immigrant Services (Social Services, Older Refugee, Family Strengthening, Health Services, Preventative Health Services, Mental Health, Refugee Cash and Medical Assistance)	**Wisconsin Department of Children and Families** 201 E. Washington Ave, Second Floor P.O. Box 8916 Madison, WI 53708-8916 Voice: (608) 266-5335 TTY: 1-800-864-4585
Medical Assistance Services, Medicaid, BadgerCare Plus, FoodShare (formerly Food Stamps Program in Wisconsin), TEFAP, SeniorCare, Community Aid, Long Term Care, Mental Health and Substance Abuse, Services to the Deaf and Hard of Hearing, Blind and Visually Impaired and Persons with Disabilities, Family Care, Public Health Services, Community Health Center Programs, WIC (Women, Infants and Children), and other programs administered by the Wisconsin Department of Health Services.	**Wisconsin Department of Health Services** Office of Civil Rights Compliance 1 W. Wilson, Room 561 P.O. Box 7850 Madison, WI 53707 Voice: (608) 266-9372 TTY: 1-888-701-1251
Wisconsin Workforce Investment Act, and other programs administered by the Wisconsin Department of Workforce Development.	**Wisconsin Department of Workforce Development** ATTN: Equal Opportunity Officer 201 E. Washington Ave, Room G100 P.O. Box 7972 Madison, WI 53707-7972 Voice: (608) 266-6889 TDD: 866-275-1165
Unsubsidized and Trial Jobs Complaints. Any employment condition as an employee of DCF, DHS and or DWD funded entities and their subcontractors.	**Equal Rights Office** P.O. Box 8928 Madison, WI 53708 Telephone: (608) 266-6860 TDD-Hearing Impaired: (608) 264-8752 **Equal Rights Office** 819 North Sixth Street, Room 255 Milwaukee, WI 53203 Telephone: (414) 227-4384 TDD: (414) 227-4081 **U.S. Equal Employment Opportunity Commission** 310 W. Wisconsin Ave., Suite 800 Milwaukee, WI 53203 Telephone: 414-297-1111, TDD: 414-297-1115 **The Office of Federal Contract Compliance U.S. Department of Labor** 230 South Dearborn Street Chicago, IL 60603 Telephone: 312-353-2158, TDD: 312-353-2158

You also have the right to file a formal complaint with a federal agency listed below.

Program	Federal Agency
Formal Discrimination Complaint about any of the above services administered by the Wisconsin Department of Health Services.	**HHS, Director, Office for Civil Rights** Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 (202)-619-0403 (Voice) (202)-619-3257 (TTY) **U.S. Dept. of Health and Human Services** Office for Civil Rights Region V, 233 N. Michigan Ave. Chicago, IL 60601 Telephone: 312-886-2359, TDD: 315-353-5693
Formal Discrimination Complaint about any program receiving federal assistance.	**Coordination and Review Section - NWB** **Civil Rights Division** **U.S. Department of Justice** 950 Pennsylvania Avenue, N.W. Washington, D.C. 20530 (888) 848-5306 - English and Spanish (ingles y Española) (202) 307-2222 (voice) (202) 307-2678 (TDD) **Title VI Hotline:** 1-888-TITLE-06 (1-888-848-5306) (Voice / TDD) **Disability Complaints:** **U.S. Department of Justice** **Civil Rights Division** 950 Pennsylvania Avenue, NW Disability Rights Section - NYAV Washington, DC 20530 800-514-0301 (voice) 800-514-0383 (TTY) (also in Spanish)
Discrimination Complaint for the Supplemental Nutrition Assistance Program (SNAP) (Formerly known as the Food Stamp Program at the Federal level). Foodshare (Formerly known as the Food Stamps in Wisconsin), WIC, TEFAP and the Food Stamp Employment and Training (FSET) Program.	**USDA Director, Office of Civil Rights** 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 (800)-795-3272 (Voice) (202)-720-6382 (TTY) **Food and Consumer Services** **Civil Rights Program** **U.S. Department of Agriculture** 77 Jackson Boulevard, 20th Floor Chicago, IL 60604 (312)-353-1457(Voice)

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SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT

If you need help completing this form, please contact:

Equal Opportunity Coordinator Personnel Manager	Phone (Voice) (715) 743 – 5298	Phone (TDD) (715) 743 - 3157
Name of Complainant	Phone ( ) -	
Address (number, street, city, state, zip code)		

Basis for Service Delivery or Employment Discrimination Complaint: In service delivery, discrimination is prohibited on the following basis: Age, color, disability, national origin, religion, political belief or affiliation (apply to USDA -FNS programs only), race, sex or retaliation for filing a complaint, or for assisting with a complaint, opposing discrimination in a program, service or activity.

Employment discrimination is prohibited on the basis of: age (over 40), national origin or ancestry, arrest record, conviction record, color, creed or religion, disability or association with a person with a disability, genetic testing, honesty testing, marital status, pregnancy or childbirth, military service, race, sex, sexual orientation, use or nonuse of lawful products off the employer's premises during non-working hours. Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace.

Name of Agency and/or Employee or Employer Against Whom the Complaint is Filed

Describe the action or treatment which you think was discriminatory. Include information about who, what, when, where, how, why, and the names, addresses and phone numbers of any witnesses, if you know them. Please be specific about the date of the last incident. You may write this on another sheet of paper if you need more room. In the space below, please say how many pages are attached, if you need to add pages.

Description of the Relief or Satisfaction You Want:

Signature of Complainant or Complainant Representative Date Signed (mm/dd/yyyy)

The information below is to be completed by the person at the agency who receives your complaint, looks into it and responds to you.

Date Received	Received By	Title
Agency		
Actions and Individual(s) to be investigated:		
Findings (Must be completed within 30 days)		
Action Taken:		
Further Action Required? ☐ Yes ☐ No		
If yes, what is recommended?		

COMPLAINANT CONSENT/RELEASE FORM

Name of Complainant			Date (mm/dd/yyyy)	
Address:	City:		State	Zip Code
Telephone Number: ( ) -	Cell Phone Number: ( ) -	Email Address		
Program(s) for which this Consent/Release Form apply:				

Please read the information below, initial the appropriate space, sign and date this form. I have read the Notice of Investigatory Uses of Personal Information by DCF, DHS or DWD. As a complainant, I understand that in the course of a preliminary inquiry or investigation it may become necessary for DCF, DHS or DWD to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DCF, DHS or DWD to honor requests under the Freedom of Information Act. I understand that it might be necessary for DCF, DHS or DWD to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that, as a complainant, I am protected by Federal regulations from intimidation or retaliation for having taken action or participated in an action to secure rights protected by nondiscrimination statutes enforced by the Federal government.

CONSENT/RELEASE

CONSENT GRANTED - I have read and understand the above information and authorize DCF, DHS or DWD to reveal my identity to persons at the organization or institution under investigation and to other Federal agencies that provide Federal financial assistance to the organization or institution or also have civil rights compliance oversight responsibilities that cover that organization or institution. I hereby authorize DCF, DHS or DWD to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, applications, case files, personal records, and or medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily. Place your Initials on this line if you give consent:____*(Initials)*.

CONSENT DENIED - I have read and understand the information and do not want DCF, DHS or DWD to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed. Place your Initials on this line if you do not give consent: ____ *(Initials)*.

Signature of Complainant or Complainant Representative Date Signed (mm/dd/yyyy)

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APPENDIX H:

CLARK COUNTY UNSAFE CONDITION OR HAZARD REPORT

Instructions:

- Use this form to report an unsafe working condition that does not require immediate action.
- This form should NOT be used to *initially* report immediate and dangerous working conditions. See page 2 of this form for instructions on such conditions.
- This form should be completed, fully and legibly, with as much detail as possible. If additional space is needed, print information on a separate piece of paper and attach. If you need assistance in filling out the form, please contact the Office of Personnel at 715-743-5298
- Submit completed forms to your Department Head with a copy to the Maintenance Department and the Office of Personnel.

Employee's Name: _____ Job Title: _____ Date of Report: _____	**DATE AND TIME RECEIVED** *(for County use only)*

1. Location of Condition Believed to Be Unsafe or Hazardous (specify exact location where alleged unsafe or hazardous condition exists, the type of work performed and the approximate number of employees in the location. Use a separate form for each unsafe or hazardous condition).

_____
_____
_____
_____
_____

2. Detailed Description Of Unsafe Or Hazardous Condition And Its Cause:

_____
_____
_____
_____

3. Date and Time Unsafe or Hazardous Condition First Observed by Employee:

_____
_____

4. Are there any employees or other individuals who you believe have been injured or become ill from the unsafe or hazardous condition? If so, please identify the employee or individual, the nature or the illness or injury and the date on which the employee or individual was injured or became ill.

_____
_____
_____

5. To your knowledge, has the unsafe or hazardous condition previously been reported to a person in management? If so, to whom was the condition reported and on what date or dates?

_____
_____
_____

6. To your knowledge, has the unsafe or hazardous condition previously been inspected? If so, who inspected the condition, when was the inspection and what was the result of the inspection?

_____
_____
_____

7. What changes would you recommend to correct the unsafe or hazardous condition?

_____
_____
_____

8. Certification.

By my signature below, I certify that I have read the above report and declare that the information in the report is true and correct.

Signature of Employee: _____

Date Signed: _____

Immediate and Dangerous Working Conditions

1. This form should not be used to *initially* report immediate and dangerous working conditions. If a dangerous working condition exists that requires immediate corrective action, the employee must notify his/her supervisor at once. If the situation involves serious injury and/or the need for rescue, fire, or other emergency response, call 9-1-1 immediately.

2. Upon being advised of an immediate and dangerous working condition, the supervisor shall evaluate the condition take any immediate action necessary to correct or minimize the hazard to a reasonable standard of safety. The supervisor shall notify the Department Head and the Office of Personnel of the employee's report of an immediate and dangerous working condition and the corrective action, if any, taken by the supervisor.

3. If corrective action is not taken immediately by the supervisor, or the employee believes that action taken by the supervisor does not minimize the hazard to a reasonable standard of safety, the employee shall immediately report the hazard to the Department Head and fill out and file this Unsafe Condition or Hazard Report with the Office of Personnel.

4. The Department Head will designate the appropriate individual to go to the scene immediately, evaluate the situation, make a judgment, and document and communicate the decision on appropriate action to the employee, the supervisor and the Office of Personnel.

5. The County's Personnel Committee will review the information related to the dangerous working condition and determine whether the situation has been satisfactorily resolved or if additional investigation and corrective actions are necessary. The Personnel Manager will advise the employee in writing of the results of the investigation and any corrective action that the County intends to take within ten (10) work days of receipt of this Unsafe Condition or Hazard Report from the employee.

1. Informal Resolution Participants, date(s) of meeting(s) and location(s): Describe the individuals involved in attempting to resolve the grievance informally and the date(s)/time(s) of any meeting(s) and the location(s) in which the meeting(s) occurred.
2. Informal Resolution Discussion Summary. Provide a description of the efforts made in informally resolving the issues contained in the grievance.
3. Results of the Meeting: Describe the end results of the efforts made to resolve the grievance and the rationale used in making these determinations. ☐ **The issue identified does not constitute a workplace safety issue under Wis. Admin. Code Chap. Comm. 32 and thus does not require corrective action.** ☐ **The County concurs with the employee's concerns and will be taking corrective action in accordance with law to address the condition.**
4. Certification and Signature. By my signature below, I certify that I have completed the summary above and, under penalty of law, I declare that this information is true and correct. **Signature of Supervisor:** _____ **Date Signed:** _____

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APPENDIX I: DRUG AND ALCOHOL TESTING POLICY

STATEMENT OF POLICY

It is the policy of Clark County (the "County") to create a drug free workplace. The use of controlled substances or alcohol or the misuse of other drugs is inconsistent with the behavior expected of employees, subjects all employees and visitors to our facility to unacceptable safety risks, and undermines the County's ability to operate effectively and efficiently.

The unlawful manufacture, distribution, dispensation, possession, sale, or use of a controlled substance or alcohol while operating County machinery, equipment or vehicles, or while engaged in County business off premises are strictly prohibited. The County further requests that employees report to work free of illegal drugs, alcohol and other drugs that are capable of altering an employee's mood, perception, pain level, or judgment and/or affecting an employee's ability to perform his or her job.

Failure to comply with any part of this Policy may result in a withdrawal of any conditional job offer for job applicants, and in discipline up to and including termination of employees.

To effectuate this Policy, the County will test applicants and employees for drugs and/or alcohol under the circumstances outlined below.

TESTS REQUIRED

- Pre-employment testing. Any person applying for a position with the County, who is conditionally offered employment, may be required to undergo a test for the use of alcohol and controlled substances. Any applicant [or employee] who refuses to undergo a test will be disqualified from further consideration for employment.

- Post work-related injury testing. The County, at its discretion, may require that any employee involved in a work-related accident submit to an alcohol and/or drug test as soon as possible after the accident, but no later than eight (8) hours for alcohol or thirty-two (32) hours for drug testing. Any employee involved in a reportable accident shall notify the County at the first available opportunity after the accident, at which time the employee will be advised to report to an appropriate collection site for testing.

  In the event an employee is seriously injured and unable to report to the collection site, the employee shall authorize the health care provider to release to the County any information necessary to indicate the presence of alcohol or any controlled substance in the employee's system.

- Reasonable suspicion testing. The County will require that an employee be tested, upon reasonable cause, for the use of controlled substances or alcohol. An employee shall submit to testing when requested to do so by the County. The County will presume a positive test result if an employee refuses to be tested upon reasonable cause.

  The reasonable cause circumstances should be witnessed by two (2) employees, one of whom is a supervisor who has received training in the detection of probable drug or alcohol use through observations. The reasonable suspicion determination shall be documented on a form entitled "Supervisor's Report of Reasonable Cause" (Appendix A) and should be completed at the time of the observations but in no case later than twenty-four (24) hours after the initial reasonable cause observation.

  Reasonable cause means a belief drawn from facts or circumstances and inferences from those facts or circumstances sufficient to lead a reasonable person to suspect that the employee is using a controlled substance or alcohol. Examples of reasonable cause include but are not limited to:

- Direct observation of physical symptoms;
- Pattern of abnormal conduct or erratic behavior;
- Arrest of conviction for drug or alcohol related offenses;
- Information from credible and reliable sources; and
- Evidence of employee tampering with drug or alcohol tests.

- Post-rehabilitation drug and alcohol testing. Any employee who undergoes rehabilitation or who enrolls in a program because of a positive drug or alcohol test result shall be required to undergo an additional drug and/or alcohol test before returning to work. If the test results are negative, the employee will be returned to work, if work is available. If the test results are positive, the employee will be disqualified from employment and, in reasonable cause circumstances, any previous discharge or other discipline will be reinstated.

CONSEQUENCES FOR POSITIVE TEST RESULTS

- If the result of any drug or alcohol test conducted in accordance with this policy is confirmed positive for the presence of drugs or alcohol, the employee will be contacted and advised that they have seventy-two (72) hours to request a confirmatory retest, at the employee's expense.
- If the confirmatory retest is also positive, the County reserves the right to temporarily suspend the tested employee for a period of up to six weeks without pay. No benefits will accrue to the tested employee during the period of unpaid suspension.
- An employee who tests positive for drug and/or alcohol use may seek assistance and rehabilitation through any available means, at the employee's sole expense. Any County-provided insurance or benefits, including earned or accrued time off, if applicable, may be utilized by the employee.
- Repeated positive drug or alcohol test results for any reasons may lead to discharge from employment.

CONFIDENTIALITY

The County respects the confidentiality and privacy rights of all of its employees. Accordingly, the results of any test administered under this policy and/or the identities of any employees participating in a rehabilitation program will not be revealed by the County to anyone without the express written consent of the employee. In addition, the County's contract with the testing laboratory requires it to maintain all employee test records in confidence. However, the laboratory will disclose information related to a positive drug or alcohol test of an individual to the individual, the employer, or the decision-maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the individual and arising from a certified positive drug or alcohol test.

The testing laboratory will not reveal individual test results to anyone unless he/she has been presented with written authorization from the tested employee. The testing laboratory may, however, reveal to the County, without an authorization, relevant employee qualification information which indicates whether the employee has tested positive for a controlled substance. The County will not release the employee qualification information without first obtaining the tested employee's written authorization and consent.

THIS POLICY IS SUBJECT TO CHANGE BY COUNTY ACTION WITH OR WITHOUT PRIOR NOTICE TO EMPLOYEES. MODIFICATIONS, ADDITIONS, CORRECTIONS OR OTHER POLICY CHANGES WILL BE COMMUNICATED BEFORE ENFORCEMENT BY THE COUNTY. IN ADDITION, COUNTY POLICY IS SUBJECT TO APPLICABLE STATE OR FEDERAL LAWS WHICH MAY GOVERN COUNTY ACTION. THE PROVISIONS OF THIS POLICY ARE IN ADDITION TO ESTABLISHED COUNTY PERSONNEL POLICIES.

SUPERVISOR'S REPORT OF REASONABLE CAUSE

Employee's Name: _____ Job Title: _____ Date of Report: _____	**DATE AND TIME RECEIVED** *(for County use only)*

Observations

Breath: (odor of alcoholic beverage)

Eyes: ( ) Bloodshot ( ) Glassy ( ) Normal ( ) Watery ( ) Clear
( ) Heavy Eyelids ( ) Fixed Pupils ( ) Dilated Pupils ( ) Normal

Speech: ( ) Confused ( ) Stuttered ( ) Thick-Tongued ( ) Accent ( ) Mumbled
( ) Fair ( ) Slurred ( ) Good ( ) Mush-Mouthed ( ) Non understandable
( ) Cotton Mouthed ( ) Other _____

Attitude: ( ) Excited ( ) Combative ( ) Hilarious ( ) Indifferent ( ) Talkative
( ) Insulting ( ) Carefree ( ) Cocky ( ) Sleepy
( ) Cooperative ( ) Profane ( ) Polite ( ) Other _____

Unusual ( ) Hiccoughing ( ) Belching ( ) Vomiting ( ) Fighting ( ) Crying

Action: ( ) Laughing ( ) Other _____

Balance: ( ) Falling ( ) Needs Support ( ) Wobbling ( ) Swaying ( ) Other

Walking: ( ) Falling ( ) Staggering ( ) Stumbling ( ) Swaying ( ) Other

Turning: ( ) Falling ( ) Staggering ( ) Stumbling ( ) Swaying ( ) Hesitant
( ) Other _____

Indicate any other unusual actions or statements:

Signs or complaints of illness or injury:

Supervisor's Opinion

Effects of alcohol/drug intoxication: ( ) None ( ) Slight ( ) Obvious ( ) Extreme

Operation of equipment: ( ) Yes ( ) No

Additional Comments:

Supervisor Signature: _____ Date: _____

Employee Signature: _____ Date: _____

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APPENDIX J: YOUR RIGHTS UNDER USERRA



YOUR RIGHTS UNDER USERRA

THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its **website at http://www.dol.gov/vets**. An interactive online USERRA Advisor can be viewed at **http://www.dol.gov/elaws/userra.htm**.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: http://www.dol.gov/vets/programs/userra/poster.htm. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.

U.S. Department of Labor
1-866-487-2365

U.S. Department of Justice

Office of Special Counsel

1-800-336-4590

Publication Date—July 2008

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APPENDIX K:

BANKED SICK OR VACATION TIME CONVERSION REQUEST FORM

Employees wishing to convert Cash Balance Accounts of Sick or Vacation time must complete this form and submit it to their supervisor. Once completed, this form needs to be submitted to the Payroll Office **WITH** the applicable payroll summary sheet. If you have questions, please contact the Payroll and Assistant Comptroller at extension 5296.

Employee Name:		**Employee ID Number:**	
Type of Cash Balance Account to Convert:	☐ Sick ☐ Vacation	Number of Hours of time off:	
Employee Current Hourly Rate:		Current dollar value of time off (Hrs. x $hrly rate):	
Dates of use:			
Employee Signature:		Date:	
Dept. Head Signature:		Date:	
Received by Payroll:		Date:	
Processed by Payroll: (chg. made to payroll system and spreadsheet)		Initials: Date:	

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APPENDIX L: CLARK COUNTY DISCIPLINE/TERMINATION GRIEVANCE FORM

<table>
<tr><td>Name of Grievant:
Job Title:</td><td>Work Phone:
Home Phone:</td></tr>
<tr><td rowspan="2">Home Mailing Address:</td><td>DATE AND TIME GRIEVANCE SUBMITTED:</td></tr>
<tr><td>DATE AND TIME RECEIVED
(for County use only)</td></tr>
<tr><td colspan="2">1. Discipline/Termination Being Grieved. Provide a description of the discipline/termination being grieved.</td></tr>
<tr><td colspan="2">2. Basis for Grievance. Provide a detailed description of the reason or reasons why you believe that the County's decision to discipline or terminate you was incorrect and should be overturned and a detailed description of any facts or information which support your belief.</td></tr>
<tr><td colspan="2">3. Witnesses. Identify by name, telephone number and address of all witnesses that you believe will support your claim that the County's decision to discipline or terminate you was incorrect and should be overturned. Provide a summary of the facts and/or information known by each witness.</td></tr>
<tr><td colspan="2">4. Documents. Attach any documents which support your claim that the County's decision to discipline or terminate you was incorrect. If you do not have a document, provide a description of the document which includes date of the document, the source of the document and the content of the document.</td></tr>
<tr><td colspan="2">5. Remedy Requested. Describe in detail how you believe the County's disciplinary action or termination should be modified.</td></tr>
<tr><td colspan="2">6. Certification and Signature.

By my signature below, I certify that I have read the above complaint and, under penalty of law, I declare that this complaint is true and correct to my knowledge and belief.

Signature of Grievant: _____ Date Signed: _____</td></tr>
</table>

1. Informal Resolution Participants, date(s) of meeting(s) and location(s): Describe the individuals involved in attempting to resolve the grievance informally and the date(s)/time(s) of any meeting(s) and the location(s) in which the meeting(s) occurred.

2. Informal Resolution Discussion Summary. Provide a description of the efforts made in informally resolving the issues contained in the grievance.

4. Results of the Meeting: Describe the end results of the efforts made to resolve the grievance and the rationale used in making these determinations.

4. Certification and Signature.

By my signature below, I certify that I have completed the summary above and, under penalty of law, I declare that this information is true and correct.

Signature of Supervisor: _____ **Date Signed:** _____

Office of Personnel Review/Decision (if appropriate):

- ☐ Informal resolution proposed is adopted
- ☐ Grievance is Affirmed
- ☐ Grievance is Denied
- ☐ Information provided is incomplete, additional information is requested

Signature of Personnel Manager: _____ **Date Signed:** _____

INSTRUCTIONS

1. USE: This grievance form is for use in connection with the Clark County Grievance Procedure (Grievance Procedure) in the Clark County Personnel & General Administrative Policies (Policies). Only "regular full time" and "regular part-time" employees who work more than eighty-five (85) hours per month and who have completed twelve (12) continuous months of employment with the County may use the Grievance Procedure. The grievance form may be used only in connection with "discipline" and "termination" as defined by the Grievance Procedure. Please refer to the Grievance Procedure in the Policies for additional rules and restrictions relating to the Grievance Procedure.

2. FILING DEADLINE: In accordance with section 1.03(2) of the Grievance Procedure, this grievance form must be completely filled out, signed and filed with the Clark County Office of Personnel's within **ten (10) working days** of the event giving rise to the grievance or the date upon which an employee should have reasonably known of the facts giving rise to the grievance. Failure to timely file a grievance will constitute a waiver of the right to use the grievance procedure and abandonment of the grievance. Please see the Grievance Procedure for any available extensions of time.

3. FILLING OUT THE GRIEVANCE FORM – (Additional sheets may be used when responding to each area.)

a. Event Being Grieved. This section requires you to describe the disciplinary act or termination that you are grieving. The description should include the reason(s) you understand you were disciplined/terminated and the date on which the discipline/termination occurred. A grievance form may only address one disciplinary event.

b. Basis for Grievance. This section of the form requires you to provide a detailed description of the reason or reasons why you believe that the County's decision to discipline or terminate you was incorrect. Single word or limited responses to the effect that the discipline/termination was "wrong," "unfair," "unequal" or "mistaken" are insufficient. You must provide a *detailed* response explaining why you believe the disciplinary action or termination taken by the County was incorrect or unreasonable and a *detailed* description of any facts, events or other information which support your belief. Note under the Grievance Procedure, you will have the burden of proving by clear and convincing evidence that the County did not have a rational basis for the disciplinary action/termination.

c. Witnesses. This section of the form requires you to identify all witnesses who you believe will support your claim that the disciplinary action or termination taken by the County was incorrect. The last known telephone number and address of each witness must be provided. You are also required to provide a detailed description of the facts or information known by each witness that supports your claim that the disciplinary action or termination taken by the County was incorrect and should be overturned. Single word or limited descriptions to the effect that the witness knows the discipline/termination was "wrong," "unfair," "unequal" or "mistaken" are insufficient. Employees must provide a *detailed* description of the facts or information known by each witness.

d. Documents. This section of the form requires you to produce all documents you believe support your claim that the disciplinary action or termination taken by the County was incorrect. If you do not have the documents, you are required to provide a description of each document which includes the date of the document, the source of the document and a description of the contents. The source can be, for example, an e-mail from a department head, supervisor, co-worker or other individual, a County policy or communication, a time card, portions of an employee or county file or a document that you wrote. The description of the contents should include the subject of the document and the information in the document which you believe supports your position on the grievance.

e. Remedy Requested. This section requires you to describe how you believe that the discipline or termination should be modified or reduced. Remedies that you could request include: (a) reinstatement; (b) a

lesser adverse employment action including, without limitation, suspension of employment, reduction in a suspension term, reduction in base pay, reduction in rank, demotion, oral or written reprimand or performance improvement plan; (c) deletion of the reference to the discipline/termination from the Employee file; (d) back pay; and (e) restoration of lost benefits.

3. ASSISTANCE: All information on the grievance form *must* be provided. If you have any questions regarding the information required by the form, please contact the office of the Clark County Office of Personnel at 715-743-5298. Employees in the Office of Personnel may only offer assistance in identifying the information required in the grievance form. Employees in the Office of Personnel cannot provide you with legal advice in connection with your grievance. Employees are encouraged to consult an attorney of their choice with any legal questions.

APPENDIX M:

CLARK COUNTY REQUEST FOR EXTENSION TO FILE A GRIEVANCE

Name of Grievant: **Job Title:**	**Work Phone:** **Home Phone:**
Home Mailing Address:	**DATE AND TIME GRIEVANCE SUBMITTED:**

	DATE AND TIME RECEIVED *(for County use only)*

1. Request: I hereby request an extension to the timelines as defined in the Grievance Procedure:

☐ **Yes** ☐ **No**

2. Extenuating Circumstances: Provide a detailed description of the extenuating circumstances that would necessitate an extension of the grievance filing timelines.

3. Certification by my signature below, I certify that I have read the above complaint and, under penalty of law, I declare that this information is true and correct to my knowledge and belief.

Signature of Grievant: _____ **Date Signed:** _____

Office of Personnel Review/Decision (if appropriate):

- ☐ Request for extension is granted until _____
- ☐ Request for extension is denied
- ☐ Information provided is incomplete, additional information is requested

Signature of Personnel Manager: _____ **Date Signed:** _____

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APPENDIX N:

CLARK COUNTY UNSAFE CONDITION OR HAZARD REPORT

Instructions:

- Use this form to report an unsafe working condition that does not require immediate action.
- This form should NOT be used to *initially* report immediate and dangerous working conditions. See page 2 of this form for instructions on such conditions.
- This form should be completed, fully and legibly, with as much detail as possible. If additional space is needed, print information on a separate piece of paper and attach. If you need assistance in filling out the form, please contact the Office of Personnel at 715-743-5298
- Submit completed forms to your Department Head with a copy to the Maintenance Department and the Office of Personnel.

Employee's Name: _____ Job Title: _____ Date of Report: _____	**DATE AND TIME RECEIVED** *(for County use only)*

1. Location of Condition Believed to Be Unsafe or Hazardous (specify exact location where alleged unsafe or hazardous condition exists, the type of work performed and the approximate number of employees in the location. Use a separate form for each unsafe or hazardous condition).

_____
_____
_____
_____
_____

2. Detailed Description of Unsafe or Hazardous Condition and Its Cause:

_____
_____
_____

3. Date and Time Unsafe or Hazardous Condition First Observed by Employee:

_____
_____

4. Are there any employees or other individuals who you believe have been injured or become ill from the unsafe or hazardous condition? If so, please identify the employee or individual, the nature or the illness or injury and the date on which the employee or individual was injured or became ill.

_____
_____

5. To your knowledge, has the unsafe or hazardous condition previously been reported to a person in management? If so, to whom was the condition reported and on what date or dates?

_____
_____

6. To your knowledge, has the unsafe or hazardous condition previously been inspected? If so, who inspected the condition, when was the inspection and what was the result of the inspection?

_____
_____
_____

7. What changes would you recommend to correct the unsafe or hazardous condition?

_____

_____

_____

8. Certification.

By my signature below, I certify that I have read the above report and declare that the information in the report is true and correct.

Signature of Employee: _____

Date Signed: _____

Immediate and Dangerous Working Conditions

1. This form should not be used to *initially* report immediate and dangerous working conditions. If a dangerous working condition exists that requires immediate corrective action, the employee must notify his/her supervisor at once. If the situation involves serious injury and/or the need for rescue, fire, or other emergency response, call 9-1-1 immediately.

2. Upon being advised of an immediate and dangerous working condition, the supervisor shall evaluate the condition take any immediate action necessary to correct or minimize the hazard to a reasonable standard of safety. The supervisor shall notify the Department Head and the Office of Personnel of the employee's report of an immediate and dangerous working condition and the corrective action, if any, taken by the supervisor.

3. If corrective action is not taken immediately by the supervisor, or the employee believes that action taken by the supervisor does not minimize the hazard to a reasonable standard of safety, the employee shall immediately report the hazard to the Department Head and fill out and file this Unsafe Condition or Hazard Report with the Office of Personnel.

4. The Department Head will designate the appropriate individual to go to the scene immediately, evaluate the situation, make a judgment, and document and communicate the decision on appropriate action to the employee, the supervisor and the Office of Personnel.

5. The County's Personnel Committee will review the information related to the dangerous working condition and determine whether the situation has been satisfactorily resolved or if additional investigation and corrective actions are necessary. The Personnel Manager will advise the employee in writing of the results of the investigation and any corrective action that the County intends to take within ten (10) work days of receipt of this Unsafe Condition or Hazard Report from the employee.

1. Informal Resolution Participants, date(s) of meeting(s) and location(s): Describe the individuals involved in attempting to resolve the grievance informally and the date(s)/time(s) of any meeting(s) and the location(s) in which the meeting(s) occurred.
2. Informal Resolution Discussion Summary. Provide a description of the efforts made in informally resolving the issues contained in the grievance.
5. Results of the Meeting: Describe the end results of the efforts made to resolve the grievance and the rationale used in making these determinations. ☐ **The issue identified does not constitute a workplace safety issue under Wis. Admin. Code Chap. Comm. 32 and thus does not require corrective action.** ☐ **The County concurs with the employee's concerns and will be taking corrective action in accordance with law to address the condition.**
4. Certification and Signature. By my signature below, I certify that I have completed the summary above and, under penalty of law, I declare that this information is true and correct. **Signature of Supervisor:** _____ **Date Signed:** _____

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APPENDIX O:

CLARK COUNTY UNSAFE CONDITION REPORT AND WORKPLACE SAFETY GRIEVANCE FORM

Name of Grievant: **Job Title:**	**Work Phone:** **Home Phone:**
Home Mailing Address:	**DATE AND TIME RECEIVED** *(for County use only)*

1. Unsafe Condition: Provide a description of the condition(s) which you believe constitutes a workplace safety issue.

2. Basis for Report/Grievance. Provide a detailed description of the reason or reasons why you believe that the condition described in #1 above constitutes a workplace safety issue according to Wis. Admin. Code Chap Comm. 32.

3. Witnesses. Identify by name, telephone number and address of all witnesses that you believe will support your claim. Provide a summary of the facts and/or information known by each witness.

4. Documents. Attach any documents which support your claim. If you do not have a document, provide a description of the document which includes date of the document, the source of the document and the content of the document.

5. Remedy Requested. Describe in detail how you believe the condition noted above should be modified or corrected.

6. Certification and Signature.

By my signature below, I certify that I have read the above complaint and, under penalty of law, I declare that this complaint is true and correct to my knowledge and belief.

Signature of Grievant: _____ **Date Signed:** _____

1. Resolution Participants, date(s) of meeting(s) and location(s): Describe the individuals involved in attempting to resolve the grievance informally and the date(s)/time(s) of any meeting(s) and the location(s) in which the meeting(s) occurred.

2. Resolution Discussion Summary. Provide a description of the efforts made in informally resolving the issues contained in the grievance.

6. Results of the Meeting: Describe the end results of the efforts made to resolve the grievance and the rationale used in making these determinations.

- ☐ **The issue identified does not constitute a workplace safety issue under Wis. Admin. Code Chap. Comm. 32 and thus does not require corrective action.**
- ☐ **The County concurs with the employee's concerns and will be taking corrective action in accordance with law to address the condition.**

4. Certification and Signature.

By my signature below, I certify that I have completed the summary above and, under penalty of law, I declare that this information is true and correct.

Signature of Supervisor: _____ **Date Signed:** _____

Office of Personnel Review/Decision (if appropriate):

- ☐ Informal resolution proposed is adopted
- ☐ Grievance is Affirmed
- ☐ Grievance is Denied
- ☐ Information provided is incomplete, additional information is requested

Signature of Personnel Manager: _____ **Date Signed:** _____

INSTRUCTIONS

1. USE:

This grievance form is for use in connection with the Clark County Grievance Procedure (Grievance Procedure) in the Clark County Personnel & General Administrative Policies (Policies). Only "regular full time" and "regular part-time" employees who work more than eighty-five (85) hours per month and who have completed twelve (12) continuous months of employment with the County may use the Grievance Procedure. The grievance form may be used only in connection with Workplace Safety as defined by the Grievance Procedure. Please refer to the Grievance Procedure in the Policies for additional rules and restrictions relating to the Grievance Procedure.

2. FILING DEADLINE:

In accordance with section 1.04(3) of the Grievance Procedure, this grievance form must be completely filled out, signed and filed with the Clark County Office of Personnel's within **ten (10) working days** of the event giving rise to the grievance or the date upon which an employee should have reasonably known of the facts giving rise to the grievance. Failure to timely file a grievance will constitute a waiver of the right to use the grievance procedure and abandonment of the grievance. Please see the Grievance Procedure for any available extensions of time.

3. FILLING OUT THE GRIEVANCE FORM.

a. Event Being Grieved. This section requires you to describe the condition that you are grieving. The description should include the reason(s) you understand the issue raised is a concern of an unsafe condition or Workplace Safety Grievance. A grievance form may only address one issue of concern.

b. Basis for Grievance. This section of the form requires you to provide a detailed description of the reason or reasons why you believe the condition identified constitutes a workplace safety issue. Single word or limited responses are insufficient. You must provide a *detailed* response explaining why you believe the condition is unsafe and a *detailed* description of any facts, events or other information which support your belief.

c. Witnesses. This section of the form requires you to identify all witnesses who you believe will support your claim. The last known telephone number and address of each witness must be provided. You are also required to provide a detailed description of the facts or information known by each witness that supports your claim. Single word or limited descriptions are insufficient. Employees must provide a *detailed* description of the facts or information known by each witness.

d. Documents. This section of the form requires you to produce all documents you believe support your claim. If you do not have the documents, you are required to provide a description of each document which includes the date of the document, the source of the document and a description of the contents. The source can be, for example, an e-mail from a department head, supervisor, co-worker or other individual, a County policy or communication, a time card, portions of an employee or county file or a document that you wrote. The description of the contents should include the subject of the document and the information in the document which you believe supports your position on the grievance.

e. Remedy Requested. This section requires you to describe how you believe that condition should be modified or corrected.

d) ASSISTANCE:

All information on the grievance form *must* be provided. If you have any questions regarding the information required by the form, please contact the office of the Clark County Office of Personnel at 715-743-5298. Employees in the Office of Personnel may only offer assistance in identifying the information required in the grievance form. Employees in the Office of Personnel cannot provide you with legal advice in connection with your grievance. Employees are encouraged to consult an attorney of their choice with any legal questions.

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APPENDIX P: CLARK COUNTY REQUEST FOR GRIEVANCE APPEAL TO CLARK COUNTY BOARD FORM

<table>
<tr><td>Name of Grievant:
Job Title:</td><td>Work Phone:
Home Phone:</td></tr>
<tr><td rowspan="2">Home Mailing Address:</td><td>DATE AND TIME APPEAL SUBMITTED:</td></tr>
<tr><td>DATE AND TIME RECEIVED
(for County use only)</td></tr>
<tr><td colspan="2">Standard of Review: Describe in detail why you believe the Impartial Hearing Officers decision was arbitrary, oppressive or unreasonable.</td></tr>
<tr><td colspan="2">3. Certification by my signature below, I certify that I have read the above complaint and, under penalty of law, I declare that this information is true and correct to my knowledge and belief.

Signature of Grievant: _____ Date Signed: _____</td></tr>
</table>

COUNTY RESPONSE TO GRIEVANCE APPEAL	
	DATE AND TIME APPEAL REVIEWED:

1. Statement of the Issues: Identify the issues at dispute via the grievance procedure:

2. Findings: Provide a detailed description of the findings of the appeal and how those findings differ from that of the hearing examiner. Include in your response a summary of the standard of review: Describe in detail why you believe the Impartial Hearing Officers decision was arbitrary, oppressive or unreasonable.

3. Remedy: Include a description of the remedy decided via the appeal process:

4. Certification by my signature below, I certify that the information provided above, under penalty of law, is true and correct.

Signature of Corporation Counsel:_____ **Date Signed:** _____

APPENDIX Q:

CHARITABLE DEDUCTION FORM

Employee Name		Date of Form	
Home Address		City, State, Zip	
Employee ID		Date Effective	
Position Title		Department	

I wish to:
☐ Begin a new deduction ☐ Change my deduction ☐ Stop my deduction

Deduction Description (Per Paycheck)

X	Organization	%	Amount
	United Way		
	Clark County Community Foundation		
	American Red Cross		

Authorization

I understand that this form authorizes Clark County to make a deduction from my net earnings and to send the deducted amount to the organization identified. Any tax implications are contingent on the organization's status and employee's circumstances. I understand this authorization is voluntary and authorizes continued deductions until revoked in writing. This form is not a condition of employment in any way.

Employee Signature		Date	
Payroll Representative		Date	

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APPENDIX S:

PROPOSED REVISIONS TO EMPLOYEE HANDBOOK

This form is intended to be used for submission of proposed changes of the Employee Handbook in accordance with 1.4.

Section	Applicable Language	Issue or Concern Noted	Resolution Proposed